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The Importance of Mental Health Awareness Training in a European Probation Training Curriculum

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Abstract

In 2009 the CEP held a conference centring around the concept of a pan-European probation training curriculum. This article draws on the results of an evaluation of some training conducted in the UK to argue that mental health awareness training should form part of such a common training programme. The article outlines the potential benefits of making such training mandatory for staff working in probation systems across Europe. In addition, it identifies the role of instructional design in constructing learning resources which are flexible enough to be reconfigured to be relevant in different cultural contexts without diminishing the learning process.

Keywords: Probation – Training - Mental health - Instructional design - Criminal justice

Introduction

The impetus for the possible development of a European probation training curriculum can be found in a number of European policies and reports. For example, the Council of Europe draft recommendation on the Council of Europe Probation rules recognises a number of common areas of probation practice such as a focus on valuing diversity, human rights and social inclusion. Moreover, it includes several recommendations around the training of probation staff including the provision of appropriate training to work with specific groups of offenders such as mentally disordered offenders (Council of Europe, 2009). In addition, the European Union Framework Decision 947 – "on the application of the principle of mutual recognition to judgments and probation decisions with a view to the supervision of probation measures and alternative sanctions" refers to a situation where someone may be convicted of an offence in one country, but may be subject to community supervision in another country. Ideally, individuals would be supervised in the country where they usually reside in order to preserve links with family and avoid language difficulties. Clearly common areas of practice and understanding between probation systems in

different countries would need to be developed in order for this to become standard practice. One step towards this would be the development of a common European training curriculum for probation staff.

Arguably, in order for such an initiative to be successful, it would need to include both generic and localised elements. Canton (2009) discusses some of the challenges of 'exporting' criminal justice policy 'wholesale' from one country to another, for example when Eastern European countries wish to establish a probation service as part of their criminal justice system and are looking for a model to guide them. He states that:

> *"while there are ideas and practices that can plausibly be offered as resources to other jurisdictions, it must always be borne in mind that these have to find or make their place in a specific national context"*
>
> (Canton, 2009: 39).

Using Hacking's (1999) metaphor of an 'ecological niche' for a new initiative, his paper details numerous examples of factors which may impact on the likelihood of a new initiative being successful. Those developing a pan-European curriculum will need to consider factors such as the existing legal systems within a country, the cost of the training, and the function and organisation of probation in each country (to name but a few possibilities), as these will determine the nature of the ecological niche in which a new probation training curriculum will be trying to flourish. Indeed, the function and organisation of probation services are likely to shape both the motivation of the probation service in providing such training, and the motivation of the trainees to learn, as well as the ultimate nature of the expected return on their investment. Thus, as stated above, it will be necessary to develop both 'generic' (Europe-wide) and 'local' (country- or region-specific) elements within the curriculum, as one single curriculum may not be able to thrive in all European probation system environments. However, the intention of this paper is not to debate the merits and methods of developing an overall European training model, but rather to argue that if such a curriculum is developed, mental health awareness training should form a key part of it.

Background

The argument for the development of a European probation training curriculum was explored at a Conférence Permanente Européenne de la Probation (European Organisation for Probation – CEP) conference on the Recruitment and Training of Probation Officers in Europe in 2009[1]. There is an important debate to be had regarding the content of such a pan-European curriculum.

This paper proposes that the issue of mental health awareness training of probation personnel is often articulated, but does not always result in significant action. For example, offenders with mental health disorders have been highlighted numerous times in UK policy papers, with increasing emphasis being placed on diverting

[1] The authors gave a presentation at this conference and the issue of mental health issues amongst offenders on probation and the variable level of training for practitioners across Europe sparked debate in several of the workshops. The idea for this paper was born from these discussions.

offenders with mental health disorders away from the criminal justice system and into care where appropriate; and on multi-agency working to meet the needs of offenders with mental health disorders who remain within the criminal justice system (see for example Home Office, 1990; Department of Health (DH) 1992; Home Office 1995; DH, 2001). Nevertheless, these issues have been highlighted again recently in a review of people with mental health problems or learning disabilities in the criminal justice system led by Lord Bradley (DH, 2009). This review has recommended mental health awareness training for staff across the criminal justice system to improve working with offenders with mental health disorders at all stages of the offender pathway. We support this recommendation.

