

An Evaluation of Mental Health Awareness Training for Probation Staff



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Abbreviations Used in the Report

CCAWI	-	Centre for Clinical and Academic Workforce Innovation
CPA	-	Care Programme Approach
DipPS	-	Diploma in Probation Studies
NHS	-	National Health Service
NPS	-	National Probation Service
NVQ	-	National Vocational Qualification
PC	-	Probation Circular
PSO	-	Probation Service Officer
PSR	-	Pre-Sentence Report
TNS	-	Taylor Nelson Sofres plc.



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1.0 Executive Summary

Probation staff require at least a 'basic' level of mental health awareness in order to effectively perform tasks such as writing pre-sentence reports to advise on the disposal of offenders within the criminal justice/health system, assessing risk, and liaising with health services within both community and prison settings on behalf of offenders. However, contemporary probation training offers only limited opportunities to learn about mental health, and many grades of probation staff receive no formal training in this area. Consequently, staff from the University of Lincoln, the Offender Health Team East Midlands CSIP Office, the National Probation Service and Lincolnshire Partnership NHS Foundation Trust addressed this gap by jointly producing a flexible training package relevant to all staff grades focusing on:

- Mental health myths, stigma and stereotypes
- Factors impacting upon mental health
- The Mental Health Act 1983
- Recognising the signs and symptoms of a range of mental health disorders
- Mental health and probation practice
- An overview of CPA in mental health

This course was rolled out across the East Midlands through a Train the Trainer model with local probation areas being tasked with compiling a directory of local mental health services and referral procedures as part of the training. Researchers measured the impact of the training through pre- and post-course questionnaires examining levels of satisfaction with the course and the impact of the course on:

- Self-reported levels of knowledge
- Self-reported levels of confidence in referring offenders to mental health services
- Staff attitudes towards mental illness
- Probation practice

A total of fifteen individuals attended the Train the Trainer event, and subsequently a further 283 probation staff across the region were trained within the evaluation period. Findings are as follows:

Satisfaction with the Course

- 91.7% of Train the Trainers and 85% of trainees stated that their aims had been 'mostly' or 'completely' met by the course
- Almost all of the Train the Trainers and their trainees stated that they thought the course was 'mostly' or 'completely' interesting, clearly delivered and applicable to their current employment
- Overall staff demonstrated high levels of satisfaction with the course, especially in relation to the section on recognising the signs and symptoms of a range of mental health disorders

Executive Summary

- Feedback indicated that the course could be improved through being pitched at a lower level of knowledge for some trainees, being delivered over a longer period of time; using less PowerPoint, and through areas providing clearer/more detailed information on local service provision and referral processes

Self-reported levels of knowledge

- Train the Trainers and trainees demonstrated an increase in their self-reported levels of knowledge after attending the course – indicating an increase in staff's mental health literacy levels
- In many case these were statistically significant changes in level of knowledge

Self-reported levels of confidence in referring offenders to mental health services

- Offender Management staff demonstrated an increase in confidence in their ability to make referrals to mental health services after attending the course

Staff attitudes towards mental illness

- Probation staff demonstrated very positive attitudes towards mental illness in comparison with the general population both before and after the training
- Overall, the training did not appear to produce any statistically significant changes in staff attitudes towards mental illness

Probation practice

- The training did not appear to influence the number of referrals that offender management staff were making to mental health services
- However, high proportions of staff stated that the training was applicable to their practice, and staff gave numerous examples of how they would use the learning from the course in the future

Thus for a relatively small investment, this training has produced an increase in mental health literacy amongst probation staff and staff anticipate being able to apply the learning from this course in a variety of ways in their practice. In addition, this evaluation has shown that probation staff already had more positive attitudes towards mental illness than the general population. Staff have demonstrated high levels of satisfaction with this course overall, as well as indicating areas where it could be improved prior to being rolled out across other regions. We now need a national strategy to focus on aiding offender management staff in identifying offenders with mental health disorders and making appropriate referrals to specialist mental health services.



An Evaluation of Mental Health Awareness Training for Probation Staff

2.0 Background

A systematic review of literature relating to prison mental health showed that a substantial amount of epidemiological research has been conducted in relation to the mental health of prisoners (Brooker, et al., 2007). This research concludes that prisoners have a high prevalence of mental health disorders. For example, Singleton et al., (1998) famously stated that around 90% of prisoners suffer from mental health disorders, substance misuse problems or both. In comparison, there is a paucity of literature regarding the prevalence of mental health disorders amongst offenders on probation in the UK¹.

Although not all offenders on probation have been to prison, the evidence described above suggests that we might expect that a large number of offenders who have been to prison prior to probation supervision will experience a mental health disorder. Furthermore, research has been conducted into the mental health of community-based offenders in the Greater Manchester area (Hatfield et al., 2004). Here probation staff were trained to complete an assessment with all new residents who stayed in probation approved premises for at least seven nights over a twelve-month period from 2002-2003. The study achieved an overall response rate of 88%, and results showed that 25.1% of the sample were known to have a psychiatric diagnosis. The most common diagnosis was depression which affected 14.4% of the total group. This could be an underestimation of the 'true' prevalence of mental health disorders in this population as there may be some offenders with mental health disorders that staff are unaware of, or who have yet to be diagnosed. In addition, a pilot health needs assessment undertaken with a representative sample of offenders in NPS Derbyshire and Nottinghamshire indicated that just under 17% (n=31) of offenders on probation here reported mental health as their greatest health problem (Brooker et al, 2009). Part of this health needs assessment was based on the SF-36 and here the mental health component summary scores indicated that offenders' mental health was significantly worse than that of both the general population and the manual class within the general population (Jenkinson et al., 1999) – indicating clear health inequalities in this area.

1 A study being currently undertaken by the University of Lincoln through a Research for Patient Benefit funded grant will examine this issue in the National Probation Service (NPS) Lincolnshire.

Historically, the Probation of Offenders Act 1907 set out in law the foundation of the National Probation Service that has emerged today. The Act stated that a probation order could be given to anyone that the court considered:

“having regard to the character, antecedents, age, health, or mental condition of the person charged, or to the trivial nature of the offence, or to the extenuating circumstances under which the offence was committed, it is inexpedient to inflict any punishment or any other than a nominal punishment or that it is expedient to release the offender on probation”

Thus, at the beginning of the twentieth century, probation staff were being exhorted to consider the impact of individual's health, mental health and social circumstances on offending behaviour. This perspective, (that efforts to reduce re-offending are likely to be more effective if staff 'advise, assist and befriend' rather than simply punish offenders), has since vied with the policy of 'just deserts'. Here, the focus is on the sentence being proportional to the crime – perhaps with less consideration of an offender's personal circumstances, and with 'control' being emphasised at the expense of 'care'.

However, a decade ago, government policy began to encourage joint working between criminal justice and health and social service agencies to address the health needs of offenders (Home Office 1990; Home Office 1995; NHS Executive & HM Prison Service, 1999; DH, 2001). Thus, for example, the NHS has assumed responsibility for: the provision of healthcare in prisons; the requirement for prisons to conduct health needs assessments; and the creation of prison in-reach teams and court-diversion services.

Probation staff are not expected to know how to diagnose or treat offenders with mental health disorders; but the national probation service is expected to play a key role in co-ordinating multi-agency arrangements to meet the needs of such offenders – referring offenders into appropriate services where possible. In addition, having an awareness of the effects of mental health disorders can help probation staff to advise on the appropriate disposal of offenders within the criminal justice/health system.



Thus there is arguably a need for probation staff to undergo basic mental health awareness training in order to be able to effectively supervise mentally disordered offenders in the community. Such training would potentially enable staff to recognise the signs and symptoms of mental health disorders, support staff in judging levels of risk and in preparing pre-sentence reports; and improve staff's ability to facilitate offenders' access to local specialist mental health services. All of these factors would contribute to the National Probation Service's aims of protecting the public, reducing re-offending, rehabilitating offenders, and ensuring the proper punishment of offenders in the community.

However, at present, whilst some training in mental health is available to probation service staff, not all staff working for the National Probation Service in the UK receive it. At the time of writing, in order to qualify as a Probation Officer, individuals must be awarded a Diploma in Probation Studies (DipPS). This is a two-year programme introduced by New Labour in 1997 which is provided by De Montfort University in Leicester for staff in the Midlands region. It combines academic study (an undergraduate degree) and practice-based work (an NVQ Level 4 in Community Justice) (Skills for Justice, 2009). However, only a very small part of this curriculum focuses on mental health –one module in part-two of the degree which focuses on “Substance Misuse, Mental Health and Crime”.

An NVQ Level 3 in Community Justice: Working with Offending Behaviour is also available to probation staff. However, this does not contain any mental health specific modules. In addition, individuals who attain an NVQ Level 3 are eligible to study a Certificate of Higher Education in Community and Criminal Justice, which does offer an optional module for staff working specifically in a ‘mentally disordered offenders’ setting.

Overall, it is hard to avoid the conclusion that there are fairly limited opportunities for individuals training as Probation Officers to learn about mental health. In addition, there appear to be few formal opportunities either for other grades of probation staff (who may also undertake face-to-face work with offenders) to learn about mental health. Probation Circular (PC) 18/2007 introduced a revised Probation Service Officer (PSO) Learning and Development Programme which does include a mental health module. However, to the authors' knowledge, this training has not been implemented to date.

Jorm et al. (1997) introduced the concept of ‘mental health literacy’, defining it as “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (1997: 182) including:

“the ability to recognise specific disorders; knowing how to seek mental health information; knowledge of risk factors and courses, of self-help treatments, and of professional help available; and attitudes that promote recognition and appropriate help-seeking” (ibid, : 182).

Given the paucity of training described above, one may conclude that unless probation staff have gained experience earlier in their careers then their level of mental health literacy is likely to be relatively low. Consequently staff will not be confident in managing mentally disordered offenders on their caseloads, and will be unsure of where such offenders can be referred to for support. These conclusions are reflected in research by Keene et al., (2003) who found that Probation Officers in one area had failed to identify 445 offenders who were being treated by the local NHS Trust for mental health problems as having poor mental health. In addition, a study by Hatfield et al., (2005) investigating the need for mental health training amongst staff working in Probation Approved Premises and voluntary sector mental health hostels found that whilst some staff working in probation Approved Premises had already received some mental health training, overall this group identified a higher number of training needs than staff working in mental health hostels including “in relation to risk assessment and management where mental illness is a factor” (Hatfield et al., 2005: 150).

