CMHSR

February 2009
Vol 6, Issue 1

Center for Mental Health Services Research
University of Massachusetts Medical School

Issue Brief

Armed with an Attitude: Validation of the Mental Health Attitude Survey for Police (MHASP)

Jonathan C Clayfield, MA, LMHC, Kenneth E Fletcher, PhD, & Albert J. Grudzinskas, Jr, JD

Police officers are often concerned by the unpredictability of what they term "emotionally disturbed person" or "EDP" calls, and they can become frustrated by the amount of time it takes to resolve such calls and provide persons with mental illnesses access to treatment.[1] Despite these frustrations, police officers do accept such encounters as part of their police role.[2] In fact, our own university police were recently commended by a psychologist who observed two officers using verbal techniques to calm down an extremely agitated adolescent male in the emergency department. When asked by the psychologist, these officers noted that a recent crisis intervention and risk management training provided by the authors had helped them understand how to resolve such situations without the use of force or restraints.

By the same token, a lack of understanding and training may lead police officers to make improper decisions when responding to EDP calls.[3] Trainings need to dispel preconceived notions and myths about mental illness, particularly where such ideas may have an impact on a police officer's attitudes and, possibly, his or her actions at the scene. To date, no outcome measure exists to adequately inform people in charge of developing Crisis Intervention Teams, or crisis intervention and risk management trainings, as to whether such trainings have an impact on police officer attitudes towards persons with mental illness that they encounter. This led us to develop and validate our own scale – the Mental Health Attitude Survey for Police (MHASP).

© 2009 Center for Mental Health Services Research
Department of Psychiatry
University of Massachusetts Medical School

Development & Validation of the MHASP

The 33-items comprising the MHASP scale come from a variety of studies examining attitudes toward people who have a mental illness,[4,5] as well as from our own research and experiences working with police officers (visit www.umassmed.edu/massdiversion for more information on this survey). Utilizing a panel of community advocates and consumers, we modified items from these existing scales to reflect attitudinal inquiry that our panel believed to be important. We also revised the wording of scale items in order to incorporate police terminology regarding persons with mental illness (i.e., instead of persons with mental illness, we use "emotionally disturbed persons"). Recent testing of the MHASP on 412 police officers and subsequent factor analysis has yielded four distinct subscales:

1. **Attitude Toward EDPs** (adjusted $\alpha = 0.780$, 13 items, e.g., *"Emotionally disturbed persons take up more than their share of police time."*);
2. **Attitude Toward Community Responsibility for EDPs** (adjusted $\alpha = 0.752$, 7 items, e.g., *"We have a responsibility to provide the best possible care for emotionally disturbed persons."*);
3. **Adequately Prepared to Deal with EDPs** (adjusted $\alpha = 0.785$, 3 items, e.g., *"I feel that I am adequately trained to handle situations/calls involving emotionally disturbed persons."*); and

4. **Attitude Toward EDPs Living in the Community** (adjusted α = 0.891, 10 items, e.g., *"It is frightening to think of emotionally disturbed persons living in residential neighborhoods."*)

To help validate the MHASP subscales a vignette comparison measure was taken from the work of Martin and colleagues.[6] Factor analysis suggested three subscales from this comparison measure:

1. **Willingness to Socialize with EDPs** (adjusted α = 0.856, 7 items, e.g., *"How willing would you be to move next door to a person described as having a mental health problem?"*);
2. **Attitude that EDPs are Antisocial** (adjusted α = 0.867, 4 items, e.g., *"If Mary/John got appropriate help, how violent do you think she/he would be in the long run?"*); and
3. **Attitude that EDPs have Potential** (adjusted α = 0.846, 4 items, e.g., *"If Mary/John got appropriate help, how creative or artistic do you think she/he would be in the long run?"*).

