

22/12/2020

CONCLUSION PAPER

RAN event – P/CVE and Mental health support online

18-19 November 2020, digital meeting

P/CVE and mental health support online

Key outcomes

The subject of this exploratory meeting was engagement with individuals vulnerable to radicalisation, through both online outreach and subsequent online/offline mental health support. Delivering mental health services online is especially important during the Covid-19 pandemic, as this is now the primary arena of communication, owing to restrictions on movement and interpersonal contact.

In their presentation and subsequent discussion of online outreach, Moonshot CVE described how such methods are increasingly being developed for people vulnerable to radicalisation. One example is the placement of advertisements targeting mental health issues (such as loneliness, insecurity, depression, and detachment from family, friends and society) on webpages frequented by people potentially seeking extremist material. Another is work with (national) helplines and volunteers, or with app developers designing self-help apps to improve mental health. Seeking counselling for mental health issues is commonly considered and felt to be a significant and challenging step for people in distress. The provision of mental health support online could make this step less daunting.

A psychiatrist with more than 8 years of experience treating patients online presented his work with telepsychiatry and elaborated on the impact of digitalisation on the mental health sector. He observed that online therapy increased rapidly during the pandemic, and that online mental health treatment seems to be here to stay. The psychiatrist predicted a rise in digital health, remote consultations and agile working as well as better monitoring using artificial intelligence (for triage, diagnostics and treatments) and virtual reality, in coming years.

This paper summarises the discussion on online outreach to and mental health support for individuals vulnerable to joining extremist groups, and discusses the challenges, limitations and opportunities of P/CVE and online mental health support.

Key points

Online outreach to vulnerable people

- People are drawn to extremist groups not only for ideological reasons, but also because of the various psycho-sociological factors at play (anger, frustration, guilt, etc.). Online outreach to vulnerable people may be more effective when focused on these psycho-sociological factors rather than on the ideology.
- Moonshot CVE¹ found that individuals seeking extremist content are also attracted to mental health support content. Reaching this audience through ads displayed after a particular type of search content might be relatively easy; however, long-term engagement with this group is more challenging.
- Groomers targeting vulnerable individuals online interact very actively and persistently/methodically. They are well aware that psychologically ill or unstable individuals are more easily influenced and induced to commit violent acts. Online information technologies can better support mental health professionals in their bid to deliver mental health services to vulnerable individuals. For instance, these technologies allow practitioners to join internet forums so as to more actively seek out and make contact with individuals vulnerable to joining a violent extremist group.

Challenges and limitations of online outreach

- Most countries have national helplines in place for crisis management, but these organisations are just starting to establish an online presence and visibility. There is a clear generation gap here: helplines are typically geared towards the older generation, but online tools have proved more effective for the younger generation.
- Constraints in organising online outreach for these helplines include:
 - the capacity issue of increasing online visibility, considering the overall workload of mental health workers;
 - the commonly held perspective that online outreach work is merely a temporary solution necessitated by the Covid-19 pandemic;
 - digital literacy and internet access may have negative implications for the (mental) health sector – people may opt for self-help over professional advice (i.e. they act as their own doctors).
- The online support service must be available outside office hours. Otherwise, there is a risk of the outreach platforms becoming an online space where users can connect with like-minded individuals and share extremist ideas and content.

¹ More information is available from <http://moonshotcve.com/work/> online.

Online mental health support

- The availability of online support makes it easier for people to seek help, as they can take action from the comfort of their own home rather than going into a hospital or other clinical setting. The negative influence of stigma and discrimination for those seeking help for mental health issues may be reduced when this help is available online. But indiscriminate use of 'Dr Google' can cause internet-search-induced health anxiety, tech addiction and scepticism, exacerbating people's (mental) health situations, and in turn, leading them to be more susceptible to radical ideas.
- Preliminary evidence shows that the more time people spend online, the higher the likelihood that they will be susceptible to harmful or unsafe situations. Prevention and safeguarding are important, especially for vulnerable users (e.g. with ADHD or autism). Anxiety disorders are on the rise, and the best advice for users is to switch off their social media, reduce or limit time spent watching the news, and focus instead on their well-being, e.g. through exercise and meditation.
- Research shows that initial scepticism (from both clinicians and patients) is reduced after the first teleconsultation. However, patients and clinicians still appear to prefer face-to-face therapy. Clinicians are concerned that a full clinical assessment of a patient's mental health is not possible online, since this precludes traditional "bedside evaluation" observations of signs and symptoms in non-verbal cues (e.g. small movements or smells).
- Not all disorders can be treated online: for example, schizophrenia and psychotic or manic behaviours are not easily treatable through such means. On the other hand, people with an autism spectrum disorder typically find that the sensory stress is diminished online, which is why such patients might prefer this kind of treatment.

