

KNOWLEDGE AND ATTITUDE OF POLICE OFFICERS TOWARDS
MENTALLY DISORDERED OFFENDERS ON THE DECISION TO DIVERT:
A CASE STUDY IN ACCRA

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DEDICATION

I dedicate this thesis to my family (Mrs. Theodora Botchway, Mr. Alex Botchway, Roland Nathaniel Botchway and Daniel Winner Botchway), mentors and friends who inspired and challenged me to explore higher heights in academia with excellence and to be the best that I can.

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LIST OF ABBREVIATIONS

BM..... Biomedical Model

GLMGeneral Linear Model

GMHA.....Ghana Mental Health Act

GPS.....Ghana Police Service

MDOs/ EDP..... Mentally Disordered Offenders/ Emotionally Disturbed Persons

PMIPersons with Mental Illness

TPB.....Theory of Planned Behaviour

SCT..... Social Cognitive Theory

WHO.....World Health Organization

CJS.....Criminal Justice System

ABSTRACT

The obligation towards handling of offenders with mental impairment has been a long battle among stakeholders. With the overrepresentation of Mentally Disordered Offenders (MDOs) in the Criminal Justice System (CJS), many of the affected individuals go unnoticed, undiagnosed, untreated and have poorer health outcomes. In spite of the various researches conducted about MDOs, little is known about them in Ghana. For example, little is known about the attitude of police officers towards MDOs and the influence of the diversion legislation which is to intercept MDOs from the Criminal Justice System (CJS). A cross – sectional survey was conducted with a sample of 379 police officers in Accra Region through the use of purposive and convenient sampling techniques. The attitude towards MDOs was measured by PACAMI – O, attitude towards mental illness was measured by Day’s Mental Illness Stigma Scale, knowledge of diversion legislation was measured by a newly constructed instrument by the researcher and the decision to divert was measured by Original Conceived Items. The findings revealed that knowledge of the law on diversion had the greatest degree of influencing the decision to divert MDOs amongst attitude towards MDOs and mental illness. Nevertheless, the results from this exploratory study revealed that attitude towards MDOs and the knowledge of the law on diversion do not influence the decision to divert MDOs. These findings call for continuous education and training of police officers on mental health. Also, further investigation will be needed to understand the attitude of police officers towards specific mental illness. In addition to that, prison officers, lawyers and judges could be included in further studies as comparison groups since they are all institutions within the Criminal Justice System. However, this study was limited by unavailability of senior ranked police officers to participate in the study and a qualitative approach to better understand the lived experiences of police officers and diversion.

CHAPTER ONE

INTRODUCTION

Background of the study

The Criminal Justice Systems of developed and developing countries are highly dense with Mentally Disturbed Offenders (MDOs) which pose a threat to the legal framework of these countries (Fazel & Seewald, 2012). As one of the quickest developing economies in sub-Saharan Africa, and presently a middle low-income country (Roberts, Mogan, & Asare, 2014), Ghana faces challenges in its mental health sector like most countries which makes its difficult and if not impossible to carry out its functions effectively (Read & Doku, 2012). Diversion has proven to be one of the effective means through which MDOs have been intercepted at different levels from the CJS and sent to the mental health centers for treatment. Not only that, diversion has proven to be the only programme that has reduced the overrepresentation of MDOs in the Criminal Justice System (CJS) as well as prevented recidivism among offenders (Burns, Hiday, & Ray, 2013; Lim & Day, 2011). With the advent of the legislation to address the mental health needs of MDOs in the CJS, a review of literature showed that there is a dearth of evidences on the diversion programmes in Ghana, police attitude towards MDOs and also on the effectiveness of the legislation.

This thesis focused on the examination of the diversion legislation in Ghana among police officers, the attitude of police officers towards MDOs and mental illness in Ghana. The overall aim of the study was to determine if the knowledge of the diversion legislation and attitude of police officers toward MDOs and mental illness can influence the decision to divert

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given the fact that they are the first point of call in criminal encounters and they are to protect persons and properties within communities.

A recent case which served as a background to this thesis was the case of Charles Antwi which attracted a lot of attention from diverse sectors of the society. In July, 2015, Charles Antwi, a 36-year-old unemployed man was seen at the Ringway Gospel Center branch of the Assemblies of God Church where Ex - president Mahama and his family fellowship frequently. An individual from the church spotted him and when a search was conducted, a locally manufactured gun and two rounds of ammunition were found.

Mr. Charles Antwi spoke several irrational statements which included: "he was tired of the present load shedding of power otherwise called "dumsor" condition in the nation and had gone to Libya before the attempt". He admitted that he had gone to the congregation deliberately to kill the president. Similarly, he admitted that he felt cheated by President Mahama in light of the fact that he believed he should be the President of Ghana after the demise of the late President Atta – Mills which was caused by him, Charles Antwi while in France. He told the court that the current constituent framework does not promote democracy. Notwithstanding that, he told the court that he had showed up the congregation on four events yet the president did not appear on three events, nonetheless, on the single event that the president showed up, he didn't have a weapon (Baneseh, 2015).

He was indicted with a 10 - year imprisonment on one count of having a gun without permit by an Accra Circuit Court presided by Justice Francis Obiri which attracted criticisms from various segments of people in general (Agyei, 2016). The outcry of the public was impacted by various factors, for example, absence of professionalism and encroachment of rights. For example, in a report issued by the Ghana Psychological Association, it remarked on

the apprehension of Mr. Antwi regardless of the reality that the victim showed some questionable behaviours. It additionally emphasized on the requirement for psychological assessment of offenders before the execution of justice ("Attempted Assassination: Psychological Assessment Necessary", 2015). Similarly, an eminent attorney in Ghana, Lawyer Mr. Francis Xavier Sosu, took up the case of Charles Antwi for a release to his family, as provided in the Mental Health Act of 2012 on Court ordered treatment. The legal counselor appealed to the Human Rights Court to reverse his conviction and for the victim to be referred to the Accra Psychiatric Hospital for a mental state examination ("Lawyer lauded for consolidating the rule of law", 2015).

In view of this, some questions were raised: are they knowledgeable in mental illness? Was the court in this case, judges, also knowledgeable in mental illness? What are the attitude of the police personnel, and those in the Criminal Justice System at large towards mental illness and individuals with mental illness who have violated the law? Were the right legal procedures followed by the police officers and the courts systems?

Criminal Justice System (CJS)

The Criminal Justice System in Ghana is a network of institutions such as the courts, the prisons and the police service designed to uphold law and order in the country. Ghana's current criminal justice system consists of the Ghana Judicial Service, the Ghana Police Service, and the Ghana Prisons Service. Through these institutions, the Ghanaian government investigates, identifies, accuses, tries, convicts, punishes, and 'rehabilitates' those who break the laws. The police arrest, investigate, and apprehend suspects. After arrest and interrogation, the Attorney

General's (A-G) Department presses criminal charges and tries the suspects in a court of law. However, these institutions of the CJS are plagued with issues such as lack of knowledge in mental health that make it difficult for them to carry out their functions hence the need for an overhauling of the system for effectiveness and efficiency. Apart from homicides and a few high-profile cases where trained attorneys prosecute the suspects, the police arrest, investigate, charge, and prosecute most criminal cases or offenders in Ghana (Appiahene – Gyamfi, 2009).

The Criminal Justice System concentrates rather only on the preparing and rebuffing of guilty parties, the framework does not have the expert ability to grasp both the casualties of wrongdoing and the group as accomplices in justice delivery, as offenders are rarely confronted or challenged with the consequences of their antisocial and criminal behaviour (Lawson, 2013).

Ghana is one of the quickest developing economies in sub-Saharan Africa, and is presently a middle-income country (Roberts, Mogan, & Asare, 2014). To guarantee due criminal procedures, maintain legal uprightness and keep up the integrity of criminal procedures, courts must decide when a respondent or defendant is in charge of the affirmed criminal acts (Adjorlolo, Agboli & Chan, 2015).

For each criminal offense, two prerequisites must be built up: the actus reus and the mens rea. While the actus reus means an obvious or banished act, mens rea despite what might be expected is worried with the criminal aim to play out the actus reus (Zapf, Roesch & Pirelli, 2013). The mens rea is the component that is in question when criminal responsibility and the insanity plea are raised amid criminal procedures. Albeit banished acts, criminal obligation and culpability are fairly related, what makes a difference most is the linkage between an antisocial behaviour and criminal responsibility, a relationship that is excessively or surreptitiously intervened or directed by mens rea (Adjorlolo et al., 2015). The position of the law is that of

clearing a litigant from criminal obligation if the mens rea is observed to be deficient (Jordan & Myers, 2003). In other words, litigants who carry out genuine violations while experiencing mental deformity or malady of the psyche are considered not to be capable for the offense. When deaths of suspects occur when they are in the custody of the police, they cause public roars as they are discussed in the media.

Fafa (2010) defined crime as the flouting of rule(s) for which an authority (via mechanisms such as legal systems) can prescribe a conviction. When members of the law enforcement agency get into contact with offenders, they are to determine who is to be processed for prosecution or otherwise. The discretion to do or not is determined by certain socio - contextual factors which are important, although, they looked latent yet have great influence on the individual.

Mental Health

Mental health is one of the essential part of our daily living and well-being as human beings (WHO, 2003). The World Health Organization defines mental health as “a state of well-being in which every individual reaches his/her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his/her community” (WHO, 2003). Mental health broadly includes the presence and absence of mental illness such as happiness and not just the mere absence of it even though mental health crises can distort individuals' perceptions and feelings of both who they are and how they are viewed by others.

Mental health can be ascribed to diverse factors: biological, psychological and socio-economic. Mental health is not only caused by biological and psychological factors as proposed in the past, recently, social and demographic causes have equal influences on mental health as biological and psychological factors. For instance, results from a study done by de Menil, Osei,

Douptcheva, Hill, Yaro and de-Graft Aikins (2012) among Ghanaian women in selected communities in Accra suggested that the correlates of physical and mental health are education, income, number of children and unemployment.

According to Roberts and colleagues (2014), the Mental Health Gap Action Programme has proven that, there is a global burden of mental, neurological and substance use disorders and majority of them occur in countries with low-income and lower middle-incomes of which Ghana is of no exception. These countries have challenges such as fewer resources to tackle the mental health challenges, prioritizing programmes toward the fight against infectious diseases and reproductive health which leaves minimal resources to tackle mental health challenges (Prince, Patel, Saxena, Maj, Maselko, Phillips, & Rahman, 2007).

Ghana is likely to have an increase in mental health disorders due to stressors from the environment although the country has attained a lower middle – income status. It is estimated that about 650,000 people in Ghana had severe mental disorders, whereas 2,166,000 people had mild to moderate mental disorders (WHO, 2007). A systematic review by Read and Doku (2012) on mental health research in Ghana reported that there were wide range of mental disorders in community samples: depressive illness, schizophrenia/psychosis, substance misuse, somatization disorder, and self-harm.

Similarly, the mental health sector has challenges with understaffing and underfunding. Another problem is that the country's budget for mental health is very low and the bulk of services, albeit very sparse, were around the capital city leaving the rest of the country with almost no provision. The mental health system is dominated by nurses with few other professions groups present although the staff population of the sector work in various outpatient

department and hospitals (Roberts et al., 2014). Evidence has shown that in Ghana several factors could be found to be influencing the overrepresentation of offenders with mental impairments in the CJS such as lack of knowledge in mental health to identify offenders with mental impairments, lack of regular training and screening of offenders by the police and the prison officers routinely to identify those with mental impairments so that they can be recommended for treatment, lack of legal support for offenders with low socio – economic status and negative attitude by professionals in the CJS towards offenders with signs of mental illness (Adjorlolo, 2016).

Finally, the conceptualizations of the mental disorders among the Ghanaian population make it difficult to have an effective planning and projects for the mentally ill persons. This implies that beliefs about the causes, presentation and treatment of mental disorders among Ghanaian makes it impossible to implement policies that can promote mental health among Ghanaians. For instance, clinical psychology has been in existence in Ghana yet there is a preference among Ghanaians for spiritual interventions for mental disorders because of the beliefs in the spiritual causes of events (Kyei, Dueck, Indart, & Nyarko, 2012).

The advent of the concept of deinstitutionalization of mentally ill persons in to the community was ineffective because of the poor understanding of mental illness which has led to stigma associated with being mentally impaired. In view of this, families reject their own because of the stigma associated with mental illness (Quinn, 2007). Stigmatizing attitudes have not only been in Ghana but have been identified across borders and occupational groups such as those that work closely with the mentally ill. The negative attitudes of the public towards mentally ill persons impacts significantly on functioning and illness outcomes (Omoaregba, James, Igbinowanhia & Akhiwu, 2015). Stigma is said to negatively affect a person who

experiences it; it influences people who are seen as “not belonging” and feel ostracized because of a deficiency in the mental capacity that may be revealed in them. Attitude inform perception of individuals during the process of selecting, organising, and subjectively interpreting sensory information in a way that empowers us to comprehend the world through phenomena in the environment which may contrast remarkably from actual events among various individuals (Gamble & Gamble, 2002). In an attempt to make diversion more effective through a strong legislative position, the then Mental Health Decree NRCDC 30 which was enacted in 1972 was replaced with the Mental Health Act 846 2012 which provides legislative means for Ghana to be at par with the best practice standards of mental health in the world.

Ghana Mental Health Legislations

There are three vital enactments concerning how MDOs are managed in Ghana. Supplanting the until now unenforced Mental Health Act, 1972 (NRCDC 30) the Mental Health Act, 2012 (Act 846; henceforth Act 846) gives the legitimate structure for the organization and the arrangement for mental health care in Ghana. In this unique circumstance, the enactment stresses the arrangement of mental health care to offenders with mental health needs at various phases of the CJS. In accordance with other jurisdictions, the idea of diversion is very much enunciated, and the goal is to guarantee that the MDOs get urgent and appropriate treatment. The organizations required to divert are the police, the courts, and the penitentiaries (Adjorlolo, Chan & Agboli, 2016).

Ghana Mental Health Act 846

In section 76 of the Act, the following provisions are stated and are to be enforced:

(1) A person arrested for a criminal act and in police custody shall be assessed by a mental health practitioner within forty-eight hours if there is suspicion of mental disorder.

(2) The provisions of the Criminal and other Offences Procedure Act, 1960 (Act 30) with respect to offenders with mental disorder shall apply to this Act.

(3) An offender suspected to have mental disorder at the time of the commission of the offence shall be sent to a psychiatric hospital for assessment and if found to have mental disorder shall be committed to treatment.

(4) An offender undergoing treatment at a psychiatric hospital shall have the same rights as a non-offender in treatment, including the right to judicial review by the Court.

(5) An offender assessed and found not fit to stand trial shall have the charges stayed while undergoing treatment.

(6) An offender with mental disorder at the sentencing stage shall not be imprisoned but be given probation in the form of a hospital order to be treated at a mental health facility or security psychiatric hospital depending on the severity of the crime and the risk to the public.

(7) An offender assessed and found to have had a mental disorder at the time of the offence and found by the court not to be responsible for a criminal act due to mental disorder, who on reassessment by the mental health facility is found no longer to have mental disorder, or is no longer in need of in-patient treatment shall be discharged if the offence is a minor offence otherwise a report shall be made to the court for further directive. This Act 846 is an improvement of the previous enactment and it provides the legal framework from which mental health care is provided to patients.

Criminal Code, 1960 (Act 29)

This Act explains the terms used and the various conditions under which an individual is culpable of an offense and may plea for an insanity defense. The following provisions have been made in section 27

When a person is accused of crime, the special verdict provided by the Criminal Procedure Code in the case of insanity shall only be applicable —

(a) if he was prevented, by reason of idiocy, imbecility, or any mental derangement or disease affecting the mind, from knowing the nature or consequences of the act in respect of which he is accused; or

(b) if he did the act in respect of which he is accused under the influence of an insane delusion of such a nature as to render him, in the opinion of the jury or of the Court, an unfit subject for punishment of any kind in respect of such act.

The Criminal Procedure, 1960 (Act, 30)

The Criminal and Other Offences (Procedure) Act, 1960 (Act, 30; henceforth Act 30), also deals with the procedures for processing defendants via the CJS. The following provisions have been made in section 133:

(1) When in the course of a trial, the Court has reason to believe that the accused unsound mind and consequently incapable of making his defence, it shall enquire into the fact unsoundness by causing him to be medically examined and shall thereafter take medical and any other evidence regarding the state of the accused's mind.

(2) If the Court is satisfied from evidence on oath that there is a prima facie case against the accused, opinion that the accused is of unsound mind and consequently incapable of making his defence it shall make finding to that effect and postpone further proceedings in the case.

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(3) If the case is one in which bail may be taken the Court may then release the accused on sufficient being given that he shall be properly taken care of and shall be prevented from doing injury to himself other person, and for his appearance at a stated time, or when required, before the Court or such officer Court appoints in that behalf.

(4) If the case is one in which bail may not be taken, or if sufficient security is not given, the Court shall have the accused to be detained in safe custody in such place and manner as it may think fit and shall transmit record or a certified copy thereof to the Minister through the Judicial Secretary.

(5) Upon consideration of the record the Minister may by warrant under his hand directed to the Court the accused may be confined as a criminal lunatic in a lunatic asylum or other suitable place of custody Court shall give any directions necessary to carry out such order. Any such warrant of the Minister sufficient authority for the detention of the accused until the Minister shall make further order in the matter the Court finding him incapable of making his defence shall order him to be brought before it again in provided by sections 134 and 135.

In all, these legislations were enacted to protect the MDOs in the CJS. The question is then how do the institutions understand diversion of mentally impaired criminal offenders and how do they divert cases of such nature? The institutions required to divert are the police, the courts, and the prisons. Act 846 recognized the following different stages where diversion can occur: (1) during police involvement; (2) before trial; (3) at trial; (4) at sentencing; and (5) after sentencing (Adjorlolo et al., 2016).

Diversion

According to Stettin, Frese and Lamb (2013) through the procedures of "diversion," law implementation offices try to recognize people whose criminal demonstrations are unmistakably

inferable from untreated mental health disorders and connect them to required treatment as opposed to punishment – as it were, to redirect them out of the universe of Criminal Justice System and into the mental health framework that ought to have tended to their necessities. Diversion is not itself a practice but rather an umbrella term incorporating a large group of practices which have for quite some time been utilized to anticipate recidivism by connecting mentally disordered offenders to stipulated group based treatment.

Agents and Agencies of Diversion

With the advent and enactment of Ghana Mental Health Act 846, diversion can occur at various stages in the criminal justice system such as at the time of initial arrest by the police, at the time of sentencing, and after imprisonment where the court has little or no jurisdiction. The need for diversion has arisen in the country on the account of the overrepresentation of mentally ill persons in the criminal justice systems. For example, the prisons in the country are over populated by 45% due to the fact that the total inmate population is 14,368 as against the authorized prison population of 9,875 in the 43 prisons (Ghana Prisons Service, 2016).

Nevertheless, treatment within correctional facilities is challenging given the lack of cross training in both criminal justice and mental health standards, the lack of collaboration between criminal justice and mental health staff, and the lack of policy to regulate and guide decision-making. With this peril, which poses a threat to the society, there is a call for diversion of mentally ill offenders because overcrowded prisons do not help in the management of the disorders – poor sanitation, poor ventilation, poor feeding and among others and also there is a likelihood that the symptoms are likely to be aggravated. Due to the conceptualizations of mental disorders, there is likelihood that some symptoms exhibited by the affected persons are likely to be misinterpreted by the prison guards hence the need for knowledge in mental health

by prison officers. The knowledge of psychological traits can address some linkages between psychological traits and criminal behaviour (Kamaluddin, Shariff, Othman, Ismail, & Mat Saat, 2015).

Nevertheless, this menace can be curbed and properly managed if police officers who are the frontline staff and whose job are primarily to ensure a peaceful society are well equipped with knowledge and skills in mental health to handle criminals who are mentally ill since they make discretionary decisions. Furthermore, in order to prevent wrong sentencing, legal professionals of the Criminal Justice System are not to be left out in training in mental health because they give the final verdict in every legal proceeding. Arguably, every police–citizen interaction involves a range of activities embedded in the social structure of an experience and dependent upon a situational setting (Schulenberg, 2015).

Relationship between Mental Illness, Criminal Offending and Diversion

The idea of mental dysfunction occupies a critical position as it exists inside a social, lawful and institutional structure, and it is society, through enactment, that by and large determines which persons at a given time and place will make up the forensic patient populace. Additionally, the nature and degree of the offenses committed by mentally impaired persons will depend on the present potential of outcomes of treatment inside general psychiatry, the predominant treatment belief system and the resources available and or accessible, and also on the present social circumstance of the mentally abnormal person(s) being referred to.

