

RAN HEALTH

10/05/2023

CONCLUSION PAPER*Enhancing the cooperation between mental health practitioners and security forces in P/CVE
28-29 March 2023, The Hague, the Netherlands*

Enhancing the cooperation between mental health practitioners and security forces in P/CVE

Key outcomes

On 28 and 29 March 2023, the RAN Mental Health Working Group meeting on 'Enhancing the cooperation between mental health practitioners and security forces in P/CVE' took place in The Hague, the Netherlands. Mental health practitioners and police officers jointly discussed the importance of and possibilities for enhancing the needed cooperation between the mental health and security sectors in the prevention and countering of violent extremism (P/CVE). During the meeting practitioners from both sectors formulated practical recommendations for their peers and discussed what is needed from policymakers and researchers. Key points of this meeting include:

- The importance of cooperation is widely felt since many recent cases related to violent extremism seem to involve possible mental health issues ⁽¹⁾. Sharing information and discussing this information jointly will help to broaden the perspective and the ability to really assess if indeed the person(s) involved do have mental health issues and the possible security risk. In addition, cooperation will support the use of the best fitting interventions and either have a better chance at preventing further radicalisation or violence or supporting a sustainable reintegration into society.
- The wish of practitioners of both sectors to cooperate and exchange information about a person is often hampered by (perceived) limitations stemming from legislation, client confidentiality regulations, GDPR rules, and other information sharing regulation or ethical motivations. Oftentimes practitioners just do not know precisely what they can and cannot do, which leaves them shying away from sharing information. It would help if practitioners know when and how they must and can share information. and what kind.
- The involvement of mental health practitioners in a P/CVE-related case is easier when the focus is on the intention of behaviour rather than labelling something as extremism or not.
- Training of mental health practitioners in P/CVE and training police officers in mental health creates a better understanding of the work and role of practitioners from both sectors.

This paper summarises the main conclusions following the discussions and presentations and lists the topics that the practitioners present at this meeting deemed of added value to discuss during the foreseen cross-cutting meeting with policymakers and researchers end of 2023.

⁽¹⁾ Please note, this has not been extensively researched yet. However, among practitioners this trend is widely recognised.

Highlights of the discussion

Why is cooperation so important?

The reoccurring challenges in the collaboration between mental health practitioners and security forces require more attention due to the increasing challenges relating to mental health and P/CVE. Most multi-agency collaborations across Europe are not attuned to this complexity, which creates challenges in working in psychiatric settings and security forces. During the meeting practitioners discussed the importance of cooperation more in depth:

- They observed a new phenomenon that (almost) all recent cases related to violent extremism they have encountered seem to suffer from some kind of mental health issues. This observation has not been extensively researched yet, but practitioners from the mental health sector, youth workers and police officers do recognise this observed trend. Including mental health care professionals in P/CVE multi-agency structures is a necessity to look into this much further and make sure that possible mental health aspects are recognised and taken into account when developing interventions and carrying out risk and needs assessments.
- More specifically, for police officers, cooperation with mental health practitioners will help to identify cases where mental health issues might play a role. The quickest way to develop such cooperation is to start by discussing examples of extremist incidents and/or attacks where mental health issues might have played a role and from there on jointly decide in which cases sharing what information when might have helped to better assess the full context of the case.
- Cooperation is needed to be able to use each other's knowledge so these cases are not overlooked and to create tailor-made interventions focusing both on care for the individual and safety for society.
 - It helps to have more accurate threat assessment, since it will include more information on the mental health state of an individual.
 - It helps to have more insights into the needs of the involved person that will form valuable information to use when planning the intervention(s) to prevent or rehabilitate the radicalised person.
- Better cooperation, meaning more information sharing and a shared view of what is happening in their regions/boroughs/cities, of first-line practitioners who deal with the same persons will help to build trust with the community and citizens in a time where anti-government/anti-institution sentiments are on the rise.
- There are substantial differences between countries in how far along they are with developing systems around P/CVE and on how used they are either informally or also legally to sharing information between the security and mental health sectors.

Challenges

- Mental health issues do not always mean irrational behaviour. Radicalisation and mental health are two factors that may interact with each other and are dynamic. Therefore, taking care of the mental health dimension may not resolve an extremist threat.
- When risk assessments take the dimensions 'ideology' and 'mental health' into account and there is no information on mental health issues available, the threat could be assessed less high or higher than it actually is.
 - With the factor 'ideology' being stable, the threat can change quickly due to the varying mental health dimension. Situational factors (e.g. a lockdown) can cause stress that impacts mental health and can increase, among other things, depression, isolation, need for belonging and need for status.
- During the discussion, law enforcement practitioners and mental health care practitioners discovered they hold a similar preconception: practitioners from the 'other' sector do not want to share information.