The Mental Health Awareness Training Programme

The above sections have identified the call for a pan-European curriculum for probation staff and stated that we feel that mental health awareness training should be a core component of this. We now wish to provide an example of some training provided in the UK which will illustrate the potential benefits of providing such training on a wider scale. When designing training, attention must not only be given to the content of the programme, but also to how the programme is designed to achieve learning objectives in diverse settings. Ultimately, this rests on a discourse of theories of adult learning. Clearly learning is a complex process, resting on a plethora of variables such as the motivation of the student to learn, the time allowed for learning, the quality of the instruction to name but a few. The training programme outlined below was developed with reference to the principles associated with high quality instructional design (Rothwell and Kazanas, 2008).

The Offender Health Team East Midlands Care Services Improvement Partnership (CSIP) Office funded a project to develop mental health awareness training for probation staff across the East Midlands region of the UK. This region contains around 1800 probation staff split across five probation areas, 35% of which are offender management staff (Ministry of Justice, 2008).

The project was based on the further development of training that had already been offered to some staff in Leicestershire and Rutland Probation Trust (LRPT). In contrast to some other European countries, probation staff working in England and Wales currently receive very little formal training on mental health, with a relatively small part of the Diploma in Probation Studies (qualifying training for probation officers in these countries) focusing on this topic. However, staff are very likely to encounter individuals with mental heath disorders on their caseloads.

The training was designed with reference to Gagné's proposal that learning is achieved when a learner's disposition and capabilities are altered (Gagné , 1985). Any pan-European training programme must at least seek a change in the disposition and capability of learners, particularly in relation to attitudes to mental illness. In line with good practice in Instructional Design, the ADDIE approach (Gagné et al, 2005) was applied to the process of course development. Firstly, the training needs of probation staff were *Analysed* using expert reference data from leaders in the training field for probation in the Midlands of the UK and feedback from participants in earlier training in LRPT. With reference to these individuals, the training materials were then *Designed* and where necessary redesigned and further *Developed* through a process of negotiation.

The course was designed to be *Implemented* using a 'train the trainer' model to *all* grades of probation staff. All trainees received a course booklet as a reference resource and this indicated suggested 'stepping off points' for different grades of staff. Finally, the materials were utilised with a view to formal *Evaluation* of their utility.

Throughout, we applied the principle that information is transformed into knowledge, with 'knowledge' representing a significant expansion of information that has been provided. Consequently, the learning materials made significant use of group discussion, sharing of opinion and personal responses to the subject under review. In this way, learners were encouraged to move away from a simple reading of presented material and operate in a dynamic learning environment with others in becoming knowledgeable about the issues of mental health and illness in relation to their work. Furthermore, the trainer ensured that the training was appropriate to a variety of learning styles through employing numerous other methods such as lectures/presentations, video and experiential learning.

A fundamental aspect of mental health awareness training relates to the challenge of negative stereotypes of people with mental health difficulties. Personal attitudes to this topic reflect an internal state which affects a person's choice of action towards another individual, object or event. Therefore, the materials utilised alternative choices available to participants in understanding and responding to a person with mental health difficulties.
It was anticipated that the entire course could be delivered over a period of two to (ideally) three days. The contents of the course were as follows[2]:

- Mental health myths, stigma and stereotypes
- Factors impacting upon mental health
- Relevant legislation
- Bi-polar affective disorder
- Self-harm and suicide
- Personality disorder
- Post-traumatic stress disorder
- Learning disability
- Depression
- Eating disorders
- Mental health and probation practice
- Local mental health service provision and referral procedures

Implementation
A two-day train-the-trainer event (led by the second author) was held in LRPT in March 2008 and attended by fifteen staff of various grades from probation areas across the East Midlands region. Subsequently each probation area was free to implement the training in the most appropriate way for their service. Areas were encouraged to contact their local mental heath trust to build up a directory of services,

[2] For further information about this training please contact the lead author or see www.lincoln.ac.uk/cjmh/links.htm

and to ask health staff to contribute a training session on local service provision and referral procedures.