In order to address this need for mental health awareness training amongst probation employees, staff from the University of Lincoln worked in partnership with staff from the Offender Health Team East Midlands CSIP Office, the National Probation Service (Lincolnshire and Leicestershire and Rutland), the regional Training Managers’ group, and Lincolnshire Partnership NHS Foundation Trust to design a mental health awareness training course specifically for use with probation staff. The course was designed flexibly so that it could be delivered to all grades of probation staff (with suggested ‘stepping-off points’ for various grades being indicated in the course materials), and was delivered across the East Midlands using a train-the-trainer model.

Course Outline

The course content was largely based on a course which had previously been delivered in NPS Leicestershire and Rutland and positively evaluated by the University of Lincoln. It was also influenced by some materials which were provided by Derbyshire Mental Health Trust. Participants studied the following topics:

- 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



Each probation area involved in the training was also asked to compile a local services information directory.

Project Aims and Objectives

The overall objectives of this project were to pilot the mental health awareness training course with probation staff across the East Midlands, and to provide these staff with a course booklet which they could keep and refer to as a reference source for future practice.

Additionally, the project aimed to gain feedback from the staff attending the course using pre- and post-course questionnaires to assess the impact of this training in terms of:

- **Levels of satisfaction with the course:** How satisfied staff were with the course – including the appropriateness of the course content and its relevance to probation practice (to inform future development of the course)
- **Impact on knowledge:** The impact of the course on self-reported levels of knowledge of the subject areas covered in the training (comparison of pre- and post-training levels)
- **Impact on confidence:** The impact of the course on self-reported confidence in referring offenders to mental health services (comparison of pre- and post-training levels)
- **Impact on attitudes towards mental illness:** The impact of the course on staff attitudes towards mental illness (as measured pre- and post-training using questions from the Department of Health Attitudes to Mental Illness survey)
- **Impact on practice:** How relevant staff felt the training was to their practice and the impact of the course on the number of referrals that they make to specialist mental health services.

3.0 Methods

3.1 Design and administration of the evaluation questionnaires

Researchers from the University of Lincoln designed pre- and post-course questionnaires which staff delivering the training in each probation area were asked to distribute to all course participants².

The pre-course questionnaire was sent to course participants across the region prior to attending the course to examine their personal aims and objectives for attending the training, and their 'baseline' level of knowledge and confidence in the areas covered by the training. In addition, the questionnaire investigated the number of referrals staff had made to specialist mental health services over the three months prior to attending the training; and their attitudes towards mental health. This latter section of the questionnaire contained a series of statements about mental illness taken from the TNS Face-to-Face Consumer Omnibus survey (TNS, 2008) which asked participants to indicate how much they agreed or disagreed with each statement to using a Likert scale.

Participants were then asked to complete a post-course questionnaire soon after they had completed the training³, and again three months after they had completed their training. These questionnaires aimed to examine participants' opinions of the training (with a view to improving it for future learners) and to investigate the impact of the training on their levels of knowledge and confidence in the subject as well as the impact of the training on their practice and attitudes towards mental illness. The second post-course questionnaire was designed to test the duration of any changes in knowledge, attitudes or practice which might potentially have been observed.

3.2 Ethical Issues

Ethical approval was gained from the Centre for Clinical and Academic Workforce Innovation (CCAWI) ethics committee at the University of Lincoln. A course evaluation was initially discussed with NPS Training Managers from across the East Midlands. Following this, all course participants were fully informed of the purpose of the research through an information sheet and consent form which were sent out with the pre-course questionnaire. Participants were assured that any responses that the researchers received would be anonymised and kept confidential, and were informed that participation in the course evaluation was voluntary and individuals were free to withdraw from the research at any time without being penalised or disadvantaged in any way.

2 Local probation areas wishing to implement and evaluate mental health awareness training can contact Prof. Brooker on cbrooker@lincoln.ac.uk and 01522 886949 for further information on the evaluation tool.

3 Data from the second post-course questionnaire will be examined in a future report.



3.3 Analysis

Initially responses were anonymised and entered into an SPSS version 14 data-base and analysed using descriptive statistics. Analysis focused on individuals who completed both a pre- and post-course form. Differences in trainees' mean levels of knowledge of each of the subject areas before and after the training were analysed using paired-samples T-tests.

Comparisons of two proportions were performed using the McNemar test for the 'attitudes towards mental illness' section of the report. This test is suitable for use with paired data and in addition, as an exact test, is appropriate for use with contingency tables showing expected values of less than fifteen in some cells. The Sign Test is reported in cases where there were small numbers of participants returning data and it was not possible to run a McNemar test in SPSS.

Again, as we were focusing on paired data, the Wilcoxon Signed Rank Test was used to examine differences in the trainees' self-reported levels of confidence in referring offenders to mental health services pre-and post-training.

Researchers repeatedly read the qualitative data included in the questionnaires and inductively categorised this into recurring themes (Ziebland and McPherson, 2006).



The Local Trainer's Course





4.0 Findings

4.1 The Local Trainer's Course

Response to questionnaires

A total of 15 staff attended the train the trainer event, which took place in March 2008, and responses were received from 13 (87%) of these. Following this event, the course was rolled out across the region, with a total of 283 people being trained across Derbyshire, Leicestershire and Rutland, and Lincolnshire. The research team received pre-course responses from 224 (79%) of participants, and post-course responses from 148 (52%) of participants. Information on the responses received per area is shown in Table 1 below⁴.

Table 1 - Overall Response to Training by Probation Office Patch

Probation Area	Overall No. People Trained	No. of Completed Pre-Course Forms Received		No. of Completed Post-Course Forms Received		No. of Completed 3-Month Forms Received	
		Yes	No	Yes	No	Yes	No
Derbyshire	36	26	2	20	8	3	25
Leicestershire and Rutland	120	94	2	34	62	3	93
Lincolnshire	127	104	0	94	10	18	86
TOTAL	283	224	4	148	80	24	204

Sample Characteristics

A total of 15 staff attended the Train the Trainer event, 12 (80%) of which completed both the pre- and post-course questionnaires. The characteristics of the individuals returning both questionnaires are shown in Table 2 below. All of the Train the Trainers were White and the majority (83.3%) of them were female. The mean age of the group was 42.29 years. The largest proportion (58.3%) of the Train the Trainers were Probation Officers with the others being Senior Probation Officers, Offender Managers, Approved Premises Staff or 'Other'.

⁴ NPS Nottinghamshire also participated in the training. However, they were unable to return any pre-course forms due to an internal communications error. A total of 9 post-course forms were returned but unfortunately the researchers were unable to use these without pre-course data for comparison. NPS Northamptonshire was also invited to participate in the training. However, this area did not return any evaluation data to the researchers.

Table 2 - Characteristics of the Trainers

Characteristics		Proportion of Respondents
Gender	Male	16.7%
	Female	83.3%
Mean age		42.29 years (SD= 13.768)
Ethnicity	White	100%
Grade	Administrator	0%
	Offender Manager (PSO)	8.3%
	Probation Officer	58.3%
	Trainee Probation Officer	0%
	Senior Probation Officer	16.7%
	Information Officer	0%
	Unpaid Work Supervisor	0%
	Approved Premises Staff	8.3%
	Practice Development Assessor	0%
	Other	8.3%

Levels of Satisfaction with the Course

The Train the Trainers listed their personal aims and objectives before they attended the training (see main report for overall themes), and were then asked to rate the extent to which these had been met by the training on a likert scale ranging from '1 – not at all' to '5 – completely'. Scores for the Trainers showed that a total of 91.7% of respondents felt that their aims had been 'mostly' or 'completely' met. This indicates a very high level of satisfaction with the focus of the course.

Figure 1 - The Extent to Which the Training Met the Trainers' Personal Aims and Objectives

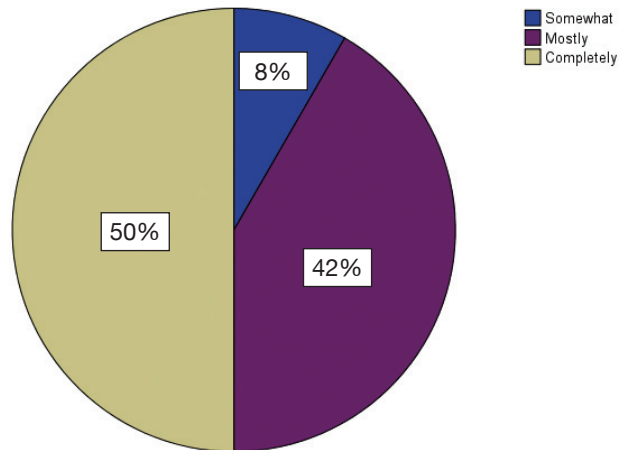


Table 3 below shows participants' ratings on how interesting, clearly delivered and applicable to current employment the training was. These indicate very high levels of satisfaction with the course, with all respondents stating that they found the course 'mostly' or 'completely' interesting; 91.7% of respondents stating that they thought the course was 'mostly' or 'completely' clearly delivered; and 91.7% of respondents stating that the course was 'mostly' or 'completely' applicable to their current employment.

Table 3 - Train the Trainers' Opinions on How Interesting, Clearly Delivered and Applicable to Current Employment the Training Was

Factor	Not at all	A little	Somewhat	Mostly	Completely	Mean Score (SD)
Interesting	0.0%	0.0%	0.0%	33.3%	66.7%	4.67 (0.492)
Clearly delivered	0.0%	0.0%	8.3%	25.0%	66.7%	4.58 (0.699)
Applicable to current employment	0.0%	0.0%	8.3%	16.7%	75.0%	4.67 (0.651)

Trainers were also asked to rate their level of satisfaction with each of the subject areas addressed in the course. Opinions were rated on a five-point Likert scale ranging from '1 – low level of satisfaction' to '5 – high level of satisfaction'. Table 4 below shows that the Train the Trainers were most satisfied with the 'recognising the signs and symptoms of a range of mental health disorders' section of the course, with the 'understanding jargon associated with mental health issues' and 'Mental Health Act' sections of the course also receiving good mean scores. The sample were least satisfied with the 'How to refer to local specialist mental health services' section of the course. This score is much lower than the mean score for the individuals which they subsequently went on to train. This is likely to have been because each individual probation area was expected to produce their own local services directory to provide local information for this section of the course prior to roll-out across their area. Many of the examples used in the Train the Trainer course were either Leicestershire or Lincolnshire based due to the locations of the individuals organising and running the training.