It is noteworthy that diversion programs have for the most part had the shared aim of occupying offenders with mental illness from the criminal justice framework and into community treatment programmes. Though it is not ideal that people with serious mental illness get to be included in the criminal justice framework, without a legitimate mediation commanding

treatment, a hefty portion of these people may not follow treatment (Martin, Dorken, Wamboldt, & Wootten, 2011).

Problem Statement

The intervention of the police in the lives MDOs stems from two common law principles: power and authority of police to protect the safety of the community, and *parens patriae* doctrine which grants state protection for citizens with disabilities such as the acutely mentally ill (Finn & Stalans, 2002). Nevertheless, police officers are often the first responders since they are the frontline staff when there is an incident with an individual with mental illness (Lamb, Weinberger & Gross, 2004) thus decision to arrest or to divert to mental health services then becomes the responsibility of the police officer (Lamb et al., 2004).

One variable that has the potential to influence the decision to divert is the attitude of the professionals in the CJS. The literature on CJS has repeatedly demonstrated the influence of attitude on several outcomes: prison reforms (O'Toole & Sahar, 2014), crime prevention, repression and policing (Alain & Baril, 2005), and police effectiveness (Dowler, 2003). Attitude is an important variable to study because it is a predictor of behaviours (Rüsch, Evans-Lacko, Henderson, Flach, & Thornicroft, 2011), and more specifically, professional behaviour in interventions relating to crimes committed by MDOs. Negative attitude and discrimination act as barriers to mental health care, hence, this forms as an explanation to unwillingness to divert.

Similarly, knowledge about mental illness has also been widely studied as a potential variable that influence how people relate with mental patients (Winer, Morris-Patterson, Smart,

Bijan, & Katz, 2013). Deductively, the lack of knowledge of mental illness may also influence the decision to divert in that, when police officers have little or no knowledge on mental illness, they take decisions that could negatively affect MDOs such as imprisonment and delay in prosecution.

With the advent of the new Act in 2012, under section 76 which makes provision for the diversion of MDOs to treatment centres; are police officers aware of this law, do they have the positive attitude toward these mentally disordered offenders which can influence their decisions towards treatment or to process them for trials and what are their attitude towards mental illness and diversion?

Consequentially, when police officers do not divert MDOs for treatment, it creates overcrowding in the prisons which the prison officers may not be well equipped to handle, in that, prison officers may be overwhelmed with sudden burden of increase in inmates in the prisons, thus, one of the benefits of diversion is the reduction in the already overcrowded prisons. As mentioned earlier, the prisons in the Ghana are over populated by 45% due to the fact that the total inmate population is 14,368 as against the authorized prison population of 9,875 in the 43 prisons (Ghana Prisons Service, 2016). Then again, when MDOs go untreated, it increases the rate of recidivism among the MDOs and results in poor health outcomes. A review by Otu (2015) showed that recidivism is caused by stigma and discrimination which are part of negative attitudes. When police officers have negative attitudes toward mental illness and MDOs, it has negative impact on the inmates, prison institution and the public.

In view of the above, the present study is designed to fill the research void by explicating factors among police officers in Ghana that may influence the decision to divert MDOs in the CJS. Thus, there is a need for a study on intrapersonal variables such as attitude towards mental

illness as a whole which will inform the intention to divert instead of the focus on the effectiveness of diversion programmes.

Aims and Objectives of the Study

The broad aim of the study was to determine if knowledge and attitudes can influence the decision to divert Mentally Disordered Offender (MDOs). Specifically, the study sought:

1. To determine whether attitudes towards mental illness can influence the decision on diversion of Mentally Disordered Offenders (MDOs).
2. To determine whether attitudes towards mentally disordered offenders can influence the decision on diversion of Mentally Disordered Offenders (MDOs).
3. To determine whether knowledge of new legislation on diversion can moderate attitudes towards MDOs and decision on diversion of Mentally Disordered Offenders (MDOs).
4. To determine if knowledge of legislation can influence decision to divert Mentally Disordered Offender (MDOs).

Relevance of the Study

With this in mind, the study will help inform policy makers to formulate collaborative and comprehensive diversion programmes for MDOs to avoid overcrowding of the prisons in the light of providing appropriate treatment for these affected persons.

Also, in the hope that there will be a coordination and integration of the various institutions that provide the needed assistance and resources for the betterment of MDOs, the study will help determine the most probable variables that are capable of fostering diversion in Ghana since efforts are being made globally to improve police officers' abilities to respond to

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persons with mental illness. This will be essential since police – MDOs interactions can be frustrating, demanding and consuming.

Besides this, the health of police officers is very important to their families, themselves and the society. An understanding of this topic will save many lives of police officers since it places them in a better position to handle MDOs.

There will be an increase in sensitization through creation of awareness among the police officers to understand the pivotal role they play in the society. Moreover, there will be an awareness creation on the new Mental Health Act 846 passed in 2012 and what provisions have been made in relation to coming into contact with a MDO as police officer.

Then again, the relevance of the study will provide government with the needed information to tackle this menace since the CJS is run with tax payers' money. By so doing, resources can be channelled to other initiatives that are equally important to the society.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Globally, there is an increase in inmates in the prisons as a result of increase in criminal behaviour. In response, there is a global shift in policy making concerning offenders who are mentally impaired. This chapter consists of two sections: theoretical framework and review of relevant literature. Under the theoretical framework, three theories relevant to this study have been considered. The next section, review of related studies is aimed at taking an analytical look at previous works on mental illness, criminal behaviour and diversion and the significant contributions to literature made by these empirical studies.

Theoretical Framework

Theory of Planned Behaviour (TPB)

The Theory of Planned Behaviour (TPB) developed by Ajzen (1991) postulates that before individuals engage in any behaviour, there are various cognitive processes they undergo. This theory is by large expected to afford good prediction of intentions from attitudes, subjective norms and perceived behavioural control.

Attitude toward the behaviour is the extent to which performance of the behaviour is positively or negatively valued which is to a great extent impacted by accessible behavioural beliefs that connect a behaviour to its expected outcome. It is accepted that subjective norm is dictated by an aggregate of available normative beliefs concerning the expectations of important referents. Although a person may hold many behavioral beliefs with respect to any behavior, only a relatively small number are readily accessible at a given moment. It is accepted that these

accessible beliefs in combination with the subjective values of the expected outcomes determine the prevailing attitude toward the behavior. Perceived behavioural control refers to people's perceptions of their ability to perform a given behaviour although, there may be beliefs about the presence of factors that may encourage or obstruct performance of the behaviour. Intention demonstrates a person's readiness to perform a given behaviour after the adaptive and maladaptive responses that the individual expects from the environment are weighed by the individual.

Police officers choose to comply with the law in the wake of calculating the gains and also the plausible consequences of their actions given the fact that they have the authority to ensure the safety of the community and state protection for citizens with disabilities (Finn & Stalans, 2002). The punishment of offenders by the state serves as a deterrent to other citizens with the aim of drawing their attention to the horrors of being arrested and prosecuted. Not only that, any behaviour brings about unforeseen positive or negative outcomes, favorable or unfavorable reactions from others, and unexpected challenging or facilitating factors. This input is likely to change the individual's behavioral, normative, and control beliefs and thus affect future intentions and actions (Fishbein & Ajzen, 2010). With the new Mental Act 846 which gives the rise to diversion of mentally disordered offenders, police officers' behaviour to divert can be influenced by the normative beliefs about attitude of mentally impaired persons, knowledge of mental illness and need to protect the community. The behaviour of diverting of mentally disordered offenders is also assessed in light of foreseen effects which can be obstacles to objectiveness.

Besides events happening between assessment of intentions and observation of behaviour, unexpected obstructions can prevent people from carrying out their intentions and

also creates changes in intentions (Ajzen, 2012). Hence, behaviour to divert mentally disordered offenders is acted out from a number of intentions which are created from the individuals' evaluations of circumstances and beliefs.

The theory is suited for this research as it aims to establish intentions of police officers towards diversion of MDOs because these are individuals who lack the intention to make the decision to divert other than those intending to change the behaviour. Another criticism of the TPB is that it is too 'rational,' on the account that it does not sufficiently consider cognitive and affective processes that cloud human judgments and behaviour (Ajzen, 2011). Then again, beliefs of events and phenomena form a central tenet of this theory and furthermore of attitude development they reflect the information people have in connection to the execution of a given behaviour, however, this information is often wrong and fragmented; it may lay on defective or irrational premises, be biased by self-serving motives, by fear, outrage and different emotions, or generally neglect to reflect reality.

Nevertheless, regardless of how individuals arrive at their behavioural, normative and control beliefs, their attitude towards the behaviour, their subjective norms and their perceptions of behavioural control follow automatically and consistently from their beliefs. It is in view of this that behaviour is said to be reasoned or planned. Regardless of the inaccuracy, bias and irrationality, our beliefs create attitudes, intentions and then behaviours consistent with these beliefs (Geraerts, Bernstein, Merckelbach, Linders, Raymaeckers, & Loftus, 2008).

Social Cognitive Theory

Social cognitive theory (SCT), the cognitive formulation of social learning theory that has been best articulated by Bandura (2001), explains human behavior in terms of a three- way,

dynamic, reciprocal model in which personal factors, environmental influences, and behavior continually interact. Social cognitive theory (SCT) by Bandura (2001) postulated that for human behaviour formation, people learn not only through their own experiences, but also by observing the actions of others and the results of those actions. The theory argued for the effects of sociocultural factors on human behaviour since the human mind is not just reactive but it is generative, creative, and reflective. Hence, human behaviour is a combination of individuals' thinking style, personalities or traits and the social environment.

It has been demonstrated that the impression of seriousness of mental illness is to a great extent judged on the nature of the police-citizen interactions and additionally the personality of the officer. By and large, all psychiatric disorders evoke sentiments of abnormality and distress, which may create stigma and promote the social exclusion of the mentally impaired and their relatives. Social stigma is characterized as a phenomenon in which social groups depend on specific stereotypes and act against the stigmatized (Corrigan, Druss and Perlick, 2014). Each individual works on the premise of her or his distinct conceptualization and understandings of a circumstance, all of which have been affected by that person's unique qualities, social and cultural encounters.

Comparing this theory to mental illness, criminal behaviour and diversion, assumes as indicated by Corrigan and colleagues (2014) that there are Person-level obstacles which people are socialized and they shape the standards of the public. This disposition is hard to change yet do so overtime. As people are presented to the misrepresentations of mental illness, these turn into their portrayals of mental illness as they watch what advances in the general public. In any case, this attitude and behaviour influence healthy choices at the microlevel as well as at the macrolevel, including stigma to avoid treatment and perceived cultural irrelevance of some

treatments. In light of the current study, exposure to social representations of mental illness can inform typical behaviours expected of individuals, in this case, police officers.

In addition to that, since humans are the primary reasons for any research, then any research intended to advancement among humans should also focus on the microlevel. Pontikes, Negro and Rao (2014) argued that if an individual is connected to another person affected with mental illness, then the individual is likely to feel stigmatized. For instance, some family members of a person with mental illness can internalize the stereotypes which will lead to self-stigma blaming themselves for their relatives' illness. Moreover, some family members may feel ashamed and that can affect their interactions with others in the family and outside the family as well as be an obstacle to seeking care. This was also confirmed by Corrigan and colleagues (2014) that just social or biological connections with a stigmatized person is enough to produce whole range of negative emotions such an anger.

In relation to the theme of the research, the knowledge and attitude towards the Mentally Disordered Offender (MDO) or Emotionally Disturbed Person (EDP) by the police could be as a result of distrust, fear and anger when they come into contact with these group of persons. These social and institutional systems we create in our societies do not exist waiting to be activated instead they are created through our individual generative efforts. The construal, selection and construction of the environment affect the reciprocal interplay among personal, behavioural and environmental factors.

On the other hand, this theory has placed much emphasis on the social or environment influence on learning to the neglect of the fact that, individuals are consistent in their behaviour regardless of the fact that there are changes in the situations in the environment. Hence, changes in the environment does not necessarily lead to change in the behaviour (Lee, 2010).

Although, individuals cognitively process information during the learning process according to the Social Cognitive Theory, less emphasis has been placed on the innate ability of the learner, their biological and hormonal process during learning and attitude formation. For instance, a police officer with a positive attitude towards mental illness but in a negative mood on the day of the arrest of the offender may not conduct a mental state examination of the offender.

In addition to the above, the differences in maturation throughout lifespan is neglected by the theory. The theory does not explain the differences in modelling or observation between a child and adult as well as factors that might affect development. To sum up, this theory gives room to make a link between attitude formation from the environment of the police officer and the decision to divert.

Biomedical Theory/Model of Psychopathology

The biomedical model proposed that mental disorders or abnormal behaviours or psychopathologies are caused by biological aberrations which include neurotransmitter dysregulation, genetic anomalies and defects in brain structure and function, there is no difference between mental disorders and physical ailments and thirdly the emphasis of the use of biological treatment (Deacon, 2013). The biomedical model also stressed on the fact that occurrence and treatment of disease should be examined independently from the social behaviour and that behavioural aberrations be explained from a biological point of view. From the eliminative reductionist position, Lilienfield (2007) argued that the biomedical model neglects the relevance of psychosocial contributions to mental disorder. The biomedical model

emphasizes on mental illness like any other physical illness and use education or sensitization as a means of reducing stigma (Deacon, 2013).

Alternatively, the Biopsychosocial (i.e., biological, psychological and social) Model (BM) was proposed by George Engel to the hitherto Biomedical Model which emphasized expressly and exclusively on the biological aspect of illness to the apparent neglect of the psychological and social factors (Borrell-Carrió, Suchman, & Epstein, 2004). The BM asserts that illness, including psychiatric illness, should be understood as a constellation of factors rooted in the biological, psychological and social factors (Borrell-Carrió et al., 2004). Thus, the basic premise of the model is that illnesses have biological, psychological and social dimensions or predispositions. Consequently, decisions regarding diagnosis, treatments and discharge must incorporate the biological, psychological and social dimensions of patients (Smith, 2002). Pertinent to the present study is the proposition that mental illness is a product of biological, psychological and social forces. The study extends the BM to understand the influence of attitude towards and knowledge of mental illness and mentally disordered offenders as arising from biological, psychological and social process on the decision to divert MDOs.

Summary of Theories

No one theory gives a holistic approach to the understanding of knowledge and attitude towards Mentally Disordered Offenders. Several theories have been done to understand how stigma works in understanding attitudes towards the Mentally Disordered Offender. The Theory of Planned Behaviour has several implications for this study as it focuses on the intention and the readiness to carry out a behaviour. The biomedical model and biopsychosocial model explore the holistic approach of attitude towards mental illness. This implores the current study to focus

on the decision to divert Mentally Disordered Offenders among police officers. Since no one theory gives a holistic understanding to the understanding of human behaviour, the social cognitive theory provides an explanation to attitudes formation and its implication on behaviour. A combination of the above explanations gives a clearer picture of how knowledge and attitudes towards the Mentally Disordered Offender can influence their decision to divert.

Review of Related Studies

Knowledge of Criminal Justice System Professionals about Mental Illness

Policing always involves an element of discretion and individual judgment. This is particularly the case regarding working with individuals who are acutely distressed. In a qualitative study by Watson, Swartz, Bohrman, Kriegel and Draine (2014), thirty – three (33) officers were sampled from Philadelphia and Chicago as participants to examine how police officers comprehend and perceive mental or emotional disturbance calls. The sample was asked to list and describe a typical MD/EDP call that comes to mind and then describe other “types” of MD/EDP calls. The findings indicated that police officers perceive Mentally Disordered calls in regards to the following: the level of danger and difficulty involved, substance use and visual cues, level of cooperativeness, state of poor hygiene and inappropriate dress. Another perplexing finding was that, an “easier” call involved a female that is taking psychiatric medication and does not have a co-occurring substance use disorder.

Corrigan and Watson (2005) argued that these patterns of schemata are predictors of violence and use of force by police in maintaining law and order after data from the National Comorbidity Survey (NCS), United States of America was analyzed. For a police officer, an approach to any situation involving a mentally impaired will determined by a number of factors

such as health centers and knowledge which invariably inform their schemata. This study was limited by the fact that only a section of schemata was evaluated to the neglect of others which may have an equal or greater influence. Also, the small sample size of the subgroup could influence the generalizability of the study. Moreover, the schemata of non-Mentally Disordered Offenders were not investigated by the researchers which could have aided in the comparison of the two groups of callers to have a holistic view of the mental health among police officers.

Recently, researchers have found out that the schemata of violent behaviour or dangerousness of an offender have an influence on decision-making among police officers (Godfredson, Ogloff, Thomas, & Luebbers, 2010), use of force in a situation of physical resistance (Morabito, Kerr, Watson, Draine, Ottati & Angell, 2010; Johnson, 2011; Kesic, Thomas, & Ogloff, 2013) and use of force when there is a history of mental disorder and violence (Kesic & Thomas, 2014). Some researchers have argued that, the police officers experience a self – fulfilling prophecy circumstance in their police – Mentally Disordered Offender (Ruiz & Miller, 2004).

Another study by Redlich, Summers and Hoover (2010) surveyed 1,249 offenders with mental disorders from six sites about false confessions (FCs) and false guilty pleas (FGPs) and found out that offenders with a defined diagnosis of mental impairment were highly influenced by police pressure to falsely confess or submit a false guilty plea. This could be ascribed to the fact that during the questioning stage, there is the presence of symptoms of mental impairment which could affect the thinking process of the individual. Similarly, a person with no defined diagnosis may succumb to the pressure from the police even though they may not receive any special considerations during questioning. Nevertheless, the study found out that rape and murderers did not succumb to such pressure.

Besides this, a study by Minster and Knowles (2006) among lawyers (N = 46) and community sample (N = 44) compared their perceptions of mental illness and the need for legal coercion for treatment of mental illness. Results indicated that there is a belief in the treatment of mental illness as majority agreed to the legal coercion of schizophrenics to treatment but not individuals with depression. However, the study was limited by the fact that the term “legal coercion” was not defined. Another shortcoming of the study was the exclusion of other professionals in the Criminal Justice System such as the judges. By so doing, the findings cannot be generalized to all professionals in the Criminal Justice System since the views sampled in this study is a reflection of the opinions of just a section of the Criminal Justice System. The roles performed by lawyers in a court proceeding is different from that of a judge and that implies that these different professions are likely to have different opinions to the same case set before the court.

Criminalization of Mentally Disordered Offenders (MDOs)

Breheney, Groscup, and Galietta (2007) found out in their study that gender plays a major role in attitude towards offender, mental illness and criminalization. A study conducted among jurors (participants) through the use of case vignettes were asked to give their verdicts, found out that, female jurors were more empathetic towards the offender specifically if they have had a history of psychological disorders. This is because, there is the belief that offenders with mental illness act on impulse instead of with their minds. However, the jurors (participants) were not empathetic toward female defendants.

Similarly, a study conducted by Jung (2015) to determine if defendant's insight has an influence on jurors' decision-making. Participants were made to read fabricated police narrative

and a trial summary. The findings indicated that insight does not have an influence on decision – making process among jurors, instead attitudes and effects of psychological factors. Also, stigma influenced the verdicts as the jurors gave guilty verdicts. This calls for more research in the field of extra – legal factors that influence decision – making in the legal profession. Nevertheless, the findings of the study cannot be generalized to the population because the participants were undergraduate students with lack of variability in the education level and age (Jung, 2015).

In finding the connections between social and structural aspects of the penal setting, the provision of mental health care in prisons, and mental health work in this environment, Wright, Jordan and Kane (2014) used a qualitative interview data to explore this area and found two themes: the desire and practicalities of doing mental health work and the involvement of prison staff in mental health work. This implies that the prison wing should be considered in mental health practice and being given the needed knowledge and training.

In summary, there is the use of force, exhibition of violent behaviours and other patterns of schemata formed by individuals in the Criminal Justice System. The question is whether the police are actually attributing some behaviours of mentally ill people such as being dangerous due to their representations of mental illness when they may, in fact, not be (Brouwer, 2009).

Attitude towards Mental Illness

Positive Attitude towards Mental Illness

Ranjitkumar, Padma and Raju (2010) argued from their comparative study among a total of 100 participants in both rural and urban areas that exposure to mental illness shapes the attitude of an individual in a positive manner due to the bond created between the affected persons and the non – affected persons hoping that they recover and re – integrate into the

community. Also, participants from the urban area had positive attitude towards mental illness because of the exposure to information on mental illness. Albeit, the study is limited by the sample size which is small for generalization of the findings. Deductively, knowledge serves as a buffer against negative reactions towards mental illness.

