

# Probation Training in the UK: Mental Health Awareness Training for Probation Staff - An Example and Evaluation

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# Workshop Outline

- ◆ Brief overview of probation training in the UK
- ◆ Why focus on mental health when training probation staff?
- ◆ Introduction to a mental health awareness training package
- ◆ Evaluation results
- ◆ Questions/Discussion

# Probation Officer Training in the UK

- ◆ Degree + NVQ Level 4 in Community Justice
- ◆ Combination of academic study and work experience

# Why Focus on Mental Health?

- ◆ What do we know from existing research about the prevalence of mental health problems amongst offenders on probation?
- ◆ Policy focus
- ◆ Benefits for probation staff
- ◆ Benefits for offenders

# Project Background

- ◆ Based on some training being run in NPS Leicestershire and Rutland
- ◆ Rationale for the project

# Course Outline

- ◆ Mental health – myths, stigma and stereotypes
- ◆ Factors impacting upon mental health
- ◆ The Mental Health Act 1983
- ◆ Bi-Polar Affective Disorder
- ◆ Self-harm and Suicide
- ◆ Personality Disorder
- ◆ Post Traumatic Stress Disorder
- ◆ Learning Disability
- ◆ Depression
- ◆ Eating Disorders
- ◆ Mental Health and Probation Practice
- ◆ Overview of CPA in mental health

**Some examples of learning  
covered in the training...**

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# Media Stereotypes

Media coverage of mental health issues often involves sensational headlines such as:

'Cop killer had seen shrinks' (*The Sun*, 14.6.07)

'One person a week 'killed by a mentally ill patient'' (*The Daily Mail*, 3.12.06)

'Ian's terror at shooting, nutter guns down wife Jane' (*The Daily Star*, 8.10.07)

'Bloodbath psycho on bail' (*The Sun*, 15.9.05)



# The Impact of Stigma and Stereotypes: Experiences of Discrimination

A survey of experiences of discrimination and stigma in relation to mental health found that:

- ◆ 56% of respondents reported discrimination within their own family
- ◆ 51% of respondents reported discrimination from friends
- ◆ 47% of respondents reported discrimination at work

(Mental Health Foundation, 2000: 8)

# The Impact of Stigma and Stereotypes: Disclosure

Additionally, the survey showed that:

- ◆ 42% of respondents stated that they could not disclose details about mental distress to some members of their family
- ◆ 22% of respondents stated that they could not disclose details about mental distress to their partners
- ◆ 74% of respondents stated that they could not disclose details about mental distress on application forms
- ◆ 19% of respondents stated that they could not disclose details about mental distress to their GP

(Mental Health Foundation, 2000: 12)

# Bi-Polar Affective Disorder: Session Overview

- a) General description of Bi-Polar Affective Disorder
- b) The 'depressive' element
- c) The 'manic' element
- d) Long term outcomes
- d) Treatment



# The Evaluation

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# Evaluation Results: Aims

- ◆ The evaluation examined:
  - Course satisfaction
  - Impact on self-reported levels of knowledge
  - Impact on self-reported levels of confidence in referring offenders to mental health services
  - Staff attitudes towards mental illness
  - Potential impact on probation practice

# Evaluation Results: Sample and Method

- ◆ A total of 283 staff were trained
- ◆ Evaluation conducted using pre- and post-course questionnaires
- ◆ Findings were based on participants who returned *both* pre- and post-course questionnaires

# Evaluation Results: Course Satisfaction Continued

- ◆ Over 95% of the trainees rated the course as either 'mostly' or 'completely' interesting
- ◆ 93% said it was 'mostly' or 'completely' clearly delivered
- ◆ Over 73% said the training was either 'mostly' or 'completely' applicable to their current work

# Evaluation Results: Impact on Knowledge

- ◆ Self-reported knowledge had increased in all of the subject areas covered by the training

# Evaluation Results: Impact on Confidence

- ◆ Reduction in the number of people saying they were 'not at all' confident in their ability to refer offenders to mental health services
- ◆ Increase in the number of people rating their confidence as either medium-high or 'very' confident

# Evaluation Results: Impact on Attitudes Towards Mental Illness

- ◆ Series of statements from the attitudes towards mental illness survey conducted for the DH
- ◆ Results showed that probation staff generally appeared to have a more positive attitude towards mental illness than people interviewed in the general population survey - even before attending the course
- ◆ The course did *not* have any statistically significant impact on trainees' attitudes

# Evaluation Results: Impact on Practice

- ◆ 94% of participants said they would be able to use learning from the training in their future practice

# Evaluation Results: Impact on Practice

- ◆ Examples of applying the training to practice included:
  - Recognising signs and symptoms of MH disorder amongst clients
  - Making appropriate referrals to MH services
  - Working more effectively in terms of things like writing PSRs, completing OASys, understanding psychiatric reports and liaising with prison in-reach teams
- ◆ However, the training did *not* appear to impact on the number of referrals made to MH services shortly after the training

# Conclusion

- ◆ Ideally mental health awareness training should be built in as core training for criminal justice staff
- ◆ We have provided an example of a short course that has evaluated well with staff in three probation areas
- ◆ Implementation through a train-the-trainer model makes it cost-effective
- ◆ We could adapt the materials for use in other settings/with multi-agency groups

# Conclusion: Questions for the Audience

- ◆ Do criminal justice staff in your country learn about mental health?
- ◆ Do you think this should be a core part of probation training in Europe?
- ◆ What advantages could a short training course like this provide to probation staff in your country?

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