Table 4 - Train the Trainers' Mean Levels of Satisfaction with Subject Areas

Subject Area	Mean Level of Satisfaction (SD)
Understanding jargon associated with mental health issues	3.83 (0.835)
Recognising the signs and symptoms of a range of mental health disorders	3.92 (0.900)
The Mental Health Act	3.42 (0.793)
Types of interventions available to treat/manage mental health disorders	3.25 (1.215)
The range of local specialist mental health services which are available	2.75 (1.055)
How to refer to local specialist mental health services	2.58 (0.793)
The Care Plan Approach	2.83 (0.835)
Crisis Intervention Team procedures	2.75 (0.965)



Impact on Knowledge

Trainers were asked to rate their level of knowledge of each of the subject areas covered in the course before and after attending the training. Table 5 below shows that there has been an increase in Train the Trainers' mean self-reported level of knowledge in all of the subject areas after they attended the course – indicating a statistically significant increase in their level of mental health literacy in many cases.

Table 5 - Train the Trainers' Mean Levels of Knowledge Before and After Training

Subject Area	Mean Pre-Course Score (SD)	Mean Post-Course Score (SD)	Paired Samples T-Test Statistic	Significance (99% CI)
Understanding jargon associated with mental health issues	2.54 (0.776)	3.67 (0.778)	t (11) = -5.613	p<0.001
Recognising the signs and symptoms of a range of mental health disorders	2.69 (0.630)	3.67 (0.888)	t (11) = -3.527	p=0.005
The Mental Health Act	2.08 (1.038)	3.42 (1.084)	t (11) = -5.451	p=<0.001
Types of interventions available to treat/ manage mental health disorders	2.31 (1.032)	3.25 (1.055)	t (11) = -1.836	p=0.094
The range of local specialist mental health services which are available	2.23 (1.013)	2.83 (1.030)	t (11) = -1.205	p=0.253
How to refer to local specialist mental health services	2.46 (0.967)	3.08 (0.900)	t (11) = -1.865	p=0.089
The Care Plan Approach	1.77 (0.832)	3.71 (0.577)	t (11) = -7.091	p=<0.001
Crisis Intervention Team procedures	1.69 (0.855)	2.67 (0.888)	t (11) = -3.188	p=0.009

Impact on Confidence

Trainees were asked to indicate on a five-point Likert scale how confident they were in their ability to make referrals for offenders to mental health services. Analysis here focuses on Offender Management staff within the Trainer group (defined as Offender Managers and Probation Officers as they are likely to be involved in referring offenders to mental health services). Table 6 below shows that the proportion of individuals stating that they have a medium-high level of confidence in this area increased after the training. However, overall Wilcoxon's Signed Rank Test shows that this is approaching a statistically significant change in confidence levels ($z = -2.121$; $p = 0.063$).

Table 6 - Train the Trainers' Self-Reported Level of Confidence in Referring Offenders to Mental Health Services Pre- and Post-Course

Level of Confidence	Pre-Course	Post-Course
Not at all confident	0.0%	0.0%
Low-medium level	20.0%	12.5%
Medium level	80.0%	12.5%
Medium-high level	0.0%	75.0%
Very confident	0.0%	0.0%

Impact on Attitudes towards Mental Illness

The Trainers were then asked to indicate on a five-point Likert scale to what extent they agreed or disagreed with a range of statements reflecting attitudes towards mental illness which were taken from the Department of Health Attitudes Towards Mental Illness survey (Department of Health, 2008). Data from all of the Trainers was analysed to investigate their overall attitudes towards mental illness and what effect if any attending the course produced on this.

In summary, this showed that in relation to all of the statements around fear and exclusion of people with mental illness the Trainers demonstrated more positive attitudes towards mental illness than members of the general population. For example, none of the Trainers agreed with statements such as 'I would not want to live next door to someone who has been mentally ill' or 'People with mental illness are a burden on society' either before or after attending the training.

Similarly, the Trainers demonstrated very positive attitudes towards the statements around understanding and tolerance of mental illness. In many cases, their attitudes in this area appear to have become even more positive after attending the training. However, the McNemar test results indicate that these are not statistically significant changes in attitude.



The Trainers demonstrated very positive attitudes with respect to integrating people with mental illness into the community. For example, after attending the training all of the sample indicated that they agreed that 'People with mental health problems should have the same rights to a job as anyone else'.

Finally, in relation to the statements around the causes of mental illness and the need for special services, none of Trainers thought that there were sufficient existing services for people with mental illness either before or after attending the training. Similarly, none of them agreed that 'One of the main causes of mental illness is a lack of self-discipline and will-power' either before or after attending the training.

Impact on Practice

Participants were asked whether they would be able to use the learning from the course in their future practice and 100% of Train the Trainers stated that they would.

Finally staff were asked approximately how many referrals they had made in the three months prior to attending the course, and then again since attending the course. For Offender Management staff (defined as Offender Managers and Probation Officers) in the Train the Trainer group, results showed that the mean number of referrals staff made prior to the training was 1.14 (SD =0.690), and after the training it was exactly the same, i.e. 1.14 (SD=1.215).

In conclusion the Trainers reported high levels of satisfaction with the course and thought that it was interesting, clearly delivered and applicable to their current employment. In addition, the Trainers demonstrated a statistically significant increase in their knowledge of nearly all of the subjects covered on the course, and generally appeared to have more positive attitudes towards mental illness than the general population. Thus overall, the Train the Trainers were in a good position to train staff in their areas.



The Trainee's Course



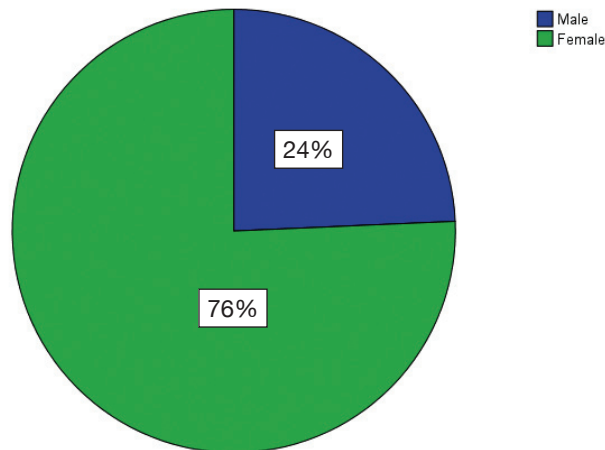
4.2 The Trainee's Course

The analysis that follows is for all cases that completed both a pre- and post-course form (18 individuals from NPS Derbyshire, 32 individuals from NPS Leicestershire and Rutland, and 94 individuals from NPS Lincolnshire).

Overall Sample Characteristics

In 2007, 67.53% of national probation service staff were female, and for the East Midlands this figure was 67.23% (Ministry of Justice [MofJ], 2007). Figure 2 below shows that in reflection of this, the majority of the trainees (76%) in our sample were female.

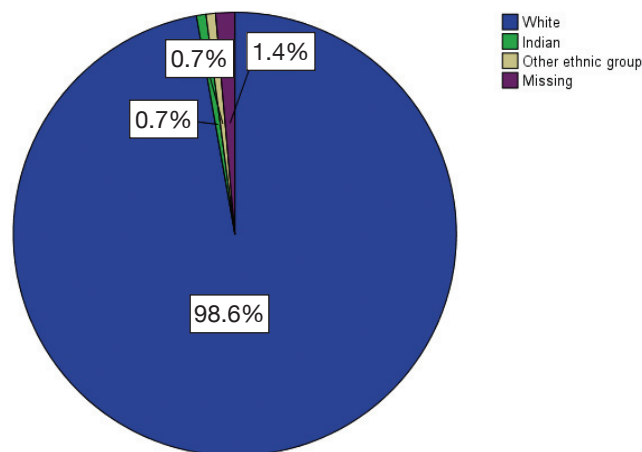
Figure 2 - Sex of Trainees



The age of the trainees ranged from 21-63 years, with a mean age of 39.15 years (SD=12.47) and median age of 39 years. This is slightly younger than the national average of 43.22 years (MoJ, 2007) but may reflect the fact that more senior members of staff (such as Chief Officers and Assistant Chief Officers) who are older did not attend the training.

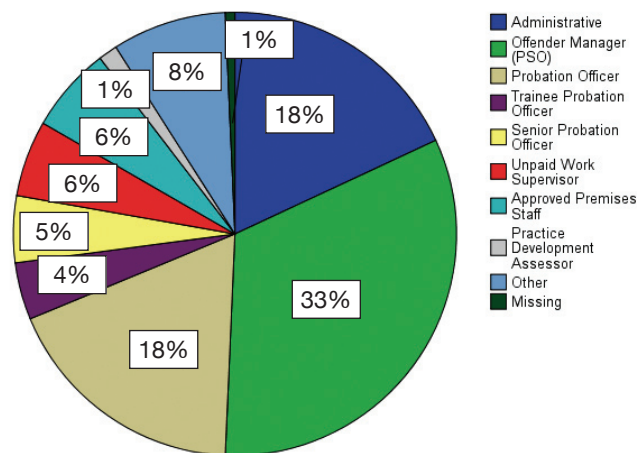
In 2006/7 87.1% of staff employed by the Probation Service nationally were White, and 12.9% of staff were from Black and Minority Ethnic (BME) Groups (MofJ, 2008). In the East Midlands, 85.93% of probation service employees are White, and 11.75% are from BME groups. However, the vast majority of trainees in our sample of individuals returning both pre- and post-course questionnaires (98.6%) were White.

Figure 3 - Ethnicity of Trainees



Finally, Figure 4 below shows that a wide range of grades of probation staff attended the training, with the largest proportions being Offender Managers (33%), Probation Officers (18%) and Administrative staff (18%).

