CONCLUSION PAPER

RAN Cross-cutting Event

28 November 2023, The Hague, The Netherlands

'Prevention of violent extremism: A shared responsibility between mental health care and the security domain'

Key outcomes

A complex interplay exists between mental health issues, processes of radicalisation and managing security factors and risks efficiently, in light of which cooperation and exchange of information between the mental health and security domain is needed. Individuals engaged in violent extremism presenting severe psychiatric disorders represent a specific sub-group inside the radicalisation population as a whole and pose specific challenges in terms of detection, assessment and treatment as well as in connection to the management of security. Their situation calls for inter-agency collaboration to develop a comprehensive picture of the radicalised individuals, which can better inform interventions.

Although there is no proven causal link between mental health disorders and violent extremism, observations by practitioners and analysts in the past years reveal a growing intersection among cases related to violent extremism presenting some form of mental health issue. Recent trends show that there is some evidence that mental health issues are more prevalent among lone actors than among other violent group actors, including a history of trauma and violence that could induce or generate various psychological problems or disorders. The key takeaways from the cross-cutting event are:

- Practitioners, policy-makers and researchers agree on the fact that mental health issues are more prevalent among lone actors;
- Some disorders may make individuals more vulnerable to radicalisation and recruitment, including, for example, personality disorders (such as borderline and antisocial disorders), schizophrenia, anxiety, depression, autism, PTSD, in light of their high impact on an individual's attitude, behaviour and beliefs;
- Although individuals suffering from mental health disorders represent a minority group within the broader population of radicalised individuals, their specific situation and needs require strong multi-agency work to be initiated at an early stage;
- Despite the existence of several factors (described later in the paper) hindering the cooperation between mental health professionals and security actors, good practices have been developed and can be of inspiration for different contexts, starting with collaboration at local level;

- The detection and monitoring of individuals at risk of radicalisation and suffering from mental health issues are further complicated by the latest changes in the radicalisation processes (blurred ideological frameworks) as well as by the impact of the online dimension in radicalisation and recruitment.

This paper summarises the main takeaways of the discussion held during the RAN cross-cutting event on 'Prevention of violent extremism: A shared responsibility between mental health care and the security domain'. It starts with an analysis of the nexus between mental health issues and violent extremism, scrutinise its complexity as well as the latest trends, an overview of main challenges hindering the cooperation, followed by a list of recommendations and some follow-up topics. The paper ends with a presentation of some inspiring practices.

Highlights of the discussion

Mental health issues and violent extremism

A complex interplay

The nexus between terrorism/violent extremism and mental health is a complex one from various perspectives. As a matter of fact, when a person engages into violent extremism, mental health issues can add a layer of complexity to a given situation and can thereby make it more difficult to evaluate the primary motive of an attack. In addition, mental health problems can be connected to symptoms that resemble signs of radicalisation but are not necessarily an expression of conscious engagement into terrorism/violent extremism. Consequently, law enforcement agencies might encounter an increased level of complexity in assessing where and whether interventions are required because the nature of intent, the motivations and the trajectory of violence of the individual is different from the pathways and patterns commonly observed in terrorism/violent extremism.

Cases have been observed where a mix of trigger factors were present (for example: social isolation, frustration, search for identity) and where the overlap between mental health issues and terrorist objectives led to episodes of violence. In these contexts, as described above, it is hard to clearly define whether an act is motivated by a political purpose or whether the mental health disorder pushed the individual to act. For some of these cases, the judicial system of the respective Member State assessed that offences could not be categorised as terrorism-related ones, as terrorist intent and mental health issues could not exist at the same time.

However, mental health factors can play a dual role in relation to terrorism/violent extremism: they can be both a precursor to, and a consequence of, radicalisation processes. Mental health disorders can also act as a modulating factor in relation to a trajectory of violent radicalisation. Where intersections between mental health and terrorism/violent extremism are present, challenges are higher for the security actors to detect the situation and prevent violence as oftentimes these cases are characterised by a short period between planning and mobilisation with no meticulous preparation before the attacks.

While prevalence rates of mental health issues are not significant among the terrorist population as a whole, lone actor terrorists do present higher rates of mental health disorders. These data have been confirmed by a variety of sources. In TE-SAT 2023, for example, Europol signalled that 'lone actors or small leaderless cells, […] have the biggest potential for carrying out right-wing terrorist attacks in the EU. This concerns predominantly young males, many of which suffer from some form of mental health condition'[1]. Practitioners and policy makers of several Member States also noticed a relatively high prevalence of mental health disorder within lone actors' cases that they have

[1] European Union Terrorism Situation and Trend report 2023.pdf (europa.eu), p. 50

faced[2]. This is confirmed by research on the topic, according to which schizophrenia and delusional disorders are more common in lone actors than in the general population[3].

