



European Mental Health Training Curriculum for Probation Officers



Expert group on
Mental Health



Confederation of European
Probation

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Expert Group on Mental Health

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Foreword

The European Mental Health Training Curriculum for Probation Officers, developed by the CEP Mental Health Group, proposes a structured framework designed to enhance probation officers' knowledge, competence, and confidence when working with individuals experiencing mental health difficulties. The rationale for this curriculum is supported by a substantial body of literature demonstrating both the high prevalence of mental health problems within probation populations and persistent gaps in staff training. Existing evidence highlights the importance of mental health literacy, structured training programmes, and psychologically informed approaches within probation practice.

A central justification for the curriculum derives from the prevalence of mental health problems among individuals under probation supervision. Research cited within the curriculum indicates that approximately 40% of adults on probation present with symptoms of at least one mental health problem, a rate significantly higher than that observed in the general population (Sirdifield et al., 2010). Similar findings have been reported across justice-involved populations more broadly. For instance, a European survey examining probation staff knowledge and attitudes reported that mental health disorders affect roughly 40% of the probation population, reinforcing the need for practitioners to recognise symptoms and facilitate appropriate referrals (Brooker et al., 2012). However, the same survey demonstrated significant gaps in staff recognition of certain conditions, with identification rates as low as 36% for psychosis and 10% for personality disorder.

These findings suggest that frontline probation staff may lack the mental health literacy required to effectively identify and respond to service users' needs. The proposed European curriculum directly addresses this gap by emphasising foundational knowledge of mental health disorders, the recognition of symptoms, and appropriate referral procedures.

Empirical evidence also indicates that training initiatives can improve probation officers' knowledge and attitudes toward mental illness, further supporting the curriculum's emphasis on education. Tomar et al. (2017) evaluated a statewide training initiative in the United States and found that mental health education significantly improved officers' knowledge while simultaneously reducing stigma toward individuals with mental health conditions.

The issue of stigma is particularly relevant in probation contexts because officers' perceptions of mental illness can influence risk assessments and case management decisions. In the absence of adequate training, individuals with mental illness may be perceived as presenting higher levels of risk, potentially resulting in increased surveillance or higher rates of revocation and re-incarceration. By including modules addressing myths, stigma, and stereotypes surrounding mental illness, the European curriculum seeks to promote more supportive and problem-solving approaches to supervision.

Earlier evaluations conducted in the United Kingdom provide further evidence regarding the effectiveness of mental health awareness training. An evaluation of a mental health training programme for probation staff in England reported significant improvements in participants' knowledge and confidence in referring offenders to appropriate mental health services following completion of the training (Sirdifield et al., 2010). The programme addressed a range of topics including common mental disorders, suicide and self-harm, personality disorder, and local service provision.

These topics are reflected in the modules incorporated into the updated European curriculum, which includes subjects such as trauma, psychosis, addiction, crisis engagement, and officer self-care. The consistency between previously evaluated training programmes and the content of the current curriculum suggests that the framework is grounded in established practice.

Beyond improving knowledge and attitudes, training may also contribute to broader organisational and relational outcomes in probation practice. A systematic review of the Offender Personality Disorder (OPD) Pathway community delivery in the UK indicates that psychological training and consultation can enhance staff confidence, competence, and relational practice with service users (O’Meara et al., 2025). In particular, psychologically informed approaches—including formulation and consultation with psychological professionals—have been associated with improved staff–service user relationships and more effective case management. Although the evidence base remains limited and often characterised by small samples and moderate methodological quality, the review suggests that training initiatives may positively influence workforce development and relational outcomes. The European curriculum similarly emphasises relational engagement with probationers, incorporating modules that address interaction with individuals experiencing mental health crises and the impact of trauma and adverse childhood experiences. This approach reflects a broader shift toward more holistic and psychologically informed models of probation practice.

Another significant component of the curriculum is its emphasis on staff wellbeing and self-care. Working with individuals experiencing complex mental health needs can be emotionally demanding for probation practitioners. Previous research suggests that training and structured support can enhance practitioner confidence and may reduce the risk of burnout, particularly when staff feel better equipped to manage complex cases. The inclusion of a dedicated module on staff self-care therefore aligns with wider concerns regarding workforce wellbeing within criminal justice settings. This issue has been highlighted in the recent European-wide CEP study examining probation staff morale and workplace stress (Brooker et al., 2025).

Despite the strengths of the proposed curriculum, the evidence base supporting training initiatives remains limited. As noted in the systematic review of the OPD Pathway, many studies rely on small samples, self-reported outcomes, or short-term evaluations. Similarly, evaluations of mental health training programmes often focus on immediate improvements in knowledge or attitudes rather than longer-term changes in professional practice or outcomes for service users.

Implementation therefore remains a critical issue. The effectiveness of the curriculum will depend on its adoption and integration within probation services across different jurisdictions. As noted within the report, a major challenge lies in securing endorsement from probation agencies across Europe and ensuring sustained institutional support for its implementation. Pilot implementation within a small number of probation services, accompanied by rigorous evaluation, would provide valuable evidence regarding the curriculum’s impact and feasibility. Securing funding for such initiatives may require engagement with European funding bodies and collaborative research partnerships.

Finally, although this curriculum has much to commend it, I would like to have seen more emphasis on the use of standardised outcome measures. This is alluded to in the conclusion to the report. I think it crucial that probation staff are able to communicate with mental health professionals using their language. An ability to report on the frequency and severity of the symptoms of a mental illness would surely lead to more complete referrals to mental health services.

Conclusion

In conclusion, the European Mental Health Training Curriculum for Probation Officers is strongly supported by existing research demonstrating high levels of mental illness among probation populations and gaps in probation staff training. Evidence from previous studies indicates that mental health training can improve knowledge, reduce stigma, and enhance practitioner confidence, all of which are essential for effective probation practice. By incorporating these insights into a structured and flexible training framework, the curriculum represents an important step toward improving mental health awareness and competence among probation professionals across Europe. Future research should focus on evaluating the long-term impact of such training on both practitioner practice and outcomes for individuals under probation supervision. However, bold implementation is also essential as probation’s staff ability to recognise psychosis, for example, must be much improved.

