Mental Health Commission of Canada

Commission de la santé mentale du Canada

Opening Minds Provider Attitudes Towards Opioid Use Scale

(OM-PATOS)

Introduction

The Opening Minds Provider Attitudes Toward Opioid Use Scale (OM-PATOS) was developed as part of a larger project the Mental Health Commission of Canada (MHCC) completed in 2019.

The scale is designed for those in the helping professions who may be responding to or caring for people who are experiencing opioid use problems or are at risk of an overdose or poisoning: paramedics, fire or police services workers, health-care providers, and allied health providers. It may be used for multiple purposes, including but not limited to evaluating the impact of initiatives or programs designed to reduce stigma, for measuring the level of stigma in an organization as part of a needs assessment, as an awareness raising tool, or as a tracking or performance measure.



Development of the scale

The OM-PATOS is based on findings from qualitative research, a scoping review, and established procedures for scale development.¹ Key domains identified in this process were used to generate an item pool. We then consulted with first responders, health- and social-care providers, people with lived experience of opioid use, and research experts to examine and review the proposed items. One-on-one cognitive interviews were also conducted to ensure that the items were interpreted as designed. Pilot testing of the scale and an early exploratory factor analysis resulted in further refinements. Finally, we conducted a validation study comprised of exploratory and confirmatory factor analyses, which led to the adoption of a 15-item scale, with preliminary support for two factors, 'attitudes' (6 items), and 'behaviours/motivation to help' (9 items).²

2 Knaak, S., Patten, S., & Stuart, H. (2022). Measuring stigma towards people with opioid use problems: Exploratory and confirmatory factor analysis of the Opening Minds Provider Attitudes Towards Opioid-Use Scale (OM-PATOS). International Journal of Mental Health and Addiction. Mar:1-12. DOI: 10.1007/s11469-022-00788-z.

¹ Boateng, G. O., Neilands, T. B., Frongillo, E. A., Melgar-Quiñonez, H. R., & Young, S. L. (2018). Best practices for developing and validating scales for health, social, and behavioral research: A primer. Frontiers in Public Health, 6, 149. https://doi.org/10.3389/fpubh.2018.00149



Using the scale

To complete the scale, participants are asked the extent to which they agree or disagree with each of the 15 items using a five-point scale: strongly agree (5), agree (4), neither agree nor disagree (3), disagree (2), or strongly disagree (1). Administrators should direct participants on how to interpret "opioids" and "opioid use problems" (for any study) by means of a preamble. The recommended wording is included with the scale and the scale is intended to be used as written.

Item scores range from one to five, with lower scores indicating less stigmatizing attitudes (no items are reverse-coded). The total score of all items will range from 15 to 75, again with lower scores indicating lower levels of stigma. Mean average scores can also be used to compute a total scale score.

The two factors of attitudes (items 1, 3, 5, 6, 8, 13) and behaviours/motivation to help (items 2, 4, 7, 9, 10, 11, 12, 14, 15) should be used for descriptive value rather than as calculated subscales until further research can be completed.

For more information, or for inquiries regarding possible scale adaptations, please contact the MHCC at mhccinfo@mentalhealthcommission.ca or email Dr. Stephanie Knaak from the research team at sknaak@mentalhealthcommission.ca.

The Opening Minds Provider Attitudes Toward Opioid Use Scale (OM-PATOS)

This survey asks for your opinions on a series of statements about people with opioid use problems. Opioids include medications such as Percocet, Vicodin, morphine, and oxycodone as well as heroin, fentanyl, and carfentanil. "Opioid use problem" means a pattern of use that leads to serious harm, impairment, or distress. Please answer according to your own beliefs, feelings, and experiences.

Please indicate the extent to which you agree or disagree with each of the following statements.		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1.	People with opioid use problems are to blame for their situation.					
2.	I tend to use negative terms when talking about people with opioid use problems.					
3.	People with opioid use problems cost the system too much money.					
4.	I tend to act more negatively toward people with opioid use problems than other people I help.					
5.	People with opioid use problems can't be trusted.					
6.	People with opioid use problems who take drug therapies like methadone are replacing one addiction with another.					
7.	I tend to be less patient toward people with opioid use problems than other people I help.					
8.	People with opioid use problems only care about getting their next dose of drugs.					



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Please indicate the extent to which you agree or disagree with each of the following statements.		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
9.	When people with opioid use problems ask for help with something, I have a hard time believing they are sincere.					
10.	I tend to negatively judge people with opioid use problems.					
11.	People with opioid use problems who relapse while trying to recover aren't trying hard enough to get better.					
12.	I tend to speak down to people with opioid use problems.					
13.	Most people with opioid use problems engage in crime to support their addiction.					
14.	If a co-worker says something negative about people with opioid use problems, I would be more likely to speak negatively when discussing them myself.					
15.	I tend to think poorly of people with opioid use problems.					



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