

RAN HEALTH

19/05/2021

SPECIAL OVERVIEW PAPER

RAN Mental Health Working Group

RAN activities on Mental Health

Introduction

This overview paper is on the key themes of the RAN Mental Health working group (formerly Health & Social Care). These key themes are related to:

- Mental health profiles.
- Mental health and multi-agency working.
- And the professionalisation and support of the mental health professional in P/CVE.

The RAN Mental Health working group (RAN HEALTH) constituency consists of practitioners in the health sector. It is currently chaired by Eva María Jiménez González (Ministry of Justice and Institute of Forensic Psychology, Spain) and Catherine Grandsard (University of Paris 8 Vincennes-Saint-Denis, France). The RAN HEALTH working group was established in 2020 from the RAN Health & Social Care working group (RAN H&SC) that was co-chaired by Sergej Erdelja (HR) and René Zegerius (NL).

This paper elaborates on how the key themes have been addressed by RAN throughout the years. It presents the meetings and activities, papers, practices and key lessons learned and recommendation identified around these key themes. This paper will first elaborate on RAN activities dedicated to different mental health profiles and preventing and countering violent extremism (P/CVE). Secondly, the paper will focus on the mental health practitioner in multi-agency working. It will also explore issues related to the support of the mental health professional in P/CVE.

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Main theme: Mental health profiles

This chapter will focus on the possible mental health issues (depression, anxiety) or illnesses (autism spectrum disorder, schizophrenia) of actors in violent extremism and the role of mental health professionals and social care workers in providing psychosocial support. The mental health profiles of lone actors and groomers are also discussed.

Subtheme: Mental illness and Violent extremism

In recent years, mental health practitioners have discussed the potential link between mental health illnesses and violent extremism in the field of P/CVE. Even though current research does not provide clear evidence for this link, the interplay between different factors, including mental health, can lead to violent extremism. What's more, practitioner experiences have also shown the importance of mental health or mental illnesses in radicalisation processes or the prevention of radicalisation.

Meetings and papers

- [RAN Policy & Practice A mental health approach to understanding violent extremism, 03 June 2019](#). This paper provides guidelines for professionals who are developing and evaluating mental health approaches in P/CVE.
- [RAN H&SC Understanding the mental health disorders pathway leading to violent extremism, 13 March 2019](#). This meeting looks at the factors that make people vulnerable for extremism and what health practitioners can do to prevent radicalisation.
- [RAN H&SC PTSD, trauma, stress and the risk of \(re\)turning to violence, 10-11 April 2018](#). This meeting raises awareness among practitioners on the risks of trauma, stress and PTSD of returning foreign fighters (and their children). The cooperation between professionals is considered important for treatment and prevention.

Lessons learned and recommendations

- One key point for mental health practitioners working in the field of P/CVE is the need to establish clear professional boundaries between themselves and the vulnerable individual. They also need to consider the needs of this person without stigmatisation.
- Establish a long-term vision and apply a comprehensive approach with a case worker overseeing, monitoring and directing the entire process between different stakeholders.
- Create a trauma-informed care policy that focuses on realising, recognising, responding and acting against re-traumatisation.
- A well-functioning mental health approach in the field of P/CVE recognises that mental health problems do not encompass only diagnoses, but also conditions that represent areas of potential vulnerability despite not warranting diagnoses (i.e. subclinical cases).
- The importance of the mental health aspect is also relevant in the disengagement, rehabilitation and reintegration (DRR) of returning foreign terrorist fighters and possible reoffenders. Child returnees and their families require a sense of empowerment in believing they will overcome their trauma.

What needs to be further explored?

- Bridging the gap between security cultures and mental healthcare cultures.
- Exploring the specifics of particular mental health illnesses like schizophrenia and whether this relates to radicalisation or violent extremism.

Subtheme: Lone actors

This subtheme focuses on lone actors and the mental health aspect. Much like the link between mental health issues and violent extremism, the prevalence of mental health issues and illnesses in lone actors is heavily debated. Several institutions and organisations across the world have carried out extensive research to investigate whether lone actors are more prone to experience mental health issues than the general population.