A related study by Chin and Balon (2006) compared the attitude of 38 psychiatry residents at a U.S. School of Medicine with those of 29 residents in other specialties, using the Attribution Questionnaire-Short Form (AQ-SF) toward depression and schizophrenia. The outcome indicated that the psychiatry residents had a significantly lower AQ-SF score than the other residents for both schizophrenia and depression, indicating more accepting. A shortcoming of the study was the fact that the mean scores or descriptions of responses to specific items was not given.

Peris, Teachman, and Nosek (2008) used measures of explicit and implicit stigma in a related study to compare attitude of several groups of study participants in their study. The results of the study indicated that the mental health group had more implicit positive attitudes toward people with mental illnesses and within it, graduate students had more positive attitude with mental illness than did professionals. Within the professional group, clinical psychologists were found to have more positive attitude than counselors, social workers, or other mental health professionals. Also, the results revealed that explicit stigma did not differ on specific professional role or with of experience. However, the study was limited by the similarities (psychologist, counsellors, social workers) in the training received by the professionals. Then again, this study confirmed what was found by Kabir, Iliyasu, Abubakar and Aliyu (2004) that literacy influences attitude formation in that in their study, half of the respondents had a negative

disposition towards mental illness but the educated respondents exhibited positive attitude towards mental illness as compared to the illiterates.

Negative Attitude towards Mental Illness

Several studies have found the presence of less favorable attitude among various samples. In a qualitative study by Dako – Gyeke and Asumang (2013) to examine how Persons with Mental Illness (PMI) are stigmatized and discriminated against by their family members, the public (friends and neighbors) and their employers and work colleagues in Southern Ghana, the outcome demonstrated that PMI experience stigma in their daily lives from their families even if they are functioning appropriately and comply with their medication. This in turn makes them feel unwanted, unloved and unappreciated as members of the society. The outcomes reinforce other research findings which revealed that PMI are perceived as dangerous and cannot integrate appropriately into the community. Nevertheless, the outcome contradicts that of Ranjitkumar, Padma and Raju (2010) who found out that people in the urban areas exhibit positive attitude towards mental illness and hope that PMI will re – integrate. These differences could be attributed to cultural differences and methodological issues. Dako – Gyeke and colleagues also found out that PMI find it difficult to gain employment because of the belief that their work output will be low even though they are medication as compared to a non – PMI. Hence, when people are exposed to information about mental illness, their attitude is negative (Markowitz, 2011).

Lauber, Nordt, Braunschweig, and Rossler (2006) indicated that among 1,073 Swiss mental health professionals, psychiatrists showed more negative attitudes than other professionals when asked to rate how PMI differ from the public on certain traits. Based on the results, scores were higher for negative characteristics as compared to positive characteristics.

This contradicts the results by Ranjitkumar, Padma and Raju (2010) who found out that when individuals are exposed to information on mental illness, they exhibited positive attitude towards PMI. Lauber and colleagues (2006) revealed that mental health professionals who have by de facto received professional training in mental health do exhibit negative attitude towards PMI. This shows change in disposition towards persons or objects does occur overtime.

Furczyk, Górniak, Skowronek, Gajda, Krzysztof and Krupka-Matuszczyk (2011) conducted a related study to examine the attitude towards PMI, what determines the attitude and its social and economic implication among young Poles through online within a period of seven months regarding the mentally disordered and to find what factors determine these attitudes. The outcome of the study was confirmed by a study by Jyothi et al. (2015) that young persons have a higher tendency to exhibit negative attitude towards PMI. Also, Furczyk and colleagues (2011) found out that respondents of a younger age group believed that mental illness can influence criminal offenders and that MDOs were dangerous and violent. One methodological issue is that no information such as IP addresses was gathered to make the survey highly anonymous. However, a specially designed survey engine had a built-in cookie-based mechanism to avoid re-participation of the respondent.

Jyothi, Bollu, Ali, Chaitanya and Mounika (2015) conducted a related study on attitude towards PMI using the BMI (Beliefs towards Mental Illness) scale among students considering the impact of their demographic characteristics. The outcome of the study showed that participants of younger age group and male participants were highly concerned of peoples' views in case they were diagnosed with a psychological disorder. This calls for anti – stigma campaigns among young people since there is a likelihood that they will get into contact with PMI. Not only that, there is need to monitor and evaluate anti – stigma campaigns by assessing the impact of

attitude towards PMI among community sample and mental health professionals. Then again, there is a need to monitor the attitude of mental health professionals towards PMI because they provide therapeutic care to PMI in the course of their practice.

Similarly, to determine the prevalence of psychological distress and assess women's attitudes about their roles in decision-making, attitudes towards intimate partner violence, partner control, and partner abuse in Ghana, Sipsma, Ofori-Atta, Canavan, Osei-Akoto, Udry and Bradley (2013) conducted a cross-sectional analysis using data from a nationally representative survey conducted in Ghana in 2009–2010 and interviews (N=9,524 for overall sample; n = 3,007 for women in relationships). The study highlighted that women who are disempowered and lack control are more vulnerable to psychological distress. Also, there is the prevalence of moderate psychological distress (nearly 20%) among Ghanaian women which is independent of marital status, education, wealth, region, health and religion, but not of age or urban/rural location. The major arguments raised in the study could be limited by the fact that these views were self – reported.

Barke, Nyarko and Klecha (2011) revealed that there is the prevalence of negative attitudes towards the causes and nature of mental illness among the urban populace in Southern Ghana using a sample of 403 persons through a convenience sampling of households and 105 patients with mental impairments from the psychiatric hospitals in Southern Ghana. However, the same study also revealed the presence of positive attitudes among the members of the society towards persons with mental illness. The study showed that 40% of the participants had positive views about mental illness and felt responsible to provide the affected persons with care. Also, the participants in this study showed that there is a need to integrate persons with mental illness into the community by providing them with community – based interventions. Although, the

participants were of the view that affected persons of mental illness should not be denied their rights, the participants also felt that they will be at risk with the presence of mentally impaired persons in their communities. The study also showed that sex and age were not strongly related to the attitudes toward mental illness yet the female participants were of slightly more authoritarian view and older persons were of the less socially restrictive views. The study revealed that education had a moderate effect on the attitudes of Ghanaians toward mental illness. However, this study could not be generalized to the Ghanaian population. Nonetheless, the major psychiatric hospitals in Ghana are situated in the southern zone and there is a huge gap in the provision of mental health services to persons affected with mental disorders between the northern and the southern zones of Ghana (Read & Doku, 2012).

Comparing the findings of Barke et al., (2011) and Ngissah (1975) as cited in Barke et al., (2011) for Ghana 35 years ago showed that the dispositions of Ghanaians toward mental illness has not changed much over the years: more people viewed mental illness as any other illness, less people saw mental illness as a lack of will power and moral strength and that persons with mental illness need control and should be treated as children. The comparison of the two studies showed that Ghanaian have not changed much in their dispositions toward mental illness, however, this finding should be interpreted with care because of the different samples used in the studies given the fact that Ngissah's sample were students with higher educational background.

Treatment of Mental Illness

It is believed that treatment is needed for PMI and individuals are optimistic about its efficacy. A study by Furczyk and colleagues (2011) found out from their study that the

participants believed in the efficacy of treatment of mental illness and that will in turn prevent violent behaviour.

Another noteworthy point is the difference between urban and rural dwellers in the knowledge of mental illness, that is, urban dwellers are more knowledgeable in mental illness than rural dwellers because of the exposure to information and education (Furczyk, et al., 2011; Ranjitkumar et al., 2010). This implies that as individuals are exposed to information and education, there is a higher tendency to exhibit positive attitude towards mental illness. On the contrary, a study by Kabir, Iliyasu, Abubakar and Aliyu (2004) among participants in Karfi village, Nigeria, showed that there is a preference for orthodox medicine.

A study by the Ghanaian Ministry of Health revealed that between 70 -80 per cent of Ghanaians use the services of traditionalists in the treatment of mental illness as the first frontline of services before reporting at the hospitals while ensuring that they receive a good quality of care (WHO, 2007).

The increase in the number of traditional healers for mental disorders is as a result of the believe in the spiritual causes of these disorders particularly when the suddenness of the mental or psychological disorder cannot be explained by the caregivers thus much reverence is given to the traditional healer (Endrawes, O'Brien & Wilkes, 2007). Not only that, scarcity of mental health resources or lack of money is an important factor in the choice of traditional healers for the treatment of mental disorders, but limited knowledge about mental illness as well as stigma associated with psychiatric treatment may also play a role. The informal sector comprises an estimated 45,000 traditional healers and church facilities throughout the country (Roberts, 2001).

Furthermore, Kyei and colleagues (2012) explored Ghanaians' subjective self-assessments of spirituality and perceptions of the causes and treatments of mental illness using

qualitative in-depth responses. The results of the study indicated that spiritual and psychological interventions for mental disorders were accepted as treatment interventions for mental disorders yet most of the participants preferred spiritual interventions which included exorcism, prayers, sacrifices to the gods, medication and prayer, and traditional healing through fetish priests and medicine men. Besides this, the study showed that social reasons which included relationship problems, society pressures and unhealthy living conditions, failures in life, barrenness/loneliness and lack of social support were the main causes of mental disorders. This comes of no doubt because the Ghanaian society is collectivistic in nature with enmeshed families. The underutilization of psychological interventions or services come as a result of the stigma associated with mental illness which is not only to the individuals but also to the families of the affected persons (Quinn, 2007). Lange, Rehm and Papova (2011) argued that individuals especially adults who come into contact with the CJS are more often than not easily imprisoned as a result of the unavailability of mental health services for treatment. Regardless of how MDOs come into contact with the CJS, this population cuts across the boundaries of the CJS and Mental Health and as such structures should be made available to cater for the needs of these affected individuals.

Causes of Mental Illness

A cross-sectional study conducted by Kabir, Iliyasu, Abubakar and Aliyu (2004) among 250 adults on perception and beliefs about mental illness among adults in Karfi village, northern Nigeria on knowledge, attitude and beliefs about causes, manifestations and treatment of mental illness showed that the reasons for mental illness were believed to be due to drug misuse, God's

punishment, possession from an evil spirit and accidents while poverty, family conflicts and hereditary were perceived not to be causes.

In order to validate the Insanity Defense Attitude Scale–Revised (IDA-R) in Ghana, Adjorlolo, Abdul-Nasiru, Chan, and Bentum (2017) conducted a study with 253 university students in Ghana on the causes of mental illness. The results showed that the students believed that mental illness is due to psychological reasons and then biological reasons. Besides that, slightly below average (46%) believed that mental illness is caused supernatural powers. This implies that the belief in the supernatural powers as a cause of mental illness is persistent among educated people. However, this study is limited by the fact that, there was no comparison with mental health professions on causes, attitude and beliefs of mental illness.

Attitude towards MDOs can woefully be impacted by the belief in the cause of mental illness to be due to supernatural powers. Individuals in Ghana and other parts of Africa, believe in the existence of supernatural powers as the reasons for the occurrence of events (Adinkrah, 2015). Individuals in West Africa do believe that when people commit a crime or break a taboo, they can be punished by supernatural forces with mental illness which is usually revocable by appeasing the supernatural forces.

On the other hand, elsewhere other than Africa, psychopathology is believed to be caused by biological factors such as low or high levels of neurotransmitters, childhood problems and other social factors other than supernatural forces (Deacon, 2013). The causal factors believed to the cause of a disorder in this case offenders with mental illness determine the treatment patterns as well as broadly, the attitude towards mental illness.

There have been reported cases of mental illness among women in Ghana, despite this, little is known about the causes of mental distress among Ghanaian women. To understand this,

Ofori-Atta, Cooper, Akpalu, Osei, Doku et al., (2011) conducted a qualitative study (81 semi-structured interviews and seven focus group discussions) using grounded theory approach among a sample of 120 key stakeholders drawn from 5 of the 10 regions in Ghana. The findings indicated that the causes of mental distress among women were: being the weaker sex, hormones, witchcraft, adultery, abuse and poverty. The causal theories were grouped into women's inherent vulnerability, witchcraft, and gender disadvantage. This could be as a result of the women's subordinate role in the society. Nonetheless, the study failed to identify specific causes for specific mental illness.

Attitude of Professionals towards Mental Illness

In a preliminary study conducted in Zambia, Kapungwe, Cooper, Mayeya, Mwanza, Mwape, Sikwese, and Lund (2011) examined beliefs of mental illness 111 health care providers using a pilot tested questionnaire. The results emphasized on the belief that there is the existence of stigmatization among mental health professionals which calls for more anti – stigma campaigns.

In comparing the attitude of students (N=66) and mental health nurses (N = 121) in Ireland on attitude towards schizophrenics, Linden and Kavanagh (2012) found out that, the nurses had stigmatization attitude toward schizophrenics which was influenced by media depictions. A limitation to this study could probably be the differences in the number of participants in the different comparison groups.

Surprisingly, there is little or scant literature on views of PMI in relation to their interactions with the police. Livingston, Desmarais, Verdun-Jones, Parent, Michalak and Brink (2014) conducted a study to qualitatively examine views of PMI (N = 60) with their interactions with the police using a community-based participatory research approach. Surprisingly, the study showed that the majority of the participants perceived that they were being treated in a just manner by the police which is contrary to what is portrayed in the media and other literatures. On the contrary, the participants were diagnosed with a particular disorder, hence the finding of the study is limited to those with the disorder. Also, the inclusion criteria for the study could be questioned since the participants were self – identified.

A cross – sectional study conducted on attitude towards mental illness by Omoaregba, James, Igbinowanhia, and Akhiwu (2015) among police officers in Benin city, Nigeria using the Community Attitudes towards Mental Illness (CAMI) questionnaire. The results indicated that there was some prevalence of stigma towards mental illness regardless of the number of years in service which raises the question for the need for anti – stigma campaigns among police officers.

Discrimination goes hand – in hand with stigma in regard to mental illness. There is still the existence of stigma and discrimination in some societies whereby negative qualities are connected to mental illness. In spite of this, when professionals have positive interactions with PMI during recovery then there is a tendency to be readily available as well as accessible to provide assistance at any time (Wahl & Aroesty – Cohen, 2010).

Attitude towards Mentally Disordered Offenders (MDOs)

Negative Attitude towards Mentally Disordered Offenders

Literature related to this area of discipline is complex as well as scant. For instance, in examining the difficulties in gaining employment with a history of mental illness and criminal activities, Whitley, Kostick and Bush (2009) found out that there are limited employment opportunities for them, there are feelings of mistrust and ultimately, they were employed by small – scale business owners. Unfortunately, there are structures to resolve this menace.

When MDOs are viewed as responsible for their crimes because they can control it then they should be punished (Watson, Corrigan & Ottati, 2004). On the other hand, when MDOs are viewed as not responsible for their crimes, then individuals (police officers) are more sympathetic but on the other side, when MDOs are aware of the public's negative disposition towards them, then they feel stigmatized irrespective of the views they have about themselves.

Police officers have patterns of schemata such as aggressive behaviour of MDOs which reflect negative disposition towards MDOs. This disposition is as a result of past experience since they hardly have contact with MDOs who are knowledgeable of their condition. In addition to that, there is a call for sensitization of the general public on legal knowledge regarding matters with forensic psychiatric patients (Chen, Ou, Zhou, Zhang, Cai & Wang, 2013).

Moreover, a study by Karidi, Vasilopoulou, Savvidou, Vitoratou, Rabavilas and Stafanis (2014) found that when individuals are diagnosed with mental illness, it has an amplifying effect on self-stigmatizing behaviour. The results of this study were limited by the small sample size of questions since the study was intended to develop a brief screening tool to determine self-stigmatizing attitudes among mentally ill individuals. Information serves as buffer against all types of stigma (Lowe, 2014).

Positive Attitude towards Mentally Disordered Offenders

In order to understand the dispositional attitude of police officers, community members, and psychiatrists toward forensic psychiatric patients, a comparative study was conducted by Chen, Ou, Zhou, Zhang, Cai and Wang (2013) showed that police officers believed that MDOs were more violent as compared to the general population, the participants agreed to the provision of security for MDOs and also the treatment MDOs should be by psychiatrists. A shortcoming of the study was the small sample size, use of convenient sampling technique and the introduction of new words such as “forensic psychiatric patients”.

Nevertheless, little is known about emotions of police officers toward MDOs and how they care for them. This has created a conflict in emotions of having to act when police officers encounter MDOs (Cotton, 2004).

Prevalence of Mentally Disordered Offenders

To determine the prevalence of serious mental disorders in prisons in Durban, South Africa, Naidoo and Mkize (2012) sampled 193 prisoners and suggested that an estimate between 16% and 64% of individuals who involved in the CJS have a history of mental disorders. The commonest disorder were substance and alcohol use disorders (42.0%). 23.3% of prisoners were diagnosed with current psychotic, bipolar, depressive and anxiety disorders. 46.1% were diagnosed with antisocial personality disorder. The majority of these prisoners are untreated in prison, related to non - detection of the mental disorder. With limited research on the prevalence of MDOs in the correctional facilities in Ghana, the prevalence of MDOs would be similar to that of South Africa, Zambia, and Nigeria. Although, this study was a great attempt to study the prevalence of mental disorders in the CJS given the dearth of literature in this area, it failed to include other sites which would have provided a greater wealth of information of prevalence

rates of mental disorders amongst the different prisoner populations in South Africa and would have enable comparative analyses between them.

Markowitz (2011) suggested that the presence of discriminatory influences among police toward people experiencing mental illness are not the sole contributing factor to the increased prevalence of mental illnesses in the criminal justice system; rather that it is the very behaviours of people with mental illnesses which are attracting attention and bringing them into contact with police on a more frequent.

Media Influence on Police and Public Attitude towards Mentally Disordered Offenders

Klin and Lemish (2008) found out in their study that there is an increase in the portrayals of MDOs as dangerous, violent, low intelligence level, lazy, and unproductive members of society which are less favourable and offensive. This could be a reflection of the lack of knowledge about mental illness and have an impact on police – MDOs interaction. Also, this is a revelation of lack of training and education which calls for a need for this study (Psarra, Sestrini, Santa, Petsas, Gerontas, Garnetas, & Kontis, 2008).

Besides this, the media according to an Australian review has influenced the police to use force during police – MDOs interactions whenever they perceive or there is an actual threat because MDOs are portrayed in newspapers as violent (Kesic, Ducat, & Thomas, 2012). Also, Furczyk and colleagues (2011) found out that many young Poles believed MDOs are aggressive because of an influence from the media due to the fact that they are constantly exposed to the media.

Attitude of Professionals towards Mentally Disordered Offenders

Currently, there is less knowledge about attitude towards MDOs in Ghana. A cross – sectional study by Adjorlolo, Abdul-Nasiru, Heng Choon, and Bambi (2016) among 113 registered mental health nurses on attitude towards mental illness, offenders and offenders with mental illness showed that the attitude towards mental illness had an effect on attitude towards MDOs but was not when punishment – oriented attitude was controlled. This could be accounted for the exposure to information on the media as a professional. The study had some limitations which included the use of instruments which have not been validated in Ghana and the use of a small sample size which makes it difficult to generalize the findings.

A popular suggestion in review of literature is that any professional who for any reason may have any contact with MDOs should be made aware as possible about mentally ill offenders (Thompson, Paulson, Valgardson, Nored, & Johnson, 2014).

Another related study by Psarra et al. (2008) examined the disposition and knowledge of 156 police officers revealed that police officers have negative disposition towards MDOs due to the held patterns of schemata. Nevertheless, the study found out that, police officers were eager to learn about mental illness. However, this study is limited by the inability of the researchers to conduct a test – retest reliability of the instrument though an internal consistency of the test items were tested.

Summary of Literature Review

The Theory of Planned Behaviour developed by Ajzen (1991) developed from The Theory of Reasoned Action, Biomedical Model of Mental Health and the Social Cognitive Theory served as theoretical frameworks for the study. These theories served as a lens through which the variables are explained. Each of the theoretical models was explained in the light of

how they explain the variables in the study. The Theory of Planned Behaviour explained the decision to divert and The Social Cognitive Theory explained the knowledge and attitude towards Mentally Disordered Offenders (MDOs) and attitude towards mental illness. Likewise, the Biomedical model explained factors that can contribute to the formation of attitude towards MDOs.

The review of literature was done by examining the prevalence and impact of knowledge and attitude. There is some support for the hypothesis that people are more likely to be favourable toward People with Mental Illness (PMI) after they have been educated about how mental illness is a biological disorder that people do not choose (Kabir et al., 2004; Linden et al., 2012). Similarly, Ranjitkumar and his colleagues (2010) argued that, an increase in the level of education also decreases the negative attitudes toward PMI due to the fact that there is an enlightenment in the understanding of the causes of mental illness. The stigma and discrimination linked to mental illness reinforces the experiences of isolation, exclusion, and distress as they are unable to function effectively in the society.