*Professor Charlie Brooker, Royal Holloway, University of London, United Kingdom
13th March 2026*

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List of Abbreviations

AA/NA:	Alcoholics Anonymous/Narcotics Anonymous
ACEs:	Adverse Childhood Experiences
CBT:	Cognitive Behavioural Therapy
CEP:	Confederation Of European Probation
CM/Rec:	Committee of Ministers/Recommendation
EMDR:	Eye Movement Desensitization and Reprocessing Therapy
HR:	Human Resources
LENS:	Look, Explore, Needs, Support
OPD:	Offender Personality Disorder
PD:	Personality Disorder
PO:	Probation Officer
PTSD:	Post-Traumatic Stress Disorder
Q&A:	Questions and Answers
4 R’s:	Realise, Recognise, Respond, Resist re-traumatisation
SAMHSA:	Substance Abuse and Mental Health Services Administration

Introduction

“There is considerable evidence for the high prevalence of mental health disorders amongst probation populations. For instance, in 2021, Dr Christina Power published research on the mental health of adults under Probation Supervision in Ireland. Dr Power’s research demonstrated that at least 40% of adults subject to probation supervision in Ireland present with symptoms of at least one mental health problem. This compares to 18.5% of the general population. Dr Power further concluded that there are significant and unmet psychological and psychiatric needs among persons subject to Probation supervision in Ireland. These figures mirror similar studies carried out in other jurisdictions (e.g., Brooker, Sirdifield & van Deirse, 2023).

In 2023, Brooker and Tocque conducted research funded by CEP on “Probation officers’ knowledge of, and attitudes to, mental illness in Europe” and concluded that these are highly variable across Europe. More concerning, they concluded that probation staff had similar mental health literacy as other groups of the population, such as university students and the clergy.

High rates of mental health problems among probationers and low level of mental health literacy among probation staff calls for a stronger training on mental health issues. According to the Recommendation CM/Rec(2025)2 of the Committee of Ministers to member States regarding the promotion of the mental health of prisoners and probationers and the management of their mental disorders, “23.1 Prison and probation staff should receive training on the promotion and protection of mental health and the management of mental disorder; 23.2. Such training should enable them to interact effectively with prisoners and probationers with mental disorders, to improve the quality of care and to reduce the risk of negative consequences; 23.3. Such training should also enable staff to cope with work-related mental stress”.

Acknowledging these concerns, in 2024 the CEP Expert Group on Mental in Probation set the goal to propose an outline for a European Mental Health Training Curriculum for Probation Officers.

The idea of developing a pan-European Mental Health curriculum has been debated for several years now. The benefits would provide consistency in practice, develop an agreed level of training for all Probation Officers and improve the knowledge confidence and competence of Probation staff engaging with service-users who present with mental health issues. Ultimately, this should lead to better outcomes for service users and a reduction in reoffending.

References

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The Development of the Curriculum

The development of the European Mental Health Training Curriculum for Probation Officers was informed by a comprehensive literature search and by the CEP Expert Group members' extensive professional experience in probation and mental health practice.

The Group took into consideration the Council of Europe Guidelines regarding recruitment, selection, education, training and professional development of prison and probation staff (2019), as well as the Recommendation CM/Rec(2025)2 of the Committee of Ministers to member States regarding the promotion of the mental health of prisoners and probationers and the management of their mental disorders.

It also analysed and compared the training programme of European jurisdictions such as the Mental Health Awareness Programme delivered by the Leicester and Rutland Probation Trust and the programme for initial staff training of the General Directorate for the Execution of Sentences in Bulgaria.

For the development of the Module on "Gender and mental health", the Expert Group was fortunate to have the collaboration of an expert on the field, Ms. Gergana Manolova, who worked as consultant in mental health at the World Health Organization.

The final version of the European Mental Health Training Curriculum for Probation Officers is the result of numerous meetings and debates among the Expert Group, in order to assure the comprehensiveness of the proposal. It was also subject to a revision by a group of 32 probation officers and experts representing 14 jurisdictions in Europe (Table 1). Finally, it included feedback from four service-users with lived experience, from Northern Ireland.

Table 1 – Jurisdictions that participated in the review of the Mental Health Training Curriculum

Jurisdiction	Number of reviewers
Belgium	1
Bulgaria	6
Croatia	4
Norway	2
Catalonia - Spain	2
Germany- Baden-Württemberg	3
Ireland	4
Poland	2
Portugal	1
Romania	2
Slovenia	1
Sweden	1
Turkey	1
United Kingdom	2
TOTAL	32

Overview of the Curriculum

The European Mental Health Training Curriculum for Probation Officers provides an outline for the training probation officers on adult mental health. It suggests what topics should be covered in a training programme and includes a syllabus for each topic.

The outline is designed for a training with the following objectives:

General objective:

Acquire knowledge and improve competence and confidence of Probation staff engaging with adult service users presenting with mental health issues, thus improving quality of care, better outcomes for probationers and ultimately contributing to public safety.

Specific objectives:

- Provide a foundational knowledge base to Probation staff about mental health issues;
- Enable Probation staff to develop awareness about presentations of mental health issues and effectively interact with adult probationers with mental health issues;
- Develop competency in referring adult probationers with mental health needs to appropriate services;
- Raise awareness about self-care and strategies to promote mental well-being.

Target audience:

Probation Officers on initial training and/or currently practicing, working on general adult probation or mental health settings. No specific training background is required.

Modules

The European Mental Health Training Curriculum for Probation Officers has a modular structure, composed of 9 modules (Table 2). For each module, there is a suggested duration, which should be considered a minimum standard. If all modules are implemented, the minimum length of the Training Curriculum is 24 hours (i.e., three and half days).

Table 2 – Modules of the European Mental Health Training Curriculum for Probation Officers

	Suggested Duration (Minimum)
Foundations	2 hours
ACEs and Trauma	3 hours
Working with psychosis	3 hours
Addiction/Substance use	3 hours
Other disorders: Affective disorders/ depression/ anxiety/ neurodivergence/ intellectual disabilities, personality disorders	3 hours
Engaging with clients in a crisis	3 hours
Probation Officer Engagement with Service Users presenting with Mental Health Issues	2 hours
Gender and mental health	2 hours
Staff self-care	3 hours
TOTAL	24 hours

The flexibility of the Curriculum is pivotal to add value to the individual Probation agencies. It seeks a balance between what the ideal, gold-standard curriculum should be, and what is pragmatic, in terms of the added value and the resource cost correct.