Figure 4 - Probation Staff Grade of Trainees



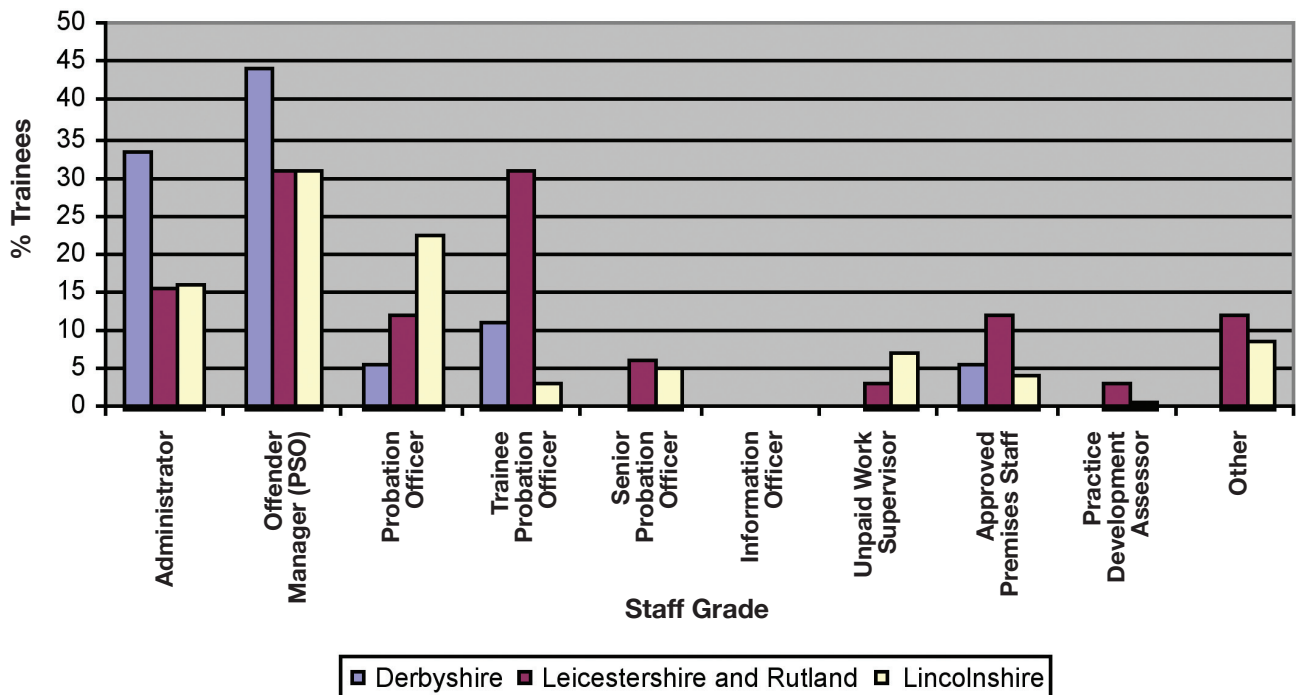
The characteristics of the sample in each county participating in the training are summarised in Table 7 below. This shows that there is very little difference between counties in terms of the mean age or ethnicity of the trainees. However, a larger proportion of males participated in the evaluation in NPS Leicestershire than in the other counties. In addition Figure 5 below shows that a larger proportion of the trainees were Administrative or Offender Management grades in NPS Derbyshire than in the other counties; and a much larger proportion of the staff trained in Leicestershire and Rutland were Trainee Probation Officers or Approved Premises staff than in the other counties.



Table 7 – Regional Sample Characteristics (%)

		Overall Sample	Derbyshire	Leicestershire and Rutland	Lincolnshire
Gender	Male	24.0%	11.0%	31.0%	25.0%
	Female	76.0%	89.0%	69.0%	75.0%
Mean age		39 years (SD=12.47)	33 years (SD=12.76)	40 years (SD=12.68)	40 years (SD=12.17)
Ethnicity	White	98.6%	94.4%	100%	96.8%
	Indian	0.7%	5.6%	0.0%	0.0%
	Other Ethnic Group	0.7%	0.0%	0.0%	1.1%
Grade	Administrator	18.2%	33.3%	15.6%	16.1%
	Offender Manager (PSO)	32.9%	44.4%	31.3	31.2
	Probation Officer	18.2%	5.6%	12.5%	22.6%
	Trainee Probation Officer	4.2%	11.1%	3.1%	3.2%
	Senior Probation Officer	4.9%	0.0%	6.3%	5.4%
	Information Officer	0.0%	0.0%	0.0%	0.0%
	Unpaid Work Supervisor	5.6%	0.0%	3.1%	7.5%
	Approved Premises Staff	6.3%	5.6%	12.5%	4.3%
	Practice Development Assessor	1.4%	0.0%	3.1%	1.1%
	Other	8.4%	0.0%	12.5%	8.6%

Figure 5 - Comparison of Trainees' Staff Grades by County



Levels of satisfaction with the course:

Prior to attending the training, participants were asked to list their personal aims and objectives for attending the training. Analysis of these data produced the following themes:

- Increase awareness/understanding of mental health – signs, symptoms and impact

“Increased knowledge of mental health issues and impact on ability to comply with Community Orders”

“To gain more knowledge on the most common mental health problems offenders may face”

“To learn more about mental health disorders and to be able to recognise the signs.”

“I would expect to gain information on the signs and characteristics of someone who may be dealing with a mental illness”

“I would like to gain an understanding about the types of mental illness that affect people, how this impacts on their lives, abilities, and their family and society as a whole”



- Understanding of local service provision

“Increased knowledge of local mental health provision”

“I am hoping to gain information about the services available and how to access them for offenders”

“To gain a deeper knowledge and understanding of mental health issues and the facilities that are in place that can be accessed by Offender Managers for the benefit of offenders”

“To learn more about what services are available in the community and custody to help mental health offenders”

- Information on how to refer offenders to mental health services

“Put what I have learnt into practice and be confident in making referrals, knowing where, when and who to contact”

“Learn more about referring to mental health services”

“Learn how to refer ‘appropriate people’ to mental health services”

“Responsibilities of various Mental Health Services. Who and when to refer to services and what is an appropriate referral”

- Understanding of the role of the Crisis Intervention Team

“What to expect from Crisis Intervention Team when contacted out of hours”

“To gain greater understanding and awareness of the role of a Crisis Team”

- Information on how to effectively support and manage offenders with mental health disorders in a probation context

“To gain a broader understanding of people experiencing mental health problems and how to assist them in gaining the correct support”

“Good practice for joint working when there is a Mental Health Requirement to a Community Order”

“To feel more equipped to work with offenders who have been diagnosed as suffering from a mental illness”

“To identify signs/symptoms/causes of mental illnesses, how I can best support residents with such issues in an approved premise setting”

“Improved understanding/efficacy in working with people with mental issues, especially offenders in the community”

- Increased understanding of the Mental Health Act

“To have a greater awareness of the mental health act”

“Increased knowledge of mental health act”

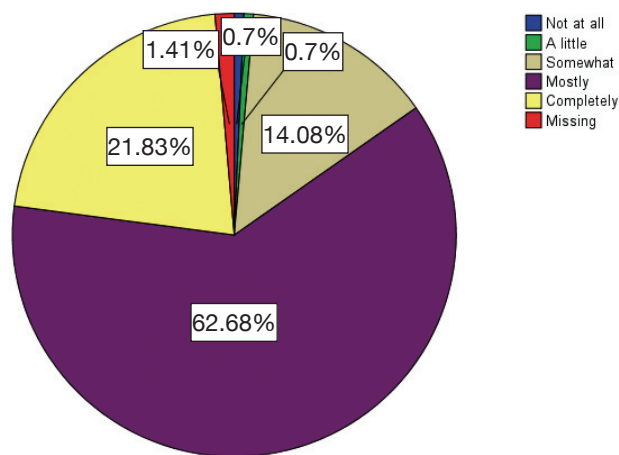
“Refresh my memory re: relevant aspects of the Mental Health Act etc”

- Information regarding medication for mental health disorders

“It would also be helpful if there was a list of different types of medication and what their purpose is so for instance, if someone stops taking their medication, how are they likely to act and behave”

After attending the training, participants were then asked to rate to what extent the training met their personal aims and objectives on a five point Likert-scale ranging from ‘1 - not at all’ to ‘5 - completely’. Results showed that the majority of respondents (85%) felt that their aims and objectives had been ‘mostly’ or ‘completely’ met by the training (see Figure 6 below), producing a mean overall score of 4.04 (SD=0.672). This indicates a high level of satisfaction with the focus of the course.

Figure 6 - The Extent to Which the Training Met Participants’ Personal Aims and Objectives



This high level of satisfaction with the focus of the course was also reflected in trainees’ comments in relation to this question:

“Very good content and delivery. Always needs updating. Completely met current needs”

“My main objective was to learn about referral processes and I now have better understanding of this. Also hoped to gain clearer understanding of different illnesses; this has also been achieved”

“Came doubting value of training but doubts fully overcome”

“Training was very relevant to my work and all the personal aims I set to gain were achieved. Very interesting and valid training”

“Learnt a lot of information about Mental Health and have a better awareness of the complexities of specific illnesses, and also would feel more confident in knowing how to make referrals if necessary”

“I found it met all my personal aims plus more”

There were various possible 'stepping off points' for different staff grades throughout the course, and some staff commented that not all of their aims were completely met as they were unable to attend all of the relevant sections of the course (e.g. only able to attend day one of a two-day course). In addition, to justify their scores in this section of the questionnaire, trainees also commented on areas of the course that they felt could have been more detailed or more clearly explained. These comments are reflected in the 'improvements to the course' section later in the report.

Trainees were then asked to use the same scale to indicate to what extent they thought that the training was:

- Interesting
- Clearly delivered
- Applicable to their current employment

Results shown in Table 8 below reveal that over 95% of participants thought that the training was either 'mostly' or 'completely' interesting. Qualitative statements around this reveal that in particular trainees appreciated the use of case studies/examples, exercises and guest speakers:

"I particularly liked the short exercises to consolidate learning"

"Interesting use of case examples"

"Good interaction, particularly enjoyed guest speaker"

"Good use of examples; good workbook. Interesting speakers"

"Good use of case studies to put learning into practice"

"Especially liked the guest speaker section on Schizophrenia"

However, a small number of trainees thought that there was an over-use of PowerPoint with not enough time being allocated for trainees to ask questions:

"It was too intense, especially in the morning – there was no question and answer time"

"Very boring with PowerPoint overload. When I raised a question at the break I was told not to worry about it all will become clear later"

These comments were also reflected in response to the questions on how clearly delivered the training was.