A total of 283 people were trained from the National Probation Service Derbyshire, Lincolnshire, and Leicestershire and Rutland during the evaluation period. Nottinghamshire and Northamptonshire were unable to contribute fully to returning data within this timeframe.

The Evaluation

The evaluation was conducted using pre- and post-course questionnaires that elicited each participant's knowledge, confidence, attitudes and practice. All staff participating in the evaluation were given an information sheet and asked to sign a consent form. 224 (79%) of participants returned pre-course forms to the research team, and 148 (52%) returned post-course forms. Responses were anonymised and entered into SPSS version 14. Information from participants completing *both* pre- and post-course forms were then analysed initially using descriptive statistics. 76% of this group were female, 98.6% were White, and the median age of this group was 39 years. A variety of staff grades participated in the training (Brooker and Sirdifield, 2009).

T-tests were used to examine differences in participants' mean levels of knowledge before and after training. McNemar tests were used for comparisons of two proportions in the 'attitudes towards mental illness' section of the questionnaire. Differences in participants' levels of confidence in referring offenders to mental health services before and after the training were examined using the Wilcoxon Signed Rank Test. Qualitative data was repeatedly read and inductively categorised into themes as outlined in Ziebland and McPherson (2006). The following section critically examines this evaluation and begins to illustrate the potential benefits of offering mental health awareness training to probation staff.

Findings

The evaluation of this training initiative was based on Kirkpatrick's (1967) Framework of Outcomes. Kirkpatrick proposed that evaluation of learning can take place on four levels – reaction, learning, behaviour and results. Barr et al (1999) later expanded these levels to include the way in which changes in practice impact not just on individuals but on the organisations that they work within (see below). Table one demonstrates how the first three levels of evaluation have been achieved in the East Midlands training evaluation.

Table 1: Evaluating Training Using Barr et al's (1999) Adaptation of Kirkpatrick's Framework for Outcomes

Level	Outcome	Method of Measurement Used to Review the East Midlands Training
1	Reaction	A measure of how the learners reacted to the training by asking learners to numerically rate sections of the course, and asking for written feedback and suggestions on how the course could be improved
2a	Modification of attitudes and values	Measured through a 'before' and 'after' measure of attitudes towards mental illness

2b	Acquisition of knowledge and skills	Measured through changes in self-reported levels of knowledge of the subjects covered in the course and confidence in working with offenders with mental health disorders before and after attending the training
3	Change in behaviour	Measured through changes in learners' self-reported number of referrals to specialist mental health services before and after the training
4a	Change in organisational practice	Not measured in the above evaluation, but could be measured through staff supervision and/or interviews with key personnel a suitable length of time after the training
4b	Benefits to service users and carers	Not measured in the above evaluation, but could be addressed through eliciting service user views a suitable length of time after the training

Levels 1 and 2a

Thus levels one and two of Kirkpatrick's framework were addressed through seeking written feedback on trainees' reaction to the course and through a 'before' and 'after' measure of their attitudes towards mental illness. Findings showed that trainees reacted very positively to the training, and that they had very positive attitudes towards mental illness before attending the training, and these did not alter significantly post-training (see Brooker and Sirdifield, 2009 for further details).

94.1% of participants stated that they felt they would be able to use learning from the course in their future practice, and qualitative comments demonstrated that staff felt it has relevance in a number of areas including more confident and effective working in supervision, writing pre-sentence reports; completing OASys assessments (risk assessments conducted by probation staff in England and Wales); liaising with prison in-reach teams, and working with the victims of crime. In addition, participants felt that the course had improved their ability to recognise the signs and symptoms of mental health disorders amongst their caseload and to make appropriate referrals to local mental health services.