The modular structure allows for the continuous development of additional modules as new needs emerge at a local or European level.

How to use the Curriculum

- The European Mental Health Training Curriculum for Probation Officers provides an outline for the training of probation officers. The specific contents are developed by each service or jurisdiction;
- The training does not have to be delivered all at once and modules can be used to complement existing training programmes;
- The Curriculum can be used complete or by selecting individual modules;
- If the complete Curriculum is used, "Foundations" should be the first Module to be delivered, followed by "Adverse Childhood Experiences (ACE's) and Trauma". The remaining Modules have no specific sequence;
- Although each Module is independent, trainers are advised to revisit the previous Module(s) in the beginning of each new Module;
- The trainers will be selected by each service or jurisdiction. If external trainers are invited, they should be familiar with the probation officer role;

Additional Recommendations

- Country specific contents may be added and/or further developed by each service or jurisdiction, according to specific needs (e.g., inter-agency communication, cultural competence, digital tools);
- The training can be complemented by follow-up or consolidation sessions to maintain and update skills over time;
- It is recommended to incorporate mechanisms for evaluating the impact of the training. As a suggestion, the Mental Health Literacy Scale can be used as a pre-post training evaluation tool;
- When a service or jurisdiction implements the Training Curriculum, it is recommended to provide clear guidance on how newly acquired knowledge and skills can be integrated into existing workflows.

Module: Foundations

Rationale

This introductory module is designed to build the foundations of the European Mental Health Training Curriculum. It will introduce Probation Officers to the basic concepts of mental health and set definitions of common mental health disorders. The topics covered are relevant and transversal to the other modules, such as the relationship between mental health and criminal behaviour and research on the mental health of people on probation. From the outset, this module also aims to break down common myths and stereotypes surrounding mental health. **Note: This should be the first module of the training curriculum.**

Learning outcomes (knowledge and skills)

By the end of this module, participants will be able to:

- Define mental health and the most common types of disorders
- Identify the factors that impact mental health and well-being
- Dispel myths and stereotypes about mental health issues
- Avoid stigma-informed decisions about people with mental health issues
- Understand the link between offending and specific disorders
- Understand the relation between mental health issues and criminal behaviour both from the perspective of risk and responsivity
- Describe national and/or international data on the prevalence of mental health issues among probationers
- Discuss the challenges and benefits of focusing on the mental health of people on probation

Contents

- Mental health definitions – what is mental health; overview of disorders such as psychosis, addictions, affective disorders, anxiety/depression, intellectual disabilities, personality disorders, neurodivergence, self-harm and suicide, PTSD, eating disorders, and dual diagnosis
- Mild to moderate presentations Vs severe and enduring presentations
- Risk factors that impact mental health and well-being (e.g., social isolation)
- Protective factors that support positive mental health and well-being (e.g., social support, healthy lifestyles)
- Mental Health issues and criminal behaviour - link between offending and specific disorders
- Mental Health issues and criminal behaviour - a matter of risk or responsivity?
- Mental health myths, stigma and stereotypes – “The Mental Health Literacy Scale”
- National and International research on the mental health of people on probation - prevalence of disorders; exacerbating factors (substance use, unstable family, unstable accommodation)
- Challenges and benefits of focusing on the mental health of people on probation

Suggested training methods

This module can be delivered online or in-person.

The contents are mainly expositive, but they can be delivered with an interactive approach (e.g., Q&A, debates).

For the topic on “Mental health myths, stigma and stereotypes”, the “The Mental Health Literacy Scale” can be used by the participants for self-assessment, followed by a revision of the items and provision of evidence about each myth/stereotype.

Suggested duration

2 hours

Suggested trainer's profile

Mental health expert and or researcher, with knowledge about the mental health-crime link and familiar with the probation field (or paired with a trainer with probation expertise).

Suggested references/resources

Key resources:

Brooker, C., & Sirdifield, C. (Eds.). (2022). Probation, mental health and criminal justice: Towards equivalence (1st ed.). Routledge. <https://doi.org/10.4324/9781003193456>

Brooker, C., & Tocque, K. (2023). The European survey of probation staff's knowledge of, and attitudes to, mental illness. *European Journal of Probation*, 15(1), 71-90. <https://doi.org/10.1177/20662203231162741>

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Further reading:

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Module: Adverse Childhood Experiences (ACEs) and Trauma

Rationale

We are becoming increasingly aware that living through Adverse Childhood Experiences (ACEs) and experiencing traumatic events is more common than previously realised. Those of us who experience trauma are at a higher risk of experiencing negative outcomes at all stages of our lives, with potential impact on physical and mental health, education, justice, and employment. There is a higher prevalence of ACEs and trauma amongst forensic populations. **Note - this module should be delivered after 'Foundations' module and before any of the modules about specific disorders.**

Learning outcomes (knowledge and skills)

By the end of this module, participants will be able to:

- Understand the definitions of ACEs and trauma
- Understand the widespread impact of trauma and adversity
- Recognise the signs and symptoms of trauma in service users, using a trauma lens
- Recognise the signs and symptoms of vicarious and secondary trauma in workforces
- Understand the potential for recovery, healing, and development of resilience
- Understand the importance of resisting retraumatisation and develop knowledge and understanding of how to avoid retraumatisation
- Explore appropriate responses to people who may have experienced trauma and adversity

Contents

- What are ACEs – examples
- What is trauma – for example: Substance Use and Mental Health Services Administration (SAMHSA) definition and alternative definitions such as that of Gabor Mate
- The prevalence of ACEs and trauma in society and in the forensic population
- What does 'Trauma informed' mean? The 4 Rs (in English at least)
- What are the consequences and responses to trauma and ACEs – the brain's response to adversity – emotional, cognitive, and somatic
- Prevalence of mental health problems resulting from ACEs and trauma
- What is secondary and vicarious trauma
- What are the consequences and responses to secondary and vicarious trauma
- Understanding 'Triggers'
- Trauma responses – how to react to probationers or colleagues who are experiencing a trauma response