93% of participants thought that the training was 'mostly' or 'completely' clearly delivered. Here comments showed that a number of trainees valued having a workbook to accompany the course:

"Booklet was good and useful"

"The materials given helped to digest info given"

"Subject matter clearly explained and assisted by booklet"

In addition, in trainees valued the knowledge and presentation style of one of the course leaders:

"The trainer put the material across very clearly and listened to others' questions and answered them clearly"

"Enthusiasm of the tutor was very engaging"

"The delivery was great. X answered questions with knowledge and experience. The exercises were good with the group"

Finally, 73.6% of participants thought that the training was either 'mostly' or 'completely' applicable to their current employment. As might be expected comments from staff who thought that the training was relevant to their role mainly focused on the fact that they are working with offenders with mental health disorders and the knowledge gained from the training will help staff to support these individuals on their caseload. In particular, staff thought that the knowledge they had gained would benefit them in writing Pre-Sentence Reports (PSRs), working on reception and when considering the suitability of offenders for attending Accredited Programmes:

"I work with high and very high risk prisoners, many with mental health issues so should be invaluable to my practice"

"I've always felt 'out of my depth' in dealing with people with mental health issues. This had taken away some of that feeling as I now know where to go for support"

"Really useful as I work on reception"

"Involved in assessments at the PSR stage and assessment for suitability for group work"

"Many of my cases have mental health issues and this training will help me support them further. I have one case that has bi-polar which I knew little about and this course improved my knowledge considerably"

“As an Offender Manager I am likely to come into contact with people who suffer from Mental Health on a daily basis”

“I write PSRs and manage Tier 4 cases some of whom have mental health issues”

In addition, one trainee stated that the training would benefit them in their role working with the victims of crime:

“It has made my understanding of mental illness and the issues much clearer. This will help me when working with the victims of domestic violence and when their partners are diagnosed or possibly in the process of being diagnosed. Also it gave me a good understanding of PTSD which will greatly help me in my work with victims as many of them will possibly be suffering with this”

Those staff that found the training less relevant to their role mainly stated that this was because they only had limited face-to-face contact with offenders:

“Due to nature of my employment, I would not have much, if any, contact with those with mental health issues”

“As we are admin it was useful but don’t deal face to face with many people with mental health problems”

Table 8 - Participants’ Opinions on How Interesting, Clearly Delivered and Applicable to Current Employment the Training Was

Factor	Not at all	A little	Somewhat	Mostly	Completely
Interesting	1.4%	0.7%	2.8%	49.0%	46.2%
Clearly delivered	0.7%	1.4%	4.9%	42.0%	51.0%
Applicable to current employment	0.0%	9.1%	14.7%	38.5%	37.8%

Staff were also asked to rate their level of satisfaction with each of the areas covered on the course on a five point Likert scale ranging from ‘1 – low level of satisfaction’ to ‘5 – high level of satisfaction’. As stated previously, the course was flexibly designed so that some grades of staff could ‘step off’ at various points – allowing areas to run a shorter version of the course for particular staff grades. Therefore, participants were also able to circle ‘6 – Did not attend’.



Scores showed that overall, participants had a medium to high level of satisfaction with all elements of the course (see Table 9 below). The most highly rated section of the course was on recognising the signs and symptoms of a range of mental health disorders.

Table 9 - Mean Levels of Satisfaction with Subjects

Subject Area	Mean Level of Satisfaction (SD)
Understanding jargon associated with mental health issues	3.88 (0.818)
Recognising the signs and symptoms of a range of mental health disorders	4.07 (0.746)
The Mental Health Act	3.50 (0.903)
Types of interventions available to treat/manage mental health disorders	3.65 (0.918)
The range of local specialist mental health services which are available	3.54 (1.237)
How to refer to local specialist mental health services	3.50 (1.372)
The Care Plan Approach	3.63 (1.329)
Crisis Intervention Team procedures	3.35 (1.446)

Improving the course

Trainees feedback on the course was sought in terms of what was ‘good’ and ‘less’ good’ about the training; what they would have liked more of, and what should be omitted, and how they thought the course could be improved. Responses produced four major themes for how the course could be improved:

- Pitch the course at a lower level of knowledge

“Could have been delivered assuming people had no knowledge of the subject”

- Make the course more interactive

“More group involvement would improve the course – more interactivity”

“More group discussions and exercises”

“There were too many slides in the morning which was like information overload”

- Provide clearer/more detailed information on local services and referral procedures

“More specific information (possibly handouts) with details of major agencies to refer to”

“The input about Community Mental Health Services was confusing. It would be useful to have a laminated leaflet with each team and what its role was”

“I feel that not enough information was paid to local mental health services”

“Much more info on local resource and referral procedures”

This is an area where local service providers could become more involved in course delivery and/or provide handouts summarising their service and referral procedures. This kind of focus on joint working could help to ensure that probation staff make ‘appropriate’ referrals to services in the future.

- Deliver the course over a longer period of time

“Too much information was piled into one session, felt this would have been better split over two day course”

“Probably too intensive”

“Difficult as a lot of factual information to be delivered in a short space of time”

These comments were unsurprising as at the Train the Trainers event participants commented that there was a lot of information to take in over two days. However, the benefit of delivering the training over a longer period of time had to be balanced against the resource implications of staff taking time out for training.

What was valuable about the course

Trainees were asked to state what they thought was good about the course. This produced a variety of different themes as follows:

- Input from local service providers

Despite the fact that in response to the question about how the course could be improved some trainees stated that they would like clearer/more detailed information on local services and referral procedures, many of the trainees stated that they had valued the input from local service providers into the course.



“To meet with Community Mental health teams to inform probation how to refer cases onto these specialist workers”

“Input from Consultant Psychiatrist”

“I found the fact that other agencies also fed into the course was good”

- The volume of learning achieved

“Comprehensive information about signs, symptoms and treatment for a variety of mental health issues”

“Feel I have much better understanding of mental health issues”

“Greater understanding of problems some offenders face on a day to day basis”

“This course gave a good overview to enable me to have a greater understanding of the types of mental health problems people have and the range of diagnostic tools and treatment support available”

“It gave a good overall picture of all the types of mental health issues e.g. bi-polar/ schizophrenia/depression/PD and their symptoms”

“I had a low level of knowledge about mental health. I now feel more confident and equipped about managing and identifying mental health”

- Interactive approach and use of exercises/case studies

“Very informative and interactive. Good mix of PowerPoint and exercises.”

“Working through exercises”

“Good range of interactive approach and PowerPoint”

- The course booklet

One of the key aims of this training was to provide the trainees with a course booklet which they could keep and refer to as a reference source for future practice. Many of the trainees stated that this was a good aspect of the course:

“Learners pack – really good to take away and use later”

“Booklet to take away and absorb relevant to role undertaken”

“Good workbook/information book to take away”

“That there is a manual to follow and refer to afterwards”

“The material given out was very useful and I imagine that I will be referring back to it regularly in my daily work life”

“Applying the information to examples throughout the workbook is helpful as it gives a chance to discuss with colleagues and hear about their experiences”

- The course was relevant to probation practice

“Relevant to my current role. It selected the important areas to ensure at least a basic knowledge that would provide me with the confidence to know what I am doing in my professional role”

“The training was excellent in terms of relating to practice and giving practical examples of how to work with people who have mental health issues”

Areas for course improvement

Trainees were also asked to state what they thought was ‘less good’ about the training. The themes produced in relation to this question largely reflected those listed in relation to how the course could be improved – answers referred to an over-use of PowerPoint, a need for the course to be taught over a longer period of time, and a desire for more detailed information on local service provision and referral procedures. In addition, in some instances trainees criticised the training venues and stated that the Mental Health Act section of the course was difficult to digest.



Similarly, when asked what they would like more of whilst many trainees commented that they thought the course was 'about right', some trainees commented that they would like more time for group work and question and answer sessions, information on local services and how to refer to them, and more time on some sections of the course. However, in addition to this, some trainees also stated that they would like:

- Information on specific practical methods of identifying and working with offenders with mental health problems
- More information on the role of mental health in PSRs
- More information on working with offenders with personality disorders
- More information on the Mental Health Act
- Information on medications available
- Information on dual diagnosis

Trainees were also asked to list anything that they thought should be omitted from the course. Here the majority of trainees stated that nothing should be omitted. However, some suggested that the Mental Health Act section of the course should be reduced.

Impact on knowledge of the course on knowledge about mental health disorders

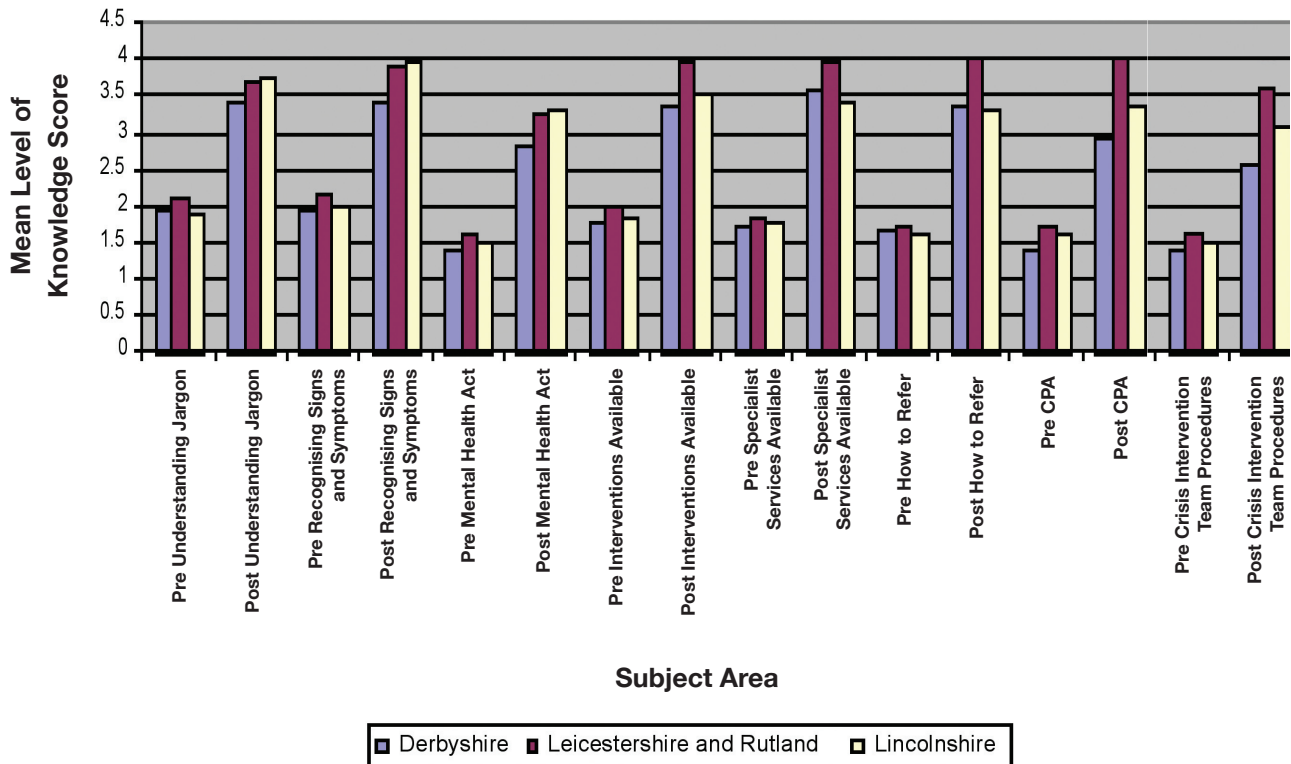
Participants were asked to rate their level of knowledge of a range of subject areas before and after attending the course. Table 10 below clearly demonstrates that the course has significantly increased trainees' self-reported levels of knowledge in all of the subject areas covered in the training.