However, when considering this critically, one could question whether initial positive reactions to the training (level one) will endure, or whether they are likely to diminish over time. In addition, it is important to investigate whether learning is translated into practice. These are issues which may be addressed through repetition of the evaluation a suitable length of time after the initial evaluation is completed.

Level 2b

At this level, participants were asked to rate their level of knowledge in the areas covered in the course before and after attending the training on a likert scale. As shown in table two, results of paired samples t-tests showed that attending the course produced a statistically significant increase in participants' reported levels of knowledge in *all* of the subject areas covered in the course. For example, the mean pre-course score for 'understanding jargon associated with mental health issues' was 1.97 (sd=0.952), and the mean post-course score was 3.71 (sd=0.698). This is a statistically significant increase ($t(141) = -21.940$; $p=<0.001$).

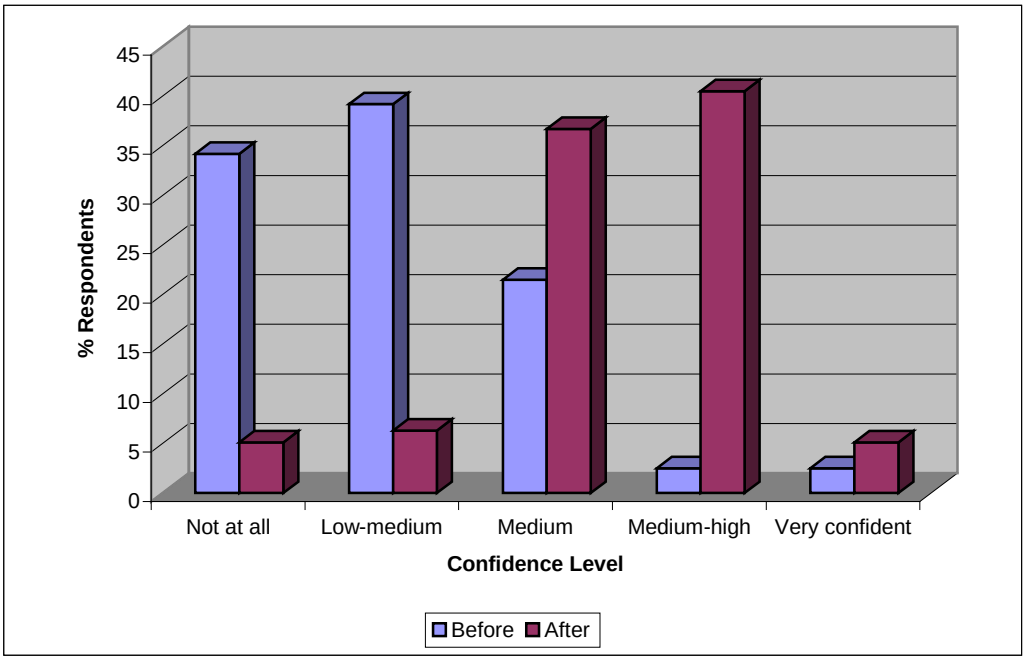
Table 2: Mean Levels of Knowledge Before and After Training[3]

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) (n=142)	3.71 (0.698) (n=143)	t (141) = -21.940	p=<0.001
Recognising the signs and symptoms of a range of mental health disorders	2.02 (0.938) (n=143)	3.92 (0.774) (n=143)	t (141) = 22.979	p<0.001
The Mental Health Act	1.52 (0.730) (n=143)	3.25 (0.827) (n=142)	t (140) = -23.277	p<0.001
Types of interventions available to treat/manage mental health disorders	1.87 (0.901) (n=141)	3.63 (0.921) (n=141)	t (138) = -18.342	p<0.001
The range of local specialist mental health services which are available	1.80 (0.844) (n=143)	3.58 (1.164) (n=138)	t (136) = 15.896	p<0.001
How to refer to local specialist mental health services	1.67 (0.837) (n=143)	3.52 (1.263) (n=135)	t (133) = 14.385	p<0.001
The Care Plan Approach	1.64 (0.939) (n=143)	3.50 (1.294) (n=136)	t (134) = -14.935	p<0.001
Crisis Intervention Team procedures	1.56 (0.776) (n=142)	3.15 (1.384) (n=133)	t (130) = -11.105	p<0.001