- Using a trauma informed **LENS**:
 - Look** at behaviour, body language, environment
 - Explore** – think what may have happened, think how you can help, think about safety
 - Needs** – basic needs, understanding, explanation
 - Support** – support, signpost, safeguard

- How to avoid the retraumatisation of probationers in your professional role
- Mitigating adversity through relationships – relational hurt requires relational healing
- The principles of trauma informed care – safety, trustworthiness, peer support, collaboration, choice, cultural, gender, and historical issues

- Evidenced based treatment and therapy – Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioural Therapy (CBT)
- Workforce well-being and self-care
- Connecting to calm – the window of tolerance
- Exercises to expand the window of tolerance

Suggested training methods

- Online or in-person delivery
- Discussion, video, PowerPoint
- Skills practice and simulations (e.g., responding to a probationer/colleague experiencing a trauma response)
- Guest speakers, including mental health professionals and individuals with lived experience either live or through pre-recorded video
- Case studies

Suggested duration

3 hours

Suggested trainer's profile

A psychologist/probation officer/social worker/therapist experienced in trauma-informed care and de-escalation techniques.

Suggested references/resources

Key Resources

Donohoe, G. (2022, August 15). How adverse childhood experiences shape our brains. The Psychologist. <https://www.bps.org.uk/psychologist/how-adverse-childhood-experiences-shape-our-brains>

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Pangilinan, M. E. (2019). Implementing trauma-focused cognitive behavioral therapy for youth under probation: Lessons learned. *Open Science Journal*, 4(1).

Reavis, J. A., Looman, J., Franco, K. A., & Rojas, B. (2013). Adverse childhood experiences and adult criminality: How long must we live before we possess our own lives? *The Permanente Journal*, 17(2), 44.

Scottish Government. (2018, May 29). Understanding childhood adversity, resilience and crime. <https://www.gov.scot/publications/understanding-childhood-adversity-resilience-crime/>

Trauma Informed Oregon. (2025). Trauma Informed Oregon – Your resource for trauma informed care. <https://traumainformedoregon.org/>

Module: Working with psychosis

Rationale

Psychosis is a severe mental health condition that can significantly impact an individual's thoughts, perceptions, and behaviours. Probation officers frequently encounter individuals experiencing psychosis, whether as a primary condition or as part of a dual diagnosis. Understanding psychosis, being aware of its symptoms, and knowing how to effectively engage with affected probationers is crucial for risk assessment, crisis management, and supporting rehabilitation efforts. This module provides foundational knowledge, practical engagement strategies, and referral guidelines to support probationers with psychosis in the criminal justice system.

Learning outcomes (knowledge and skills)

By the end of this module, participants will be able to:

- Understand the definition and characteristics of psychosis, including its causes, and symptoms
- Develop awareness of common psychotic disorders, such as schizophrenia, schizoaffective disorder, and drug-induced psychosis
- Develop skills to effectively communicate with probationers experiencing psychotic symptoms
- Understand evidence-based treatment approaches including medication, therapy, and social support
- Learn when and how to refer individuals with psychosis to specialised mental health services

Contents

Introduction to Psychosis

- Definition and characteristics of psychosis
- The biological, psychological, and social conditions of psychosis

Types of Psychotic Disorders

- Schizophrenia
- Schizoaffective disorder
- Bipolar disorder with psychotic features
- Depressive episode with psychotic symptoms
- Drug-induced psychosis
- Psychosis secondary to medical conditions

Psychosis and Criminal Behaviour

- Understanding risk factors for violence and self-harm in individuals with psychosis
- Dual diagnosis: substance use and psychosis

Engaging with Probationers with Psychosis

- Effective communication techniques for individuals experiencing hallucinations or delusions
- De-escalation strategies for probationers in acute distress
- Addressing stigma and supporting recovery

Treatment and Management of Psychosis

- Overview of antipsychotic medications: benefits and side effects
- Psychosocial interventions: cognitive-behavioural therapy (CBT) for psychosis
- Community-based rehabilitation and social support services
- Role of probation officers in supporting treatment adherence

Referral Pathways and Legal Considerations

- When and how to refer to psychiatric services
- Understanding involuntary hospitalisation and forensic psychiatric services
- Mental health diversion programmes in the criminal justice system
- Ethical considerations when working with probationers with psychosis

Suggested training methods

- Online or in-person delivery
- Case-based learning using real-world examples of probationers with psychosis
- Role plays and simulations (e.g., responding to a probationer in a psychotic episode)
- Guest speakers, including mental health professionals and individuals with lived experience
- Field visits to psychiatric services and forensic mental health units
- Multimedia presentations (videos, podcasts on psychosis, and criminal justice)

Suggested duration

3 hours

Suggested trainer's profile

- Clinical psychologists or psychiatrists with clinical experience in psychosis
- Mental health professionals with experience in forensic settings
- Probation officers with expertise in managing cases involving psychosis
- Experts in trauma-informed care and de-escalation techniques

Suggested references/resources

Key resources:

Khadivi, A., & Kleiger, J. H. (2024). *Assessing psychosis: A clinician's guide*. Routledge. <https://doi.org/10.4324/9781003415206>

Meaden, A., & Hacker, D. (2010). *Problematic and risk behaviours in psychosis: A shared formulation approach*. Taylor & Francis.

National Institute for Health and Care Excellence (NICE). (2021). *Guidelines on psychosis and schizophrenia in adults: Treatment and management*. NICE Guidelines.

Further reading:

Maurus, I., Wagner, S., Spaeth, J., Vogel, A., Muenz, S., Seitz, V., von Philipsborn, P., Solmi, M., Firth, J., Stubbs, B., Vancampfort, D., Hallgren, M., Kurimay, T., Gerber, M., Correll, C. U., Gaebel, W., Möller, H. J., Schmitt, A., Hasan, A., & Falkai, P. (2024). EPA guidance on lifestyle interventions for adults with severe mental illness: A meta-review of the evidence. *European Psychiatry*, 67(1), e80. <https://doi.org/10.1192/j.eurpsy.2024.1766>

Module: Addiction/Substance use

Rationale

Substance use is a significant factor in offending behaviour and recidivism. Probation officers must understand the relationship between addiction and criminality, recognise signs of substance use, and develop skills to engage effectively with probationers struggling with addiction. This module provides foundational knowledge, practical intervention strategies and referral pathways to support probationers in recovery.

