Assessing the probation staff's knowledge of, and attitudes to, mental illness in Europe

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The existence of Government policy for the treatment of prisoners or probationers with mental health disorders.

	Prisons**	Probation*
'Yes, policy exists		17/32 (53%)
No, there is no policy		15/32 (47%)

*Countries where Government policy exists in probation include: Austria, Flemish speakers (Belgium), Czech, Finland, Albania, Baden-Wurttemberg (G), Lower Saxony, Malta, Iceland, Italy, Lithuania, Northern Ireland, Portugal, Romania, Spain, Turkey, England, Scotland

Receiving mental health awareness training

	Prisons	Probation Services
Number receiving training	31	14
No. of Valid responses	42	39
% 'Yes' training received*	74%	36%
Range	N/A	N/A

The mental health literacy scale: WHY THIS SCALE?

- Systematic review of tools measuring mental health knowledge (Wei et al, 2016)
- Identified 16 measures in 17 studies
- The mental health literacy scale (MHLS) had the best overall ratings for: internal consistency, reliability, measurement error, content validity, structural validity and construct validity
- In other words it passed a psychometric assessment with flying colours!

What does the MHLS consist of?

- 35 items with multiple choice regarding knowledge and attitudes to help-seeking
- Developed with university students (control) and mental health professionals
- The measure discriminated well between the two groups with students scoring significantly lower than MH professionals
- The measure has been used in at least 19 studies, since 2016, across the world

MHLS scores from other selected studies (Scores range from 35-160)

Authors	Sample	Country	Mean score
Brooker and Tocque (2022)	Probation staff	A range of European staff	128
O'Connor and Casey (2016)	Mental health professionals	Australia	149
Neto et al (2021)	General population	Portugal	129
Vermass et al (2017)	Christian Clergy	United States	134
Scollione and Holden (2020)	Police Academy Students	United States	106

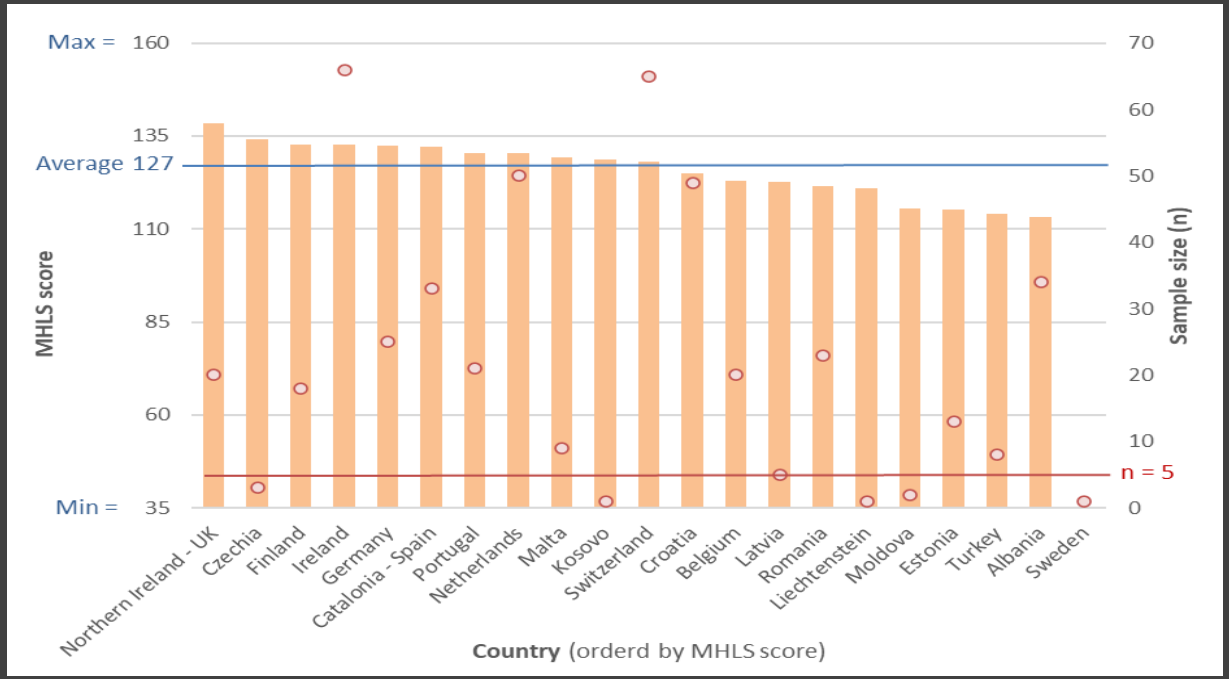
The CEP Survey: Method

- Advice from the Mental Health Expert Group
- Ethical approval received from the Probation Ethics Committee in Ireland
- Participation sought from all countries/jurisdictions that are CEP members (September 5th, 2022)
- Electronic questionnaire link sent to all participants for onward distribution
- Preliminary data analysis from returns up and to including October 7th