In addition, staff with offender management responsibilities were asked to indicate how confident they felt in their ability to refer offenders to mental health services before training commenced. As shown in figure one, after attending the training, the proportion of staff reporting that they were 'not at all' confident in referring offenders to mental health services decreased from 34.2% to just 5.1%. In addition, whilst only 5.1% of staff reported that they felt 'very confident' in this area, the proportion reporting a 'medium-high' level of confidence increased from 2.5% to 40.5%. Wilcoxon's Signed Rank test indicates that this is a statistically significant improvement in this area (z= -6.891; p=<0.001).

[3] Taken from Brooker and Sirdifield (2009)

Figure 1: Pre- and Post-Course Staff Confidence in Referring Offenders to Mental Health Services



However, one could question whether recording self-reported increases in knowledge following the training is an adequate measure at level two; or whether this is merely a reflection of a misplaced belief amongst learners that they have understood the course and their knowledge has increased. If training such as this became mandatory for probation staff and was consequently implemented on a much wider level, sufficient funding for evaluation of learning should be provided to ensure that future evaluations could include written tests of knowledge, and performance tests as an additional, more objective measure of the acquisition of knowledge and skills (as recommended by Kirkpatrick, 1998).

Level 3

Behaviourists define learning in terms of the acquisition of new behaviours which may be observed by an evaluator (Pritchard, 2009: 6). This can occur through both 'classical' conditioning e.g. Pavlov's dogs associating a signal with the arrival of food; and through 'operant' conditioning where desired behaviour is rewarded and undesirable behaviour is punished. Proponents of this perspective argue that evaluation should measure learning through observable differences in behaviour as a result of the training (as in Kirkpatrick's level three 'change in behaviour')

This was measured briefly through changes in learners' self-reported number of referrals to specialist mental health services before and after the training. No difference in numbers of referrals was observed, but this is likely to have been a result of the fact that most questionnaires were distributed close to the end of the training session rather than allowing a sufficient length of time to pass to observe a change. Moreover, behaviourists argue that behaviour change may decrease or stop if a reward does not continue to be offered for appropriate behaviour post-training. Thus such benefits from the training are only likely to endure in probation services which value and encourage such behaviour – something which is arguably more likely to occur in some types of services than others (as discussed further below).

Levels 4a and 4b

These levels relate to change in organisational practice and benefits to service users and carers. These were not measured in the East Midlands training evaluation. However, a wider-scale evaluation may have the resources to measure these through staff supervision and eliciting feedback from service users and carers.

The importance of ongoing evaluation

Kirkpatrick (1967) also stresses the importance of ongoing evaluation. Constructivism views learning as an active process rather than 'simple programming' of new behaviour in an individual. Here, "learning takes place when new information is built into and added onto an individual's current structure of knowledge, understanding and skills" (Pritchard, 2009: 17). Thus learning is more about 'processes' than 'behaviour change'. Trainees arrive with ideas about mental illness prior to attending the course, and new knowledge will be both tested against past experiences and continually revised following experiences gained after completing the course. Thus it is important for evaluation to be repeated an appropriate length of time after the end of the course to account for ongoing learning. In addition, if a course is delivered largely in lecture form then kinaesthetic or activist learners may only truly begin to learn when applying the theory to their job, and this type of learning will only be captured sometime after the training has taken place.