Meetings and papers

- [RAN H&SC Risk assessment of lone actors, 11-12 December 2017](#). This meeting focused on the needs for risk assessments in identifying and treating lone actors.
- [RAN H&SC Identifying and treating lone actors, 27-28 January 2016](#). This meeting focused on identifying lone actors and preventing violent terrorism by this group.

Practices

- [Violent Extremism Risk Assessment version 2-revised \(VERA 2\)](#), The Netherlands. This risk assessment tool is specifically designed to analyse the risk of violent extremism and can be used as a supplementary approach by psychologists and psychiatrists with knowledge of violent extremism.
- [Danish National Corps of Mentors and Parent Coaches](#), Denmark. The aim is to support at-risk individuals by focusing on resilience and life skills, so that they can avoid or disengage from extremist-related problematic behaviour.

Lessons learned and recommendations

- Lone actors tend to be male, young, single, unemployed and have a criminal record. Mental illness is more prevalent among lone actors than group actors, and mirrors the figure for the percentage of the prison population with mental health issues (36 %). In fact, they are often described as drifters who have difficulty being part of a group (e.g. social rejection results in hatred towards certain group).
- Risk assessment tools may help practitioners to break down their work into steps, processes, activities and/or specific interventions. It is crucial that any risk assessment is based on triangulation and judgement from various sources.
- More training is needed on how to identify, intervene and treat lone actors. This could be established by more evaluation on the approaches.

What needs to be further explored?

- The (often large) amounts of negative media attention that lone actors receive may affect how they are treated. How should mental health practitioners handle this? Should they address these issues during treatment? And if so, how? This topic can be further discussed in a working group meeting.
- Do lone actors constitute, from a psychological/psychiatric perspective, a unique profile? If so, should specific assessments and intervention protocols be designed especially for them?

Subtheme: Groomers

The role of groomers is an important factor that interplays with other factors and that can lead to violent extremism. Groomers include hate preachers and those who prey on vulnerabilities and grievances to channel recruits into violent extremism through persuasion, pressure and manipulation.

Meetings and papers

- [RAN H&SC – Grooming for terror – Manipulation and control 25 April 2019](#). This meeting focused on how health and social care workers, communities and educators can signal groomers/grooming behaviour and what practices can help in this case.

Lessons learned and recommendations

- Mental health and social care practitioners should work together with local communities and create awareness among professionals on recognising P/CVE related grooming in their communities.
- Help those vulnerable or at risk by presenting alternative world views through motivational interviewing and empowering conversations.
- One of the most crucial aspects of preventing people from being groomed is for the potential victim or recruit to maintain previous social networks. The social worker is a bridge to the non-extremist world.

What needs to be further explored?

- Guidelines on how to work with communities as a mental health practitioner. This can be done in a joint event with the RAN Families, Communities and Social Care working group.
- Detecting and assessing the mechanisms of 'mental attraction' used by groomers to combat and counteract them.

Main theme: Mental health and multi-agency working

This chapter focuses on the themes that were addressed in the context of Multi-Agency Work (MAW) and the role of mental health professionals and social care workers. MAW can be defined as working in collaboration across organisations to enhance services in order to meet complex needs. MAW models can be focused on decision-making (strategic) or on service delivery (strategic and operational).

In a perfect world, MAW is seamless because clear systems and structures exist to facilitate information sharing. Agencies no longer work in silos, and different cultures across organisations do not inhibit collaboration.

Subtheme: Working on a national, local and community level

When addressing violent extremism or radicalisation, it is important to promote cooperation and a level of integration of services on a national and local level. At the local level, MAW can facilitate the management, coordination and delivery of services. At a national level, MAW can provide guidance on good practices and other forms of support to local actors. The members of the community also play an important role since they can be voices for and reflective of that community.