The biological model emphasizes on genetic factors, neurotransmitter-related chemical imbalances, and medical conditions.

When MDOs are viewed as responsible for their crimes because they can control it then they should be punished (Watson, Corrigan & Ottati, 2004). On the other hand, when MDOs are viewed as not responsible for their crimes, then individuals (police officers) are more sympathetic and it reduces anger and blame.

Labelling also go in conjunction with stigma. Negative stereotypes from negative attitude create labels for the affected persons and their families. Then again, labels create fear among

people who may be experiencing mental health challenges but are unable to seek help and prevents them from seeking one (Watson et al., 2014; Sipsma et al., 2013).

Stigma and discrimination does exist among already practicing professionals and would – be professionals still in school and undergoing training which call for a need to intensify training for the upcoming professionals and also for those already practicing (Jyothi, et al., 2015). As this stream of would – be professional will be graduating into the mainstream professional, there is a need to sensitize them as well as monitor their attitudes as they practice. The issue of stigma and discrimination among professionals and upcoming professionals can affect the therapy or treatment received by the patients since it can create a feeling of mistrust and stigma.

The negative attitude towards the mentally ill is unfortunately mirrored, if not perpetuated, by the mass media which serves as a source of first – hand information to many people as they have come to trust it as a source of information. Current media portrayals of MDOs have been less favourable and emphasis have been placed on negative qualities (Klin & Lemish, 2008). This has a potential negative influence on young people, who are still formulating and shaping their worldview. When this worldview is formed, they become difficult to change, hence there is a need to educate people at a younger age on what mental health entails as well as monitor their views (Jyothi, et al., 2015).

In sum, worldview of mental illness shape attitude towards mental illness and MDOs. The differences in attitude is shaped by socio – cultural factors, exposure to information and training

Rationale of the Present Study

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

Researches have been mainly in the western world at the expense of other continents mainly focusing on areas that clarify that events of police – mentally disordered offenders' interactions are perplexing. Also, most part of these researches have centered around clinical risk variables: co-happening substance use issues and treatment non-adherence, as well as social and systemic variables, including deinstitutionalization arrangements, homelessness, poverty, community disorganization and criminal law reforms (Cotton & Coleman, 2010). The available literatures have focused on policy issues relating to diversion (Aldridge & Jones, 2009), effectiveness of diversion program itself (Broner, Mayrl, & Landsberg, 2005) and the international perspective on diversion (James & Glaze, 2006).

Whereas the scholarship on diversion of Mentally Disordered Offenders (MDOs) is increasing, scant or no attention has been paid to investigating factors at the intrapersonal level that may influence decisions on diversion. These studies have neglected the degree to which mental health training improves police officers' knowledge, attitude and behaviours, and ultimately, their experiences with mental disordered offenders. Besides this, the question of the ability of the Ghanaian police officer to intercept a mentally disturbed offender is still unanswered?

Reiterating on the above literature, Ghana is of no exemption in the overrepresentation of the mentally disturbed offenders in the criminal justice system given the fact that the country has attained a middle – income status and also symptoms of mental disorders can contribute or influence the affected individual to commit a crime.

Statement of Hypotheses

H1: Police officers with positive attitude towards mental illness are more likely to divert MDOs as compared to Police officers with negative attitude towards mental illness.

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

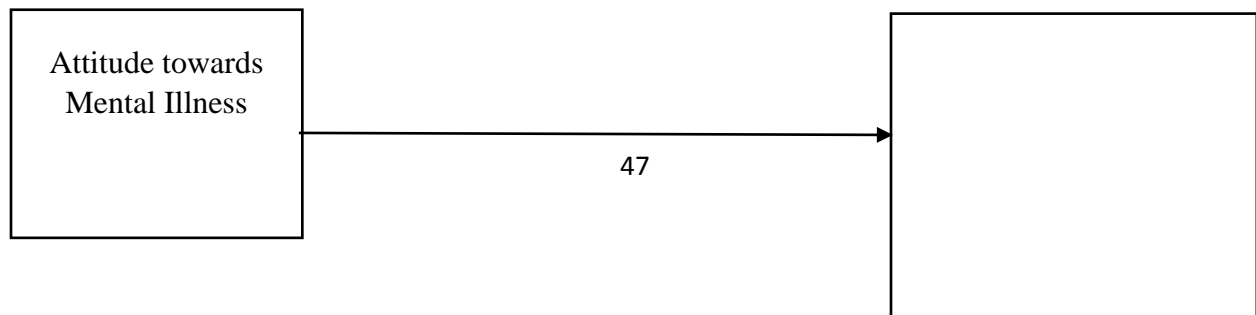
H2: Police officers with positive attitude towards MDOs are more likely to divert MDOs as compared to Police officers with negative attitude towards MDOs.

H3: Police officers with more knowledge of legislation on diversion would be more likely to divert MDOs as compared to Police officers with less knowledge of legislation on diversion.

H4: Police officers with both positive attitude towards MDOs and more knowledge of the legislation on diversion are more likely to divert MDOs.

H5: Police officers with positive attitude towards mental illness and positive attitudes towards MDOs are likely to divert MDOs.

H6: The knowledge of legislation on diversion will moderate the relationship between attitude towards MDOs and the decision to divert.



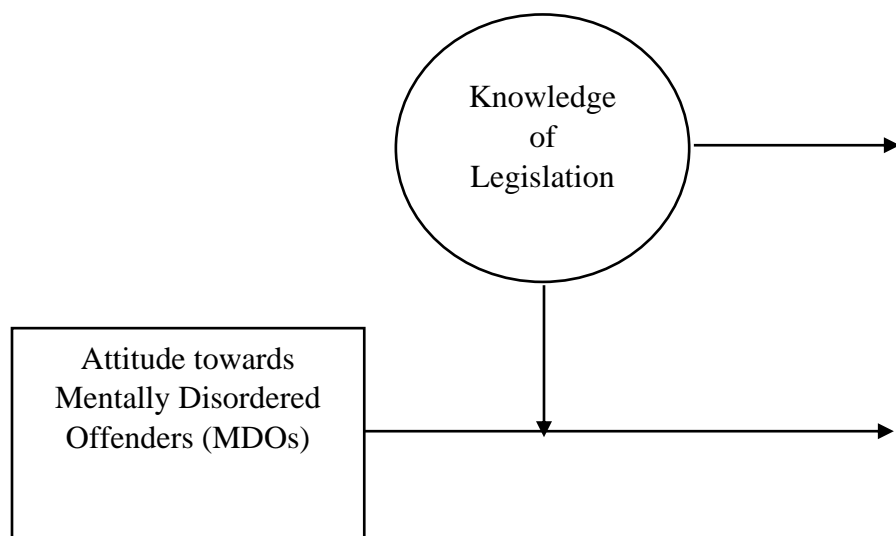


Figure 1: Hypothesized Model

In this model, attitude towards mental illness, knowledge of legislation on diversion and attitude towards mentally disordered offenders were assumed to independently influence the decision to divert. The knowledge of legislation on diversion was assumed to moderate the relationship between attitude towards mentally disordered offenders and decision to divert.

Definition of Terms

- Mentally Disordered Offenders(MDOs) / Emotionally Disturbed Persons (EDPs): an individual who has a mental impairment and has committed a crime.

- Attitude towards Mentally Disordered Offenders: evaluating MDOs with some degree of likeness and dislike.
- Attitude towards Mental Illness: evaluating mental illness with some level of favour or disfavour.
- Police Officer: a uniform Ghanaian police personnel and also of the Criminal Investigations Department (CID).
- Decision to divert: this variable was measured with Originally Conceived Items by Thompson, Paulson, Valgardson, Nored, and Johnson (2014).
- Knowledge of Legislation: A new instrument was developed with items from the Ghana Mental Health Act, 2012.

CHAPTER THREE

METHODOLOGY

Introduction

This chapter gives detailed information on methodological issues with regards to the study conducted. Creswell (2003) defines research methodology as the procedures used in carrying out a research. This chapter presents the manner and methods used by the researcher to conduct the study: research setting, population, sample and sampling technique, the design, measures/ instruments, ethical considerations as well as the procedures involved in the pilot study and the actual data collection to test the stated hypotheses.

Profile of Ghana Police Service

According to Pokoo – Aikins (2002), the introduction of policing to Ghana was by the British, hitherto, policing was carried out through the traditional systems. Prior to the establishment of the Police College, police officers were trained in Britain. The Ghana Police Service (GPS) was instituted as stipulated in Section 1 of the Police Force Act, 1970 (Act 350) to prevent and detect crime, to apprehend offenders and to maintain public order and safety of persons and properties to ensure a peaceful and safe environment to facilitate economic and social activities (Ghana Legal, 2012) as a pre-requisite for making Ghana a Gateway to West Africa.

The Ghana Police Service (GPS) is headed by the Inspector-General of Police (IGP) who supervises and controls the daily administration of the Police Service. The various regional and divisional commanders report to the national headquarters in Accra. Again, the Service structure is organized at national level into ten schedules whereby each is headed by a commissioner. There are 12 administrative regions under the Service with each headed by a Regional Commander: Ashanti, Brong - Ahafo, Central, Eastern, Greater Accra, Northern, Upper East, Upper West, Volta Western Regions, Tema and Railway, Ports, and Harbour. Recently, the

Service has established the Marine Police in the Western region because of the oil discovery. With the exception of the National Headquarters, the regions are divided into 51 divisions nationwide. These divisions are further subdivided into 179 Districts and 651 Stations across the country.

The service is divided into two major ranks: senior officers (Inspector-General of Police (IGP), Deputy Inspector-General of Police (D/IGP), Commissioner of Police (COP), Deputy Commissioner of Police (DCOP), Assistant Commissioner of Police (ACP), Chief Superintendent of Police (C/Supt), Superintendent of Police (Supt), Deputy Superintendent of Police (DSP), Assistant Superintendent of Police (ASP), and junior officers (Chief Inspector (C/Inspr), Inspector (Inpr), Regiment Sergeant Major (RSM), District Sergeant Major (DSM), Sergeant (Sgt), Corporal (Cpl), Lance Corporal (L/Cpl) and Constable.

In the police service, promotion onto another rank is based on promotion examination, seniority and length of years served which is subject to satisfactory performance, good conduct and special recommendation based on meritorious acts of bravery or valour in the prevention of crime or outstanding performance of duty.

Research Setting

The research settings of interest were selected police stations in some police divisions within Accra Region: Accra Central Division, Tesano Division (Achimota Police Station, Achimota Mile 7 Police Station and Tesano Divisional Headquarters), Airport Division (Legon Police Station, East – Legon Police Station and Airport Police Station), Adenta Division (Adenta Divisional Headquarters and Ayi – Mensah Police Station), La Nkwasantang Division (Kwabanya District and Madina Police Station), Dansoman Division (Dansoman District,

Korlebu District and Mamprobi District), Nima Division (Nima Division and Nima Police Station) Odorkor Divisional Headquarters and Kaneshie Divisional Headquarters. Accra is the largest and capital city of the Republic of Ghana since 1877, with fine public buildings, residential areas and overcrowded communities. Accra is a multicultural society which is a reflection of the changes in socio – economic activities (Appiahene – Gyamfi, 2003).

Research Population / Sample

The population for the study was police officers from selected police stations in the Accra Region of the Ghana Police Service. Creswell (2003) explained that population is any set of persons or objects that possesses at least one common characteristic. For this purpose, uniformed police officers and personnel of the Criminal Investigations Department (CID) also known as detectives of the various police stations were used because they gather evidence relating to crimes, participate in raids, and sometimes arrest criminals. Detectives work on cases by cross - examining the evidence, conduct interviews with witnesses and suspects, and use the gathered data to determine who is guilty and who is innocent.

The sample consisted of police officers in the Accra region of the Ghana Police Service from varied religious background, age, education level, number of years in service and ranks. There are over 35,000 police officers in 709 stations and posts nationwide according to the Minister of Interior, Mr. Mark Owen Woyongo, in 2014 on his visit to the police headquarters in Accra (De – Graft Johnson, 2014). However, professionals such as lawyers, doctors within the Ghana Police Service were exempted from the study.

Sample Size

The sample size for the study is based on the rule of thumb by Tabachnick and Fidell (2007). Tabachnick and Fidell (2007) suggested an increase in the sample size also increases the chances of deriving significance from the slightest of variance which makes it essential to measure the smallest number of cases. The guidelines for testing R^2 are N should be equal or exceed $50 + 8k$, [$N \geq 50 + 8k$] where k equals the number of predictor (independent) variables. Based on this a minimum N of about 74 cases should be used for multiple regression with three predictor variables for this study to have reasonable power to detect the overall model fit that corresponds to approximately medium-size R^2 .

According to Krejcie and Morgan (1970), a sample of 341 units is needed when the population is slightly above 3000, however, in this study, a sample size of 379 police officers were used. A total number of five hundred (500) questionnaires were distributed to selected police stations within the Accra Region of the Ghana Police Station out of which three hundred and seventy – nine (379) were feasible for analysis and this represented a 75.8% response rate.

Sampling technique

The study used both purposive and convenient sampling techniques. The use of purposive sampling technique was because this is targeted population and it allows the researcher to get the sample specific characteristics which reflects the objectives of the study and the knowledge of the population as well as easily and quickly. With regards to the objectives of the study, the use of purposive sampling was appropriate because police officers are trained to protect individuals and properties. In the course of performing their duties, they may encounter PMI and they may use their discretion to divert or not, hence, there was a need to use purposive sampling method. The convenience sampling technique was used to recruit participants for the study; those who

were available and agreed to be part of the study were used. The police officers are a special population which is already existing and per the nature of their job, it is convenient for them to participate if they can. For the purposes of convenience: cost, feasibility and considering that the research was time bound; the researcher randomly selected police stations within the Accra Region as the location for data collection after obtaining a list of police stations from the registry at the national headquarters of the Ghana Police Service.

The researcher also focused on police stations within communities which are predominant in socio – economic activities such as Accra Cental, Nima and Kaneshie because an increase in socio – economic activity brings about criminal activities with the offenders being young male, single, unemployed, low level of education and also from disadvantaged backgrounds (Appiahene – Gyamfi, 2003).

Research Design

A quantitative research approach was used in this study. Dawson (2009) described, quantitative research as an approach in research that generates statistics through the use of large-scale survey using methods such as questionnaires or structured interviews. The research also employed a cross-sectional design because it involves looking into a phenomenon whereby individuals are questioned and their responses are described, for example, increase in crime rates, at a particular time from different perspectives. Similarly, a cross – sectional survey was used because the participants were observed and the data was collected within a short period of time from different participants in different levels in that, attitudes towards mental illness and mentally disordered offenders were collected from uniform police officers at different ranks, different stations, education levels and religious background. Finally, the cross – sectional design

gave room to determine the prevalence of knowledge and attitude towards mentally disordered offenders and the decision to divert. It allowed the researcher to investigate the association among the predictor variables and the outcome variable in the study.

Instrument/ Measures

For the purposes of this study, a survey questionnaire was distributed to the police officers to collect data on the study variables. The questionnaire booklet contained measures and was itemized after a brief introduction under the following sub – headings: demographic data, attitude towards mentally disordered offenders, attitude towards mental illness, knowledge on legislation on diversion - new mental act (ACT 846) and decision to divert (See Appendix)

Demographic Data

Labelled as Section A, this sub – section inquired of the biographic characteristics of the participants. The questions included: age, sex, marital status, number of years in service, rank, level of education and religious background.

Attitude towards Mentally Disordered Offenders (MDOs)/ Emotionally Disordered Persons (EDPs)

Labelled as Section B, this variable was measured by using the Police and Community Attitudes towards Offenders with Mental Illness (PACAMI –O) scale which comprised of 40 items measured on a 5 – point Likert scale from “1 = strongly disagree” to “5 = strongly agree” out of which 20 (Items 2, 4, 5, 7, 10, 12, 13, 15, 18, 20, 21, 23, 26, 28, 29, 31, 34, 36, 37, & 39) are reversely scored. The scale was developed after the Community Attitudes towards the

Mental Ill (CAMI). The PACAMI – O scale has a high internal reliability of 0.909 when it was developed and tested. Based on an exploratory factor analysis, the PACAMI – O measured four factors namely: mental health awareness, treatment ideology, societal reservation and personal preservation (Glendinnings & O’Keefe, 2015). Examples of items on the scale are “As soon as an offender shows signs of mental disturbance, he should be hospitalized” and “There is something about offenders with mental illness that makes it easier to tell them from normal people.” Higher scores show positive attitude towards mentally disordered offenders.

Attitude towards mental illness

Labelled as Section C, this variable was measured by a 28 – item scale called the Day’s Mental Illness Stigma Scale. This is a 7 – point Likert scale ranging from Completely disagree =1, Disagree =2, Slightly Disagree = 3, Undecided =4, Slightly Agree =5, Agree = 6 and Completely Agree = 7. Out of the 28 items, 5 items are reversely scored namely: items 1, 7, 9, 23 and 28. The scale has a Cronbach alpha ranging from 0.50 - 0.91 (Day, Edgren, & Eshleman, 2007). In comparison to traditional stigma measures, this scale is rooted in Stigma Theory, and normed among college-aged students. The theoretical basis of Day’s Mental Illness Stigma Scale (Day et al., 2007) is rooted in the assumption that stigma comprises the following dimensions, each measured by a multi-item subscale: Relationship Disruption, Hygiene, Visibility, Anxiety, and Professional Efficacy.

The subscales include Interpersonal Anxiety, which measures feelings of nervousness, fear, or danger around those who are mentally ill; Relationship Disruption, which focuses on whether or not someone believes they can have a normal and healthy relationship with someone who has a psychiatric disorder; Hygiene, which refers to one’s beliefs about the ability of

individuals with mental illness to take care of basic personal needs; Visibility, which measures whether the respondent believes that they can easily recognize a person who is mentally ill; Treatability which assesses beliefs regarding whether or not psychiatric disorders can be treated; Efficacy, which explores the belief that mental health professionals have the appropriate skills to effectively treat mental illnesses; and Recovery, which assesses beliefs regarding whether or not a person can recover from mental illness. Higher scores indicate positive attitudes towards mental illness. An example of an item is “I don’t think that I can really relax and be myself when I’m around someone with a mental illness”.

Knowledge of the legislation on diversion

Labelled as Section D, this variable was measured with a newly developed instrument by the researcher. The item pool for the instrument were sampled from Section 76 from the new Ghana Mental Health Act passed in 2012. This was measured on a 5 – point Likert scale ranging from “1 = strongly disagree” to “5 = strongly agree”. The items were piloted with a sample of thirty police officers. The items of the scale were piloted and was found to have good psychometric properties; internal consistency (Cronbach’s alpha) of .665. Two of the items on the measure (Items 5 and 7) were reversely scored. Level of knowledge was calculated from the median score of the summated score. The total score ranged from 7 – 35 points. Scored from 18 and above indicated high level of knowledge and those below 18 indicated low level of knowledge. A sample question includes “A prisoner who is mentally ill should be transferred to the psychiatry”.

Decision to divert

This variable was measured with Originally Conceived Items by Thompson et al., (2014). These items were developed by the Mississippi Statistical Analytical Center on the topic “Perceptions of Defendants with Mental illness”. It consists of 9 items on a five – point Likert scale. Each response is measured on “1 = strongly disagree” to “5 = strongly agree”. It has a Cronbach alpha of 0.693 (Thompson et al., 2014). A sample question includes: “I support diversion from jail and/ or prison for offenders with mental illness”. This instrument was adapted through replacement of word such as “Mississippi” to “Ghana”. In this measure, only item 2 is reversely scored. Higher scores indicate the decision to divert. After the pilot study with 30 police officers, only seven items were valid for the Ghanaian setting.

Pilot Study or Pre – Testing

The researcher tested the questionnaires on 30 police personnel within some selected police stations in Accra namely: 19 personnel (Airport Police Station), 7 (Korle - bu Police Station) and 4 (Legon Police Station) to assess the psychometric properties of the scales, that is, the reliability: a revision of items or deletion of items on the various scales. In addition to that, the pilot study determined an average time needed for the completion of the questionnaires. The actual research was started in two weeks after the pilot study. For each police station, the district commander had to see the permission letter from the police headquarters before giving directives to his subordinates, the station master, for the pilot study to be carried out. The pilot study was carried out within the premises of the police stations after the participants were conveniently sampled and informed of the study whereby the objectives and benefits of the study were

explained to them. Based on this pilot study, some changes and amendments were made to the questionnaire such as restructuring of instructions to each questionnaire and changing of font size.