Discussion

So, we have given an example of a mental health awareness training course, and critically considered the results of an evaluation detailing some benefits of providing this sort of training were achieved in relation to the first three levels of Kirkpatrick's framework. We now wish to examine in more detail what this tells us about why mental health awareness should be a key part of all probation training. Durnescu (2008: 273) divides probation systems in EU countries into four types – those based on:

1) reducing the prison population through promotion of community measures as an alternative to custodial sentences
2) the model of assisting the judiciary – emphasising probation's role in advising on sentencing decisions
3) the rehabilitation model/public protection – focusing on reducing re-offending through addressing offenders' criminogenic needs
4) a punishment or enforcement model which may or may not be combined with a rehabilitation element

We recognise that some probation services may be hybrids of the above types.

To return to Canton's metaphor, if we were to consider designing mental health awareness training for a pan-European curriculum, we would firstly need to consider the varying environments in which the course would be delivered. Why should each of these types of probation service consider investing in such a course? What would they wish to see as a return on their investment? Clearly the focus and organisation of each type of service will hugely influence the answers to these questions. Moreover, this will also influence the motivation of individual learners to attend the course as different grades of staff working in different types of service will have varying understandings of their role in relation to the health of their clients. For instance, is

offender health something with which all staff should be concerned, or the remit of a specialised few? Should criminal justice staff simply sign-post offenders to appropriate health services, or should they also monitor health outcomes or even offer interventions themselves? All of these aspects of the ecological niche would affect the design of a successful course.

For this reason, the ADDIE approach would need to be carefully applied to ensure that the training needs of different staff grades in different settings were thoroughly *Analysed* before an initial package was *Designed*; and that pilots were conducted to ensure that the course was further *Developed* as needed to further 'localise' particular elements as required. Local areas may wish to *Implement* the training in various ways but a thorough *Evaluation* would need to be conducted which considered all of Kirkpatrick's levels. This would need to encompass variations in the nature of changes desired at levels 3+ according to the setting within which the training was being delivered.

Despite the differences between probation services across Europe, with reference to the results of the above evaluation, this article will give examples of how the provision of mental health awareness training may be beneficial for both probation staff and clients in all of the above types of probation systems. This will be achieved through consideration of the following themes which we propose make a coherent and culturally flexible approach to mental health awareness training in probation services across Europe.

Normalising mental health: Learning about the myths, stigma and stereotypes surrounding mental health, and the factors impacting upon mental health will be beneficial for staff working in all four types of probation system as it will allow staff to move beyond media stereotypes which often suggest that all mentally ill people offend, or are a danger to the public. This should arguably form a core part of mental health awareness training in our imagined Europe-wide training curriculum in an effort to reduce the likelihood of stigmatising individuals with mental health disorders within the criminal justice system. However, when considering the ecological niche for the training within each country, different countries may wish to 'customise' this element of the training to reflect 'local' issues such as tackling discrimination against particular groups within their countries, particularly prominent media stories, or individual diversity initiatives within their probation service.

Staff working in type three probation services will see how work that they would usually undertake to improve other aspects of offenders' circumstances such as their accommodation or relationships, may have a positive impact on their clients' mental health. Furthermore, in examining the factors which impact on mental health, staff will have the opportunity to discuss the potential relationship between substance misuse and mental health. For example, discussions may centre on clients who misuse substances as a form of self-mediation to alleviate their mental health symptoms; or the relationship between drug misuse and drug induced psychosis.

Learning to recognise the signs and symptoms of mental health disorders: The above evaluation showed that there was a statistically significant improvement in individuals' self-rated level of knowledge in recognising the signs and symptoms of mental health disorders after attending the training. This may be beneficial for staff

working in all four of the above probation systems. It will aid probation (or other criminal justice) staff working with the courts in recognising when it may be necessary to give special consideration to how an offender's mental health may be relevant to their sentencing proposals. In some countries this may mean that specialist assessments of an offender's mental health are requested for the court and/or offenders with mental health disorders are diverted away from the criminal justice system and into healthcare. Screening for mental health issues at court with a view to diverting mentally ill offenders away from the criminal justice system may contribute to the type one probation system's aim of reducing the prison population. In addition, it may contribute to the type two probation service in allowing staff to make more informed sentencing proposals - providing mental health awareness training may mean that more consideration is given to the support that a mentally ill individual is likely to need to successfully complete a custodial/community sentence and the possible implications of this for risk assessments and an individual's ability to attend for groupwork/community punishment and so on at the sentencing stage.