Health workers and social care in multi-agency work on a national and local level

Meetings and papers

- [RAN LOCAL and RAN H&SC Taking mental health insights into account in local P/CVE, 29 May 2019.](#) Participants in this meeting discussed how and why mental health specialism should be involved in the P/CVE multi-agency cooperation at local or regional level.
- [Multi-agency working and preventing violent extremism: Paper I, April 2019.](#) This report compliments earlier papers on MAW approaches and focuses on prevention of violent extremism, specifically through case studies and targeted interventions.
- [RAN H&SC Embedding social and health care workers into institutional structures, 06-07 June 2018.](#) In this meeting, different MAW models from several countries were presented as well as the role of social and mental health workers in these approaches.
- [Multi-agency working and preventing violent extremism: Paper I, April 2018.](#) This issue paper introduces different models of MAW, discusses the importance of threat and hazard specification and summarises key lessons from relevant meetings of the RAN H&SC working group.
- [RAN H&SC Handbook on How to set up a multi-agency structure that includes the health and social care sectors?, 18-19 May 2016.](#) This meeting discussed which steps are needed to set up a MAW structure and the paper offers some guiding principles.

Practices – local

- [Augsburg's network for the prevention of radicalisation](#), Germany. This office coordinates the work on the prevention of Islamist radicalisation. The network includes the police; the office for children, youth and families; the office for migration, the equal opportunities commissioner; youth workers; the office for health; other offices and numerous CSOs.
- [District security groups \(DSG\)](#), France. These groups include the prefect, prosecutor, security and intelligence services and prevention officer, and prevention groups (PG), which are also composed of judicial child protection, education, adolescent centres, municipalities, regional health services and a clinical psychologist. These operational units are a network of multidisciplinary professionals of social workers and medical staff that support individuals and relatives.
- [Schools, social services and police \(SSP\) system](#), Denmark. The Danish SSP collaborative system organises local and municipal crime prevention efforts in support of children and adolescents.
- [Police, social services and psychiatry \(PSP\) network](#), Denmark. The primary aim of this project is to reduce potential radicalisation among vulnerable people with psychiatric and/or mental diagnosis in Denmark.

Practices – national

- [Anchor work](#), Finland. Anchor teams aim to increase the wellbeing among young people by preventing criminal behaviour, radicalisation and violent extremism at an early stage. Key team members include social workers, youth workers, nurses and police. The anchor teams offer individual and comprehensive support for adolescents and their families, and work in shared offices to maximise exchange and collaboration.
- [Channel, United Kingdom](#). Channel is a programme which focuses on providing support at an early stage to people who are identified as being vulnerable for terrorism. The programme uses a multi-agency approach to protect vulnerable people.

Lessons learned and recommendations

- There are five steps to be taken when setting up a MAW structure: Map the relevant agencies and start networking; Invest in the relationships and develop the multi-agency structure; Share information and make assessments together; Appoint a case owner and intervene; Evaluate and follow-up.
- It is important to develop the availability of mental health care professionals in P/CVE multi-agency structures. The role of social and health workers in MAW lies in support and safeguarding, sharing relevant information and building awareness of the need to involve health workers and social workers.
- There may be competing priorities among the different agencies involved in MAW. For instance, the police may prioritise the management of risk, while health and social care practitioners may prioritise support and care.
- All stakeholders should share a common risk or threat assessment system in order to be sensitive to the different issues or interests of the agencies involved, contributing to a shared language and purpose and allowing for different levels of intervention.
- The key barriers of establishing MAW are limitations in trust, and awareness of and knowledge on roles and responsibilities among practitioners. Training professionals is crucial for building trust and personal relations.
- Roles and responsibilities within a MAW team should be made clear to the public. This can be achieved through outreach activities.
- Local authorities play a role in identifying key stakeholders and defining clear roles and responsibilities for them; strengthen accountability, create transparency, facilitate inter-agency cooperation on joint actions and create a single point of contact.
- National frameworks (protocols/procedures) are helpful to define the roles and responsibilities of stakeholders involved and to provide clarity on information sharing. Integrate specific mental health and psychosocial support activities into national policies, plans and programmes, and ensure programmes are based on existing policies, plans and capacities.
- Integrated approaches and information sharing systems are key factors in successful prevention strategies. Practitioners may miss something important if they do not address the mental health issues or illness in their prevention strategy. Systems of information sharing across relevant stakeholders should be put in place.
- Monitor and evaluate support programmes in relation to planned activities with predefined indicators. Review data and address gaps in services for people with specific needs (at-risk groups like people with mental illness).

