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).

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 men-
tal 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
sub scales 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
sub scales, 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.

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