The key focus of type three probation system is on the rehabilitation of offenders, with staff aiming to reduce re-offending through identifying and addressing their clients' criminogenic needs. Consequently, when considering the training needs of probation staff across Europe working in this type of probation system, one should consider the needs of their clients. Whilst there is a wealth of literature reporting a high prevalence of mental health disorders in prison populations around the world (Brooker et al., 2007), and there is an ongoing debate on the extent to which mental health impacts on offending behaviour, comparatively little research has investigated the prevalence of mental health disorders amongst offenders being supervised in the community. Much of the small amount of literature which addresses this area is comprised of 'descriptive' rather than 'research papers'. However, several key research studies have investigated this issue in the UK, Canada and the USA, and these suggest that there are significant proportions of people with current or past mental health problems on probation caseloads.

For example, a study of an Approved Premises in Manchester (accommodation in the UK for individuals who have either been convicted of an offence, or remanded on bail and who are judged to present a high risk of harm to the public (Canton and Hancock, 2007)) states that probation staff reported that around a quarter of the residents included in the study sample had a psychiatric diagnosis (Hatfield et al., 2004). Similarly, in a study of a random sample of 2500 community-based offenders in Ontario, Wormith and McKeague (1996) found that 13.2% of offenders had a psychiatric diagnosis which was known to staff. Both of these studies may in fact be underestimating the 'true' prevalence of mental health disorder in these populations as they do not account for cases where staff have failed to identify a mental health need. Given the 'patchy' nature of current mental health awareness training provision, one may question the extent to which probation staff can be expected to recognise the signs and symptoms of mental health need in their clients. Research by Keene et al., (2003) exemplifies this, showing that staff in one probation area in the UK failed to identify 445 offenders who were in contact with mental health services as having poor mental health.

Ditton (1999) reports on a US Bureau of Justice Statistics Survey where a nationally representative sample of offenders on probation were asked "Have you ever been told

by a mental health professional such as a psychiatrist, psychologist, social worker, or psychiatric nurse, that you have a mental or emotional disorder?" Here individuals reporting either a current mental or emotional condition, or an overnight stay in a mental hospital or treatment programme were defined as mentally ill (1999:2). This equated to 16% of offenders in the sample. Finally, a health needs assessment of the National Probation Service Derbyshire and Nottinghamshire in the UK showed that 27.5% of offenders on probation in these areas stated that they had been seen formally by mental health services in the past, with 15% of these offenders accessing mental health services within the twelve months prior to the study (Brooker et al., 2008).

It is difficult to directly compare the results of the few studies investigating the prevalence of mental heath disorder amongst offenders subject to supervision in the community because variations in the nature of the service within which the studies are conducted, the way in which mental illness is defined, and the questions asked/assessment tools employed in the studies make it impossible to tell whether differences in findings are a reflection of 'real' differences in prevalence rates or a result of variation in methodology. Cross-cultural variations in both understanding of, and screening for mental illness will need to be accounted for in the training, and again countries may wish to add to the generic training provision to address this issue.

Despite the above caveats, one may broadly conclude from these studies that a significant proportion of probation caseloads around the world are likely to be comprised of individuals with a current, or a history of, mental health disorder. There is arguably a need to investigate this issue more systematically to inform service provision and probation practice[4]. A first step towards this may be increasing the mental health awareness of probation staff to give them sufficient knowledge to identify the signs and symptoms of mental health disorders in their clients. Staff working in type three probation systems who are able to recognise the signs and symptoms of a disorder and to discuss this with their clients are better placed to tailor their supervision style to their clients' needs.