Overall response rate n= 467

Country response rate

Response rates were variable with predominantly four countries contributing 50% of participants – Ireland (n= 66),Switzerland (n=65), Netherlands (n=50) and Croatia (n=49)



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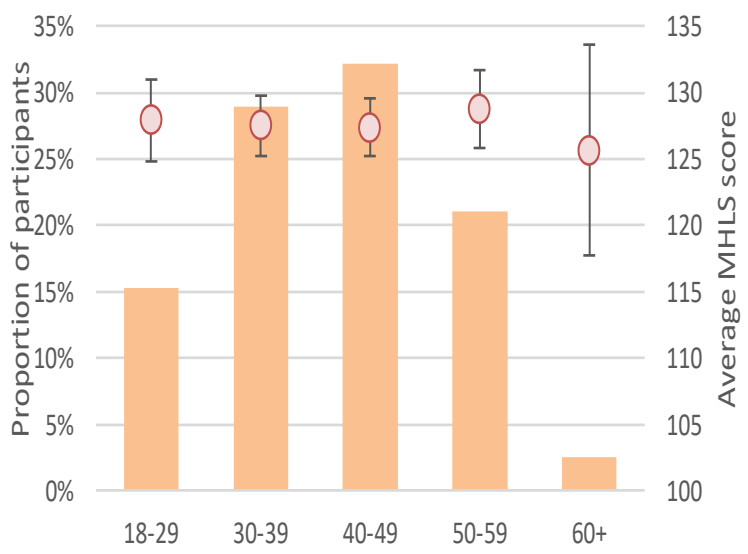
MHLS score

- The overall MHLS score was 128 (out of a max possible score of 160 and a minimum possible score of 35). Individual country scores do not seem to be related to response rate but those with less than 5 should be treated with caution.

- Of countries with n>5, most scored around the overall average: Northern Ireland (138) and Ireland (133) performed the best Romania (122), Estonia (115), and Turkey (114) obtained the lowest scores.

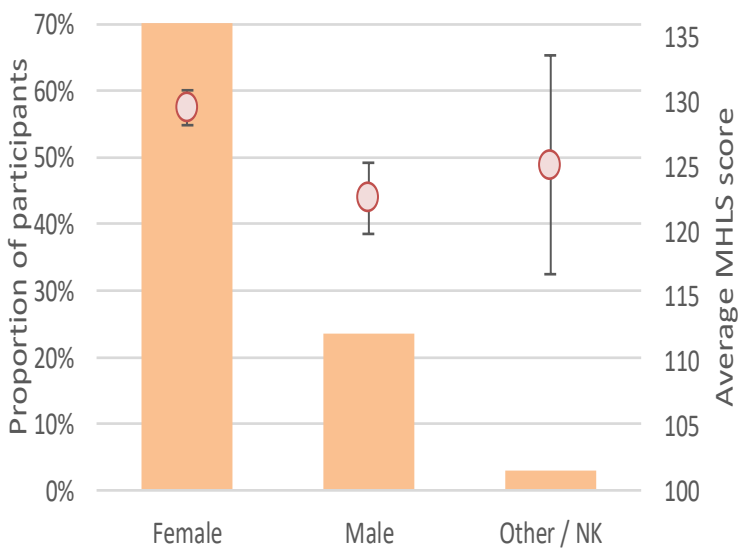
Demographics

What is your age?



ANOVA: F = 1.242; *p = 0.914*

How would you describe your gender?