Latest trends

The interplay between mental health disorders and terrorism/violent extremism has become even more complex to identify and assess in the last years in light of new and emerging trends that have affected terrorism/violent extremism.

First, the ideological dimension in radicalisation processes has lost ground in favour of the growing importance of narratives and the need for being part of a narrative. With narratives replacing ideologies, it becomes more difficult to classify attacks motivated by unclear ideological stands. Efforts, in this sense, differ and blurry ideological positions have been noted, including:

- Mixed – influence of more than one ideology
- Fused – one predominant ideology, but using elements of other ideological stands
- Ambiguous – no clearly discernible ideologies
- Convergent – one predominant ideology, but supporting others as well

In addition to the increased importance of narratives, a growing fascination with violence has been observed, with violence becoming a motivation *per se* and ideology coming second. This trend can manifest itself in the glorification of violent episodes, such as, for example, mass shootings. Extremist groups appear to be particularly appealing to antisocial personalities and in anti-authoritarian and conspiracy-informed settings.

The complexity of the contemporary situation is further affected by the opportunities and the risks connected to the online world. The internet makes it difficult to identify people at risk because of the amount of other harmful content available on the web, including hate speech and other 'awful but lawful' content. In addition, polarisation can be exacerbated through online communication given that messages shared online can reach a broader audience in a short time-frame.

Finally, contextual elements have played a role in individuals' engagement into terrorism/violent extremism. For some individuals, for example, the COVID-19 pandemic has acted as an extra trigger for mental health issues, also affecting personal trajectories to violent radicalisation, with practitioners noting that social isolation affects decision making processes. Geopolitical factors, such as the Russian war of aggression against Ukraine and the Israeli-Palestinian conflict, may also exacerbate frustrations and grievances that might act as push factors for some people to join terrorist groups and/or engage in terrorist activities.

Good and inspiring practices and strategies to close the gap between the security sector and the mental health domain

- Participants at the cross-cutting event discussed some good and inspiring practices that could strengthen collaboration between security actors and mental health professions. **Spain** recently organised a meeting, in the context of the presidency of the European Council, to present the findings of an analysis conducted by the Intelligence Center for Counter-Terrorism and Organised Crime (CITCO) on lone actors and mental health. The aim of the meeting was to raise awareness among policy makers about three profiles of individuals involved in violent extremism and/or terrorism, namely lone actors, radicalised persons and individuals with mental health issues, and the overlap between these profiles. The meeting held in Spain also served as an occasion to identify the areas in which further efforts are necessary. In this regard, two

[2] See, for example, the RAN HEALTH Working Group meeting, held online on 23-24 October 2023, available at: ran_health_psychosis_and_implications_for_pcve_23-24102023_en.pdf (europa.eu)
[3] Corner, E., Gill, P., & Mason, O. (2016). Mental health disorders and the terrorist: A research note probing selection effects and disorder prevalence. Studies in Conflict & Terrorism, 39(6), 560-568.

main points were discussed: the need for more updated information on lone actor terrorist/extremist profiles and the importance of sharing more real-life examples to illustrate prevalent mental health disorders.

- In **The Netherlands**, the prevention of radicalisation goes through a multi-agency person-centred approach (PGA). Different stakeholders – including the public prosecutor, probation services, social services, prison and child protection services – come together whenever there is a sign of radicalisation. If relevant, mental health practitioners are invited to join the discussion as well. The multi-agency team assesses whether there is a need for intervention, which could take on different forms, including a security-related measure and/or a social/mental health process. The different actors involved in the approach might use a different 'language', also related, sometimes, to the use of similar words but with different meaning. Therefore, a working model was developed to facilitate the case conversations, with a focus on five domains to guide the interventions: 1) preparedness to take action, 2) inclination to violence, 3) social relations, 4) identity, and 5) the extent to which the person is able to sustain themselves. The actors involved in the multi-agency approach do not receive the same information, but rather the data that are relevant to their field of expertise and action. Before intervention is enforced, the whole multi-agency group comes together, shares the information that is present and decides together on the best achievable goal in relation to the specific individual, considering his/her risk and protective factors, his/her networks, and other elements.