What needs to be further explored?

- What's the best way to raise public awareness about the roles of the different stakeholders? Projects that have successfully done this to share their experiences by disseminating practical guidelines on how to carry out outreach when setting up a multi-agency structure.
- How to tailor a multi-agency structure to the local situation? Guidelines on which local aspects practitioners need to consider through a multi-meeting with local policy makers, practitioners that work on a local level and mental health professionals.

Health workers and social care on a community level

Meetings and papers

- [RAN H&SC meeting on Multi- or cross-cultural approaches to preventing polarisation and radicalisation, 04-05 July 2017](#). This meeting focused on polarisation and multi- or cross-cultural approaches.

Practices

- [Workshop to Raise Awareness of Prevent \(WRAP\) Luton, United Kingdom](#). Workshop for frontline staff that aims to increase awareness, understanding and agency's capacity for P/CVE.

Lessons learned and recommendations

- A divided community where there is hostility between different groups creates the ideal breeding ground for recruiters and extremist ideologies.
- Healthcare and social care workers can and should play a greater role in prevention at community level. Success depends on the quality of contact and relationship-building with local communities.
- Interventions from professionals should follow a theory of change.

What needs to be further explored

- How can MAW structures continue to involve mental health professionals in P/CVE? How is it possible to convince them that preventing radicalisation is part of mainstream safeguarding?
- How mental health approaches can be integrated into the approaches of other domains (youth work, police, prison, local etc.).

Sub theme: Working with youth and families

Children living in an extremist environment, particularly child returnees, have experienced extensive emotional and physical trauma. Teachers and family members struggle to recognise the symptoms of a child's mental health issues quickly, and lack the expertise to address such symptoms effectively without help from mental health professionals. Mental health experts need to focus not only on the children, but also on their parents (if they are present) when supporting/treating these children.

Working with children

Meetings and papers

- [RAN Policy & Practice Event, Building resilience among young children raised in extremist environments – specifically child returnees 4 July 2018](#). Practitioners and policymakers in this meeting focused on early intervention and normalisation; holistic, multi-agency approaches; and tailor-made child-centred approaches based on individual needs assessment.
- [RAN H&SC meeting on Children and youth growing up in a radicalised family/environment 14-15 September 2016](#). This meeting focused on children growing up in a radicalised environment and who are at risk of cross-generational radicalisation and violent extremism.

Practices

- [Legato](#), Germany. Legato is a counselling organisation focused on the need to support families and exit-work through systemic counselling that considers the interpersonal relationships within a group/family.
- [ChamäLION](#), Germany. ChamäLION is a prevention project for children between 8-13 years and based on three central themes: belonging and orientation, identity and acceptance, and conflict management.

Lessons learned and recommendations

- There is need for MAW in safeguarding children who are being radicalised by their immediate family environment.
- Health and social care workers should feel empowered to interpret signs of radicalisation and also effectively engage with children born in a radicalised environment or returning from Daesh-held territories (or previously held).
- Trauma during childhood can have long-lasting effects on a child's health and social development. Professionals can work effectively with radicalised children but only if they become trauma-aware and adhere to trauma-informed practice.
- Establish contact between teachers and mental health services because the former might have a lack of knowledge on the effects of trauma, which should be diagnosed and treated by mental health professionals.
- Create trauma awareness training for practitioners in contact with children in need of intervention.
- Constant support from mental health professionals is needed to foster parents taking over the care of a traumatised child.

What needs to be further explored?