Table 10 - Mean Levels of Knowledge Before and After Training

Subject Area	Mean Pre-Course Score (SD)	Mean Post-Course Score (SD)	Paired Samples T-Test Statistic	Significance (99% CI)
Understanding jargon associated with mental health issues	1.97 (0.952)	3.71 (0.698)	t (141) = -21.940	p<0.001
Recognising the signs and symptoms of a range of mental health disorders	2.02 (0.938)	3.92 (0.774)	t (141) = -22.979	p<0.001
The Mental Health Act	1.52 (0.730)	3.25 (0.827)	t (140) = -23.277	p<0.001
Types of interventions available to treat/ manage mental health disorders	1.87 (0.901)	3.63 (0.921)	t (138) = -18.342	p<0.001
The range of local specialist mental health services which are available	1.80 (0.844)	3.58 (1.164)	t (136) = -15.896	p<0.001
How to refer to local specialist mental health services	1.67 (0.837)	3.52 (1.263)	t (133) = -14.385	p<0.001
The Care Plan Approach	1.64 (0.939)	3.50 (1.294)	t (134) = -14.935	p<0.001
Crisis Intervention Team procedures	1.56 (0.776)	3.15 (1.384)	t (130) = -11.105	p<0.001

Analysing these data by probation area shows that staff from NPS Leicestershire and Rutland consistently rated their pre-course level of knowledge higher than staff from NPS Lincolnshire and Derbyshire in all subject areas. They also had the highest post-course mean level of knowledge scores for most of the subject areas demonstrating particularly high scores in relation to the Care Plan Approach (CPA) and the range of interventions and specialist services available and how to refer to them. However staff from NPS Lincolnshire had the highest post-course mean level of knowledge scores in understanding jargon, recognising the signs and symptoms of mental health disorders and the Mental Health Act.

Figure 7 - Pre and Post-Course Levels of Knowledge by Probation Area



This would suggest that the ‘mental health literacy’ of probation staff (as defined by Jorm et al., 1997) has improved as a result of attending the course.

Trainees were asked to comment on what specifically they had learnt/gained from attending the course. Many trainees indicated that the course had increased their knowledge of the subject area ‘in general’. In addition, some trainees commented that the course had ‘normalised’ mental health for them, and others commented that they were now able to understand some of the jargon in this area. Thus, overall the feedback received from trainees in relation to what they thought of the course and what they have learnt/gained from it suggests that the course was received very positively and trainees have improved their level of mental health literacy in the key areas covered by the course.

Future Training Needs

The trainees were also asked to comment on what their future training needs in this area would be. Here, comments largely reflected those given earlier in terms of how the course could be improved – trainees asked for more information on local service provision and procedures, the Mental Health Act and more specific practical methods for working with offenders with mental health disorders. In addition, some trainees stated that they would like to look in more depth at personality disorders/ learning disability/dual diagnosis. Many trainees stated that they just needed to put their current learning into practice, and a number of trainees stated that they would benefit from attending ‘refresher’ courses to ensure that their knowledge remains up-to-date. Finally, one trainee stated that it would be good to have some training focusing on how the exercises used in Accredited Programmes could be adapted to meet the needs of offenders with mental health disorders.

Impact of the course on confidence

Trainees were asked to indicate how confident they felt in their ability to make referrals for offenders to mental health services. This section of the analysis focused on offender management staff only – defined as Offender Managers, Probation Officers and Trainee Probation Officers who returned both pre- and post-course forms. Table 11 below shows that before attending the course a total of 73.4% of offender management staff rated their level of confidence in this area as either ‘not at all confident’ or ‘low-medium level’. At this point just 5% of the offender management staff trainees rated their level of confidence as either ‘medium-high’ or ‘very confident’. However, after attending the training just 11.4% of offender management staff trainees stated that they were either ‘not at all confident’ or had a ‘low-medium’ level of confidence in their ability to make referrals for offenders to mental health services. In contrast, 45.6% of offender management staff trainees stated that their level of confidence in this area as either ‘medium-high’ or ‘very confident’. Wilcoxon’s Signed Rank Test indicates that this is a statistically significant improvement in trainees’ levels of confidence in this area ($z = -6.891$; $p < 0.001$).

Table 11 - Offender Management Staff’s Self-Reported Level of Confidence in Referring Offenders to Mental Health Services Pre- and Post-Course

Level of Confidence	Pre-Course	Post-Course
Not at all confident	34.2%	5.1%
Low-medium level	39.2%	6.3%
Medium level	21.5%	36.7%
Medium-high level	2.5%	40.5%
Very confident	2.5%	5.1%



Impact of the course on attitudes towards mental illness:

Taylor Nelson Sofres (TNS) regularly survey public attitudes towards mental illness on behalf of the Department of Health. The most recent of these surveys was conducted in England in January 2008 with a sample of 1703 individuals aged 16+. We replicated part one of this survey to investigate probation staff's attitudes towards mental illness. This contained a list of twenty-seven statements about mental illness which probation staff were asked to respond to on a five-point Likert scale to indicate how much they agreed or disagreed with each statement. TNS undertook factor analysis on these statements to group them into themes. Consequently, our results will be presented under these same themes as follows:

- Fear and exclusion of people with mental illness
- Understanding and tolerance of mental illness
- Integrating people with mental illness into the community
- Causes of mental illness and the need for special services (TNS, 2008: 2)

Analysis for this section of the report focuses on the attitudes of Offender Management staff (defined as Offender Managers, Probation Officers and Trainee Probation Officers) only as arguably it is the attitudes of these staff that are key to ensuring that the needs of offenders with mental health disorders are recognised and met whilst they are subject to a community order.

Fear and Exclusion of People with Mental Illness

This section of the questionnaire includes a series of statements reflecting negative attitudes towards mental illness "representing fear of people with mental illness, and a desire to exclude them from mainstream society" (TNS, 2008: 11). Discussion refers to proportions 'agreeing' or 'disagreeing' with the statements, and here 'strongly agree' and 'agree' responses have been combined to form an 'agree' category, and likewise 'disagree' and 'strongly disagree' responses have been combined to form a 'disagree' category.

The data indicate that overall relatively small proportions of probation staff agreed with these negative statements about mental illness. Indeed as shown in the Tables below, in nearly all cases, the proportion of probation staff agreeing with these statements was lower than that in the general population survey conducted by TNS – indicating that probation staff may have less fear of people with mental illness than the general population and be less inclined to exclude them from mainstream society than members of the general population. For example, Table 12 below shows that 20% of the general population agreed with the statement that locating mental health facilities in a residential area downgrades the neighbourhood (TNS, 2008: 14). The equivalent figure for the probation staff was just 7.7% prior to the training.

Table 12 - Proportion of Individuals Agreeing with Fear and Exclusion of People with Mental Illness Statements

Statement	General Population	Probation Pre-Training	Probation Post-Training	McNemar Test
Locating mental health facilities in a residential area downgrades the neighbourhood	20.0%	7.7%	10.3%	p = 0.453
It is frightening to think of people with mental problems living in residential neighbourhoods	16.0%	6.0%	7.0%	p=1.000
I would not want to live next door to someone who has been mentally ill	12.0%	4.3%	7.4%	p=0.375
A women would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered	12.0%	10.8%	5.8%	p=0.344
Anyone with a history of mental problems should be excluded from taking public office	21.0%	2.9%	7.4%	p=0.375
People with mental illness should not be given any responsibility	15.0%	7.1%	9.9%	p=0.754
People with mental illness are a burden on society	7.0%	5.6%	7.5%	p=0.375
As soon as a person shows signs of mental disturbance, he should be hospitalised	18.0%	4.0%	4.2%	p=1.000

It is interesting to note that a higher proportion of trainees agreed with many of the negative statements after attending the training than before attending the training. There was only one exception to this – “A women would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered”. However, the McNemar test results show that changes in attitudes after the training compared to before the training were not statistically significant in any case.



Understanding and Tolerance of Mental Illness

Table 13 below shows that both the general population and the probation staff demonstrate high levels of understanding and tolerance of mental illness. However, there are no statistically significant changes in attitude in probation staff after attending the course.

Table 13 - Proportion of Individuals Agreeing/Disagreeing with Understanding and Tolerance of Mental Illness Statements

Statement	General Population	Probation Pre-Training	Probation Post-Training	McNemar Test
We have a responsibility to provide the best possible care for people with mental illness (% agreeing)	89.0%	94.7%	94.5%	p=1.000
Virtually anyone can become mentally ill (% agreeing)	89.0%	98.6%	92.9%	p=0.500
Increased spending on mental health services is a waste of money (% disagreeing)	83.0%	95.8%	95.9%	p=1.000
People with mental illness don't deserve our sympathy (% disagreeing)	85.0%	95.5%	95.5%	p=1.000
We need to adopt a far more tolerant attitude toward people with mental illness in our society (% agreeing)	83.0%	94.0%	91.7%	p=0.727
People with mental illness have for too long been the subject of ridicule (% agreeing)	75.0%	91.2%	91.5%	p=0.727
As far as possible, mental health services should be provided through community based facilities (% agreeing)	72.0%	91.2%	87.5%	p=0.453

In all cases, probation staff demonstrate higher levels of tolerance and understanding towards mental illness than the general population. There are particularly large differences in the opinions of individuals from the general population and from the probation trainees in terms of the last two statements as shown in Figures 8 and 9 below.

