RAN HEALTH

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CONCLUSION PAPER
RAN HEALTH meeting on Training for mental health practitioners in P/CVE
04-05 November 2021, Online

Training for Mental Health Practitioners in P/CVE

Key outcomes

Supporting mental health practitioners with suitable training in the field of preventing and countering violent extremism (P/CVE) is essential to effectively deal with the different challenges they face during their work and the additional difficulty that working in P/CVE brings. The risk of exacerbating pre-existing stigma around mental health (and P/CVE) might have negative consequences. Therefore, professionalisation or specialisation in the field provides the possibility to overcome this gap in knowledge and skills.

This meeting of the RAN Mental Health (RAN HEALTH) Working Group on 'Training for mental health practitioners in P/CVE' took place in a digital setting on 4 and 5 November 2021. Mental health practitioners discussed training content for mental health practitioners in P/CVE. The following key points were discussed:

- The link between mental health and violent extremism is a **sensitive topic**. Practitioners sometimes have to deal with the discomfort in society surrounding the topic. In some cases, this has resulted in media outrage or even threats to practitioners and researchers.

- The **quality of the information** shared can be lacking due to the absence of training in diagnosing certain disorders like high-functioning autism and/or lack in specifying the general diagnosis.

- A **holistic approach** needs to be stressed in trainings. Practitioners need to understand mental health clinically, forensically and in the counterterrorism field.

- Training in **trust-building** should focus on transparency and patience.

- The learning goals of the training and the **practitioners' needs** shape the training methods.

- A **follow-up session** after each training is important to evaluate and to have intervision on the used methods.

This paper summarises the main conclusions following the discussion on training for mental health practitioners working in P/CVE. Consequently, this paper describes the reoccurring challenges practitioners face, the gaps in knowledge and the training content. This is followed by recommendations on the curricula of a training programme and the different methods with which training can be delivered. Follow-up and inspiring practices are also outlined.

Highlights of the discussion

Challenges in developing training for mental health practitioners in P/CVE

- Terrorism and extremism are sensitive issues and topics. Everything you put out there with regard to this topic is scrutinised. You should take caution in every word you bring out.

- There is a disconnect between the public domain and practice. You cannot bring the practitioners' story to the academics because it is privacy-sensitive information, so what is out there is mainly what the academics publish.

- There is a discomfort in society, politicians, the media and even practitioners in coupling mental health and terrorism in a nuanced way. Nobody wants to be seen as excusing terrorists when they link mental illness with terrorism.

Challenges for mental health practitioners working in the field of P/CVE

- Even when you try to be objective and scientific, the media has to parallel that fear for terrorism and try to sell and resonate that fear.

- Information sharing is sometimes restricted by the legal framework in a country.

- Not only information sharing can be a problem, but also the quality of the information shared When a report states a diagnosis but no specifics on how they came to this diagnosis. This makes it difficult to distinguish misdiagnosis. Also the lack of training, e.g. in high functioning autism, can result in misdiagnosing and a misleading report.

Training content

- **Intervention planning** is essential to identify key subjects, analyse the context, and prioritise and prepare for the intervention This helps to not be repetitive if someone is evaluated before and mitigated the risk of poor evaluation. Evidence based interventions might not be applicable for individuals. When practitioners share knowledge and experiences, they can focus on practice-based, individualised interventions where they take into account how the ideology plays a role in someone's life.

- **Individualised case formulation** to distinguish the (mental health) aspects specific to the individual helps to reduce bias and stereotyping in mental health and helps the person to feel understood.

- **Media training** is essential as a researcher and practitioner

- **Risk assessment** is crucial especially to protect your own safety as a mental health practitioner. There can be serious consequences if these practitioners are only focused on mental health aspects and forget to combine these with risk aspects.

- **Trust-building** is crucial in order to connect with the individual.

Recommendations

Recommendations for practitioners from research

- Research often focuses on the presence of mental health problems or disorders in radicalised individuals. However, this prevalence ranges. The focus therefore should not be on whether psychopathology is present but how it is relevant. The symptoms can contribute to extremism, have no relevance or serve as a protective factor. The role of the symptoms in the radicalisation process can sometimes only become apparent after they are treated.