- The long-term effects of early exposure to violent extremism and Islamist ideology on the development and mental health of child returnees, as well as their vulnerability later in life to extremist ideology and violence.
- Much of the discussion and practices on safeguarding children being raised in an extremist environment focuses on Islamist extremism (often on child returnees), but how do practitioners work with children growing up in a far right-wing extremist environment? Are there differences in treatment or support with different ideological backgrounds? This is something that can be explored more in-depth by the Y&E and FC&S working groups.
- Understand how the influence of the group (peers of similar age) can draw children towards radical ideas and violent or extremist behaviour.

Working with families

Meetings and papers

- [RAN YF&C and RAN H&SC Working with families and safeguarding children from radicalisation 02-03 February 2017](#). This paper presents a 10-step approach to working with families for policymakers and practitioners responsible for PVE in family settings.

Practices

- [HAYAT](#), Germany. HAYAT is a German counselling programme for persons involved in radical Salafist groups or on the path of a violent Jihadist radicalisation. HAYAT is also available for relatives of a radicalised person.
- [Steunpunt Sabr](#), The Netherlands. Sabr is a women's organisation that organised a support group for parents whose children left for Syria.
- [Entr'Autres](#), France. Entr'Autres is an organisation seeking to prevent social connections and family links from disintegrating. Cases arrive through the network, hotline and official authorities. Working with the family is key for the organisation.

Lessons learned and recommendations

- Families are at the core of any individual's resilience. The influence of the family environment, upbringing and the amount of love, care and attention received on someone's resilience to negative temptations, such as joining extremist groups.
- The objective of family work should be to engage, build trust and form relationships over a longer period of time. Not only can this help to positively influence the direct family situation, it can also open the door to the person at risk as well as the wider community.
- It is important to cooperate with specialised psychological and psychiatric care to support families dealing with psychological challenges, mental illness and/or trauma.

What needs to be further explored?

- How to overcome barriers to provide mental health support to at risk communities and the families that live in these communities?
- How to teach families to detect the primary signs of radicalisation in order to bring it to the fore. As such, mental health professionals can intervene before radical ideas have taken hold.
- How families can learn to contain and alleviate the emotional problems experienced by their children, so that these issues do not build up into major ones that end up affecting their children in a problematic way.

Sub theme: Mental health and rehabilitation

During imprisonment and after release, extremist offenders can be dealing with trauma, personality disorders and/or other mental health issues and illnesses. These mental health issues can prevent them from disengaging from violent extremism. For other offenders, untreated mental health issues in prison can increase risk and vulnerability to groomers and possibly radicalisation. Mental health considerations need to be addressed in order for the successful DRR of extremist offenders.

Deradicalisation and disengagement

Meetings and papers

- [RAN MENTAL HEALTH Rehabilitation and reintegration of extremist offenders from a mental health perspective 10-11 March 2021](#). In this meeting mental health, exit and prison and probation practitioners discussed the significance of mental health issues/illnesses for the DRR of (released) extremist offenders.
- [RAN H&SC and RAN EXIT Multi-problem target group: the influence of mental health disorders and substance abuse on Exit work 7 November 2018](#). During this meeting mental health practitioners and exit workers discussed the approach to DRR with a multi-problem target group (substance abuse and mental health issues).

Practices

- The Engagement and Support Program (ESP), Australia. ESP is a community-based service in NSW. A multidisciplinary team provides holistic case management to individuals vulnerable to violent extremism, who support or advocate violent extremism, or who have engaged in violent extremism. This practice is currently in the process of being included in the collection.
- The AWARE project, Erasmus+. The AWARE project developed a training for practitioners to better respond to mental health issues in the detention environment.

Lessons learned and recommendations

- The co-existence of substance abuse and/or mental health issues may slow down or even block the de-radicalisation process. These multi-problem individuals often lack adequate psychiatric care and the cooperation between professionals and specialists is often limited or non-existing.
- When working with multi-problem radicalised individuals, the approach should be comprehensive which requires a multi-agency approach.
- The specific treatment for a multi-problem individual depends on the specific circumstances and needs to be assessed on a case-by-case basis.
- During the DRR of extremist offenders in MAW, mental health practitioners need space and time to reflect on their approaches, clients and procedures, to establish common ground and to keep the other profession in mind as well as the clients.