Table 1: Summary of Scales and Reliabilities of Pilot Study

| Scales | Variables | Number of Items | Alpha Values |
|--|---|-----------------|--------------|
| Police and Community Attitudes Towards Mentally Ill – Offenders (PACAMI – O) | Attitudes Towards Mentally Disordered Offenders | 40 | .771 |
| Day’s Mental Illness Stigma Scale | Attitudes Towards Mental Illness | 28 | .743 |
| Items from the Ghana Mental Health Act (2012) | Knowledge of Legislation on Diversion | 7 | .665 |
| Originally Conceived Items | Decision to Divert | 6 | .705 |

Table 1 gave an overview of the Cronbach Alphas of the various instrument at the pilot study phase of the research. The alpha level of the measures during pre – testing ranged from 0.6 to 0.77 which showed that they were reliable.

Procedure

Before conducting the study, an approval was sought from the Ethics Committee for Humanities (ECH), University of Ghana. A letter of introduction from the Department of Psychology, University of Ghana and attached copies of the protocol and questionnaires were sent to national headquarters of the Ghana Police Service in Accra for approval before a pilot study could be carried out.

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

A letter of introduction and approval letter from the Police Headquarters in Accra was sent to the district commanders in the various police stations within Accra Region before the pilot study was carried out. Permission was obtained from the district commanders to allow their staff to be enrolled in the study whereby the objectives and benefits of the study was explained. Although, the permission was granted by the district commanders, the informed consent of the police officers was obtained before the study was conducted. The pilot study was carried out two weeks before the main data collection.

The main data collection spread over three months because of time constraints. Participants were asked to participate in the study voluntarily considering their time schedules as police officers. Questionnaires were administered to some police stations simultaneously. During the briefing of the participants after they have agreed to willingly participate in the study, objectives and benefits of the study were explained to respondents orally and in a written form (both in English Language) attached to the questionnaire booklet. They were assured of anonymity and also that the information obtained will be kept confidentially because the study is for academic purposes. To ensure anonymity and confidentiality, names were not allowed on the questionnaire instead codes were generated for the analysis. The participants were assured that there are no wrong or correct answers to the items. An oral and written consent were obtained from those who agreed to participate. Participants were assured of no harm in the course of the study. The police officers were made aware that there was no foreseeable risk, discomfort or adverse effect associated with the study if they chose to participate or decline to participate in the research. After willingly agreeing and accepting to participate in the study, the questionnaires were administered to the participants.

Contacts were made with some police officers (orderly room) for collection of questionnaires from some police stations and to be collected by the researcher on a later date because of conflicts with time constraints and performance of duties. On the other hand, for some police stations, the researcher had to wait for completion of questionnaires as well as explain some questions to the participants when there is a need. Communication among participants was minimized because all questions were directed to the researcher. Participants were debriefed at the end of the data collection.

Data Analyses

A variety of statistical techniques were used to analyze the survey data generated in this study: regression, univariate and bivariate analysis techniques. The univariate analysis techniques included frequency distributions and means, as well as reliability analyses (Cronbach's Alpha Coefficient), and a calculation of summated scores. Bivariate analysis technique included the Pearson Product Moment correlation of the variables. An Exploratory Factor Analysis through principal component extraction was conducted for the validity of all the instruments. All responses were reviewed for data input errors and extreme values (outliers) that would negatively affect the statistical analyses: all responses that exceeded the maximum responses and below the minimum response were corrected. Uncompleted questionnaires were also exempted from the analysis. However, if the participant indicated more than one response to an item, their data was removed from analysis.

To avoid a methodological problem, all items that were "negatively" worded in all the instruments were reversely recoded to provide uniformity in calculating the summated score. To

group responses into positive and negative attitude, more and less knowledge, the summated score was split using the median score of each variable. The distribution of the data was verified and based on the criterion suggested by George and Mallery (2010), the distribution of the data was normal after the preliminary analyses was conducted.

Hypotheses 1 to 5 were analyzed using a General Linear Model (GLM) in SPSS v23. The GLM is a model which subsumes regression, Analysis of Variance (ANOVA) and Analysis of Covariance (ANCOVA). The univariate GLM predicts one dependent variable from one or more other variables (independent variable (s)). Hypothesis 1 to 5 had the same dependent variable, Decision to Divert (DD) but different independent variables with two levels. In order, not to commit an experiment- wise error, a univariate GLM was used to analyze the model.

In univariate GLM, the levels of the independent variables are recoded into dummy codes before the parameters are solved. Univariate GLM allowed for testing the significance of the whole model irrespective of the independent variables and also the significant effects of the individual independent variable towards the prediction of the dependent variable. Hypothesis 4 and 5 were analyzed using the univariate GLM to test for the interaction effects of two independent variables on the dependent variable.

Hypothesis 6 was analyzed with PROCESS Procedure for SPSS 2.15 to ascertain if the introduction of the moderator (NLA) would increase or decrease the magnitude of the relationship between ATMDO and DD. The predictor (ATMDO) and moderator (NLA) were centered to have a standardized score before the analysis was run. The ATMDO was first entered into the first step. The centered ATMDO score was multiplied by the centered NLA score (ATMDO * NLA) to create a new variable score which was entered in the second step of the

regression analysis. The dependent variable was DD (Decision to Divert). Furthermore, all the demographic variables were controlled and the analyses of all the hypotheses were run at a 95% confidence interval.

Development and Validation of Knowledge of the Legislation on Diversion

Mentioned earlier in this chapter, a 7 – item measure was developed to measure the knowledge on the legislation on diversion. The item pool for the instrument was sampled from the legislative instrument (Ghana Mental Health Act, 2012) and administered to police officers together with other measures.

Two hypotheses were developed:

- The first hypothesis stated that there will be a positive correlation between knowledge of the legislation (NLA) and the decision to divert (DD).
- The second hypothesis stated that there will be a positive correlation between knowledge of the legislation (NLA) and the attitudes towards mentally disordered offenders (ATMDO). Below is a summary of the correlation matrix:

Table 2: Correlation Matrix among NLA, DD and ATMDO (N = 379)

| | NLA | ATMDO |
|--------------|------------|--------------|
| NLA | - | |
| ATMDO | .195** | - |
| DD | .452** | .252** |

**** p = 0.01. Note: NLA = New Legislative Act; ATMDO = Attitude Towards Mentally Disordered Offenders; DD = Decision to Divert**

From the correlation matrix, it can be observed that NLA correlated positively and significantly with both ATMDO ($r = .195, p < 0.01$) and DD ($r = .452, p < 0.01$). This indicated that as knowledge increases, there is positive attitude towards mentally disordered offenders and as the knowledge decreases, there is negative attitude towards mentally disordered offenders. This is indicative of police officers who score higher on the instrument for measuring knowledge exhibit positive attitude towards mentally disordered offenders are exhibited while those who score lower on the instrument for measuring knowledge exhibit negative attitudes towards offenders with mental illness.

Also, as knowledge increases, then there is a higher probability of making the decision towards diversion, on the other hand, when knowledge decreases, then there is less probability of making the decision towards diversion. This is indicative of police officers who score higher on the instrument for measuring knowledge will make the decision to divert while those who score lower on the instrument for measuring knowledge will not make the decision to divert.

The New Legislative Act questionnaire which was developed was subjected to factor analysis, in particular, Principal Component Analysis (PCA) and Varimax to identify the factors and the item loadings on these factors.

To check that the data was suitable for Exploratory Factor Analysis, the correlation matrix showed coefficients of .3 and the Kaiser-Meyer-Oklin (KMO) value was .70 which is higher than the recommended value of .6 by Kaiser (1974). The extraction method used was the Principal Components Analysis. The Barlett's Test of Sphericity $\chi^2 (21) = 259.210, p < 0.001$ showed that there were patterned relationships between the items. With an eigenvalue cut – off

of 1.0, the PCA showed that there were 2 components which summed up to a total of 47.52% of variance; with Component 1 (Negligence) contributing 30.20% and Component 2 (Abuse) contributing 17.32%. Therefore, the analysis generated 2 factors to be analyzed. The screeplot showed a clear cut after the second component. From the initial Component Matrix table, 5 items loaded onto Factor 1 (Items 3, 2, 6, 1 and 4), 2 items loaded onto Factor 2 (Items 7 and 5), It was identified that majority of items loaded onto component 1 and 2 at .5 and above, thus the decision to retain the first two components (See Table 5).

Stevens (2002) recommended that for a sample size of 300 a factor loading greater than 0.298 should be considered as significant. Thus, for larger sample sizes smaller factor loadings could be considered as significant and for smaller sample sizes larger factor loadings should be considered as significant. Based on these recommendations, a much higher factor loading of 0.5 was chosen as the cut-off point for this study.

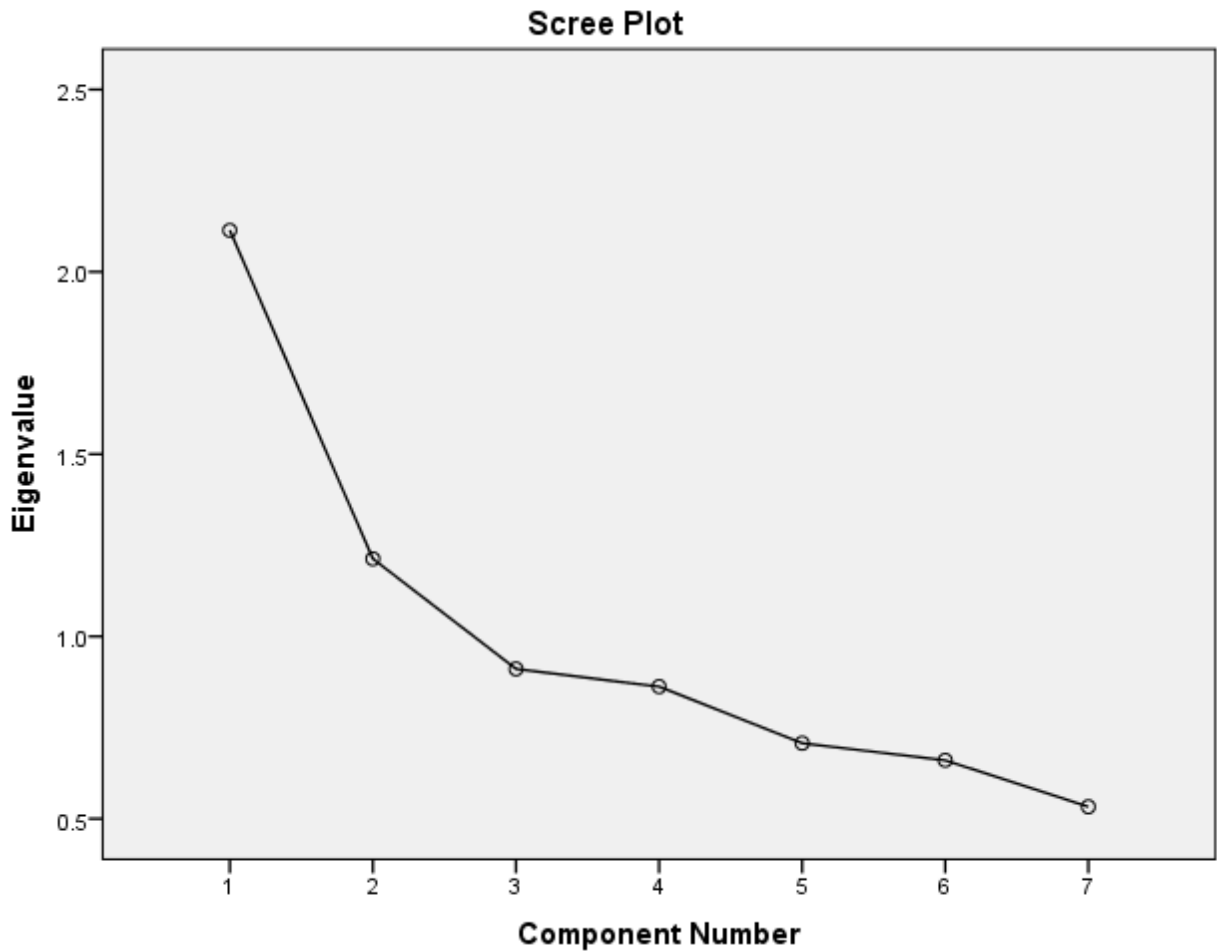


Figure 2: A Scree Plot Diagram for Validation of the NLA instrument

The figure above showed the scree plot on the validation of the instrument developed to measure the knowledge of the legislation on diversion. The above figure showed the relationship between the number of the factor (on the x-axis) and the value of the eigenvalue (on the y-axis) and based on this it can be said that, two factors were extracted for the instrument. These factors were extracted based on the premise that, the associated eigenvalues were above 1.0.

CHAPTER FOUR

RESULTS

Introduction

In this chapter, the results from the analyses of the data were presented. The data was analyzed using a series of statistical tests in SPSS v23. The inferential statistical tests that were used to analyze each hypothesis are discussed with reasons. The discussion of the tests is followed by detailed presentations of tables with their interpretations.

Preliminary Analyses

This section looked at the following: the distribution of the variables, descriptive statistical analysis of demographic variables, validity, reliability analysis and Pearson Product moment correlations among the variables. First, the normality of the data obtained for the study was verified.

Table 3: Summary of Means, Standard Deviation, Skewness, Kurtosis and Internal consistency (Cronbach Alpha) of the Measures

| Variable | N | Mean | Std. Deviation | Validity (PCA) | Skewness | Kurtosis | Cronbach Alpha |
|----------|-----|--------|-------------------|-------------------|----------|----------|-------------------|
| ATMDO | 379 | 109.86 | 13.682 | .771 | -0.887 | 2.472 | 0.709 |
| ATMI | 379 | 119.58 | 23.301 | .843 | - 0.332 | -0.021 | 0.848 |
| NLA | 379 | 21.54 | 4.034 | .705 | -0.719 | 0.950 | 0.524 |
| DD | 379 | 24.38 | 5.145 | .810 | -0.645 | 0.591 | 0.762 |

Note: ATMDO = Attitude towards Mentally Disordered Offender, ATMI = Attitude towards Mental Illness, NLA = Knowledge of Legislation on Diversion, DD = Decision to Divert, PCA = Principal Component Analysis

From the table above, the variables under study were normally distributed as they fall within the range of ± 1 . Apart from the NLA scores that has moderate reliability, scores on the other scales showed high reliabilities (See Table 3). Also, Attitude towards Mentally Disordered Offender (ATMDO) showed high values for kurtosis. As a rule of thumb, the values for symmetry (skewness) and kurtosis between -2 and +2 are considered acceptable in order to prove normal univariate distribution (George & Mallery, 2010), Hence, the skewness and kurtosis of all the variables used in this study are within the range for normality.

Usually, a correlation is conducted between two variables to give the degree and the direction of the relationship between the two variables. A correlation matrix gives an estimate of the degree and direction of the relationships among the variables, that is, between all the possible pairs of variables. In the table below (Table 4), the specific type of correlation used in the matrix is the Pearson Product Moment Correlation because all the variables are measured at an interval level.

Table 4: Correlation Matrix of Study Variables

| Variables | ATMDO | ATMI | NLA | DD |
|------------------|--------------|-------------|------------|-----------|
| ATMDO | - | | | |
| ATMI | .160** | - | | |
| NLA | .195** | .280** | - | |
| DD | .252** | .328** | .452** | - |

Note: ** = Correlation is significant at .01 alpha level. ATMDO = **Attitude towards Mentally Disordered Offender**, ATMI = **Attitude towards Mental Illness**, NLA = **Knowledge of Legislation on Diversion**, DD = **Decision to Divert**

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

In the correlation matrix above, it was observed that Attitude towards Mentally Disordered Offender (ATMDO) correlated positively and significantly with the Decision to Divert (DD) ($r = .252, p < 0.01$). This means that when there is positive ATMDO, police officers are likely to make the decision on diversion and when there is negative attitude, police officers are less likely to make the decision on diversion. Also, Knowledge of Legislation on Diversion (NLA) correlated significantly and positively with the Decision to Divert (DD) ($r = .452, p < 0.01$) which indicated that an awareness of the legislation on Diversion is a catalyst in making the decision to divert mentally impaired offenders by the police officers.

Similarly, ATMI correlated positively and significantly with ATMDO ($r = .160, p < 0.01$) which implied that a positive ATMI will lead to a positive ATMDO and a negative ATMI will lead to a negative ATMDO. Also, NLA correlated positively and significantly with ATMDO ($r = .195, p < 0.01$) which implied that more NLA will lead to a positive ATMDO and less NLA will lead to a negative ATMDO. In addition to that, NLA correlated positively and significantly with ATMI ($r = .280, p < 0.01$) which means that more NLA will lead to positive ATMI and less NLA will lead to a negative NLA.

Finally, ATMI correlated significantly and positively with DD ($r = .328, p < 0.01$) which deductively means that a positive ATMI will likely to lead to the decision to divert while a negative ATMI will less likely lead to the decision to divert. The table above showed that there was a positive and significant relationship among the variables with the highest coefficient between DD and NLA ($r = .452, p < 0.01$).

Principal Components Analysis

After the principal component analysis was done, 5 items out of 7 loaded onto factor 1 and 2 items loaded onto factor 2 (See Table 5). The factors extracted were labelled Negligence and Abuse for factors 1 and 2 respectively. An example of items under negligence are; “Mentally Disordered Offenders should be diverted to the mental health facility within 48 hours if they are suspected to have a disease of the mind”. The Cronbach Alpha for factor 1 yielded 0.65. An example of items on Abuse includes; “I can prosecute an offender without examination of the state of the mind.

Table 5: Factor Analysis for New Legislative Act Questionnaire

| Item Number | Item Content | Item loading |
|----------------------|---|---------------------|
| Factor 1: Negligence | | |
| 3 | MDOs should be diverted to the mental health facility within 48 hours if they are suspected to have a disease of the mind | .766 |
| 2 | The law on diversion is very shallow for one to understand | .692 |
| 6 | A prisoner who is mentally disordered should be transferred to the psychiatry. | .669 |
| 1 | I think Mentally Disordered Offenders (MDOs) should be diverted | .576 |
| 4 | MDOs should be freed after treatment | .516 |
| Item Number | Item Content | Item loading |
| Factor 2: Abuse | | |
| 7 | I can prosecute an offender without examination of the state of the mind | .784 |
| 5 | MDOs have no rights has a non – offender | .672 |

In sum, the PCA derived two main components from the new questionnaire. The components were the components of negligence and abuse respectively. However, the Cronbach Alpha for the second component was less than .3. The questionnaire was reduced from a 7 - item questionnaire to a 5 - item questionnaire with a Cronbach's Alpha of .65. The Cronbach's Alpha obtained for the 5- items was higher than that of the 7- item.

Demographic Characteristics

The demographic data below showed that 225 of the respondents were males which represented 59.4 %. This is as a result of the gender disparity between males and females in the Ghana Police Service with males being more than females. 37.7 % of the police officers were within 26 – 34 years followed by 29.0% within 35 – 40 years. Most of the respondents were Christians, and they represented 91.8% of the respondents which can be attributed to fact that most Ghanaians are Christians.

Approximately 68 % of the respondents were married and followed by the singles (26.4%). 52.8 % of the respondents had at most been educated to the tertiary. Most of the respondents were Junior officers (95.3%) which can be attributed to the disparity in the number of personnel in the ranks already existing in the Ghana Police Service and the availability of personnel in the ranks to participate in the research. Also, 26.6 % of the respondents had served the country within 11 – 15 years. The table below (Table 6) gives the distribution on the demographic characteristics of the participants:

Table 6: Summary of Descriptive of Demographic Characteristics

| Variables | Categories | Frequency | Percentage |
|--------------------|-------------------|------------------|-------------------|
| Sex | Male | 225 | 59.4 |
| | Female | 154 | 40.6 |
| Age | 18 – 25 | 20 | 5.3 |
| | 26 – 34 | 143 | 37.7 |
| | 35 – 40 | 110 | 29.0 |
| | 41- 50 | 74 | 19.5 |
| | 51 – 60 | 32 | 8.4 |
| Religion | Christianity | 348 | 91.8 |
| | Islam | 26 | 6.9 |
| | Other | 5 | 1.3 |
| Marital Status | Married | 256 | 67.5 |
| | Single | 100 | 26.4 |
| | Divorced | 12 | 3.2 |
| | Separated | 9 | 2.4 |
| | Widowed | 2 | .5 |
| Level of Education | Primary | 2 | .5 |
| | Secondary | 177 | 46.7 |
| | Tertiary | 200 | 52.8 |

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

| | | | |
|----------------------------|----------------|-----|------|
| Rank | Junior officer | 361 | 95.3 |
| | Senior officer | 18 | 4.7 |
| Number of Years in Service | 1 - 5 years | 58 | 15.3 |
| | 6 - 10 years | 95 | 25.1 |
| | 11 - 15 years | 101 | 26.6 |
| | 16 - 20 years | 65 | 17.2 |
| | 21 - 25 years | 33 | 8.7 |
| | 26 - 30 years | 16 | 4.2 |
| | 31- 35 years | 8 | 2.1 |
| | 36 - 40 years | 3 | .8 |

Hypotheses Testing

Hypotheses one to five were tested using the Univariate General Linear Model. The sixth hypothesis was tested using the Hierarchical Regression Analyses.