Type four probation systems emphasise community orders as a form of punishment and may simply focus on compliance as a measure of their success rather than focusing on the reintegration of offenders into society. With no focus on rehabilitation, it is more difficult to see how mental health awareness training may be relevant to staff working in these systems. In addition, behaviourists may argue that any learning about mental health which was achieved would quickly be lost without any ongoing drive for staff to focus on this issue.

However, one may argue that it is a fundamental human right that offenders' mental health issues are recognised and addressed so they have an equivalent level of access to appropriate health services to that of other citizens. Furthermore, although mental illness and offending behaviour are not always linked, one can argue that when they are, it is important that individuals are not punished for being ill but instead are aided in accessing the treatment that they need.

[4] Something which is being done through a pilot project at the University of Lincoln in the UK funded by the National Institute for Health Research where early results suggest that 40% of probation clients would have a formal current psychiatric diagnosis

Learning about local service provision: The mental health awareness training outlined above includes a section where probation areas are encouraged to research their local mental health service provision, and to invite local providers to contribute to the training through describing the scope of their services, and outlining their referral criteria and procedures. Staff attending the training above reported a statistically significant increase in their self-reported level of knowledge of how to refer to local specialist mental health services and of the range of local specialist mental health services available. In addition, the evaluation showed that staff confidence in referring offenders into mental health services improved. Ideally future evaluations will be resourced to study any subsequent changes in practice in more detail a suitable length of time after the training has been provided.

Learning about local service provision will be particularly beneficial to staff working in type three probation systems as individuals attending such training should be better placed to refer their clients into appropriate services. Furthermore, increased awareness of mental health issues may aid staff in overcoming barriers to service access which are often presented when an offender has a dual diagnosis i.e. is both mentally ill and misusing substances. Moreover, involving staff from mental health services in the training gives staff from both mental health and criminal justice agencies the chance to increase their understanding of each other's roles.

The relationship between mental health and offending, or re-offending is not straightforward. However, in 2002 the Social Exclusion Unit in the UK suggested that both mental and physical health are factors which influence re-offending. Consequently, one may argue that giving staff the knowledge and skills to address offenders' mental health issues may also contribute to reducing re-offending – a core aim of type three probation systems. This is one area of the training which would definitely need to be adapted to reflect the services which are available to staff and their clients within their local area.

Learning about relevant legislation: This is another element of the mental health awareness training which would definitely need to be tailored to reflect regional and national variations. However, again, learning about relevant legislation may help staff working in type one and/or type two probation systems to advise on whether or not someone should be diverted out of the criminal justice system and into healthcare. Furthermore, it would help staff working in a type three probation system to understand the circumstances under which their cases may be admitted into mental healthcare.

Conclusion

The recruitment and training of probation officers is now being discussed at a Europe-wide level. The Council of Europe recognises that there are a number of key values/aims such as social inclusion, human rights, diversity and partnership working which are core parts of probation practice in many European nations (Council of Europe, 2009). Using a model of training developed in the UK, this paper has argued that if a European probation training curriculum is developed, mental health awareness training should be a central part of this as it will make a positive contribution to all of the above aims.

Some elements of the training would need to be partially or entirely tailored to suit the ecological niche in which the training will need to flourish in each country. Thus, the curriculum would need to reflect variation in the focus and role of probation, penal policy, understandings of mental illness and so on across Europe. However, as demonstrated in this paper, it should be possible to produce a generic list of broad core areas for the training to focus on. The provision of such training will be beneficial to both staff working in, and clients of, all four kinds of probation system found in EU countries. There will be variation in the extent to which staff in different settings feel that it is part of their role to address offenders' health issues. However, it is arguably a basic human right that mental health issues are recognised and addressed. Consequently, this should be a core component of all probation services' work. Attending mental health awareness training enables staff to recognise the signs and symptoms of mental health disorder, increase their knowledge of local mental health services and legislation, and through this improve their confidence in working effectively with the many individuals with mental health disorders on their caseloads. If pan-European training were provided, further research should consider both the varying motivations of individuals attending and providing such training, and the way in which provision of such training may influence future probation practice.

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