What needs to be further explored?

- How can mental health professionals and exit workers effectively work together to provide the best support during DRR?
- Multi-meetings with participants from the mental health working group are crucial because mental health is an integral part of any holistic intervention. Future meetings should encourage participants to “visit” each other in order to be updated on relevant developments in DRR.

Mental health in prison

Meetings and papers

- [RAN MENTAL HEALTH event Mental health in prison 23-24 September 2020](#). Mental health professionals discussed the role of mental health support for detained (extremist) offenders.

Lessons learned and recommendations

- P/CVE in prison requires a holistic approach which involves mental health approaches. This would enable prison staff to develop their individual capacities and skills in dealing with P/CVE.
- The quality of the prison staff is the most important element of any prison system. Resources and time should be prioritized to the training of prison staff about relevant mental health and P/CVE related issues.
- From a care perspective, the aim of prisons should be to rehabilitate (extremist) inmates. Prisons should support activities and programmes which can provide inmates with practical skills, feelings of autonomy, self-improvement, critical thinking capabilities, boosting their resilience to radicalisation.

What needs to be further explored?

- The involvement of mental health practitioners in training prison staff.
- Analysing and integrating the results obtained in the different intervention programmes applied with radicalised inmates, in the health practitioners' general knowledge about this population.
- Sensitising the population to the necessity of intervention programmes in radicalised inmates, so that once these are released, the successes achieved can be extrapolated to the community.

Main theme: Professionalisation and support of the mental health professional in P/CVE

Supporting the mental health professional in the field of P/CVE is central to this chapter. The mental health practitioner can face various challenges in their work and the right tools and knowledge helps them to expand their expertise and overcome these challenges.

Subtheme: Working methods

This subtheme focuses on working methods to deal with challenges in P/CVE at different stages. Intercultural working is important in preventing radicalisation, as professionals pay special attention to those who carry feelings of alienation, social exclusion and marginalisation. Individuals who face acculturation processes and have these feelings are more vulnerable to radicalisation.

In the mental care process for radicalised individuals, assessment methods have become an integral element in interventions. Evaluation and planning can improve the knowledge and the effectiveness of the professional's work. Working in the field of P/CVE as a mental health practitioner is not always easy and can negatively affect the mental and physical well-being of the practitioner. Practical methods in safeguarding the well-being of the practitioner are also part of this subtheme.

Meetings and papers

- [RAN H&SC-POL Conclusion Help the Helper – Safeguarding the well-being of mental health and social care practitioners, 25-26 March 2020](#). This meeting was organised together with the RAN POLICE working group and focused on how the well-being of the practitioners in P/CVE can be safeguarded.
- [RAN H&SC Alienation, Identity and Intercultural working, 23-24 October 2019](#). This meeting discussed practical proposals and recommendations for practitioners working with migrants and their descendants.
- [RAN HSC Methods of evidence-based approaches, 21 December 2018](#). This meeting discussed evidence-based assessment in health and social care.

Lessons learned and recommendations

- Migrants can be more vulnerable to radicalisation due to exclusion and marginalisation in their host country. Intercultural working can help mental health professionals to understand this phenomena and the migrants better.
- When assessing and diagnosing an individual, it is necessary that professionals minimise personal and ethnocentric biases.
- In evidence-based approaches, ensure peer-to-peer supervision, ethical guidelines as recommendations and professional defined boundaries between the practitioner and individual to clarify the expectations of professionals.
- Although evidence-based assessment of social care is not preferred, it has become an expected element in planning interventions. Evaluating what works and what doesn't helps to improve the intervention frameworks and, therefore, the effectiveness of it.
- Reaffirm the competences of professionals in P/CVE by giving them the confidence and support in their work.
- One of the needs of mental health professionals working in the field of P/CVE is appropriate and tailored training. Security, mental health and social care professionals should receive mutual training to enhance cooperation and understanding.
- Not only intervention and processes in P/CVE should be evaluated, but also the trainings. This can be done by using the SMART framework. Every evaluation on trainings and processes should have a clear aim and take the lived experiences of the individuals and their community into account.