Learning outcomes (knowledge and skills)

By the end of this module, participants will be able to:

- Understand the basic concepts of addiction and substance use, including psychological, physiological, and social factors
- Identify common substances and their effects on behaviour, cognition, and physical health
- Apply evidence-based approaches when engaging with probationers who use substances
- Identify when and how to refer probationers to specialised addiction services
- Understand harm reduction strategies and relapse prevention techniques

Contents

Introduction to Substance Use and Addiction

- Definition of addiction and substance use
- Theories of addiction (biopsychosocial model, disease model, moral model)
- The impact substance use in probation settings

Types of Substances and their Effects

- Alcohol, opioids, stimulants (e.g., cocaine, methamphetamine), cannabis, benzodiazepines, synthetic drugs and hallucinogens
- Prescription medication misuse
- Polysubstance use and dual diagnosis
- The Link Between Addiction and Criminal Behaviour
- Cycle of addiction and recidivism

Engaging with Probationers Who Use Substances

- Building trust and rapport (by setting role clarification and confidentiality)
- Trauma-informed approaches to working with substance users
- Addressing denial, ambivalence, and resistance
- Recognising signs of addiction

Treatment Approaches and Harm Reduction Strategies

- Abstinence-based vs. harm reduction approaches
- Detoxification and rehabilitation programmes
- Medication-assisted treatment (e.g., methadone, buprenorphine, naltrexone)
- Community-based recovery models (e.g., AA/NA, peer support groups)

Crisis Management and Relapse Prevention

- Identifying withdrawal symptoms and overdose risks
- Suicide risk and self-harm in substance users
- Strategies for preventing relapse and sustaining long-term recovery
- Role of probation officers in crisis intervention

Referral Pathways and Multi-Agency Collaboration

- When and how to refer to addiction treatment services
- Working with healthcare providers, social services, and peer support networks
- Legal and ethical considerations in handling probationers with addiction

Suggested training methods

- Online or in-person delivery
- Interactive discussions (case studies, lived experience testimonials)
- Role plays and simulations
- Field visits (to addiction treatment centres, harm reduction programmes)
- Multimedia presentations (videos, podcasts on addiction recovery)

Suggested duration

3 hours

Suggested trainer's profile

- Mental health and addiction specialists
- Probation officers with experience in substance use cases
- Experts in harm reduction and rehabilitation programmes

Suggested references/resources

Key resources:

Butterfield, A. E. (2024). Exploring substance use disorder training among probation officers, and the impact of stigmatizing labels on approaches to probation violations (Order No. 31297786). <https://www.proquest.com/dissertations-theses/exploring-substance-use-disorder-training-among/docview/3102238535/se-2>

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). (2024). European drug report: Trends and developments. Publications Office of the European Union.

Perry, A. E., Martyn-St James, M., Burns, L., Hewitt, C., Glanville, J. M., Aboaja, A., Thakkar, P., Santosh Kumar, K. M., Pearson, C., Wright, K., & Swami, S. (2019). Interventions for drug-using offenders with co-occurring mental health problems. The Cochrane Database of Systematic Reviews, 10(10), CD010901. <https://doi.org/10.1002/14651858.CD010901.pub3>

Further Reading:

Walters, S. T. (2022). Substance use and misuse among justice-involved persons: Practice guidelines for probation staff. Federal Probation, 86(1), 11–14. Retrieved from <https://heinonline.org/HOL/Page?handle=hein.journals/fedpro86&collection=journals&id=8&startid=&end=14>

Module: Other disorders: Affective disorders/ depression/ anxiety/ neurodivergence/ intellectual disabilities/ personality disorders

Rationale

There has been a rise in the diagnosis of mental health conditions in society and amongst probationers. Those who have experienced trauma and adversity are more likely to be diagnosed with mental health disorders, substance use problems, and experience crisis. Trauma and mental health issues often co-occur. Unaddressed mental health issues can negatively impact on quality of life and can also be risk enhancing. It can be challenging and demanding for probation officers to work with probationers with such complex needs. Risk could increase if mental health conditions are unaddressed or misunderstood. This module offers foundational knowledge, practical techniques, and clear guidelines to help probation officers build their capacity to work effectively with individuals experiencing mental health disorder. It focuses on conditions such as depression, anxiety, personality and affective disorders, intellectual disabilities, and neurodivergence aiming to enhance officers' confidence and resilience in their professional roles.

Learning outcomes (knowledge and skills)

By the end of this module, participants will be able to:

- Develop awareness of basic symptoms of depression, anxiety, and affective disorders and core risks and complex challenges related to specific diagnoses
- Understand psychosocial functioning problems of people with intellectual disabilities and neurodivergence
- Identify behaviours for those presenting with Personality Disorders, such as antisocial and narcissistic personality disorders and psychopathy, and how to work more effectively to maximise successful engagement
- Understand differences in effectiveness of probation work, professional help, and treatment with probationers with different mental health disorders
- Recognise system difficulties in defining needs and supporting people with mental health disorders in criminal justice settings
- Explore appropriate responses to people who have mental health problems and how to direct them for appropriate, specialist help

Contents

Affective, depression, and anxiety disorders

- Main biopsychological causes and symptomatology
- Clinical recognition of depression, anxiety, and affective disorders
- Co-occurrence of anxiety and depression

Neurodivergence and intellectual disabilities

- Specific aspects of psychosocial functioning in people with neurodivergence and intellectual disabilities
- Common problems for probation officers to recognise, how to communicate effectively, and improve interpersonal contact with those experiencing such problems

- Health inequality and professional help resources
- Person centred environment and joint working

Personality disorders

- Cluster A, B, C personality traits
- Working specifically with clients diagnosed with personality disorders
- Psychologically informed management approaches
- Role of evidence-based treatment and appropriate models of work with probation clients

Responses to each disorder

- Effective treatments and specialist services
- How to direct for appropriate, specialist help

Suggested training methods

- Online or in-person delivery
- Power Point presentation and video materials
- Interactive discussion, workshop with case study
- Role plays and simulations (e.g., responding to a client experiencing specific mental problem)
- Guest speakers, including mental health professionals and individuals with lived experience either live or through pre-recorded video

Suggested duration

3 hours

Suggested trainer's profile

Expert in mental health problems with professional experience of work with people diagnosed with different mental disorders (psychiatrists, psychotherapists or psychologists from the criminal justice system).