Figure 8 - Proportion of Individuals Agreeing That People with Mental Illness Have for Too Long Been the Subject of Ridicule

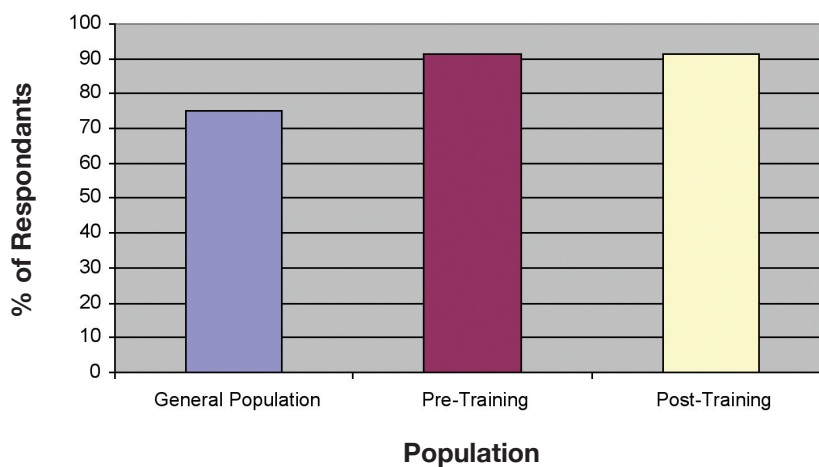
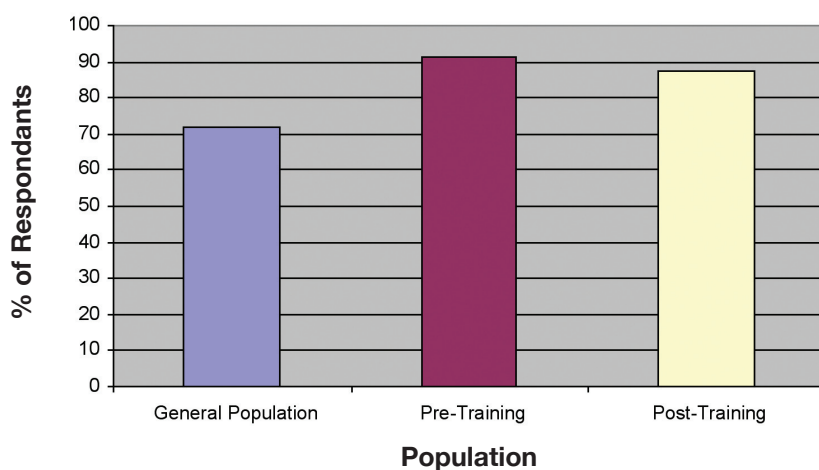


Figure 9 - Proportion of Individuals Agreeing That As Far As Possible, Mental Health Services Should Be Provided Through Community Based Facilities





Integrating People with Mental Illness into the Community

Table 14 below shows that both probation staff and the general population gave a very mixed response to the statements around integrating people with mental illness into the community.

Table 14 - Proportion of Individuals Agreeing with Integrating People with Mental Illness into the Community Statements

Statement	General Population	Probation Pre-Training	Probation Post-Training	McNemar Test
People with mental illness are far less of a danger than most people suppose	57.0%	81.8%	86.4%	p=1.000
Less emphasis should be placed on protecting the public from people with mental illness	29.0%	18.6%*	92.9%	p=0.109
The best therapy for many people with mental illness is to be part of a normal community	70.0%	90.0%	86.3%	p=1.000
Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services	59.0%	93.2%	88.7%	p=1.000
People with mental health problems should have the same rights to a job as anyone else	66.0%	88.3%	86.1%	p=1.000
Most women who were once patients in a mental hospital can be trusted as babysitters	23.0%	70.0%*	63.8%*	p=0.375
Mental illness is an illness like any other	74.0%	71.4%	76.2%	p=0.774
No-one has the right to exclude people with mental illness from their neighbourhood	74.0%	77.6%	75.0%	p=0.824
Mental hospitals are an outdated means of treating people with mental illness	31.0%	30.0%*	54.5%*	p=0.021

**In relation these statements, more than 40% of respondents stated that they 'neither agreed nor disagreed' with the statement or didn't know.*

In the majority of cases, a higher proportion of probation staff agree to a greater extent with the statements than the general population. Exceptions to this were as follows:

- “Less emphasis should be placed on protecting the public from people with mental illness” – here 29% of the general population agreed with the statement, but just 18.6% of probation staff agreed with the statement prior to attending the training. A large proportion of staff neither agreed nor disagreed with the statement, or stated that they didn’t know. However, after completing the training, 52.0% of probation staff agreed with the statement – a much larger proportion than that reported for the general population.
- “Mental hospitals are an outdated means of treating people with mental illness” – 31% of the general population agreed with this statement compared to 30% of probation staff prior to attending the training and 54.5% after attending the training.

Probation staff showed very high levels of agreement with some of the statements including that “The best therapy for many people with mental illness is to be part of a normal community”, “Residents have nothing to fear from people coming into their neighbourhood to obtain mental health services” and “People with mental health problems should have the same rights to a job as anyone else”. Figures 10 and 11 below highlight those statements for which probation staff demonstrated the largest differences of opinion when compared to the general population.

Figure 10 - Proportion of Individuals Agreeing That Women Who Were Once Patients In A Mental Hospital Can Be Trusted As Babysitters

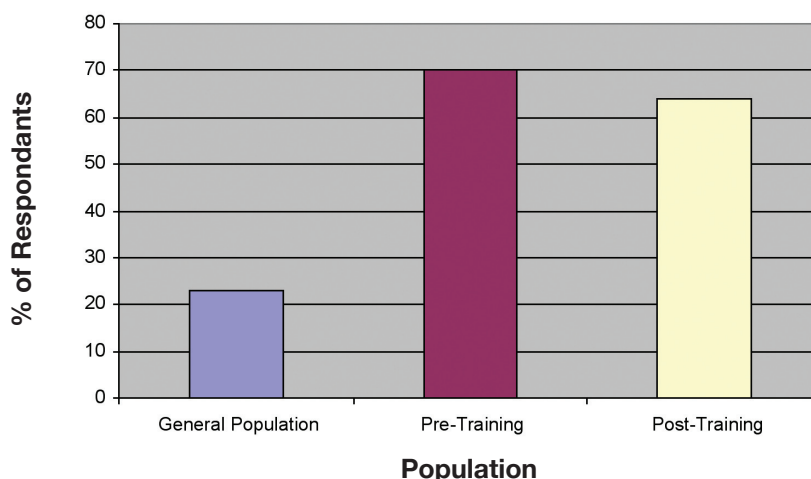
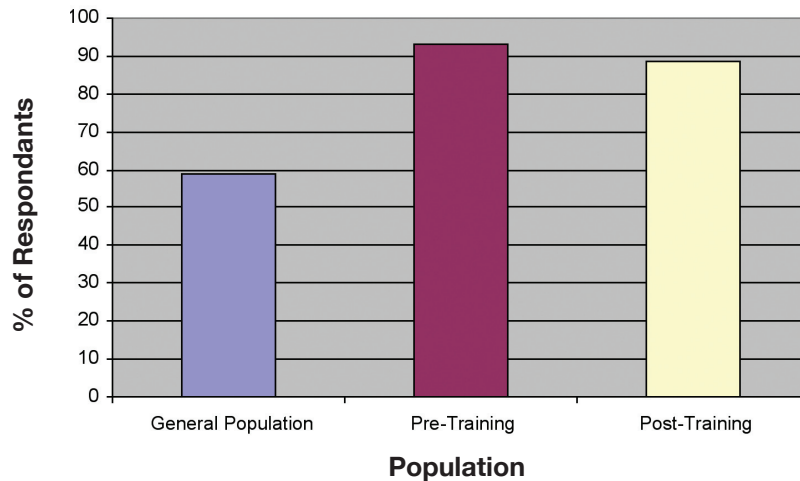




Figure 11 - Proportion of Individuals Agreeing That Residents Have Nothing to Fear from People Coming Into Their Neighbourhood To Obtain Mental Health Services



Causes of mental illness and the need for special services

Table 15 below shows that very low proportions of both the general population and probation staff agreed with the three statements included in this section. This indicates a positive attitude towards mental illness in both groups. Again, figures suggest that probation staff demonstrate a more positive attitude towards mental illness than members of the general population. Probation staff’s attitude appears to have become more positive after attending the training in relation to the first two statements, but to have become more negative following the training in relation to the third statement. However, the McNemar test results show that these differences are not statistically significant for any of the statements.

Table 15 - Proportion of Individuals Agreeing with Causes of Mental Illness and the Need for Special Services Statements

Statement	General Population	Probation Pre-Training	Probation Post-Training	McNemar Test
There are sufficient existing services for people with mental illness	20.0%	17.3%	10.0%	p=0.688
One of the main causes of mental illness is a lack of self-discipline and will-power	14.0%	11.8%	4.2%	p=0.180
There is something about people with mental illness that makes it easy to tell them from normal people	17.0%	6.2%	76.1%	p=0.688

Impact on practice

Trainees were asked whether they thought they would be able to use the learning from the training in their future practice and 94.1% of respondents stated that they would. Comments showed that trainees felt that they could apply the learning from the training to practice in a huge variety of ways as outlined below.

- Recognising the signs and symptoms of mental health disorders amongst offenders on their caseload
- Working more confidently and effectively with offenders with mental health disorders in terms of:
 - *Supervision*
 - *Managing Unpaid Work Parties*
 - *Writing Pre-Sentence Reports*
 - *Completing OASys assessments*
 - *Liaising with offenders on reception/over the telephone*
 - *Deciding whether to recommend an individual for an Accredited Programme and running group-work sessions that are appropriate for offenders with mental health disorders*
 - *Understanding psychiatric reports*
 - *Attending CPA meetings*
 - *Liaising with prison in-reach teams*
 - *Working with the victims of crime*
- Making appropriate referrals to mental health services

Finally staff were asked approximately how many referrals they had made in the three months prior to attending the course, and then again since attending the course. For Offender Management staff (defined as Offender Managers, Probation Officers and Trainee Probation Officers), results showed that the mean number of referrals staff made prior to the training was 0.69 (SD = 1.514), and after the training it was 0.33 (SD=0.971). 67.9% of the overall trainee group stated that they had not made any referrals to specialist mental health services in the three months prior to attending the course. To date, little research has focused on the prevalence of mental health disorder amongst offenders on probation. Consequently it is difficult to say whether this is because there simply is no need for probation staff to be doing this sort of work; or whether it is because probation staff are unaware of the mental health needs of their caseload. This deficit in the knowledge base is currently being addressed by a Research for Patient Benefit funded study at the University of Lincoln which is examining the prevalence of mental health disorder and substance misuse and patterns of service access amongst offenders on probation in Lincolnshire.



5.0 Discussion and Recommendations

This training initiative, funded by the Offender Health Team East Midlands CSIP Office, recognised the importance of training probation staff in mental health. A course was designed and handbooks produced⁵ and a train-the-trainer model was adopted. A total of 15 practising probation staff from 5 probation office patches in the East Midlands received the training and a set of training materials for trainees. This group then offered a total of 29 training courses within our evaluation period and collected course evaluation data. In total, as training was cascaded down within services, 69 further probation staff with offender manager staff grades provided us with pre and post-course data. A smaller analysis was undertaken with a similar but smaller group (n= 18) where three month follow-up data were also available. Data were also available for a further 80 staff who were also trained but have been excluded from some sections of our analysis (such as administrative staff, unpaid work supervisors and office managers) as this group do not routinely assess offenders.