Participants agreed that the care of vulnerable individuals cannot and should not be in the hands of a single actor. Furthermore, it was discussed that need for cooperation is evident at local level: psychological factors of individuals involved in radicalisation and terrorism may also be related to the local and family context, which is managed both by mental health experts as well as community policing actors.

The challenges that hinder cooperation

While collaboration seems to be much easier when the risk is high and imminent danger, it appears to be more challenging in the earlier stages of prevention. Many aspects were discussed as possible factors that can make cooperation between the mental health sector and the security domain difficult:

- Professional secrecy: sharing information between professionals of the mental health and security domain is often hindered by a lack of knowledge about legislation and user/patient confidentiality regulations. Not knowing the exceptions to these confidentiality clauses can prevent mental health professionals from sharing information. Another important reason for patient confidentiality is to not harm the trust between the mental health professional and the individual that is being treated.

- Historical dynamics: in the past, the field of psychiatry/psychology had to emancipate itself from the security sector to gain autonomy. Consequently, the mental health sector can be sceptical and, in certain circumstances, threatened when it comes to collaborating with the security domain. As an example, mental health practitioners and experts shared the worry that shared information will be used for investigation by security forces rather than to protect the individual and their surroundings.

- Lack of clarity: an unclear definition of boundaries, tasks, roles and responsibilities of the other party can negatively impact cooperation by affecting the info-sharing and increasing distrust among the actors involved. Collaboration is key, but it is not always clear what collaboration implies.

- Roles: The focus for mental health experts is mainly on the assessment/treatment of patients (vulnerable individuals), whilst the safety aspect is the dominant approach for professionals within the domain security of security. This separation impairs an integrated approach.

- Knowledge about mental health and preventing and encountering violent extremism (P/CVE): professionals from the security domain shared that they are often unable to identify mental health issues due to lacking the appropriate tools and knowledge to do so. This may make it difficult to share relevant information and/or involve a mental health professional when needed. On the other hand, mental health professionals with experience in P/CVE issues may recognise some signs of radicalisation, but they are unaware that they should transmit that information to security agencies. Even those who wish to transmit this information do not know how. This may result in informing security actors about the vulnerability of certain individuals too late.

- Goals: having the feeling that the other party has different goals, which is reinforced by the feeling of 'not speaking the same language'. Misconceptions about the possible venues for action and the definition of unrealistic expectations can create frustration and undermine the relationship.

- Public opinion and legal implications: expectations are high on the need to prevent terrorist attacks and failure in this field is not accepted. Consequently, mental health practitioners are afraid of being involved in P/CVE as they fear legal sanctions and/or public accusations if their client engages in violence.

Unintended adverse effects can also arise from collaboration. If, for example, there is an unclear definition of roles and responsibilities, some mental health professionals might act as police agents, negatively affecting their interventions as clinicians. In addition, the automatic process of labelling vulnerability as a risk for criminality can also lead to negative consequences.

Recommendations

The participants discussed the cases and practices presented, along with their own experiences, in plenary and break-out groups, and drew up various recommendations to overcome the challenges that hinder collaboration between mental health and the security sector:

- Cooperation requires an **architecture** within which the relevant professionals can establish their relationships. The set-up of this framework – necessary for a smooth collaboration to happen – should include the following:
    - Identification of relevant actors at local and national level and, within this group, definition of a single point of contact for each entity involved;
    - Start with understanding the other entities' tasks, responsibilities and possibilities by discussing the reasons to cooperate. What all entities will gain via this cooperation and why this cooperation is needed should be discussed. All involved should subscribe to the "raison d'etre" of this specific cooperation;
    - Development of a normative framework which regulates the avenues and limits of cooperation;
    - Building trust: creating a relationship based on trust is essential for effective collaboration, smooth information-sharing and efficient interventions. Some ingredients that are perceived as necessary for building trust:
        - "do what you promise and practice what you preach": defining clear roles and responsibilities and ensuring that follow-up actions are put in place after the sharing of information;
        - creating connections between people, offering opportunities for meetings (preferably offline), in the form, for example, of joint training and capacity building workshops as well as through cross-domain familiarisation by experiences of mutual job shadowing;
        - defining a common language to be able to understand the respective roles, responsibilities and limitations (as in the Dutch PGA);
        - ensuring a common understanding of the legal framework in which stakeholders will act.
- Define in more detail **specific risks and behaviours/actions** that require common knowledge among professionals through, for example, the organisation of joint training based on real-life situations.
- Establishing **tools** for the cooperation to be effective and efficient, such as, for example, the creation of a shared database.