Suggested references/resources

Key resources:

Abdullah, M., Motz, A., Logan, C., Bull, Ch., et al. (2020). Working with people in the criminal justice system showing personality difficulties (Practitioner Guide, 3rd ed.). NHS and HM Prison & Probation Service.

Black, M. H., Helander, J., Segers, J., Ingard, C., Bervoets, J., Grimaldi de Puget, V., & Bolte, S. (2024). The face of neurodivergence: A scoping review of resilience and factors promoting positive outcomes. *Clinical Psychology Review*, 113, 102487.

Brooker, Ch., Sirdifield, C., & Parkhouse, T. (2022). Identifying mental illness and monitoring mental health in probation service settings. *European Journal of Probation*, 14(3), 179–203. <https://doi.org/10.1177/20662203221140646>

Further Reading:

Sirdifield, C., Brooker, C., & Marples, R. (2020). Mental health and probation: A systematic review of the literature. *Forensic Science International: Mind and Law*, 1, 100003. <https://doi.org/10.1016/j.fsimpl.2019.100003>

Cognitive Behavioural Therapy (CBT) skills workbook. (2016). Hertfordshire Partnership NHS.

Cuddeback, G. S., Van Deinse, T., Givens, A. D., Lichtman, A. M., Cowell, M., & DiRosa, E. (2022).

Individuals with mental illnesses in the criminal legal system: Complex issues and best practices. *Federal Probation*, 86(1), 18–26.

Kirby, A. (2018). *Neurodiversity: A whole-child approach for youth justice*. HM Inspectorate of Probation.

Motz, A., Logan, C., Bull, C., et al. (2015). *Working with offenders with personality disorder: A practitioner guide*. NHS and HM Prison & Probation Service.

Power, Ch. L. (2021). *Moving forward together: Mental health among persons supervised by the Probation Service*. Probation Service Research Report.

Shaw, J., Minoudis, Ph., Craissati, J., & Bannerman, A. (2011). Developing probation staff competency for working with high-risk-of-harm offenders with personality disorder: An evaluation of the Pathways Project. *Personality and Mental Health*. DOI:[10.1002/pmh.192](https://doi.org/10.1002/pmh.192)

Taylor, Ch., Russell, J., & Winsor, T. (2021). *Neurodiversity in the criminal justice system*. Criminal Justice Joint Inspection.

Tiller J. W. (2013). Depression and anxiety. *The Medical journal of Australia*, 199(S6), S28–S31. <https://doi.org/10.5694/mja12.10628>

Module: Engaging with clients in a crisis

Rationale

Probation officers are often among the first professionals to notice when a client is in crisis. This module aims to build confidence and capacity to recognise warning signs, de-escalate tense situations, and take appropriate action. It also supports officers' own safety and emotional well-being when working in high-stress environments.

Learning outcomes (knowledge and skills)

By the end of this module, participants will be able to:

- Recognise crisis situations, including risk of harm to self or others
- Develop skills to effectively communicate with probationers during the moment of crisis
- Engage with empathy, maintain professional boundaries during a crisis, and respond appropriately to disclosures or incidents of self-harm or threats
- Understand risk factors and protective factors associated with both suicide and violence
- Reflect on their own emotional responses, apply self-care practices after critical incidents, practice acceptance-based coping, and remain calm and composed in the face of stress
- Follow referral pathways and know how to involve mental health or emergency services

Contents

- Understanding psychological crisis: definitions, stages, and key concepts
- Cultural competence and individualised approaches: How cultural and social backgrounds influence crisis experiences and reactions. Adapting approaches to meet the client's needs
- Types, origin, and inner coping resources of crisis: suicide risk, self – harm, aggression, and psychotic breakdowns
- Recognising warning signs and crisis triggers in probation settings
- Verbal and non-verbal de-escalation techniques, responsiveness
- Practical intervention scripts: Structured examples of what to say during critical moments (e.g., de-escalating aggression, responding to a client in panic)
- Engaging with a client in crisis (in a distressed state, suicidal ideation, self-harm awareness)
- Safety planning, crisis management, and suicide prevention.
- Handling aggressive behaviour: risk assessment and personal safety
- Ethical and legal considerations: Brief overview of legal boundaries, duty to report, and appropriate escalation
- Collaborating with emergency services and mental health professionals

Suggested training methods

- Online or in-person delivery
- Case-based learning using real-life examples and crisis simulations
- Role plays and simulations (e.g., crisis intervention responding to a suicidal client or de-escalating aggression)
- Guest speakers, including mental health professionals and individuals with lived experience

Suggested duration

3 hours

Suggested trainer's profile

The trainer's profile will probably depend on the capabilities and resources of each organisation:

- Professionals with background in crisis intervention, or suicide prevention of offenders and staff with training in mental health and risk assessment
- Experienced probation officers with training in mental health and risk assessment
- Trainers with expertise in trauma-informed care, de-escalation, and resilience building

Suggested references/resources

Key Resources:

Committee of Ministers of the Council of Europe. (2025). Recommendation CM/Rec(2025)2 of the Committee of Ministers to member States regarding the promotion of the mental health of prisoners and probationers and the management of their mental disorders.