ANOVA: F = 11.847; *p <0.001*

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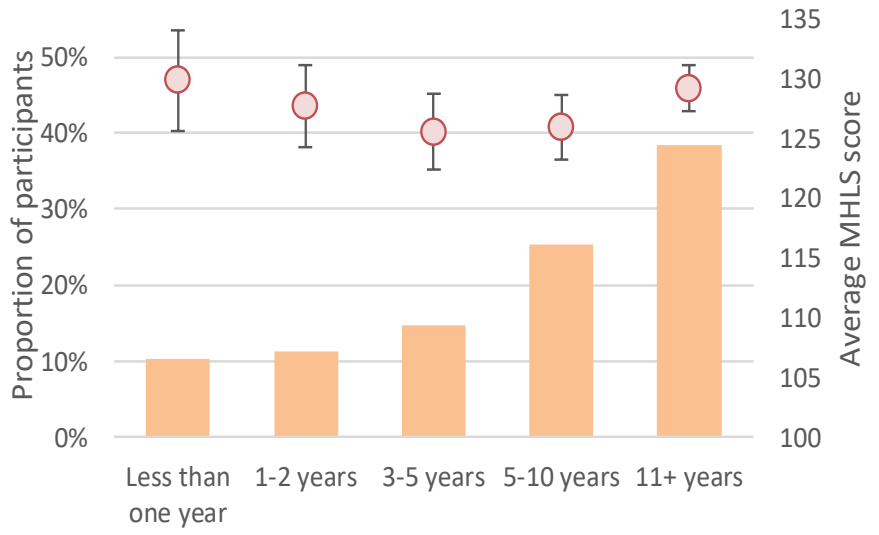
Demographics (cont.)

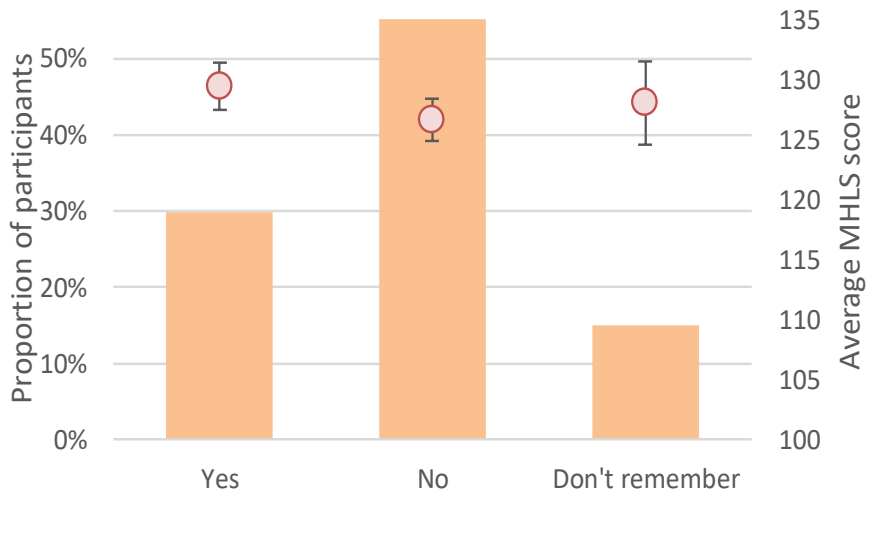
Two-thirds (67%) of respondents have been employed as a PO for 5+ years and only one-third (33%) remembered mental illness being part of their training. Neither of these factors seemed to influence the average MHLS score.

How long have you been employed as a PO?