- Shift away from **unrealistic expectations:** objectives should be discussed and agreed upon to streamline interventions as well as to reduce the frustrations arising from the perception of failure.

For policy-makers:

- In light of the role played by the online dimension on radicalisation processes, including upon individuals presenting mental health issues:
    - further regulatory efforts (which complement the ongoing measures, such as the Digital Services Act and the TCO Regulation) could help limit access to material that might be conducive to terrorism;
    - in addition to a normative approach, a multi-stakeholder's endeavour is necessary to tackle the impact of the web.
- Treat multi-agency cooperation, including mental health and security actors, as a priority and create opportunities for joint events (especially offline) to happen.
- Narratives are powerful identity tools in contemporary society and relevant P/CVE actors, including security and mental health, would benefit from a "taking care together" narrative, emphasising that a unique actor is not sufficient to take care of an individual at risk of radicalisation/already radicalised and presenting mental health disorders.

For practitioners:

- As mental health variables can be a risk factor for violent extremism involvement, mental health professionals should be involved in risk assessment as well as in follow-up actions (management and supervision), supporting security forces in their work.
- To decrease prejudice and assumptions about 'the others', actively look for possibilities to engage with practitioners from other sectors to prepare for future cooperation and information exchange when relevant #buildbridges in peacetime.
- As many limits affect the sharing of information, relevant stakeholders could exchange on and discuss important information without sharing precise and personal data.
- Being guided by inclusive values helps professionals gain trust and ensures the buy-in of the client.

Relevant practices

Person-specific approach/Persoonsgerichte aanpak (Netherlands): Focuses on the individual involved removing possible breeding grounds and strengthening protective factors (primary prevention). Activities in this context are aimed at strengthening resilience and identity. The secondary focus is people who already have exhibited radicalising views (secondary prevention), with whom intervention is carried out (think coaching or family support) to prevent extremist behaviour. Finally, in the context of tertiary prevention, it concerns deradicalisation and encouraging reintegration

District security groups/Groupe de sécurité départemental (France): A multi-agency and multi-actor approach that is tailored in response to individual requirements at A) a regional level, by enabling access to resources, sharing best practices and improving practical tools across a number of districts, B) a district level, where a global network of professionals set up customised prevention measures and C) at local level, where professionals from social, health and integration work form territorial units that carry out follow-up for each individual.

Police, social services and psychiatry network/PSP-samarbejdet (Denmark): The network's overall and primary goal is to reduce potential radicalisation among vulnerable people with psychiatric and/or mental diagnosis in Denmark. The aim of the tailor-made two-day training course is to raise the awareness of radicalisation among the PSP-network, giving the participants knowledge of the Danish strategy and methods in preventing radicalisation and the "standard-operating-procedure" when confronted with a concern of possible radicalisation.

Follow up

While participants at the meeting agreed on the importance of enhancing collaboration between mental health and security, some factors still negatively affect cooperation. Systematic research into tools, methods and protocols that could practically support inter-agency work could inspire practitioners as well as policy-makers.

To share the outcomes, recommendations and inspiring examples of this event and the RAN HEALTH working group meeting on 'Enhancing the cooperation between mental health practitioners and security forces in P/CVE' with a broader audience, a webinar was organised on the 13th of December.

Further reading

Europol (2023), European Union Terrorism Situation and Trend Report, Publications Office of the European Union, Luxembourg

RAN HEALTH WG meeting, Psychotic disorders and the implications for P/CVE, 23-24 October 2023, Conclusion Paper

Corner, E., & Gill, P. (2015). A false dichotomy? Mental illness and lone-actor terrorism. Law and Human Behavior, 39(1), 23-34

RAN Specialised Paper, Enhancing collaboration between law enforcement and other stakeholders in P/CVE, October 2023

Victoroff, J. (2005). The mind of the terrorist: A review and critique of psychological approaches. Journal of Conflict resolution, 49(1), 3-42

Gartenstein-Ross, D., Zammit, A., Chace-Donahue, E., Urban, M. (2023), "Composite Violent Extremism: Conceptualizing Attackers Who Increasingly Challenge Traditional Categories of Terrorism", *Studies in Conflict & Terrorism*, https://doi.org/10.1080/1057610X.2023.2194133

RAN Policy Support (authored by Jiménez-González, E.M.) (2022). Quarterly Research Review: Mental health issues and radicalisation. RAN Policy Support.