Phillips, J. (2021). Suicide and probation: Risk, responsibility and uncertainty in community supervision [PDF]. Sheffield Hallam University. https://www.cep-probation.org/wp-content/uploads/2022/06/CEP-presentation-suicide-on-probation_Jake-Philips.pdf

World Health Organization. (2007). Preventing suicide in jails and prisons. <https://iris.who.int/handle/10665/43678>

Further Reading:

Phillips, J., Barry, C., Gelsthorpe, L., Padfield, N., & Mullin, J. (2020–2022). Probation staff experiences of working with people at risk of suicide and/or selfharm [PDF]. Sheffield Hallam University. <https://shura.shu.ac.uk/30494/1/Phillips-ProbationStaffExperiences%28VoR%29.pdf>

Module: Probation Officer Engagement with Service Users presenting with Mental Health Issues

Rationale

This module has a focus on the practice skills of individual Probation Officers when engaging with Service Users presenting with mental health issues.

Note: referral pathways, if common to all disorders, can be included in this module, instead of individually for each disorder module.

Learning outcomes (knowledge and skills)

By the end of this module, participants will be able to:

- Recognise the importance of establishing an effective working alliance with probationers under mental health care
- Have a focus on core social work skills, and a person-centred approach.

Contents

- Core skills for working with probationers under mental health care – working alliance, setting boundaries, raising insight and motivation
- Promotion of service user insight, motivation, and compliance with mental health treatment
- Application of social work counselling skills in Motivational Interviewing and Solution Focused work
- Active listening, empathetic reflection, and being able to work at the client's own pace
- Exploration of potential ethical issues and/or dilemmas

Suggested training methods

- This module should be delivered in-person.
- The contents are more practical than expository. Role plays can be used to promote core skills.

Suggested duration

2 hours

Suggested trainer's profile

Probation officer with expertise on dealing with service users presenting with mental health issues and core social skills.

If referral pathways are addressed in this module, participation from mental health service representatives with detailed knowledge of the referral and care pathways is recommended.

Suggested references/resources

Key resources:

Bland, R., et al. (2021). Social work practice in mental health: An introduction. Routledge.

Durnescu, I. (2020). Core correctional skills: The training kit. Bucurest: ARS Docendi.

Sirdifield, C., & Owen, S. (2016). Probation's role in offender mental health. *International Journal of Prisoner Health*, 12(3), 185–199. <https://doi.org/10.1108/IJPH-10-2015-0034>

Further reading:

Brooker, C., & Sirdifield, C. (2024). Probation, mental health and criminal justice: Towards equivalence. London: Routledge.

Morick, Y., & Heitz, K. (2022). The role of the specialist mental health probation officer. *European Journal of Probation*, 14(3), 240–251. <https://doi.org/10.1177/20662203221146735>

Module: Gender and mental health

Rationale

In the probationary setting, it is important to be aware of the different ways in which gender affects mental health and creates the landscape for mental health conditions and poor mental health. Women are considered to be at higher risk than men for certain mental health conditions such as depression and anxiety; they are also affected more often by intimate partner violence and gender-based violence which increases the risk of mental health conditions and exacerbates existing symptoms. Men and women experience cultural constraints and pressure on emotional expression and identity specific to their gender, which increases risks to their wellbeing. Non-binary individuals are at high risk of poor mental health, interpersonal violence and suicide, in part because of discrimination, stigma and crimes committed against them.

Learning outcomes (knowledge and skills)

By the end of this module, participants will know:

- What is a gender-sensitive perspective
- How gender affects everyday experience and mental health
- What specific risks may predispose to or exacerbate mental health conditions for different genders
- What gender-specific measures can be taken to reduce mental suffering

By the end of this module, participants will be able to:

- Have a gender-sensitive conversation with a client in probation
- Check on gender-specific aspects of their everyday experience which may contribute to poor mental health
- Maintain a portfolio of gender-specific resources, services and referral points to which they can refer clients in probation

Contents

- Introduction to a gender-sensitive perspective. Popular discourse about genders: truth vs. myth; stereotypes and bias
- How our life experiences and everyday lives are shaped by gender: self-reflection and empathy
- Mental health and gender. Cultural expectations, pressures and constraints
- Gender-specific risks and rates of mental health conditions by gender
- Minorities in gender and sexual orientation (LGBTQIA+ individuals): stress and risk factors, stigma, impact of discrimination and phobia
- Reconsidering professional experiences from a gender-sensitive perspective
- Suicide and gender. Rates and gender differences in behaviour and risks
- Gender-sensitive interventions in probation
- Probation work from a gender-sensitive perspective

Suggested training methods

- In-person delivery preferred; online delivery possible
- Discussions, video (documentary), presentations to deliver facts and information
- Case studies and role play simulations to enhance empathetic understanding
- Skills practice (interview/intervention simulations) to practice gender-sensitive approach

Suggested duration

2 hours

Suggested trainer's profile

- Social worker, psychologist or other related professional who works with gender issues (and is knowledgeable about gender and mental health), preferably with all genders.
- If the professional has experience only with one gender, a second trainer may be necessary.

Suggested references/resources

Key resources:

Givens, A., Murray-Lichtman, A., Van Deirse, T. B., Dallenbach, M., Cowell Mercier, M., Lowder, E. M., & Cuddeback, G. S. (2022). Individuals with mental illnesses on probation: The intersection of trauma, race, and gender. *Feminist Criminology*, 17(4), 494-513.

Council of the European Union (2024). Strengthening women's and girls' mental health by promoting gender equality. 15976/24, 28 November 2024.

Rice, S., Oliffe, J., Seidler, Z., Borschmann, R., Pirkis, J., Reavley, N., & Patton, G. (2021). Gender norms and the mental health of boys and young men. *The Lancet Public Health*, 6(8), e541-e542.

Klinger, D., Oehlke, S. M., Riedl, S., Eschbaum, K., Zesch, H. E., Karwautz, A., ... & Kothgassner, O. D. (2024). Mental health of non-binary youth: a systematic review and meta-analysis. *Child and Adolescent Psychiatry and Mental Health*, 18(1), 126.

Ramos, N., Barnert, E. and Bath, E. (2022) 'Addressing the Mental Health Needs of LGBTQ Youth in the Juvenile Justice System', *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(2), pp. 115–119. <https://doi.org/10.1016/j.jaac.2021.06.014>.

Further reading:

Rosenfield, S., & Smith, D. (2010). Gender and mental health: Do men and women have different amounts or types of problems. *A handbook for the study of mental health: Social contexts, theories, and systems*, 256-267.