Three of the four MHASP subscales showed significant correlations with all three Vignette comparison measure subscales demonstrating good convergent validity. Each of the three MHASP subscales correlated highest with Vignette comparison measure subscale #1:
Each of the three MHASP subscales correlated lowest with Vignette comparison measure subscale #3:

MHASP	Subscale #1 (*Negative Attitude Toward EDPs*)	Subscale #2 (*Positive Attitude Toward Community Responsibility for EDPs*)	Subscale #4 (*Negative Attitude Toward EDPs in the Community*)
Vignette Comparison Measure Subscale #1 (*Willingness to Socialize with EDPs*)	r = -.252, p<.000	r = .330, p<.000	r = -.612, p<.000

Only MHASP subscale #3 (*Feel Adequately Prepared to Deal with EDPs*) failed to show any correlation with the

MHASP	Subscale #1 (*Negative Attitude Toward EDPs*)	Subscale #2 (*Positive Attitude Toward Community Responsibility for EDPs*)	Subscale #4 (*Negative Attitude Toward EDPs in the Community*)
Vignette Comparison Measure Subscale #3 (*Attitude that EDPs have Potential*)	r = -.150, p<.004	r = .118, p<.022	r = -.153, p<.003

three Vignette comparison subscales, perhaps indicating that feeling prepared may not reflect an attitude per se, but rather a knowledge scale regarding whether they feel adequately trained. Furthermore, MHASP subscale #3 did not correlate significantly with the other three MHASP subscales, providing provisional evidence of divergent validity of those three subscales.

Findings

1. **Female police officers have significantly**
   - less negative *Attitudes Toward EDPs*,
   - less negative *Attitudes Toward EDPs Living in the Community*,
   - and are significantly more likely to be *Willing to Socialize with EDPs*.
2. **Officers with previous training in dealing with EDPs have significantly**
   - less negative *Attitudes Toward EDPs*,
   - feel significantly more *Adequately Prepared to Deal with EDPs*, and
   - are less likely to have the *Attitude that EDPs are Antisocial*.
3. **Officers with some personal experience with the mentally ill outside of work feel significantly**
   - more *Adequately Prepared to Deal with EDPs*, and
   - are significantly more *Willing to Socialize with EDPs*.

Future Directions

The MHASP will be used in a large scale Boston Police Study funded by the Sidney R. Baer, Jr. Foundation in late spring 2009, comparing the effectiveness of two types of police training – the 40-hour Memphis Crisis Intervention Team (CIT) model and an abbreviated 8-hour crisis intervention and risk management model developed by the authors. It is hoped that mental health program directors and advocates, to whom the training of police often falls, will gain an understanding of this measure, and its utility in informing police training, and assessing the outcome of that training. It is also our hope that training will help to dispel myths about mental illness and arm police with the necessary tools to successfully resolve crisis situations with persons with mental illness.

References

1. Sellers, C. L., Sullivan, C. J., Veysey, B. M., & Shane, J. M. (2005). Responding to persons with mental illnesses: Police perspectives on specialized and traditional practices. *Behavioral Sciences and the Law, 23*, 647-57.
2. Gillig, P. M., Dumaine, M., Widish-Stammer, J., Hillard, J. R., & Grubb, P. (1990). What do police officers really want from the mental health system? *Hospital and Community Psychiatry, 41*, 663-5.
3. Hylton, J. H. (1995). Care or control: Health or criminal justice options for the long-term seriously mentally ill in a Canadian province. *International Journal of Law and Psychiatry, 18*, 45-59.
4. Cotton, D. (2004). The attitudes of Canadian police officers toward the mentally ill. *International Journal of Law & Psychiatry, 27*, 135-46.
5. Taylor, S. M., & Dear, M. J. (1981). Scaling community attitudes toward the mentally ill. *Schizophrenia Bulletin, 7*(2), 225-40.
6. Martin, J. K., Pescosolido, B. A, & Tuch, S. A. (2000). Of fear and loathing: The role of 'disturbing behavior,' labels, and causal attributions in shaping public attitudes toward people with mental illness. *Journal of Health and Social Behavior, 41*, 208-23.

Visit us on-line at www.umassmed.edu/cmhsr

Opinions expressed in this brief are those of the authors and not necessarily those of UMass Medical School or CMHSR.