- Clinicians should be present during the decision process when someone is on the radar because of their extremist behaviour, preferably a forensic clinician. The (forensic) clinician should not only decide if mental health problems are present but more importantly how they play a role within the complex context the individual lives in.

- Train mental health practitioners to spot traits of illness and traits related to risk.

- Practitioners can learn from refugee studies and trauma, but they should not confuse the two. They should be cautious about using refugees and extremists in the same sentence.

Holistic approach

- Mental health practitioners in the field of P/CVE need to look at mental health in its entirety. You need to understand mental health clinically, forensically and in the counterterrorism field.

- Mental health practitioners in the field of P/CVE should have interpersonal meetings and learn from different perspectives to understand: how groups are forming, how groups develop, new recruitment techniques and how groomers prey on people.

- Mental health practitioners in the field of P/CVE could be trained in mindfulness to shift focus to dialogue, patience, calmness and understanding when working with vulnerable individuals. This will also help trust-building.

- Intervision and supervision help to look at personal development and take different perspectives into account.

- Practitioners should be able to reflect on what they have learned and what they have used in practice. Practitioners need to have follow-ups after the training to evaluate learning.

Take the context into account

- When developing a training programme, analyse the needs of the mental health practitioners in that specific context. These needs also depend on how often someone works with radicalised individuals, violent extremists or terrorists.

- In a **security setting** it is important to help practitioners with some kind of structure. Include in training how to plan an intervention in the organisation and, also, how you can get the rest of the organisation to work with you.

Scenarios

Academic setting with the target group of healthcare and forensic and clinical psychology students. Training can be delivered as a one-time lecture or a recurring training once every few months to update knowledge and should include:

- Knowledge on culture and ideology and how to recognise radicalisation. Sometimes an individual is antisocial and this is masked as ideology. It is important to learn how to distinguish between the two.

- How to deal with sensitive situations. Include methods on how to handle sensitive information and how to establish ground rules with the individual.

- How to communicate your role and boundaries. Transparency is the basis of trust and this can enhance cooperation from the individual to be treated.

- Understand what the role of mental health professionals is in the bigger system and how this relates to other institutions working with an individual. The students should learn where to go and what to do when they signal signs of radicalisation during their work.

    o You can follow up a lecture with a working group and use role play and discussing case studies to practice different methods.

E-learning can reach a large population with a multidisciplinary profile. With e-learning, practitioners can advance at their own pace, but an important caveat is that they need to have some skills when using technology.

- This is an appropriate training delivery method for a "train the trainer" course and to disseminate information to a large population since it is not bound to one location.

- The training should include theoretical modules (developed and shared with the participants previously), discussion and debate sessions, real practical cases, and a space to comment on the doubts of each participant (related to their daily practice).

- Next to general issues or core topics, alternative curricula can be designed tailored to the needs of mental health practitioners working in a specific field, e.g. working with returnees.

- Create a social community aspect online, via discussion boards or direct messaging. This way mental health practitioners can discuss with peers online.

Community and social centres provide a multi-agency setting in P/CVE for mental health practitioners. At schools, NGOs, municipal and cultural centres, practitioners can be trained in-depth via onsite face-to-face exchanges.

- In this setting, the face-to-face exchange is key. It will allow trust-building between trainer and trainee, which creates a setting for the trainee to ask for more advice.

- It is useful to share with participants some general information on P/CVE beforehand. This basic knowledge can be taught via e-learning modules. There should be a follow-up onsite for more in-depth knowledge and skill training.

Specialised P/CVE and mental health centres can help to train practitioners to bridge the information gap in the P/CVE multi-agency setting.

- In this setting, specific teams can work on radicalisation and mental health issues. There needs to be a focus on multi-agency and interdisciplinary skills.

    o The trainings on P/CVE in specialised centres should be broad enough to cover the variety of main tenets and recruitment strategies of ideologies and violent extremisms, e.g. Islamist extremism, anti-Semitism, right- and left-wing extremism, environmental extremism and conspiracy theories-based extremism.

    o In France, for example, trainings and specialised mental health centres have been developed in recent years within government agencies. Multi-agency information-sharing platforms have been created in each administrative district across the country, resulting in specialised P/CVE and mental health centres.