ANOVA: F = 1.769; *p = 0.134*

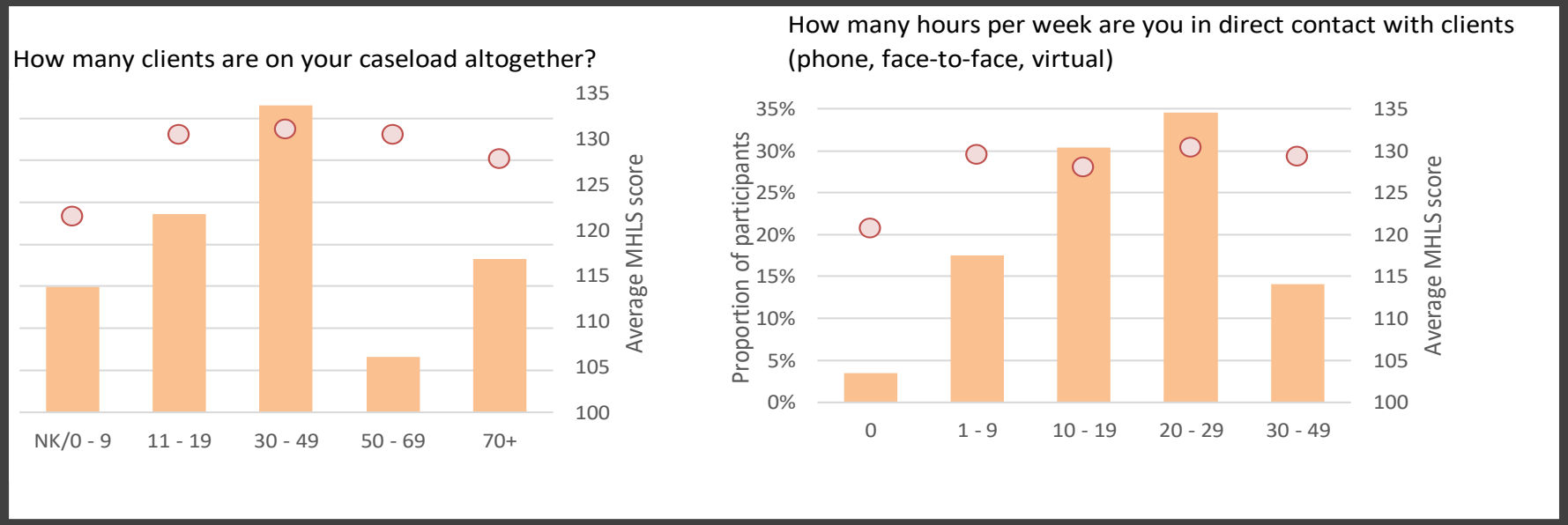
Was mental illness included as part of your PO training?



ANOVA: F = 1.985; *p = 0.139*

Demographics (cont.)

Most respondents (37%) had 30-49 clients on their caseload, with a similar proportion (35%) having 20-29 hours of direct contact. Around 18% said they had 70+ clients and 14% had over 30hrs direct contact in a week. Having no or low contact with clients resulted in a lower MHLS score.



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Confidence in knowledge about mental illness

Confidence in knowledge and training when working with clients with a mental illness was strongly correlated with the MHLS score – those highly confident scored 137 compared with those not confident at all scoring only 115. However, only half (55%) of respondents said they were only moderately confident in their knowledge and training.

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MHLS Top & Bottom scores

The 5 questions that respondents got mostly **correct** were:

- A mental illness is a sign of personal weakness
- A mental illness is not a real medical illness
- It is best to avoid people with a mental illness so that you don't develop this problem
- Seeing a mental health professional means you are not strong enough to manage your own difficulties
- I believe treatment for a mental illness, provided by a mental health professional, would not be effective

MHLS Top & Bottom scores

The 5 questions that respondents got mostly **incorrect** were:

- If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situations (e.g., presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they have Social Phobia
- If someone experienced a low mood for two or more weeks, had a loss of pleasure or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have Major Depressive Disorder
- To what extent do you think it is likely that, in general, women are MORE likely to experience a mental illness of any kind compared to men
- To what extent do you think it is likely that, in general, men are MORE likely to experience an anxiety disorder compared to women
- To what extent do you think it would be helpful for someone to avoid all activities or situations that made them feel anxious if they were having difficulties managing their emotions

How might these findings be explained?

A tentative explanation at this point in time:

- The first part seems to suggest that they would not stigmatize someone for having or seeking treatment for a mental illness.

- The second part seems to relate to understanding what would or would not indicate that someone has a mental illness (anxiety/depression/social phobia), and understanding of the prevalence in different parts of the population - so prevalence and identification;

In other words, attitudes are healthy but knowledge is not great

Conclusions

1.Response rate highly variable (Switzerland and Irish Republic very high)

2. Used a sound assessment tool

3. Scores were moderate when compared to other studies

4. However, sound attitudes were scored higher than technical knowledge

5. Poses the question should PO's know more about mental illness than they do?

What Should CEP do now?

- This is, in part, the subject of the meeting…….
- I am collating examples of training programmes around the world
- This is with a view to developing a common European core programme maybe consisting of generic modules with local ones added to suit
- What might be included in the generic modules? Assessment of mental health problems (using brief structured assessment tools), recording these problems, referral to appropriate agencies, substance misuse, personality disorder
- All this is in line with new recommendations from the Council of Europe (see Section 7.2 of the following recent document Result details (coe.int)