Limitations of online mental health support

- It excludes individuals lacking an internet connection or the required equipment/means to connect.
- It might be alienating for some, and could increase isolation in already vulnerable people.
- Patients/clients might have difficulty opening up in an online setting.
- Mental health support cannot always be carried out online: detained/incarcerated detainees, for instance, might not be permitted internet access inside the prison.
- The patient/client may have an unsafe home environment.

Recommendations

Mental health practitioners

- Try to minimise the steps that clients need to take in order to receive help. From low to high effort, provide them with an app or self-help tool, online chat, a helpline, online therapy and offline therapy. After a relationship based on reciprocal trust has been developed online, you could also meet in person.
- Clients should be able to access the service without needing to direct their attention to the technical aspect of the online support system (navigating complex menus or resolving audio/video/streaming issues, etc.). The software should be user-friendly and reliable for both clients and practitioners.
- Patients are entitled to be reluctant to or hesitant about online consultation. This uncertainty can be alleviated by holding a face-to-face meeting initially, with a follow-up session online, or by alternating the two.

Lessons learned from digital youth work

- To reach your target audience as a youth worker, but also as a mental health practitioner, you have to have proximity to your target audience. For youth workers, this is often the "social media neighbourhood". Young people who are following their youth workers on online platforms can more easily make contact with them if they find themselves in need. And practitioners following young people on their preferred social media platforms can gain insight into their viewpoints, behaviour and online friends/contacts.

National and local level

- When seeking to make contact with vulnerable individuals online and redirect them to local services for follow-up counselling, good local partnerships need to be in place. These partners should be aware of the different risk levels and have expertise in counselling services for their specific target audience.
- It is advisable to make use of existing established national hotlines, because the overall set-up is already in place and the brand identity is familiar to and trusted by clients. Collaboration with these hotlines is also useful, because they have referral links to local actors like the police.
 - One of the potential drawbacks is that these hotlines may direct people at risk of radicalisation to local services that lack the capacity to manage such cases and the required knowledge of radicalisation processes. These services need (financial) support and capacity building. They must have an understanding of high and low risk, and of the link with extremism.
 - Another drawback to using well-known organisations is that people rejecting the mainstream culture might feel marginalised and distrustful of these bodies. A solution is to promote the counselling support service as identifying with the in-group of your target audience. Ensure that online channels reflect a profile that appeals to the audience.
- Individuals need to know where to turn when in trouble. For example, in the Netherlands, users viewing an Instagram post related to Covid-19 can automatically click through to an informational website. Information on a suicide prevention hotline should always be included.
- A key matter of urgency is the need for established procedures on handling client information. For instance, practitioners need clear guidelines on how to treat concerning information they receive online. This must be transparent to the clients as well. There is a fine line between open communication and the need to report it. In Norway, for example, everything must be journaled, because when practitioners believe the clients pose a threat to society, this claim must be backed up.

Relevant practices

1. The Community Action for Preventing Extremism (CAPE) project was established to subvert and call into question notions of white supremacy and white nationalism. More information is available from <https://cape.alltogethernow.org.au/> online.
2. In Malta, an app and website provides information and support through volunteers trained in recognising signs of radicalisation who will speak with those seeking help, and redirect them if needed. More information is available from <https://kellimni.com/> online.
3. The Redirect Method uses AdWords targeting tools and curated YouTube videos uploaded by people all around the world to confront online radicalisation. More information is available from <https://redirectmethod.org/> online.

Follow up

Topics broached in the meeting that require further elaboration are as follows:

- relationship and trust building between mental health professionals and individuals online;
- how to arrange an offline follow-up after online outreach;
- how to work with app and game designers to benefit from each other's expertise in dealing with individuals vulnerable to extreme ideas online.

Further reading

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