Hypothesis One

One of the main objectives of the study was to examine if attitude towards mental illness will influence the decision to divert a Mentally Disordered Offender (MDO), hence the hypothesis, “*Police officers with positive attitude towards mental illness are likely to divert MDOs as compared to police officers with negative attitude towards mental illness*” was formulated and tested.

Table 7: Summary of mean scores of Attitude towards Mental Illness on Decision to Divert

| Variable | N | Mean | df | F | Sig. | Effect size |
|---------------|-----|--------|-----|--------|------|-------------|
| Positive ATMI | 194 | 25.341 | 1 | 19.215 | .000 | 0.049 |
| Negative ATMI | 185 | 23.156 | 378 | | | |

Note: ATMI = Attitude Towards Mental Illness

In order to test this, a Univariate General Linear Model analysis was used to analyze the hypothesis at 0.05 alpha level. The scores of the participants on attitude towards mental illness were categorized based on the median score into positive and negative attitudes. The results showed that police officers with positive attitude towards mental illness are likely to divert MDOs than police officers with negative attitude towards mental illness ($F_{(1, 378)} = 19.215, p < 0.05$). Thus, the hypothesis was supported.

Hypothesis Two

The second hypothesis stated that “*Police officers with positive attitude towards MDOs are likely to divert MDOs as compared to Police officers with negative attitude towards MDOs*”.

Table 8: Summary of mean scores of Attitude towards Mentally Disordered Offenders on Decision to Divert

| Variable | N | Mean | df | F | Sig. | Effect Size |
|----------------|-----|--------|-----|-------|-------|-------------|
| ATMDO Positive | 201 | 24.770 | 1 | 4.381 | 0.037 | 0.012 |
| ATMDO Negative | 179 | 23.727 | 378 | | | |

Note: ATMDO= Attitude Towards Mentally Disordered Offenders

In order to test this hypothesis, a Univariate General Linear Model was used to analyze the hypothesis at 0.05 alpha level. The independent variable was categorized into positive and negative based on the median score. The results showed that police officers with positive attitude towards Mentally Disordered Offenders are more likely to divert them than police officers with negative attitude ($F_{(1, 378)} = 4.381, p < 0.05$). Thus, the hypothesis was supported.

Hypothesis Three

The third hypothesis stated that “*Police officers with more knowledge of legislation on diversion are likely to divert MDOs as compared to Police officers with less knowledge of legislation on diversion*”.

Table 9: Summary of mean scores of Knowledge of Legislation on Diversion on Decision to Divert

| Variable | N | Mean | df | F | Sig. | Effect Size |
|----------|-----|--------|-----|--------|------|-------------|
| More NLA | 220 | 25.763 | 1 | 36.881 | .000 | 0.090 |
| Less NLA | 159 | 22.735 | 378 | | | |

Note: NLA= New Legislative Act on Mental Health in Ghana

In order to test this hypothesis, a Univariate General Linear Model was used to analyze the hypothesis at 0.05 alpha level. The independent variable was categorized into more and less level of knowledge based on the median score. The results showed that police officers with more knowledge of legislation on diversion are likely to divert MDOs, ($F_{(1,378)} = 36.881, p < 0.05$), hence the hypothesis was supported.

Hypothesis Four

This hypothesis stated that “*Police officers with both positive attitude towards MDOs and more knowledge of the legislation on diversion are more likely to divert MDOs*”. In order to test this hypothesis, a Univariate General Linear Model was used to analyze the hypothesis at 0.05 alpha level. The model tested for significant effect of having both more knowledge of the legislation on Diversion and positive attitude towards MDOs, i.e. ATMDO * NLA on decision to divert. A non- significant effect was found which showed that having both positive attitude towards MDOs and more knowledge of the legislation on diversion does not influence the decision to divert, ($F_{(1,378)} = 1.559, p > 0.05$), hence the hypothesis was not supported. See Table 10 for the results of the interaction.

Hypothesis Five

The hypothesis stated that “*Police officers with positive attitude towards mental illness and positive attitudes towards MDOs are likely to divert MDOs*”. To test this hypothesis, a Univariate General Linear Model was used to analyze the hypothesis at 0.05 alpha level. The model tested for significant effect of having both positive attitude towards mental illness and positive attitude towards MDOs, i.e. ATMI * ATMDO on decision to divert. A significant effect was found which showed that having both positive attitude towards MDOs and positive attitude

mental illness does influence the decision to divert, ($F_{(1,378)} = 6.704, p < 0.05$), hence the hypothesis was supported. See Table 10 for the results of the interaction.

| Variables | df | F | Sig. | Effect Size |
|------------------|-----------|----------|-------------|--------------------|
| ATMDO | 1 | 4.381 | .037 | .012 |
| ATMI | 1 | 19.215 | .000 | .049 |
| NLA | 1 | 36.881 | .000 | .090 |
| ATMDO * ATMI | 1 | 6.704 | .010 | .018 |
| ATMDO * NLA | 1 | 1.559 | .213 | .004 |
| ATMI * NLA | 1 | 8.501 | .004 | .022 |
| ATMDO*ATMI* NLA | 1 | 2.783 | .096 | .007 |
| Corrected Total | 378 | | | |
| Corrected Model | 7 | 13.136 | .000 | .199 |

Table 10: Summary of GLM of ATMDO, NLA and ATMI on Decision to Divert (DD)

Note: Adj. $R^2 = .184, \alpha = 0.05$, NLA= New Legislative Act on Mental Health in Ghana for measuring Knowledge on Legislation on Diversion, ATMDO = Attitude towards Mentally Disordered Offenders, ATMI = Attitude Toward Mental Illness

From the table above, Table 10, a Univariate general linear modelling procedure was used to compare whether the independent variables (ATMDO, ATMI and NLA) and an interaction of some can influence the dependent variable (DD). A significant effect was produced from the whole model $F_{(7, 378)} = 13.736, p < 0.00$. The whole model accounts for 18.4 % (Adj. R^2) of variance in the dependent variable (DD). In the above table, ATMDO accounted for a significant 1.2 % of the variance in the dependent variable (DD) when all the other independent variables were controlled. ATMI accounted for a significant 4.9 % of the variance in DD. NLA accounted for a significant 9% of the variance in DD. Both ATMDO and ATMI explained a significant 1.8

% of variance in DD. Both ATMDO and NLA could not account for a significant variance in DD ($\eta^2 = 0.004$, $p > 0.05$). Both ATMI and NLA accounted for a significant 2.2 % variance in DD. However, ATMDO, ATMI and NLA together could not account for a significant variance in DD ($F_{(1,378)} = 2.783$, $\eta^2 = 0.007$, $p > 0.05$).

Hypothesis Six

The hypothesis stated that “*the knowledge of legislation on diversion will moderate the relationship between attitude towards MDOs and the decision to divert*”. To test this hypothesis, a PROCESS procedure was used to ascertain whether knowledge of legislation of diversion is a function of the relationship between Attitude towards Mentally Disordered Offenders (Independent Variable) and decision to Divert (Dependent Variable) after the demographic variables (sex, age, religion, marital status, education, rank and number of years in service) were controlled. Table 11 presents the summary of the findings:

Table 11: Moderating Analysis of NLA between ATMDO and DD

| Model | β | SE | t | P |
|----------------------------|---------------|--------------|----------------|--------------|
| Constant | 19.9872 | 2.2560 | 8.8595 | .0000 |
| NLA | .4769 | .0779 | 6.1198 | .0000 |
| ATMDO | .0427 | .0204 | 2.0968 | .0367 |
| ATMDO X NLA | -.0082 | .0033 | -2.4611 | .0143 |
| Sex | .5925 | .4929 | 1.2020 | .2301 |
| Age | .9691 | .3153 | 3.0732 | .0023 |
| Religion | -.1680 | .9104 | -.1845 | .8537 |
| Marital_ Status | .0307 | .3282 | .0934 | .9256 |
| Education | 1.0854 | .4592 | 2.3640 | .0186 |
| Rank | -.2583 | 1.1633 | -.2220 | .8244 |
| Number Of Years In Service | -.4841 | .2172 | -2.2284 | .0265 |

$\Delta R^2 = 0.0135$, $p < 0.05$ due to the interaction $F_{(1, 368)} = 6.0568$, $p = 0.0143$, $R^2 = 0.2804$, $F_{(10, 368)} = 15.2460$, $p = 0.000$, $R = 0.5295$

NLA= New Legislative Act on Mental Health in Ghana for measuring Knowledge on Legislation on Diversion, ATMDO = Attitude towards Mentally Disordered Offenders, ATMDO * NLA = centered scores for interaction between ATMDO and NLA (See Appendix I for moderation graph)

In the first step of the hierarchical regression analysis, the predictor variable (ATMDO) and moderator (NLA) were entered. The model summary was significant with $R^2 = .2804$, $R = 0.5295$, $F_{(10, 368)} = 15.2460$, $p < 0.01$. To prevent potentially problematic high multicollinearity with the interaction term, the variables were centered and an interaction term between ATMDO and NLA was created (Aiken & West, 1991). In the model, the interaction term between ATMDO and NLA was entered and there was a significant change with $\Delta F_{(1, 368)} = 6.0568$, $p < 0.05$; $\Delta R^2 = 0.0135$. This indicated that the moderating variable, knowledge of legislation on

diversion did significantly moderate the relationship between attitude towards Mentally Disordered Offenders and Decision to Divert ($\beta = -0.0082$, $p < 0.05$).

An examination of the table above showed that both ATMDO ($\beta = 0.0427$, $t = 2.0968$, $p < 0.05$) and NLA ($\beta = 0.4769$, $t = 6.1198$, $p < 0.01$) significantly predicted DD tendencies. Also, the table showed that the moderator had a significant effect ($\beta = -0.0082$, $t = -2.4611$, $p < 0.05$) on the relationship between ATMDO and DD as the moderator would decrease the effect of ATMDO on DD, hence, the hypothesis was supported. (See Appendix I for Moderating Graph)

Additional Findings

To find out whether ATMI or NLA is a predictor of DD, a standard multiple regression was conducted. The results indicated ATMI independently predicted 10.7% variance in DD ($R^2 = 0.107$, $\Delta F_{(1, 377)} = 45.356$, $p < 0.00$) while NLA accounted for 14.1% variability in DD ($R^2 = 0.141$, $\Delta F_{(1, 376)} = 70.640$, $p < 0.001$).

In the first model of the co-efficient, ATMI made a significant contribution ($\beta = .328$, $t = 6.735$, $p < 0.001$) but reduced to ATMI ($\beta = .218$, $t = 4.685$, $p < 0.001$) which was statistically significant at 0.05 alpha level when NLA was added to the second model which also made a significant contribution of ($\beta = .391$, $t = 8.405$, $p < 0.001$). Hence, it can be concluded that NLA is the predictor of DD. See Appendix H for the table on the results.

Summary of Findings

Six hypotheses were formulated based on the aims of the study and they were all tested with some statistical tools. Hypotheses one to three were supported: positive attitudes towards mental illness, positive attitudes towards mentally disordered offenders and more knowledge on legislation on diversion independently influence the decision to divert. However, hypothesis four which stated that “police officers with both positive attitude towards MDOs and more knowledge of the legislation on diversion are more likely to divert MDOs” was not supported.

In addition to that, hypothesis five stated that “police officers with positive attitudes toward mental illness and MDOs are likely to divert MDOs” was supported. However, the overall model for hypotheses one to five was significant. Finally, in hypothesis six, there was a significant moderating effect of knowledge on legislation on diversion between attitude towards MDOs and decision to divert, thus, the hypothesis was supported.

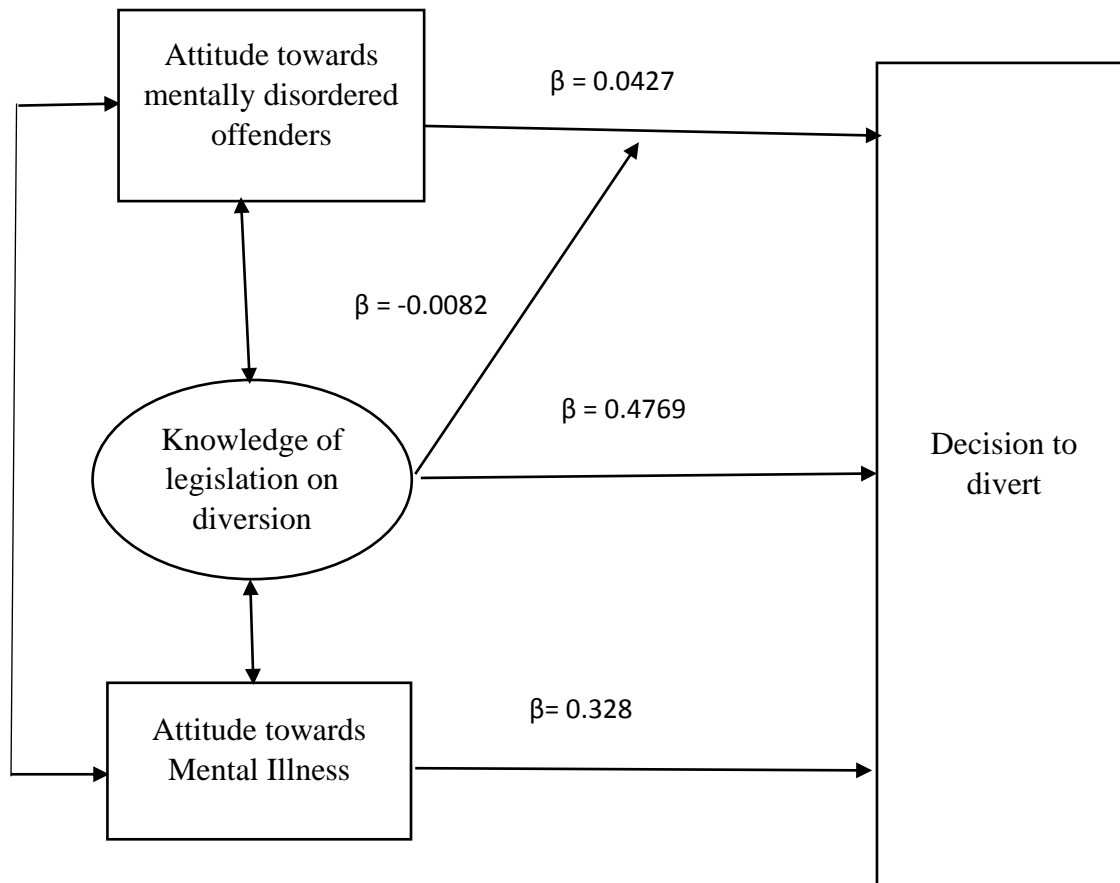


Figure 3: Observed Conceptual Model

From the model, it can be observed that attitudes towards mental illness significantly relates to decision to divert. Similarly, attitude towards mentally disordered offenders also significantly relates to decision to divert. In addition to that, knowledge on the legislation of diversion also relates significantly to decision to divert. It is also observed that all the three independent variables (Attitude towards mental illness, knowledge on legislation on diversion and attitude towards mentally disordered offenders) are related significantly with each other. Finally, knowledge of the legislation on diversion significantly did moderate the relationship between attitude towards mentally disordered offenders and decision to divert.

CHAPTER FIVE

DISCUSSION

Introduction

In this chapter, the findings from the study are discussed with reference to previous studies and theories reviewed in the subject area. The present study sought to examine if attitude towards mental illness, attitude towards mentally disordered offenders and knowledge of legislation on diversion will influence the decision on diversion. The explanations of the findings are offered to put the outcomes into perspective. The recommendations for future studies, practitioners, clients and the health sector are outlined. The limitations and conclusions are also spelt out in the light of the findings and their implications.

Attitude towards Mental Illness and Decision to Divert

Hypothesis one of the study was to compare the differences in attitude towards mental illness on the decision to divert. Specifically, any differential levels among the groups: police officers with positive attitude towards mental illness and those with negative attitude towards mental illness on the decision to divert. It was observed that police officers who exhibit positive attitudes toward mental illness have a higher probability of making the decision to divert. A statistical significant difference between the two groups of police officers is a reflection of belief systems of the police officers.

There have been negative attitudes toward the mentally ill which have led to an increase in mental health problems for the affected individual (Dako – Gyeke & Asumang, 2013) and their families (Quinn, 2007). Belief systems inform the knowledge base of individuals; hence the beliefs about the causes, treatment and the presentation of mental disorders have sometimes been

advanced as reasons for stigmatizing or negative attitudes toward the affected persons. For instance, Lange and colleagues (2011) suggested that the belief of the unavailability of treatment opportunities makes room for the criminalization of offenders. Often than not, according to Klin and Lemish (2008), descriptions of people with mental illness are often less favourable: dangerous, violent, low, poor understanding of matters, and unproductive members of society. As said earlier, what an individual in this case a police officer is exposed to informs his beliefs and attitude toward mental illness.

The outcome of this hypothesis is consistent with the Theory of Planned Behaviour (TPB) which states that the intention to act is influenced by: the attitude towards the behaviour, subjective norm and perceived behavioural control. In view of this, a held belief whether positive or negative in nature has an impact in the decision- making process of diversion. A study by Ukpong and Abasiubong (2010) among community samples in Nigeria on attitude towards mental illness showed that negative views about mental illness are held in the community. In addition to that, Ukpong and Abasiubong (2010) found out that there were no statistical differences in attitude towards mental illness with respect to age, gender, marital status or occupational groups. Hence, background variables of the individual do not have an effect on the decision to divert. This implied that change towards objects or persons is difficult though possible in that held beliefs or subjective norms are difficult to change in the face of contradiction since the age difference does not account for a difference in attitude towards mental illness. Nevertheless, education or literacy has an influenced on attitude towards mental illness (Kabir, Iliyasu, Abubakar & Aliyu, 2004). Kabir and colleagues found out that educated participants in their study had positive attitude towards mental illness as compared to uneducated participants.

Although, the educational background of the participants was not made mentioned of in the literature does not imply that educational level cannot have an impact on attitude formation. Since education acts as a buffer against ignorance (Lowe, 2014), attitude formation can be informed by the knowledge received from education and training which can lead to the dispositional attitudes exhibited by police officers.

In light of this, it is plausible police officers with positive views of mental illness form positive attitude towards metal illness and that will increase the probability of making a decision on diversion. This can arguably be supported by Bandura's Social Cognitive Theory which explains that the human is generative, creative and reflective (Bandura, 2001). Police officers learn through their encounters with the citizens and the outcomes of those interactions. The differences in attitudes exhibited by police officers could be indicative of knowledge about the nature of mental disorders (Psarra et al., 2008). All these interactions and observations form part of their behavioural beliefs as learn through actions and reactions. Thus, behavioural beliefs can be subject to change and in the long run inform the intention of diversion.

Ranjitkumar et al., (2010) argued that exposure to mental illness has an impact on the reactions and dispositions toward mental illness that is, individuals form an emotional connection with the affected persons in the light that they will recover and function well in the society hence the decision to divert becomes easier and faster. Although, negative attitudes towards mental illness exist globally, there is some existence of positive attitude towards mental illness especially among mental health professionals because of increase in exposure to mental illness (Peris et al., 2008).

Attitude towards Mentally Disordered Offenders and Decision to Divert

The second hypothesis of the study was to examine the influence of attitude towards Mentally Disordered Offenders irrespective of the type of mental illness on the decision to divert. In particular, the outcome was that police officers with positive attitude towards Mentally Disordered Offenders as compared with police officers with negative attitude towards Mentally Disordered Offenders are likely to make a decision to divert the hypothesis was to examine if there is a difference between the two groups: positive attitude towards Mentally Disordered Offenders and negative attitudes towards Mentally Disordered Offenders on the decision to divert. Throughout, history there have been diverse views and descriptions of MDOs which are mostly negative (Klin & Lemish, 2008), for example, Plato stated in his one of writings that: “But how can we live in safety with so many crazy people?” and these reactions amongst others are reflected in different nations and cultures in the world in different manners and ways (Hinshaw, 2006).

One would expect that with the varied negative views out there in the world concerning mentally ill offenders (Adinkrah, 2015) would affect the attitude of police officers and the decision to divert, but the results showed otherwise. This is so because negative views inform the understanding of the etiology of mental disorders which can create negative stereotypes and attitudes towards MDOs (Watson et al., 2014).