In order to design our course evaluation measures we referred to Kirkpatrick's (1967) framework for the evaluation of training and education. Kirkpatrick suggested that four main types of outcome were considered latterly Barr (1999) expanded on this model to include the impact of practice changes on organisations (see Figure 12 below).

Figure 12 - Kirkpatrick's Framework for Outcomes (1967) as Adapted by Barr et al (1999)

Level	Outcome
1	Learners' Reactions
2a	Modification of attitudes & values
2b	Acquisition of knowledge & skills
3	Change in behaviour
4a	Change in Organisational Practice
4b	Benefits to Service Users & Carers

⁵ All training materials can be found on the Criminal Justice and Health Research group web-pages at <http://www.lincoln.ac.uk/cjmh/links.htm>

Discussions and Recommendations

Ultimately, the funding required us to be pragmatic about the evaluation that was undertaken. We thus examined learner reactions (satisfaction with the programme); attitudes (to mental illness comparing these to the general population); knowledge about mental illness; changes in behaviour (a self-reported measure of referral to specialist mental health services). Unfortunately we did not have the resources to examine organisational impact or benefits to offenders themselves. We suggest that any future evaluation should do so.

Methodological Issues

It is important to consider just how representative our sample was of staff working in probation services across the country. Some of the key factors that might be important include age, sex and ethnicity. Our sample, as shown in the analysis section, using national data obtained from the Ministry of Justice (MoJ, 2007; MoJ, 2008), has a similar age and gender profile to probation staff nationally but under-represented those from ethnic minority groups. In addition, we are unsure how many of our group trained prior to 1997, when probation training was connected to social work training, and how many after this date, when New Labour re-designed probation training. This might be important, however, even before 1997, Roberts et al (1994) were arguing for a strengthened presence for mental health training in the older training programme so it's likely that mental health has not been over-emphasised in either model, either pre-1997 or since.

The Outcomes

This evaluation has shown that for a minimal investment, mental health training materials for probation staff could be developed, a train-the-trainer programme can be run and as a consequence a significant number of probation staff (around 230)⁶ can be trained in the detection of mental health disorder and learn also about the availability of local services. We estimate that the unit cost of providing the training was approximately £50 per staff member trained with the costs for the manual at £3 per copy^{7/8}. The important question to pose is what does this investment achieve?

6 Please note that the number trained in total and the number reported in the evaluation are different as staff were only included in the analysis if pre- and post-questionnaires were completed

7 Clearly the more staff trained the less the cost a national project of this kind would have a unit cost of approximately £10 per head

8 This may vary if the training is made more interactive e.g. paying for the rights to show DVDs



Clearly knowledge about mental health disorders improves significantly (importantly so does knowledge about local mental health services even given some trainees' requests for further detail in this area) as does the self-reported confidence of probation staff to recognise mental health disorder. The training itself is also well evaluated by staff who see it as highly relevant to their work in the management of offenders. However, changes in attitudes are not apparent and this might well be because, in comparison to the general population, probation staffs' attitudes to mental health are extremely positive at the start – a highly interesting finding in itself. Our only measure of change in practice was the number of offenders referred by probation staff to specialist mental health services before and after training – an indicator that did not significantly change. However, given the practical examples cited on page 49 of this report it is clear that trainees believe that mental health training could make a significant impact upon their practice as probation officers.

That changes in knowledge, alongside a positive attitude, do not actually change behaviour is a common finding in previous evaluations of mental health training (see for example, Brooker and Brabban [2005] and Bailey et al, [2003]). Brooker and Brabban (2005), in their review of 37 evaluated papers for psychosocial interventions training for psychosis, conclude that a number of conditions are required before sustained changes in practice occur after training, including:

- Having protected time to work with clients
- Organisational ownership of the work
- A high level of motivation
- All team members trained
- Access to high quality supervision

We suspect that in the majority of probation services very few, if any, of these features will be obvious. Nonetheless, we are optimistic that the very positive attitudes towards mental health disorders that probation staff possess, plus the evidence that knowledge can be quickly and economically acquired, is a solid platform on which to build.

Why train probation staff to recognise mental health disorders?

Recent headlines show that UK prisons will soon be at full capacity and there is increasing pressure to release prisoners into community supervision. The probation service supervises over 200,000 offenders each day many of whom will have been released from prison still suffering from a mental health disorder. There is clearly a link between an offender's mental health and their risk of re-offending so it behoves probation staff to ensure that mental health disorder is swiftly detected and an appropriate referral made to the most relevant local service.

In recent studies of probation populations it is becoming increasingly clear that mentally disordered offenders are a significant element of offender managers' caseloads. Brooker et al (2009) have shown that offenders mental health component score on the SF-36 is significantly worse than the same score for the general population. In addition, in their sample, 27% had, at some point in their

Discussion and Recommendations

lives, been seen formally by a specialist mental health service with 15% accessing such a service in the past year. Furthermore, Keene et al (2003) have shown that just 53% of offenders in one probation service who experienced 'poor mental health' were in touch with mental health services, whilst, 445 offenders were being treated in the mental health trust but their mental health status had not been recorded/recognised by probation officers.



6.0 Conclusion

Currently training for Offender Management staff does not include sufficient content concerning mental health disorder and substance misuse. It would be best to address this deficit at the undergraduate/NVQ level thereby ensuring that probation staff all have this vital knowledge. However, in the absence of any such initiative it is important to find an economic and effective mode of training delivery. As Bailey et al., state,

'It is widely accepted that good training practice can be thought of as cycle. In an ideal situation the training needs of the workforce are analysed and used to inform the design of the training programme in respect of the outcomes and objectives, curriculum content and learning methods employed. The delivery of the programme is usually the most visible aspect of the training but in the absence of other considerations can fall short of realising the original expectations. Evaluation as the final element in the cycle involves checking whether the training needs analyses were accurate in the first instance, whether the design issues were appropriately taken into consideration and whether the delivery was acceptable. These questions are fundamental in an effective evaluation that spans a number of different levels as in the adapted Kirkpatrick framework, to establish the added value of the training opportunity' (2003: 81)

We have developed mental health training materials based on needs identified through dialogue with staff working in both probation and health settings. The training has been rolled out through a Train-the-Trainer model across the East Midlands, and evaluation has shown that the training materials have been well received by probation staff with participants indicating that they were satisfied with the focus of the training. In common with many other mental health training initiatives this short programme did not lead to changes in behaviour but did improve knowledge. In order to ensure meaningful to change to probation practice, thereby decreasing the likelihood that those with mental health disorder will re-offend, a major national plan is required. This strategy should assess the conditions under which referrals, made by offender managers, to specialist mental health services, are increased following a training programme of the kind described here.

7.0 References

Bailey D, Carpenter J and Rogers H, (2003) Expert paper on post qualifying mental health training, Department of Health

Barr H, Freeth D, Hammick K, Koppel I and Reeves S, (1999) Evaluating inter professional education: A United Kingdom review for health and social care, BERA/CAIPE

Brooker C and Brabban A, (2005) Measured Success: A Scoping Review of Evaluated Psychosocial Intervention Training for Work With People With Serious Mental Health Problems, National Institute for Mental Health, Department of Health, Crown Copyright

Brooker C, Sirdifield C, Gojkovic C, (2007) Mental Health Services and Prisoners: An Updated Review, University of Lincoln

Brooker C, Syson-Nibbs L, Barrett P and Fox C, (2009) Community managed offenders' access to healthcare services: Report of a pilot study, Probation Journal, 53(1): 45-59

Department of Health, (2001) Changing the Outlook. A Strategy for Developing and Modernising Mental Health Services in Prisons. London: Department of Health

Hatfield B, Ryan T, Pickering L, Burroughs H and Crofts R, (2004) The Mental Health of Residents of Approved Premises in the Greater Manchester Probation Area: A Cohort Study, Probation Journal, 51(2): 101-15

Hatfield B, Ryan T, Pickering L, Downing B and Crofts R, (2005) Mental health training needs amongst staff of Probation Approved Premises: A comparison with mental health hostel staff in the voluntary sector, Probation Journal, 52(2): 137-152

Home Office, (1990) Home Office Circular No. 66/90, Provision for mentally disordered offenders, London: Home Office

Home Office, (1995) Home Office Circular No. 12/95, Mentally disordered offenders: inter-agency working, London: Home Office

Jenkinson C, Stewart-Brown S, Petersen S and Paice C, (1999) Assessment of the SF-36 Version 2 in the United Kingdom, Journal of Epidemiology and Community Health, 53: 46-50

Jorm A.F, Korte A.E, Jacomb P.A, Christensen H, Rodgers B and Pollitt P, (1997) "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment, Medical Journal of Australia, 166: 182-186



Keene J, Janacek J, and Howell D, (2003) Mental health patients in criminal justice populations: needs treatment and criminal behaviour, *Criminal Behaviour and Mental Health*, 13, 168-178

Kirkpatrick D.L, (1967) Evaluation of Training, In Craig R.L and Bittel L.R. *Training and Development Handbook*, pp87-112, New York, McGraw-Hill

Ministry of Justice, (2007) *Human Resources Workforce Profile Report*, Issue 4, September 2007, Ministry of Justice

Ministry of Justice, (2008) *Statistics on Race and the Criminal Justice System – 2006/7: A Ministry of Justice Publication under Section 95 of the Criminal Justice Act 1991*, July 2008, Ministry of Justice

NHS Executive & HM Prison Service (1999) *The Future Organisation of Prison Health Care*. London: Department of Health.

Probation Circular 18/2007, PSO Learning and Development Programme 2007-08, National Probation Service

Roberts C, Hudson B and Cullen R, (1994) Working with Mentally Disordered Offenders: The Training of Probation Officers, *Issues in Social Work Education*, 14(2), Autumn 1994, 34-50

Singleton N, Meltzer H, and Gatward R, (1998) *Psychiatric Morbidity among Prisoners in England and Wales*, London: Office for National Statistics

Skills for Justice, (2009) <http://www.skillsforjustice.com/template01.asp?pageid=66> [Accessed on 29/01/09]

TNS, (2008) *Attitudes to Mental Illness 2008 Research Report*, TNS UK Limited

Ziebland S and McPherson A, (2006) Making sense of qualitative data analysis: an introduction with illustrations from DIPEX (personal experiences of health and illness), *Medical Education*, 40, 405-414