What needs to be further explored?

- Establish a basis for mental health practitioner skills, practices and knowledge necessary for P/CVE. This could include intercultural working, evidence based practices in assessment and treatment, and adequate supervision.
- Mental health practitioners also need to work with victims and their families and the extremists' families, in order to address all the psychological problems they may have. This helps contain future problems.

Subtheme: Ethics

Each EU Member State has different legal and cultural contexts related to violent extremism. These contexts shape the ethical consideration of mental health professionals working in P/CVE. The public opinion also plays a role in the stigmatisation of their work. Clear guidelines on working ethically in this complex field are necessary.

Meetings and papers

- [Ethical Guidelines for Working on P/CVE in Mental Health Care, 2021](#). This paper, written by a RAN expert for the European Commission, outlines ethical guidelines for mental health professionals working in P/CVE.
- [RAN HEALTH Conclusions Ethics for mental health professionals working in P/CVE, 16-17 June 2020](#). In this meeting, different ethical concerns regarding P/CVE and mental health were discussed. Besides outlining key concepts, the meeting also provided practical recommendations on working ethically.

Lessons learned and recommendations

- When sharing confidential information of high risk situations it is necessary to ensure the protection of the vulnerable individual. This helps to minimise the clash between integrity and responsibility. However, transparency and open and honest communication about the role as mental health practitioner, are crucial and lower the risk of extremism.
- Risk management comes with needs assessments, but do not dive too deep into the individuals' narrative. Reflection on the story and situation of the individual is important.
- Be careful when labelling someone with a mental disorder as a terrorist. Furthermore, there should be more knowledge and information spread on the connection between mental disorders and radicalisation.
- Transparency, and open and honest communication will lower risk of extremism.

What needs to be further explored?

- There is a gap between the purely academic research on mental health and radicalisation and practitioners' experiences. Researchers need to question how to separate between what they know and when to rely on reviewing academic papers and diagnoses made from an office. Establish protocols (guidelines) for action with radicalised and violent groups, to establish the limits of what is ethically appropriate and what is not.

Subtheme: Mental health support online

In recent years, the online aspect in P/CVE has grown in importance as the use of social media and the internet by groomers, individuals vulnerable to radicalisation and radicalised individuals increased. Just like any other profession, mental health practitioners try to engage with and help vulnerable individuals through the online world. Especially during the COVID-19 pandemic, this has been the most important form of communication.

Meetings and papers

- [RAN event P/CVE and mental health support online, 18-19 November 2020](#). This meeting discussed the online outreach and online mental health support in the field of P/CVE online.

Practices

No practices from this meeting were included in the RAN Collection. Nonetheless there are some interesting practices described in the paper.

Lessons learned and recommendations

- Minimise the steps clients should take in order to receive assistance. From low to high effort, provide them with an app or self-help tool, online chat, a helpline, online therapy and offline therapy. Once a relationship based on reciprocal trust has been developed online, practitioners could also meet in person.
- Make it low effort for vulnerable individuals to seek mental health help with user-friendly apps and online chats, therapy and/or a helpline. Be visible for individuals and try to have proximity.
- Patients are entitled to be reluctant or hesitant about online consultation. Their uncertainty can be eased with face-to-face meetings, a follow-up session online or by alternating the two. However, some individuals with mental illnesses (like Autism Spectrum Disorder) may prefer to digital therapy sessions.

What needs to be further explored?

- In a working group meeting, more in-depth practical exploration of how mental health professionals engage with individuals online.
- How to move the online mental health help to offline follow-ups with vulnerable individuals? This can be explored in a working group meeting.
- How to work with app and game designers in dealing with individuals vulnerable to extreme ideas online. This can be discussed in a working group meeting.