On the contrary, a study conducted by Rayborn (2016) among students in the forensic science, social work, medical laboratory science and criminal justice class of both undergraduate and graduate levels on perceptions of mentally ill offenders showed that 63.2% of the participants agreed to the response that “you should be constantly on guard with mentally ill

offenders.” This feedback is not all that negative, however, but might indicate that participants attribute some kind of degree of unpredictability to mental illness. Thus, participants may believe that mentally ill offenders should be treated with precaution in order to protect the offenders themselves. Similarly, the results of this study showed that 49.6% of the participants in Rayborn (2016) agreed to the question that “mentally disordered offenders are far less than a danger than most people suppose”.

Nevertheless, in the current study, a slightly above average of the participants agreed to the question that “mentally disordered offenders are a burden to the society” while a slightly below average of them disagree with the item that, “it is best to avoid mentally disordered offenders” This indicated that the police officers have a tolerant view or attitude towards all offenders irrespective of their mental health status. This notion and positive disposition towards mentally disordered offenders could be ascribed to the subjective beliefs and normative beliefs (Ajzen, 1991) which the police officers have been accustomed to. Based on this, it is easier to say that, the crime committed or the criminality status of the offender does not take more priority or comes first to the police officer than the mental health status of the offender when some mental health challenges are suspected. This understanding corroborates the outcome of a study by Jung (2015) which showed that jurors were more sympathetic towards offenders who have histories of mental disorders in issuing their verdicts.

The causality of mental illness can affect in the long run, the decision to divert by police officers. Mentally ill offenders would be considered both capable of understanding and responsible for their crimes but worthy of positive attitude, as their mental illness had caused their criminal behavior in some way. Watson and colleagues (2004) suggested when MDOs are viewed as responsible for their crimes because they can control it then they should be punished.

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On the other hand, when MDOs are viewed as not responsible for their crimes, then individuals (police officers) are more sympathetic and there is reduction in anger and blame. Deductively, then it is probable that police officers can quickly make the decision on divert with the aim of helping MDOs to seek treatment for their impairment.

In addition to that, the results could be indicative of the level of knowledge on mental health or mental illness received during the training period as a police officers. Not only that, the level of education of the police officers could also determine the positive attitude towards mentally disordered offenders. This could be ascribed to the advancement in knowledge as one climbs the academic ladder, thus, the individual in this case, the police officer is in a position to make a better judgement on issues relating to criminality and mental health. However, one cannot neglect the fact that policing involves some level of discretion and individual judgement to be exhibited by police officers when they encounter situations that may not be the norm in everyday policing.

From the above, another factor that could be ascribed to the difference between the two groups could be that as police officers may encounter these offenders most of the time and through that some schemata formed by police officers (Watson et al., 2014) on offenders with mental illness are likely to change, thus personal experience can account for a tolerant attitude towards offenders with mental illness since the human is reflective (Bandura, 2001) hence it is easier for police officers to divert these offenders to the psychiatric hospitals for treatment than to keep them behind locked bars. The decision to divert these offenders can exacerbate their illness or not.

Then again, the belief in the efficacy of treatment, availability accessibility of treatment centers and availability and accessibility of medications and availability therapists or

professionals in mental health professionals can inform the disposition of police officers towards MDOs (Furczyk, et al., 2011). When police officers believe in the availability and efficacy of treatment, then they are more likely to have a favourable disposition towards these affected and in so doing, they can make the decision to divert. Deductively, when treatment is available to MDOs, then police officers become optimistic about the future of these affected persons because there will be a change in behaviour of these affected people. In the long run, there will be a change in the patterns of schemata formed by police officers concerning MDOs, thus, there will be a positive attitude towards MDOs.

In addition to that, the availability of and accessibility of treatment should not be made known to only individuals, professionals or organizations working within the health industry in the country. When information is made known, it places the police officers in the capacity whereby they are well – equipped to take critical decisions and avoid poor judgement because there is the plausibility in the change of patterns of schemata (Watson et al., 2014).

In sum, relating this to the TPB, when police officers are well – informed on programmes and structures that are linked directly to the health industry but indirectly to the security industry, then it is more likely to their subjective norm, behavioural beliefs as they encounter MDOs and perceived control of circumstances, hence there is the readiness to act, for example, make the decision to divert (Ajzen, 1991).

Knowledge of legislation on diversion and Decision to divert

Also, hypothesis three sought to examine the influence of level of knowledge of legislation on diversion on the decision to divert. Specifically, police officers with more knowledge on the legislation on diversion are likely to divert Mentally Disordered Offenders as

compared with those with less knowledge on the legislation on diversion. Thus, police officers with more knowledge on the legislation of diversion will divert Mentally Disordered Offenders.

It can be explained that the knowledge of the legislation on diversion identified by police officers influenced their decision to divert. In this study, majority of the participants agreed to the item that “Mentally disordered offenders should be diverted to the mental health facility within 48 hours if they are suspected to have a disease of the mind.” This implied that as police officers become more aware of the legislation on diversion, the decision on diversion becomes easier and the need to act is faster since they will be working within the legal framework of the country and they might not feel that they have committed an offense.

In addition to that, globally, there is an increase in inmates in the prisons as a result of increase in criminal behaviour. In response to that, there is a global shift in policy making concerning offenders who are mentally impaired. For example, the prisons in Ghana are over populated by 45% due to the fact that the total inmate population is 14,368 as against the authorized prison population of 9,875 in the 43 prisons (Ghana Prisons Service, 2016). By diverting mentally disordered offenders to the mental health centers for treatment, then overcrowding in the prisons can be reduced which relieves prison officers off duties in the correctional centers for which they have not been trained, there would be decrease in crimes, prevention of recidivism, as well as decrease in having a population with a lot of mentally impaired population (Stettin et al., 2013).

Besides this, the structures of diversion should be made known to mental health professionals and other organizations that may directly or indirectly be involved with the health industry to enable them make a better judgement when they encounter MDOs. Emphatically, a

review by Otu (2015) on correctional facilities corroborates the outcome by Stettin and colleagues (2013) in that there is pressure on the facilities and structures on correctional facilities, recidivism and pressure on the general public because the correctional facilities are run by the taxpayers' money. Then again, the knowledge of the legislation on diversion can inform the decision – making process of diversion by shaping the patterns of schemata of police officers (Ajzen, 1991; Bandura, 2001, Watson, et al., 2014) which will then limit the use of force to control and promote legal coercion for treatment (Minster & Knowles, 2006)

Attitude towards Mentally Disordered Offenders and Knowledge on Legislation on Decision to Divert

Hypothesis four was to ascertain interactively whether both attitude towards mentally disordered offenders and knowledge on legislation on diversion will influence the decision to divert. Particularly, it was observed that positive attitude towards mentally disordered offenders and more knowledge on the legislation of diversion will not influence the decision to divert.

This can be attributed to the fact that, having some positive attitudes toward mentally disordered offenders is expected of the police since they are mandated to protect both humans and properties in the society, hence, they are to protect mentally disordered offenders (Finns & Stalans, 2002) and in so doing, they will divert MDOs because they are not equipped with the skills and knowledge needed to handle them

Also, another possible reason for this finding could be attributed to the fact that being aware of the existence of a legislative act on diversion stipulated in the Ghana Mental Health Act is a sufficient condition to make a decision to divert the mentally disordered offender and not

necessarily having both a positive attitude towards them and the knowledge as well. With this in the mind, police officers know they are acting as expected of them by the law while their personal beliefs are withheld.

Jyothi and colleagues (2015) suggested that when worldview is formed, it is difficult to change. However, if it is possible, it may take a longer period and consistency towards achieving the change. In view of this the evaluation of MDOs by police officers is shaped by their normative beliefs and subjective norms through their interactions with MDOs. It is then plausible that police officers know what the Mental Health Act, 2012 requires of them but do not apply the law or there is a stronger effect of attitude than the knowledge of the legislation.

As mentioned earlier, beliefs in the causes and efficacy of treatment have greater propensities to influence the decision. A belief in the efficacy of treatment means that a belief in the reduction of violent behaviours exhibited by MDOs as well as law – breaking acts (Furczyk et al., 2011) since MDOs act on impulse and not with sanity. Kabir and colleagues (2004) found out that when beliefs about causes of behaviours exhibited by MDOs are caused by supernatural forces, the respondents exhibited negative attitudes. With this mind, police officers are more likely to exhibit positive attitudes toward MDOs and then make the decision to divert regardless of the Mental Health Act (MHA), 2012, because there is hope about recovery (Ranjitkumar, et al., 2010), accessible behavioural beliefs (Ajzen, 1991) and unexpected obstructions in carrying out intentions (Ajzen, 2012).

Attitude towards Mental Illness and Attitude towards Mentally Disordered Offenders on the Decision to Divert

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Hypothesis five stated that having both positive attitude towards mental illness and positive attitude towards mentally disordered offenders can increase the likelihood of making a decision on diversion. Specifically, it was observed that attitude towards mental illness and attitude towards Mentally Disordered Offenders had a statistically significant impact on the decision – making process to divert.

One plausible reasons for this outcome could be attributed to the fact that the attributes ascribed to mental illness could be translated to the offenders with mental illness. In light of this, it could be said that, the presentation of mental illness to individuals and police officers is the same across all population whether the individual is an offender or not. Omoaregba and colleagues (2015) found out that police officers and the men from the community who served as the comparative group had negative attitudes toward mental illness and persons with mental illness. In addition to that, since offenders are the people that police officers encounter a lot, then the representation of mental illness by police officers is the same across different population hence, the presentation of mental illness by offender is not different from the symptoms exhibited by non – offender.

Likewise, Wahl and Aroesty – Cohen (2010) found out that professionals who have positive experiences from interactions with PMI during their recovery process are likely to assist other PMIs in the future, thus, the positive attitudes exhibited towards MDOs and mental illness influence the decision to divert. In the same manner, negative attitude towards mental illness and negative attitude towards mentally disordered offender have do not influence on the decision to divert.

As explained by the social constructivists, individuals, in this study, police officers form their beliefs based on their setting whereby they learn or form their attitudes through modelling, where individuals, will model behaviour through observing others, the mass media and their environment and personal experience (Bandura, 2001). When police officers gain knowledge in how to handle an offender with mental illness, it informs their perception and judgement in how to handle subsequent cases to avoid similar mistakes and be better at handling cases. This implied that personal experience shapes the opinion and skills of an individual which makes them better on the job (Bandura, 2001; Azjen, 1991). Then again, with the human mind being reflective, generative and creative, new information can be distorted or may not have an impact when measured against old beliefs (Geraerts, et al., 2008; Bandura, 2001). As said earlier, our attitude and behaviours are in consistent with our beliefs, thus, deductively, regardless of the inaccuracy or bias an individual has, the belief system takes paramount over the knowledge of the legislation on diversion. When police officers serve as role model to others in lower or higher ranks, then the knowledge is passed on unto others within the service. Thompson and colleagues (2014) suggested that any professional who may have some contact with MDOs should be informed about MDOs. With this in light, negative and positive attitudes toward mental illness and mentally disordered offenders is also passed on to other officers because they observe what occurs in the police environment which forms their belief system and that also inform the attitude exhibited towards mental illness and mentally disordered offenders. Jyothi et al. (2015) suggested based on their study that would – be professionals should be trained and educated on PMI which corroborates the findings of Thompson et al. (2014). By extension, police officers in both junior and senior ranks should be trained and educated about PMI.

Moreover, individuals with advanced education, knowledge and occupation display more positive attitude towards people with mental health challenges; similarly, those with a personal experience of mental health challenges are more likely to exhibit positive attitudes. A suggestion by Psarra et al. (2008) based on their study indicated that, police officers indicated an interest in learning to understand PMI.

Moderation Effect of Knowledge of legislation on Diversion between Attitude towards Mentally Disordered Offenders and Decision to Divert

Hypothesis six was to examine the moderating role of knowledge of legislation on diversion between the relationship of attitude towards mentally disordered offenders and decision to divert. In particular, the finding indicated that knowledge of legislation on diversion did moderate the relationship between attitude towards MDOs and the decision to divert.

As has been established by literature, knowledge acts as a buffer against ignorance (Lowe, 2014). To engage in any behaviour, the TPB theory stated that the intention to act can be attributed to the positive and negative responses that the individual expects from the environment, for example, two common law principles: power and authority of police to protect the safety of the community, and the *parens patriae* doctrine which grants state protection for citizens with disabilities such as the acutely mentally ill (Finn & Stalans, 2002).

In the light of the above, police officers with positive attitudes towards mentally disordered offenders are informed by engaging with the laws that govern the country. With the new Mental Act 846 which gives the rise to diversion of mentally disordered offenders, police officers' behaviour to divert can be influenced by the normative and subjective beliefs about

attitude of mentally impaired persons, knowledge of mental illness and need to protect the community (Ajzen, 1991). The behaviour of diverting of mentally disordered offenders is also evaluated in light of anticipated effects which can be obstacles to objectiveness.

This hypothesis was confirmed in a similar study by Jung (2015) in which it was confirmed that a verdict of not criminally responsible to the defendant was not influenced by insight, but instead, by supportive attitude of the insanity defense and higher attributions of blame to external factors and to psychological factors. In the lens of the above study, it can be observed that attitude towards MDOs have a significant influence on the decision to divert MDOs regardless of the knowledge of the legislation on diversion. Furthermore, the study indicated that knowledge of the legislation might influenced the decision to divert of police officers with negative attitude towards MDOs. Thus, awareness and understanding of the diversion legislation is relevant for diversion to be effected by police officers.

Based on this, the decision to divert MDOs by police officers becomes legal since there is a legal framework within which the police officers should act. Yet, the outcome of the present study showed no effect of the legal framework which could probably be as a result of the lack of application of the law and the interface of culture and behaviour. In sum, though the knowledge of the legislation may not have a significant effect, attitude towards MDOs can keep them in or out of prisons (Stettin et al., 2013).

Limitations of the study

Like all researches, the study was faced with some challenges: the major challenge faced was the unavailability of senior police officers. Even though the sample obtained was sufficient

for the analysis and significant results were obtained, a smaller number of senior rank officers were available for the study. This can be attributed to an already existing skewed population since there are more police officers in the junior ranks than in the senior ranks as well as the unavailability of senior rank members to answer questions. Moreover, the police officers were reluctant to answer the questionnaires because should there be any problem whilst on duty and answering the questionnaires at the same time, they would not be able to account for the cause of the problem.

The set timing for the pilot study and data collection was delayed because the permission letter given by the Ghana Police Service was delayed due to the nationwide parliamentary and presidential elections whereby police officers as part of the security service agencies were deployed to various parts of the nation to ensure a peaceful election. In addition to that, most police officers were not available for the period after the elections and the swearing – in of the new president. This situational factor accounted for a delay in the pilot study and data collection. This accounted for the skewed sample in the study.

Furthermore, the research was conducted within the Accra region of the Ghana Police Service, thus the findings are limited to the sample and cannot be generalized to other police officers outside the Accra region of the Ghana Police Service.

Another noteworthy point is that, there were signs of stress exhibited by the police officers which could account for the response to the items on the questionnaires. This situational or environmental factor could be as a result of the nature of policing in Ghana. Not only that, it accounted for the delay in the pilot study and the main data collection.

Recommendations

Theoretical Recommendations

For future empirical studies, the probability sampling technique should be employed in the sample selection to ensure that there is a fair representation of the sample to the population of police officers. This will control for the effects of already existing skewed population of police officers on the outcome of the study.

In addition to the above, further studies can explore the differences between police officers and community samples on attitude towards mentally disordered offenders and the decision to divert. Nonetheless, relevant psychological variables that could influence attitudes and knowledge of police officers on diversion could be explored in future studies.

Moreover, for further research, specific mental health problems faced by offenders could be studied instead of mental health challenges in general. This could outline attitude formed by police officers towards specific mental illness. Nevertheless, in order to achieve this, there is a need to assess police officers' knowledge on mental illness which is very essential to attitude formation.

In other future studies, prison officers could be included in the study since they also fall within the ladder of diversion. The prison officers could serve as comparison group in predicting the effects of attitudes towards mentally disordered offenders on the decision to divert. On a whole, all institutions under the CJS could be included on a large – scale research.

One of the relevant finding was that knowledge of the legislation on diversion alone could influence decision to divert, however, when combined with attitude towards Mentally Disordered Offenders, there was no significant influence on the decision to divert. This implies that there are underlying mechanisms that could account for the differences because attitude

development is very complex, hence, there is a need to use qualitative studies to explore these underlying mechanisms.

Besides this, there is a need to study the emotions of police officers to have a better understanding of their experiences of policing. This could be done quantitatively or qualitatively to assess how police officers experience, understand and exhibit their emotions toward offenders whether an MDO or not since emotions form part of attitudes and behaviours. Also, this is essential since beliefs could arouse emotions within individuals which they may or not be aware of and may act on it since attitudes automatically follow from beliefs.

Practical Recommendations

Policing

Further education and training on mental health should form part of the curricula in the police training school to equip police officers with the knowledge that is needed. Thus, the schemata formed police officers could be reformed for better policing in the country. Similarly, the research department of the GPS could organize seminars on research and mental health to equip the personnel of the GPS with skills which will improve how they handle PMIs.

In addition to that, not only will police officers be able to recognize offenders with mental illness and they will be able to identify some mental health challenges they would personally be facing so that they can seek attention for health management. Not seeking help could be as a result of inability to identify the problem which could have an impact on their everyday police activities. This will reduce the burden of improper policing in the country.

Moreover, research has shown that there are differences within different professionals on attitudes towards mental illness (Omoraegba, et al., 2015). This implies that programmes should be tailored to address differences among the different age groups, ranks and education levels within the GPS on attitudes toward mental illness. Then again, to have an effective policing within the communities in the country, there is a need to address issues concerning differences in field experiences within the GPS since these could account for the formation of attitude towards mental illness.

Outcomes of the reviewed literature has shown that, education acts a buffer against ignorance (Lowe, 2014). To enable police officers function effectively, it is then appropriate to address the educational needs of the police officers such as sponsoring them to undertake postgraduate programs so as to promote their knowledge on mental health which is relevant in executing their duties and reduce the prevalence of MDOs found in police custody instead of the mental health treatment facilities.

Apart from that, public education about mental health should be carried out in a cultural sensitive and specific manner for all police officers nationwide to encourage them to accept Persons with Mental Illness (PMI). In addition to that, since stress was identified as factor that could affect policing in Ghana, it is recommended that stress management programmes could be developed and implemented regularly for police officers.

Health sector

There is a need for a holistic approach to the management of offenders with mental illness. Mental health professional should be involved in the management of offenders with

mental illness. Not only professionals from the Criminal Justice System can handle this population but professionals from the mental health sector should be involved in the treatment regimen which will reduce the burden on the prisons. This is essential because as offenders are kept in the prisons, the rate of the mental health problem only exacerbates since the root cause of the offense is not solved.

The findings of the study imply that the accessibility and availability of mental health services should be easy so that treatment and management of mental health challenges for the offenders and the police officers would not be burdensome. This is because psychiatric hospitals are also viewed as prisons since the expected treatment is not received by the offenders hence it would be better to keep the offenders behind locked bars.

In view of this, there is a need for the inclusion of mental health services as part of primary health care and national health insurance scheme for the offenders so that there is easy access to these services which increases the decision to divert because resources are available to provide treatment for these affected people.

Moreover, there is a need for increase in advocacy and outreaches by mental health professionals to reform the apprehension and schemata formed concerning mental health challenges whereby keen interest is taken in the understanding and perception of mental illness and offenders with mental illness.

Conclusion

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Attitude towards mental illness have been revealed to be both positive and negative depending on several factors such as the depiction of mental illness by the media. Likewise, the topic, diversion, is a neglected area and there is little information on this area. With this as the premise, this study was conducted among 379 police officers to examine the impact of attitude towards mentally disordered offenders, attitude towards mental illness and the knowledge of the legislation on diversion on the decision to divert.

Significant differences were observed in the findings as attitude towards mental illness, attitude towards Mentally Disordered Offenders, and the knowledge of the legislation on diversion impacted on the decision to divert. The knowledge of the legislation on diversion did not moderate the relationship between the attitudes towards Mentally Disordered Offenders and decision to divert. The sense of stigma among police officers towards mentally disordered offenders has an effect on the decision to divert.

In sum, education and training of police officers has a consequence on the behaviour they exhibit. This study revealed that there is a need to have continuous education and training of police officers on mental health challenges since they serve as de-facto mental health professionals. Also, research should be conducted on the different institutions in the CJS so that the outcomes can be generalized to wider population to enable the government plan appropriate interventions.