Participants of the meeting think it is safe to assume this preconception is widely shared. It will help to approach the practitioner from the other sector by indicating the willingness to share information and the invitation to jointly find out how, when and what information can and should be shared.

- Practitioners recognise the lack of information sharing not only between organisations but also within organisations. Unfortunately despite all efforts, in mental health care there is often a non-complete handover in files and background information is not always fully shared. Within the police oftentimes there is no one person who holds all information, but many times there are bits and pieces of information regarding the same person with different police officers.

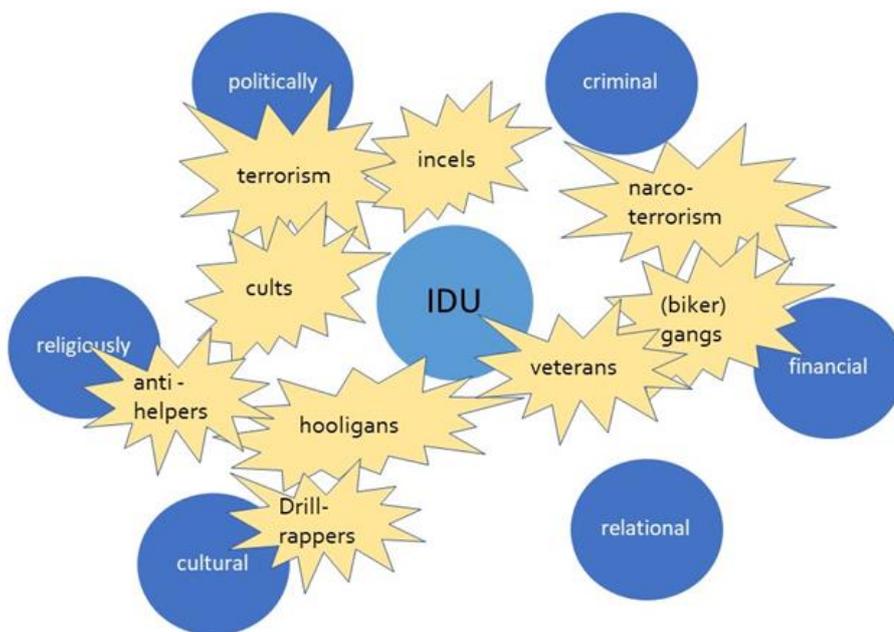
Inspiring example from the Netherlands

Previously in the Netherlands the idea was that radicalisation is not an issue for the mental health sector but a political issue. Therefore, the mental health sector was only involved in case discussions when the person(s) involved were labelled 'confused', but not when they were labelled as 'extremist'. This labelling was limiting the involvement of mental health practitioners and thus effective multi-agency cooperation.

The 'intention to disrupt and undermine' model (IDU-model) was proposed to address this issue. It will shift the focus from a label ('extremism') to all sorts of intentional disruptive behaviour. This will make it easier to involve mental health practitioners; working with behaviour is their core work.

Taking intention and aimed effects of behaviour as a starting point results in:

- not needing the differentiation between rational and irrational;
- the cross-over/intertwining of groups/individuals becoming visible;
- practitioners being able to learn about experiences with violent escalation and share knowledge in solutions.



Forms/ways of expressing the intention to disrupt and undermine



Activism, extremism and terrorism

Inspiring example from Denmark

Denmark has a different approach to making information exchange possible to prevent possible criminal actions/behaviour / radicalisation into violent extremism. They developed specific policy to allow first-line practitioners such as police officers and mental health practitioners to work together and share information to prevent violence or crimes. They can share information and/or concerns about a person with each other to prevent possible criminal behaviour such as violent extremist behaviour as long as the practitioners involved are working for a public authority. Also non-governmental institutions that carry out tasks for the public sector within the social, educational and employment areas or social treatment psychiatry are allowed to share information or concerns in order to prevent criminal behaviour.

Practitioners working for (or in assignment to) the police, social services and psychiatry sector (PSP) register their contacts with persons in a software system. If they have information/concerns about a person related to possible criminal behaviour they flag this in the system. Special PSP coordinators will check their notes and the information and decide which cases also according to them would need to be discussed with the other partners to be able to prevent criminal behaviour. The partners will check their own information and share whether they have concerns about this person as well. The partners will then jointly decide on the best possible intervention to prevent further radicalisation or any other crime.

Recommendations

Confidentiality

- Mental health practitioners need to understand the legislation and know when they can break confidentiality. There are several exceptions to professional secrecy, for example when an individual will harm others or themselves. They should inform or train themselves to make sure they know when they can and should share information also in the interest of the persons they are treating and/or assessing.

