



Date: September 9, 2020
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Subject: **Evaluations of DPSST's Basic Police Behavioral Health Curriculum**

Importance and Impact

Through training, DPSST strives to cultivate positive police-citizen interactions. This includes providing a robust and effective behavioral health curriculum aimed at improving contacts between law enforcement officers and people with mental illness (PMI). To demonstrate this, the evaluations described below suggest DPSST's behavioral health curriculum reduces the overall stigma recruits hold about people with mental illnesses, and increases recruits' knowledge surrounding mental illness, in general.

An example of the impact of this curriculum is the fact both evaluations show a reduction in recruits' perception of the dangerousness of people with mental illness. A decrease in this particular stigma, as well as others, may lead to improved interactions, as studies suggest that the *perception* of dangerousness can impede the de-escalation of an encounter with a PMI, as well as the access to services.¹

Pacific University Evaluation

A Pacific University research team completed the first evaluation of the mental health curriculum between April 2015 and June 2017. At the time of this evaluation, recruits received a total of 15 hours of instruction related to mental illness. The purpose of the research was to evaluate whether or not the DPSST curriculum significantly increased knowledge about mental illness and decreased stigmatizing attitudes regarding PMI.

To provide an objective measure, recruits took two tests: a Mental Health Knowledge Test developed by Pacific University and the AQ-27, a widely-used measurement tool focused on nine factors involved in stereotypes and stigmatizing attitudes towards PMI: blame, anger, pity, help, dangerousness, fear, avoidance, segregation, and coercion. Comparisons of the pretest (before class) and posttest (after class) scores revealed that DPSST's Basic Police mental health curriculum is "successful at both increasing general knowledge of mental illness and decreasing stigmatizing attitudes towards PMI."²

DPSST Preliminary Internal Evaluation

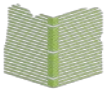
In addition to the evaluation described above, DPPST's Behavioral Health Coordinators conducted an internal evaluation, focused solely on stigmatizing attitudes. Between May 2017 and May 2019, recruits completed the AQ-9, the condensed version of the AQ-27 described above. In October 2017, recruits began to receive a total of 26 hours of mental health-related training.

Just as with the Pacific University evaluation, a comparison of pretest and posttest AQ-9 scores suggest that the curriculum decreases recruits' stereotypes and stigmas towards PMI. Seven of the nine factors showed statistically significant decreases - only pity and help increased. The perception of "dangerousness" showed the largest average change. It should be noted that this internal evaluation did not follow strict research methodology, so while these results are promising, they are also preliminary and warrant a more in-depth examination.

Attachments:
Oregon Knowledge Bank Research Summary³

¹ Morabito, M. S., & Socia, K. M. (2015). Is dangerousness a myth? Injuries and police encounters with people with mental illnesses. *Criminology & Public Policy*, 14(2), 253-276.

^{2,3} Wise, M., Christiansen, L., & Stewart, C. (2019). Examining the Effectiveness of Mental Health Education on Law Enforcement: Knowledge and Attitudes. *Journal of Police and Criminal Psychology*, 1-7.



Oregon Knowledge Bank Research Summary

Effectiveness of Mental Health Education on Law Enforcement

PROBLEM

Community Need(s): In recent years, law enforcement calls involving Persons with Mental Illness (PMI) have increased to where 10% of calls now involve PMI. Additionally, according to investigations conducted by the US Department of Justice, “interactions between PMI (and individuals perceived to be PMI) and [law enforcement officers] more frequently lead to use of force.” DOJ believes this is associated with “a lack of knowledge, experience, and training...regarding mental illness and strategies to use when interacting with these individuals.”

Response: There are some options for training law enforcement on mental illness, such as Crisis Intervention Training (CIT) and Mental Health First Aid (MHFA). However, for new officers and agencies with limited resources, there is a dependence on basic training. This study examined the impact of mental health education on knowledge and stigma at the Basic Police academy housed at the Oregon Department of Public Safety Standards and Training..

RESEARCH CONDUCTED

Primary Research Question(s):

1. Does the mental health portion of the basic training program significantly increase knowledge about mental health and common symptoms of psychological disorder?
2. Does the mental health portion of the basic training program significantly reduce stigmatizing attitudes regarding PMI?

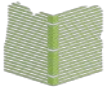
Research Design: A sample of 196 recruits, from all parts of Oregon, was asked to complete the Mental Health Knowledge Test (MHKT) and AQ-27 voluntarily before (pretest) and after (posttest) the mental health portion of the 640-hour basic police academy. The AQ-27 is broken down into nine subscales – blame, anger, pity, help, dangerousness, fear, avoidance, segregation, and coercion.

The mental health instruction consisted of 13 hours of classroom instruction and four hours of scenario training (that the curriculum has changed since the time of this study). Final analyses used 189 pre- and post-test MHKTs and 184 pre- and post- AQ-27 measures.

To maintain confidentiality, the only demographic information collected was gender, age, and geographical setting of employment. The demographic breakdown follows:

- 85% male / 14% female
- 36% 18-25 years old / 58% 25-40 years old / 6% over 40 years old
- 39% rural / 50% urban / 10% both rural and urban.

Limitations: The AQ-27 may not take into account aspects of law enforcement culture that may affect officers’ attitudes towards mental illness and the mentally ill. Additionally, no follow-up was conducted to explore whether or not the knowledge and attitudes are sustained after an extended time. This is currently scheduled for a later date.



Oregon Knowledge Bank Research Summary

OUTCOMES

Research Findings: As a group, knowledge significantly increased and stigma significantly decreased after receiving mental health awareness instruction. Additionally, the analysis indicated the five of the nine stigma subscales also decreased significantly. Anger, pity, help, and avoidance did not show a significant change.

Areas of decrease:

- Thoughts of blame for their mental illness directed at the PMI are somewhat reduced.
- Concerns about the dangerousness of the PMI are reduced.
- Officers felt somewhat less of a need to segregate the PMI from their community.
- Officers felt somewhat less fear directed at PMI.
- Officers were less likely to feel that PMI should be coerced into treatment.

Exploratory Analyses:

- Females may have more knowledge about mental health before training, but it did not equate to less stigmatizing attitudes towards PMI before training.
- No difference found between urban and rural officers in either mental health knowledge or stigma.

Main Implications: This research suggests that the basic training course is successful in its goals to increase knowledge and decrease stigma. This is consistent with prior research on more advance mental health education programs, such as Crisis Intervention Team (CIT) training, which shows that increased knowledge about and experience with PMI leads to a decrease in use of force rates.

This is an encouraging indication that participation in this type of training will move law enforcement towards improved interactions with people with mental illness

CITATION

Wise, M., Christiansen, L., & Stewart, C. (2019). Examining the Effectiveness of Mental Health Education on Law Enforcement: Knowledge and Attitudes. *Journal of Police and Criminal Psychology*, 1-7.