Comacchio, C., Antolini, G., Ruggeri, M., & Colizzi, M. (2022). Gender-oriented mental health prevention: A reappraisal. *International journal of environmental research and public health*, 19(3), 1493.

Module: Staff self-care

Rationale

Mental well-being is not just a personal matter – it is a professional necessity for anyone working in probation. Many probation officers experience chronic stress, emotional fatigue, or burnout without even realising it. This doesn't only impact their own quality of life – it can also affect their ability to connect with clients, assess risk objectively, and remain consistent in decision-making. The goal is not just to provide theoretical knowledge but to encourage reflection and equip participants with useful strategies for their own well-being. Supporting the well-being of probation staff is not just good practice – it is key to building a safer, more humane justice system.

Learning outcomes (knowledge and skills)

By the end of this module, participants will be able to:

- Understand what mental well-being is and why it's important in probation work
- Recognise common and specific stressors, the emotional burden, and exhaustion of working with probationers who have mental health issues
- Identify early signs of stress, burnout, and compassion fatigue
- Implement self-care strategies and ways to maintain resilience in a high-pressure job
- Discuss the importance of peer support, supervision, and seeking help when needed
- Explore how a PO's well-being influences their ability to support probationers effectively

Contents

- Introduction to Mental Well-being – What it means, why it matters
- Challenges in Probation Work – Stressors, emotional demands, work pressures
- Recognising Signs of Stress and Burnout – What to look out for, common symptoms
- Self-care and Coping Strategies – Simple, practical ways to manage stress and maintain well-being
- Support Systems – The role of colleagues, supervision, and organisational resources
- Balancing Work and Life – Setting boundaries, managing workload, and preventing burnout
- Well-being for Probationers – How supporting POs' well-being also benefits probationers
- Experiences, challenges, and strategies

Suggested training methods

This module should be highly interactive, focusing on personal reflection and shared experience. Recommended training methods include:

- Small group discussions and open conversations, allowing participants to share personal coping strategies and challenges they face in their roles
- Case study analysis based on real-life scenarios from probation work, exploring emotional demands and workplace stress
- Online or in-person
- Guest speakers, such as experienced probation officers or professionals who have worked on well-being and resilience in high-pressure environments

Suggested duration

3 hours

Suggested trainer's profile

The trainer profile will probably depend on the capabilities and resources of each organisation:

- Psychologists with experience in occupational health, stress management, or work psychology; or a psychologist with a specialisation in health, clinical, or organisational psychology
- Social workers and PO with experience in stress management and burnout prevention
- Workplace well-being specialists or HR professionals who understand the pressures of helping professions
- Probation officers with relevant training or expertise in supervision and peer support

Suggested references/resources

Key resources:

British Journal of Criminology. (2024). Staff mental health in probation: Organisational pressures and psychological resilience. <https://academic.oup.com/bjc/advance-article-abstract/doi/10.1093/bjc/azaf006/8024368>

Council of Europe. (2021). White paper on the management of persons with mental health disorders in prison and probation settings. <https://rm.coe.int/white-paper-regarding-the-management-of-persons-with-mental-health-dis/1680abc989>

Skovholt, T. M., & Trotter-Mathison, M. (2011). The resilient practitioner. Routledge.

Further reading:

Brooker, C., et al. (2025). Probation staff morale and workplace stress: A European-wide study. Confederation of European Probation (CEP). [CEP-Stress-Report-The-European-survey-of-probation-staffs-stress-and-morale.pdf](#)

Sirdifield, C., Brooker, C., & Marples, R. (2020). Mental health and probation: A systematic review of the literature. Forensic Science International: Mind and Law, 1, 100003. <https://doi.org/10.1016/j.fsimpl.2019.100003>

Final remarks and future directions

Developing a pan-European Mental Health Curriculum for Probation Officers has been an ambitious, although necessary, undertaking. In little over a year, it went from concept to finished product, and this was only possible through the collaborative and collegiate approach of the Mental Health Expert Group. This curriculum is thorough and comprehensive, covering the main knowledge areas for Probation Officers working with service users presenting with mental health issues. The main challenge now is for the various Probation agencies across Europe to endorse the curriculum and to support its implementation.

Future iterations of the curriculum could expand beyond adult mental health to include adolescent mental health, developmental trauma and youth-specific interventions. Young people in contact with probation and wider justice systems often present with complex trauma histories, neurodevelopmental vulnerabilities and early-onset substance use, which require different engagement strategies, clinical formulations and care pathways than those used with adults. A dedicated module could help probation officers recognise developmental red flags, understand the impact of adverse childhood experiences on behaviour, and collaborate more effectively with youth justice, child protection and educational services.

It would also be valuable to incorporate more systematic training in the elements of clinical interviewing, including taking a basic psychiatric history and conducting a structured mental health assessment. While probation officers are not expected to act as clinicians, they are frequently the first professionals to notice changes in mood, functioning or risk. Strengthening skills in asking sensitive questions, organising information over time, and distinguishing between acute crises and long-standing difficulties would support better decision-making, documentation and referral. Relatedly, future versions of the curriculum could place greater emphasis on how to detect mental health problems in probation services through brief, structured screening. This might include introducing validated screening instruments that are feasible in routine practice, guidance on when and how to apply them, and clear algorithms for subsequent action (e.g. psychoeducation, enhanced monitoring, or referral to specialised services). Embedding screening within existing case management processes, and tailoring it to local service availability, would help to move from ad hoc recognition of difficulties towards a more systematic, equitable approach.

Finally, it might be useful to include a focused discussion on a modern and increasingly relevant phenomenon: “virtual addiction”, including problematic use of gaming, social media, online pornography and gambling platforms. These behaviours can interact with mental health problems, social isolation, offending patterns and compliance with probation conditions, yet are often overlooked in traditional training. A future module could introduce conceptual frameworks for understanding virtual addictions, key assessment questions, links with impulsivity and reward processing, and practical strategies for brief intervention and referral in the probation context.

Utrecht, April 2026

CEP is the Confederation of European Probation. It aims to promote the social inclusion of people who offended through community sanctions and measures such as probation, community service, mediation and conciliation. CEP is committed to enhance the profile of probation and to improve professionalism in this field, on a national and a European level.



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