- The centres can provide training in specific approaches, e.g. motivational interviewing and restorative approaches.

    o Alternatively, rather than focusing on specific approaches, teaching what a psychological approach can bring is also essential. For example, non-mental health practitioners working in the field of P/CVE may be surprised to learn that foreign terrorist fighter returnees may suffer from war trauma.

- The main training tool needed for mental health practitioners working in specialised P/CVE centres is ongoing supervision, clinical counselling and intervision regarding specific cases in multidisciplinary teams.

    o This means a consultation team delivering supervision and mentorship, which would be the ideal training tool for all mental health practitioners working in P/CVE.

Relevant practices

1. The vulnerability assessment framework is an assessment instrument used by Channel projects (United Kingdom) to guide decisions about whether an individual needs support to address their vulnerability to radicalisation and the kind of support they need. It is built around three criteria: engagement with a group, intent to cause harm, and capability to use harm. More information here and here.

2. The United Nations Office on Drugs and Crime (UNODC) has developed e-learning modules on mental health considerations for the rehabilitation and reintegration of foreign terrorist fighter returnees and their families. These focus on the question of how mental health practitioners can address the mental health needs of returnees. The course catalogue of the UNODC can be found here.

3. Respect.lu (Luxembourg) uses a buddy system which is an easy and useful training method. In two days, the participant can learn and see what works and what does not by observing their buddy. This is the part in which the trainees adapt their training in the field of P/CVE.

Follow-up

The need for media training for mental health practitioners was stressed by multiple participants during this meeting. More work on media in relation to violent extremism is a recurring theme in RAN events in general. In a small-scale meeting, the curricula of the media training for mental health practitioners can be defined. At a later stage, this can be a fully designed RAN media training.

Further reading

For more information on previous RAN HEALTH activities, see the papers from the working group here*.*

Al-Attar, Z. (2019). *Extremism, radicalisation & mental health: Handbook for practitioners*. Radicalisation Awareness Network. https://ec.europa.eu/home-affairs/system/files/2019-11/ran_h-sc_handbook-for-practitioners_extremism-radicalisation-mental-health_112019_en.pdf

Al-Attar, Z. (2020). Autism spectrum disorders and terrorism: How different features of autism can contextualise vulnerability and resilience. *The Journal of Forensic Psychiatry & Psychology*, *31*(6), 926-949. https://doi.org/10.1080/14789949.2020.1812695

Angermeyer, M. C., & Matschinger, H. (2003). The stigma of mental illness: Effects of labelling on public attitudes towards people with mental disorder. *Acta Psychiatrica Scandinavica*, *108*(4), 304-309. https://doi.org/10.1034/j.1600-0447.2003.00150.x

Deniz, F., Özkan, C., & Krasenberg, J. (2021). *RAN activities on mental health*. Radicalisation Awareness Network. https://ec.europa.eu/home-affairs/system/files/2021-06/ran_activities_on_mental_health_may_2021_en.pdf

Gill, P., Clemmow, C., Hetzel, F., Rottweiler, B., Salman, N., Van Der Vegt, I., Marchment, Z., Schumann, S., Zolghadriha, S., Schulten, N., Taylor, H., & Corner, E. (2021). Systematic review of mental health problems and violent extremism. *The Journal of Forensic Psychiatry & Psychology, 32*(1), 51-78. https://doi.org/10.1080/14789949.2020.1820067

Kitchener, B. A., & Jorm A. F. (2002). Mental health first aid training for the public: Evaluation of effects on knowledge, attitudes and helping behavior. *BMC Psychiatry, 2*, Article 10. https://doi.org/10.1186/1471-244X-2-10

Koehler, D., & Fiebig, V. (2019). Knowing what to do: Academic and practitioner understanding of how to counter violent radicalization. *Perspectives on Terrorism, 13*(3), 44-62. https://www.jstor.org/stable/26681908

Radicalisation Awareness Network. (2021). *Mental health practices and interventions in P/CVE*. https://ec.europa.eu/home-affairs/system/files/2021-11/ran_mh_practices_and_interventions_in_p-cve_22-23_092021_en.pdf

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