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APPENDICES

APPENDIX A



UNIVERSITY OF GHANA



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Protocol number

OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT
Ethics Committee for Humanities (ECH)

PROTOCOL CONSENT FORM

Section A- BACKGROUND INFORMATION

| | |
|---------------------------|---|
| Title of Study: | Knowledge and Attitudes of Police Officers towards Mentally Disordered Offenders (MDOs) on decision to divert: A case study in Accra. |
| Principal Investigator: | Botchway Irene |
| Certified Protocol Number | ECH 019/16 – 17 |

Section B– CONSENT TO PARTICIPATE IN RESEARCH

General Information about Research

The title of the study under investigation is “ Knowledge and Attitudes of Police Officers towards Mentally Disordered Offenders (MDOs) on decision to divert: A case study in Accra.”.

The purpose of this study is to assess the attitude of police officers towards mental illness and Mentally Disordered Offenders (MDOs) and to examine the influence of the new legislation on the decision to divert MDOs from the Criminal Justice System to the treatment centers or psychiatric hospitals. With given instructions, the study will involve answering of questions relating to the measurement of attitudes and knowledge as well as decision to divert. The answering of the questions will not take not more than one (1) hour.

Benefits/Risk of the study

Possible risks: This study will not expose the participants to any higher risks than they would normally face in the course of carrying out their tasks. The participants may experience fatigue as a result of the long period involved in policing before answering of test items. The participants will be given ample time in the form of a break after policing and also time to understand the purpose and instructions of the test to prevent fatigue. The participants are not required to answer all the questions correctly.

Possible Benefits

Upon completion, the participants will derive direct benefits from the study in that, this study will create awareness of the law and also provide understanding of the new law passed recently. The study will also create an awareness on attitudes towards mental illness.

Confidentiality

Any information given will be stored to ensure anonymity and treated as confidential and will be used for research purposes only. The information and responses provided will be treated with utmost confidentiality. Only the researcher and approved research assistants will have access to the individual data to be provided. Under no circumstances will any individual participant be identified in a publication or presentation describing this study. Names will not be allowed instead codes or numbers will be generated to help in the analysis of the data.

Compensation

This study will not include any compensation apart from a verbal appreciation of the valued time and efforts.

Withdrawal from Study

The participation in this study is voluntary (not compulsory), and one may choose not to participate, in which case there will be absolutely no negative consequences. The participant may also choose to stop participation at any time during the study without any negative consequences to you. Also, respect of right to ask us further questions to clear any doubt and about any aspect of the study before agreeing to participate will be ensured. In addition to that answers needed for understanding the purpose of the study which will lead to participation or withdrawal will be provided to the participants or their legal representatives as well as documented appropriately.

We are grateful for your valuable effort and time and appreciate this very much. Results of the study may be presented at various conferences and reported in various academic journals so as to reach decision and policy makers. Thank-you for your time. Please sign below if you choose to participate

Contact for Additional Information

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

The following numbers can be contacted in case of any discomfort, explanation or further information.

Student researcher: Botchway Irene, (0203926803), Department of Psychology (University of Ghana), botchwayirene@gmail.com

Supervisor: Dr. Kingsley Nyarko, (0548006675), Department of Psychology (University of Ghana), kingsleynyarko@yahoo.com

Supervisor: Dr. Paul Doku, (0543903139), Department of Psychology (University of Ghana), dokupaul@yahoo.co.uk

If you have any questions about your rights as a research participant in this study you may contact the Administrator of the Ethics Committee for Humanities, ISSER, University of Ghana at ech@isser.edu.gh / ech@ug.edu.gh or 00233- 303-933-866.

Section C- PARTICIPANTS AGREEMENT

"I have read or have had someone read all of the above, asked questions, received answers regarding participation in this study, and am willing to give consent for me, my child/ward to participate in this study. I will not have waived any of my rights by signing this consent form. Upon signing this consent form, I will receive a copy for my personal records."

Name of Participants

Signature or mark of Participants

Date

If participants cannot read and or understand the form themselves, a witness must sign here: I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

Name of witness

Signature of witness/Mark

Date

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

Name of Person Who Obtained Consent

Signature of Person Who Obtained Consent

Date

APPENDIX B

Survey Questionnaire

Dear Survey Participant,

You are invited to participate in this study. The researcher is a Graduate student of the Department of Psychology in the University of Ghana, Legon conducting a research on the topic “Knowledge and Attitude of police officers towards Mentally Disordered Offenders (MDOs) and Mental Illness on their Decision to Divert” as part of the requirement for a Master of Philosophy (MPhil.) degree in Clinical Psychology.

This study seeks to obtain your views on attitudes and knowledge of the new legislation on mental health and how that will have an effect on the decision to divert. All answers will be much appreciated.

There will minimal to no risk involved. Your participation increases the awareness of yourself and all information gathered will be kept confidential by the researcher.

Thank you for your willingness to participate in this study. If you have any questions, comments, or concerns about this project, please contact the Principal Researcher, Botchway Irene (Tel:

0203926803, E-mail: botchwayirene@gmail.com) or the Project Supervisors: Dr. Kingsley Nyarko and Dr. Paul Narh Doku, both from the Psychology Department of the University of Ghana.

Sincerely,

Botchway, Irene

APPENDIX C

PACAMI – O: Police and Community Attitudes towards Offenders with Mental Illness

Scale, (Glendinnings & O’Keefe, 2015).

Attitudes towards Mentally Disordered Offenders

For each question, please indicate the extent to which you agree or disagree: Strongly agree (1), Agree (2), Neither agree or disagree (3), Disagree (4), Strongly disagree (5)

| | Items | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|---|----------------|-------|---------|----------|-------------------|
| 1 | As soon as an offender shows signs of mental disturbance, he should be hospitalized | | | | | |
| 2 | More tax money should be spent on the care and treatment of offenders with mental illness | | | | | |
| 3 | An offender with mental illness should be isolated from the rest of the community | | | | | |
| 4 | The best therapy for many offenders with mental illness is to be part of a normal community | | | | | |
| 5 | Mental illness is an illness like any other | | | | | |

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

| | | | | | | |
|----|---|--|--|--|--|--|
| 6 | Offenders with mental illness are a burden on society | | | | | |
| 7 | Offenders with a mental illness are far less of a danger than most people suppose | | | | | |
| 8 | Locating forensic mental health facilities in a residential area downgrades the neighbourhood | | | | | |
| 9 | There is something about offenders with mental illness that makes it easier to tell them from normal people | | | | | |
| 10 | Offenders with mental illness have for too long been the subject of ridicule | | | | | |
| 11 | A woman would be foolish to marry an offender who suffered from a mental illness, even though he seems fully recovered. | | | | | |
| 12 | As far as possible forensic mental health services should be provided through community-based facilities | | | | | |
| 13 | Less emphasis should be placed on protecting the public from offenders with mental illness | | | | | |
| 14 | Increased spending on forensic mental health services is a waste of tax money | | | | | |
| 15 | No one has the right to exclude offenders with mental illness from their neighbourhood | | | | | |
| 16 | Having offenders with mental illness living within residential neighbourhoods might be good therapy, but the risk to residents is too great | | | | | |
| 17 | Offenders with mental illness need the same kind of control and discipline as a young child | | | | | |
| 18 | We need to adopt a far more tolerant attitude towards offenders with mental illness in society | | | | | |
| 19 | I would not want to live next door to an offender who has been mentally ill | | | | | |

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

| | | | | | | |
|----|--|--|--|--|--|--|
| 20 | Residents should accept the location of forensic mental health facilities in their neighbourhood to service the needs of the community | | | | | |
| 21 | Offenders with mental illness should not be treated as outcasts of society | | | | | |
| 22 | There are sufficient existing services for offenders with mental illness | | | | | |
| 23 | Offenders with mental illness should be encouraged to assume the responsibilities of normal life | | | | | |
| 24 | Local residents have good reason to resist the location of forensic mental health services in their neighbourhood | | | | | |
| 25 | The best way to handle offenders with mental illness is to keep them behind locked doors | | | | | |
| 26 | Our forensic mental hospitals seem more like prisons than places where offenders can be cared for | | | | | |
| 27 | Offenders with a history of mental illness should be excluded from taking public office | | | | | |
| 28 | Locating forensic mental health services in residential neighbourhoods does not endanger local residents | | | | | |
| 29 | Forensic mental hospitals are an outdated means of treating offenders with mental illness | | | | | |
| 30 | Offenders with mental illness do not deserve our sympathy | | | | | |
| 31 | Offenders with mental illness should not be denied their individual rights | | | | | |
| 32 | Forensic mental health facilities should be kept out of residential neighbourhoods | | | | | |
| 33 | One of the main causes of offender mental illness is a lack of self-discipline and will power | | | | | |
| 34 | We have the responsibility to provide the best possible care for offenders with mental illness | | | | | |

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

| | | | | | | | |
|----|--|--|--|--|--|--|--|
| 35 | Offenders with mental illness should not be given any responsibility | | | | | | |
| 36 | Residents have nothing to fear from offenders coming into their neighbourhood to obtain forensic mental health services. | | | | | | |
| 37 | Virtually anyone can become mentally ill | | | | | | |
| 38 | It is best to avoid an offender who has mental illness | | | | | | |
| 39 | Most women who were once patients in a forensic mental hospital can be trusted as baby sitters | | | | | | |
| 40 | It is frightening to think of offenders with mental illness living in residential neighbourhoods. | | | | | | |

Day's Mental Illness Stigma Scale (Day et al., 2007)

Attitudes towards Mental Illness

Please indicate the extent to which you agree or disagree with the statements listed below using the following scale: Completely Disagree (1), Disagree (2), Slightly Disagree (3), Undecided (4), Slightly Agree (5), Agree (6), Completely Agree (7)

| # | ITEMS | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|--|---|---|---|---|---|---|---|
| 1 | There are effective medications for mental illness that allow people to return to normal and productive lives. | | | | | | | |
| 2 | There are no effective treatments for mental illness. | | | | | | | |
| 3 | There is little that can be done to control the symptoms of mental illness. | | | | | | | |
| 4 | I don't think that it is possible to have a normal relationship with someone with a mental illness. | | | | | | | |
| 5 | I would find it difficult to trust someone with a mental illness. | | | | | | | |
| 6 | It would be difficult to have a close meaningful relationship with someone with [a mental illness. | | | | | | | |
| 7 | A close relationship with someone with a mental illness would be like living on an emotional roller-coaster. | | | | | | | |

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

| | | | | | | | | |
|----|--|---|---|---|---|---|---|---|
| 8 | I think a personal relationship with someone with a mental illness would be too demanding. | | | | | | | |
| 9 | Mental illnesses prevent people from having normal relationships with others. | | | | | | | |
| 10 | People with mental illness tend to neglect their appearance. | | | | | | | |
| 11 | People with mental illness ignore their hygiene such as bathing and using deodorant. | | | | | | | |
| 12 | People with mental illnesses do not groom themselves properly. | | | | | | | |
| 13 | People with mental illnesses need to take better care of their grooming (bathe, clean teeth, use deodorant, etc.). | | | | | | | |
| 14 | I feel anxious and uncomfortable when I'm around someone with a mental illness. | | | | | | | |
| 15 | I tend to feel anxious and nervous when I'm around someone with a mental illness. | | | | | | | |
| 16 | When talking with someone with a mental illness I worry that I might say something that will upset him or her. | | | | | | | |
| 17 | When I'm around someone with a mental illness I worry that he or she might harm me physically. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18 | I don't think that I can really relax and be myself when I'm around someone with a mental illness. | | | | | | | |
| 19 | I would feel unsure about what to say or do if I were around someone with a mental illness. | | | | | | | |
| 20 | I feel nervous and uneasy when I'm near someone with a mental illness. | | | | | | | |
| 21 | It's easy for me to recognize the symptoms of mental illness. | | | | | | | |
| 22 | I probably wouldn't know that someone has a mental illness unless I was told. | | | | | | | |
| 23 | I can tell someone has a mental illness by the way he or she acts. | | | | | | | |
| 24 | I can tell someone has a mental illness by the way he or she talks. | | | | | | | |
| 25 | Once someone develops a mental illness he or she will never be able to fully recover from it. | | | | | | | |
| 26 | People with mental illnesses will remain ill for the rest of their lives. | | | | | | | |
| 27 | Psychiatrists and psychologists have the knowledge and skills needed to effectively treat mental illnesses. | | | | | | | |
| 28 | Mental health professionals, such as psychiatrists and psychologists, can provide effective treatments for mental illnesses. | | | | | | | |

Originally Conceived Items by Thompson et al., (2014), Mississippi Statistical Analytical Center

Decision to Divert

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

This section assesses support for mental health resources and programs; negative beliefs about outward manifestations of mental illness; the importance and utility of relying upon certain sources of information in adjudicating cases involving mental illness; and the extent to which mental illness can be a mitigating factor in criminal cases.

For each question, please indicate the extent to which you agree or disagree: Strongly agree (1), Agree (2), Neither agree or disagree (3), Disagree (4), Strongly disagree (5)

| | Items | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|--|-------------------|----------|---------|-------|----------------|
| 1 | Ghana needs more mental health resources | | | | | |
| 2 | I support diversion from jail and/ or prison for offenders with mental illness. | | | | | |
| 3 | Defendants with mental illness are more violence prone than defendants without mental illness. | | | | | |
| 4 | I believe mental illness can be a mitigating factor in criminal cases. | | | | | |
| 5 | It is important to refer to the Diagnostic Statistical Manual (DSM), a manual for diagnosing mental disorders, when adjudicating cases involving defendants with mental illness. | | | | | |
| 6 | I have found testimony by mental health professionals (i.e., psychiatrists and psychologists) to be helpful. | | | | | |
| 7 | I have found testimony by mental health professionals (i.e., psychiatrists and psychologists) to be reliable. | | | | | |

New Legislative Act Questionnaire from the Ghana Mental Health Act (846), 2012

Knowledge of the Legislation on Diversion

For each question, please indicate the extent to which you agree or disagree: Strongly agree (1), Agree (2), Neither agree or disagree (3), Disagree (4), Strongly disagree (5)

| | Items | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-------|-------------------|----------|---------|-------|----------------|
|--|-------|-------------------|----------|---------|-------|----------------|

Knowledge and Attitude of Police Officers Towards Mentally Disordered Offenders

| | | | | | | |
|---|---|--|--|--|--|--|
| 1 | I think MDOs (Mentally Disordered Offenders) should be diverted. | | | | | |
| 2 | The law on diversion is very shallow for one to understand | | | | | |
| 3 | MDOs should be diverted to a mental health facility within 48 hours if they are suspected to have a disease of the mind | | | | | |
| 4 | MDOs should be freed after treatment | | | | | |
| 5 | MDOs have no rights as a non – offender | | | | | |
| 6 | A prisoner who is mentally disordered should be transferred to the psychiatry. | | | | | |
| 7 | I can prosecute an offender without examination of the state of the mind | | | | | |

Demographic Questionnaire

The survey is conducted for academic and scholarly purposes. There are no right or wrong answers. Please read carefully over the items and choose the best fit answer.

Sex: a) Male b) Female.....

Age: a) 18-25..... b) 26-34..... c) 35-40.....
 d) 41- 50..... e)51-60.....

Religion: a) Christianity..... b) Islam..... c) Other.....

Marital Status: a) Married..... b) Single..... c) Divorced.....
 d) Separated..... e) Widow (er).....

Education level: a) Primary b) Secondary c) Tertiary.....

Rank: a) Junior Officer (specify)..... b) Senior Officer (specify).....

Number of years in service.....

APPENDIX D

Principal Component Analysis Factor Loadings for NLA (New Instrument)

| Items | Component | |
|--------|-----------|------|
| | 1 | 2 |
| Item 1 | .576 | |
| Item 2 | .692 | |
| Item 3 | .766 | |
| Item 4 | .516 | |
| Item 5 | | .672 |
| Item 6 | .669 | |
| Item 7 | | .784 |

KMO and Bartlett's Test of Sphericity for NLA

| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | Bartlett's Test of Sphericity Approx. Chi-Square | df | Sig. |
|--|--|----|------|
| .705 | 259.210 | 21 | .000 |

APPENDIX E

Ethical Clearance from Ethics Committee for Humanities, University of Ghana, Legon



UNIVERSITY OF GHANA
ETHICS COMMITTEE FOR THE HUMANITIES (ECH)

P. O. Box LG 74, Legon, Accra, Ghana

10th October, 2016

My Ref. No.....

Ms. Irene Botchway
Department of Psychology
University of Ghana
Legon

Dear Ms. Botchway,

ECH 019/16-17: THE IMPACT OF KNOWLEDGE AND ATTITUDES TOWARDS MENTAL DISORDERED OFFENDERS (MDO) ON DECISION TO DIVERT AMONG POLICE OFFICERS: A CASE STUDY IN ACCRA

This is to advise you that the above reference study has been presented to the Ethics Committee for the Humanities for a full board review and the following actions taken subject to the conditions and explanation provided below:

Expiry Date: 30/03/17
On Agenda for: Initial Submission
Date of Submission: 12/09/16
ECH Action: Approved
Reporting: Quarterly



Please accept my congratulations.

Yours Sincerely,

Rev. Prof. J. O. Y. Mante
ECH Chair

CC: Dr. Maxwell Asumeng, Department of Psychology

Tel: +233-303933866

Email: ech@ug.edu.gh | ech@isser.edu.gh

APPENDIX F

Letter of Introduction from the Department of Psychology, University of Ghana, Legon



UNIVERSITY OF GHANA
DEPARTMENT OF PSYCHOLOGY
SCHOOL OF SOCIAL SCIENCES

Ref. No. PSYC-2/33/02.....

8th November, 2016

The Registrar
Ghana Police Service
National Headquarters
P.O. Box 116
Accra -Ghana

Dear Sir/Madam,

LETTER OF INTRODUCTION
MS. IRENE BOTCHWAY

The above-named is an M.Phil Clinical Psychology student at the University of Ghana, Legon.

In partial fulfillment of the requirement for the award of the M.Phil degree Ms. Irene Botchway has to write and submit an original thesis. She has selected the topic: "The impact of Knowledge and Attitudes Towards Mental Disordered Offenders (MDO) on decision to Divert Among Police Officers: A Case Study in Accra."

To enable her collect data for her work she would need to administer questionnaires and/or conduct interviews. She has selected your institution as suitable for her data collection.

Attached is her institutional approval/clearance to enable her carry on with her research work.

Any assistance you may give her would be greatly appreciated.

Yours faithfully,


(Dr. Maxwell A. Asumeng)
HEAD OF DEPARTMENT

COLLEGE OF HUMANITIES

P. O. Box Lg 84, Legon, Accra-ghana

• Telephone: +233 (0) 289 550 463

• Email: Psychology@ug.edu.gh

• Website: www.ug.edu.gh

APPENDIX G

Letter of Introduction from Police Headquarters

RESTRICTED

In case of reply the
Number and date of this
Letter should be quoted



Headquarters
Ghana Police Service
ACCRA

Tel: (0302) 783409/761257
Email: wpcregistry@yahoo.com


My Ref. No.BF.330/344/01/TJ

12 DECEMBER, 2016

The Head of Department
Department of Psychology
University of Ghana
ACCRA

RE – LETTER OF INTRODUCTION
MS. IRENE BOTCHWAY

1. I am directed by the Inspector-General of Police to acknowledge receipt of your letter No.PSYC 2/33/02 dated 8th November 2016 on the above subject matter and to respectfully inform you that approval has been given to Ms. Irene Botchway an M.Phil Clinical Psychology student at the University of Ghana, Legon (mobile No. 020392683).
2. You are kindly therefore requested to contact the respective Police Commanders for further action.
3. Best regards.


RANSFORD MOSES NINSON
Commissioner of Police
Director-General/Administration

CC:

- The Regional Police Commander/AR
- The Director/NPD, Accra
- The Superintendent/National SWAT, Accra

MENS

RESTRICTED

APPENDIX H
ADDITIONAL FINDINGS

Summary of ATMI and NLA on DD

| Model | Variable | B | SE | β | t | Sig. |
|-------|----------|--------|--------|---------|--------|-------|
| 1 | Constant | 16.306 | 1.225 | | 13.316 | 0.000 |
| | ATMI | 0.072 | 0.011 | 0.328 | 6.735 | 0.000 |
| 2 | Constant | 8.252 | 1.478 | | 3.584 | 0.000 |
| | ATMI | 0.048 | 0.010 | 0.218 | 4.685 | 0.000 |
| | NLA | 0.499 | 0.0590 | 0.391 | 4.405 | 0.000 |

Note: NLA= New Legislative Act on Mental Health in Ghana, ATMI = Attitude Towards Mental Illness

APPENDIX I