- It might be easier to share information in an early stage — thus more possibilities to prevent — when there is an agreement that the shared information will not be used for investigative reasons but only to check if prevention efforts are needed and which will probably be most effective.
- If there is a law that withholds you from discussing the case, discuss the case anonymously. Ask information in general and out of curiosity. If it is not possible to get all information, ask concrete questions about things that are relevant for your profession, for example as a police officer, ask questions related to safety and whether you should act.
 - Mental health practitioners can share observable behaviours without sharing diagnoses. Only describing behaviours does not have negative consequences for the individual but provides insights for cooperation partners.
- You can always ask the individual for approval to share information with other partners to be able to provide them with the best help. A prerequisite is a trustworthy relationship with the partners you are cooperating with as well as with the individual.
 - You can try to build trust with the individual by approaching someone with the motivation to provide help and let them keep autonomy of their lives (and information). Discuss their needs and try to help them fulfil those needs.

Meeting and training

- Mental health care can sometimes be perceived by security forces as a soft profession looking at the individual too much. The security sector might in turn sometimes be perceived by mental health professionals as only looking at the criminal behaviour and security risks and neglecting the context of a person. In short, practitioners need to understand each other's professions and curb biases to better cooperate. Possibilities to discuss radicalisation and violent extremism in an informal way by practitioners from both sectors or training of police officers in mental health issues will help to create this understanding.
 - Police also need knowledge and training on how to approach an individual with confused behaviour.
- Discussing ideology is sometimes a taboo in the field of mental health care. However, ideology can dictate behaviour and mental health practitioners should familiarise themselves with the belief system of the individual. Analyse why this person has these ideas and needs and use this to achieve change without labelling them (e.g. as extremist).
 - Mental health practitioners should be trained in recognising risks related to ideology and not see ideology as secondary.

Getting key partners on board

Creating a better way to cooperate between the mental health and security sector might meet some resistance on different levels. There are different ways to overcome this:

- The CEOs and other governing bodies of mental health care providers do not see P/CVE as their task → build trust and personal connections to be able to confront them with the problem and offer their employees free training on the subject.
- Mental health practitioners who might not want to get on board might not believe their clients are in fact actually prone to being radicalised → train the practitioners on P/CVE, their role and the role of other partners involved.

- Mayors/local authorities might not want to get on board because they do not consider local radicalisation and extremism an issue in their city/region → try to reach them through existing (regional) safety partnerships or through their civil servants. The consequences of the pandemic underlined the necessity to connect (local incidents like torching testing facilities).
- There is often a lack in understanding each other's core functions and business → get all partners at the table and discuss what their core task is and what they need in their daily work and what are the borders, overlaps and gaps in the system. Appoint a designated officer in the different organisations and offer specialised training for these key professionals.

Needs from policy support and research

- A format for a legal framework within the EU to work together and share information, or suggestions on how to create a legal framework to share information. Knowledge on how to manage tensions/boundaries in the cooperation between mental health support and security will help protect practitioners in their work. This (legal) structure should also include a moral/ethical framework.
- Increase resources for (mental health) support and normalise that it takes time next to the day-to-day work of practitioners to deal with cases related to violent extremism/radicalisation.
- Invest in reactivating society to help each other to not only rely on professionals and seek help from their fellow citizens. Invoke social cohesion and support community-based initiatives through funding, media, platforms to be heard, capacity building and dialogue opportunities.
- Look into the possibility of a (low-level) hotline for mental health practitioners to ask for information related to (preventing) violent extremism.
- Provide training for mental health professionals to recognise signals of radicalisation and for police and law enforcement on mental health issues followed by a joint training on how to cooperate.
- Practitioners from the different Member States can learn from each other's case studies. Invest in how to share information and lessons learned with other EU Member States on a broader scale. Also, invest in a way to disseminate research results in an accessible way, including results from adjacent fields.
- Help from researchers to look into the observation that most recent terrorist attacks or extremist incidents seem to involve mental health issues.
- Include practitioners in the research team and understand that there are no 'hard' results from preventive work. To be able to include practitioners, invest in cultural mediation and translation services.

Follow-up

This meeting will provide input for the cross-cutting event with policymakers and researchers (from RAN Policy Support) on *A Shared Responsibility: Mental health issues and violent incidents using terrorist modi operandi* that will take place end of 2023. During this event, aiming to solve the issues mentioned and using case studies, we will discuss the complexity of the mental illness pathway to radicalisation and violence, challenges that hinder cooperation (e.g. legal/policy restrictions), and the need for shared responsibility across the domains and the bridging of care and security cultures (building collaborations based on trust). Participants emphasised the importance of involving practitioners from the local authorities and families, communities and social care working groups.