Rethinking Links Between Mental Health Issues and Extremism:
Towards a More Preventative Approach?

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High-Profile Recent Cases

In recent years, several high-profile terrorist attacks, emanating both from the Far Right and from religious extremists, have brought public attention to the link between mental instability and susceptibility to radicalisation. Often it has been the friends, co-workers and relatives of those who have committed violent acts who have then retrospectively voiced concerns about those individuals' mental health.

- **May 2008:** Nicky Reilly, a Muslim convert, entered an Exeter restaurant with a homemade explosive device, which failed to detonate as planned. He suffered from learning difficulties and had been in regular contact with mental health professionals for several years previously, having once been detained in a mental health hospital[1].
- **July 2011:** Norwegian Far Right extremist Anders Behring Breivik killed 77 people. During his first examination by court-appointed forensic psychiatrists, he was diagnosed with paranoid schizophrenia and as having been psychotic both when committing the killings and during his subsequent psychiatric observation. Psychiatrists noted that he suffered from "delusional thoughts"[2].
- **May 2013:** Fusilier Lee Rigby murdered in Woolwich. One defendant, Michael Adebowale, suffered from such strong mental health issues that, according to The Guardian, they nearly prevented his trial. Before the attack, he had demonstrated psychotic symptoms[3].
- **December 2014:** Lone gunman Man Haron Monis held ten customers and eight employees hostage in a Sydney café. Prime Minister Tony Abbott described Monis as having "a long history of violent crime, infatuation with extremism and mental instability"[4].
- **July 2015:** Lone gunman Muhammad Youssef Abdulazeez killed four Marines and a sailor in Chattanooga. Abdulazeez had previously suffered from bipolar disorder and depression[5].
- **June 2016**: 49 people killed and another 58 wounded in an attack on a gay nightclub in Orlando. Perpetrator Omar Kateen's former wife claimed he was "mentally unstable and mentally ill"[6].

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[1] Simon Tomlinson, "Can Identifying Mental Illness Stop Terrorism? Researchers Link Psychological Problems to 'Lone Wolf' Attacks", Daily Mail, 15th December 2014, http://www.dailymail.co.uk/news/article-2874931/Can-identifying-mental-illness-stop-terror-attacks.html; David Leppard, "MI5 Fears Jihadis Will use Mentally Ill as Suicide Bombers", The Times, 25th May 2008.

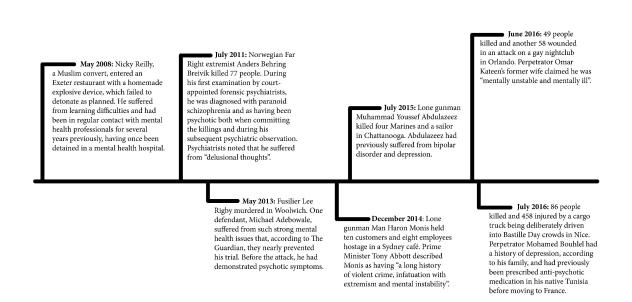[2] BBC News, "Norway Massacre: Breivik Declared Insane", 29th November 2011, http://www.bbc.co.uk/news/world-15936276.

[3] Vikram Dodd, "Police Study Links Radicalisation to Mental Health Problems", The Guardian, 20th May 2016, https://www.theguardian.com/uk-news/2016/may/20/police-study-radicalisation-mental-health-problems.

[4] Hamish MacDonald, "Sydney Hostage Taker Man Haron Monis Had History of 'Mental Instability'", ABC News, 15th December 2014, http://abcnews.go.com/International/sydney-hostage-taker-identified-man-haron-monis/story?id=27607179.

[5] Phil Helsel, "Chattanooga Shooter Had History of Depression, Says Family in Shock", NBC News, 19th July 2015, https://www.nbcnews.com/storyline/chattanooga-shooting/family-chattanooga-shooter-expresses-horror-rampage-n394541; Scott Zamost, "Chattanooga Shooting: New Details Emerge About the Gunman", CNN, 21st July 2015, http://edition.cnn.com/2015/07/20/us/tennessee-naval-reserve-shooting/.

[6] Michael Safi, "Omar Mateen: Orlando Killer's Ex-Wife Says He Beat Her and Held Her Hostage", The Guardian, 13th June 2016, https://www.theguardian.com/us-news/2016/jun/13/orlando-massacre-omar-mateens-ex-wife-says-he-beat-her-and-held-her-hostage.

- **July 2016:** 86 people killed and 458 injured by a cargo truck being deliberately driven into Bastille Day crowds in Nice. Perpetrator Mohamed Bouhlel had a history of depression, according to his family, and had previously been prescribed anti-psychotic medication in his native Tunisia before moving to France[7].

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As an additional issue, cases have emerged whereby those suffering from mental health issues have voiced extremist views but these expressions have been dismissed as symptoms of their illness rather than genuine beliefs or plans. Therefore, signs of ongoing radicalisation have been ignored and those individuals have not been investigated in time. Nicky Reilly had previously told his psychiatrist that he planned to build a bomb but, when the mental health professional reported it, police dismissed the possibility[8]. Similarly, Paul Gill, a senior lecturer in Security and Crime Science at UCL, has found that 59% of 'lone wolf' attackers express extreme views or share plans with friends or family in advance, yet these plots are regularly dismissed merely as symptoms of mental illness rather than actual beliefs or preparation[9].

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[7] Associated Press, "The Murky Role of Mental Illness in Extremism, Terror", CBS News, 20th July 2016, https://www.cbsnews.com/news/the-murky-role-of-mental-illness-in-extremism-terror.
[8] Tomlinson
[9] Paul Gill, "What Can We Learn from the Life Histories of Lone Wolves?", Radicalisation Research, 6th July 2015, https://www.radicalisationresearch.org/debate/gill-lone-wolves/.

Theories of Links Between Mental Health Issues and Extremism

There can be a very clear and obvious causal link between mental health problems and extremist acts. Anders Breivik's court-ordered psychiatrists traced his actions to his "delusional thoughts" and belief in himself as "Europe's most perfect knight" who needed to execute "traitors" as part of a "low intensity civil war"[10]. Lee Rigby's killer Michael Adebowale thought that his Islamic faith lessened the impact of his psychosis, yet he still believed that Djinns controlled his actions and were "playing with him"[11]. Similarly, journalist Jeet Heer, writing in 2014 on 'The Line Between Terrorism and Mental Illness' for The New Yorker, discussed Michael Zehaf-Bibeau, a Muslim convert who killed a sentry guard at Ottawa's National War Memorial[12]. Zehaf-Bibeau had a history of mental health issues, with a friend claiming Zehaf-Bibeau believed "the devil is after me" and that he was being hunted by demons who were forcing him to commit extreme and violent acts against his will[13]. In December 2015 Muhiddin Mire targeted strangers at random with a knife in Leytonstone Underground station. Having been diagnosed with schizophrenia, he tried to behead a passenger and believed Tony Blair to be his "guardian angel"[14]. He is now serving his sentence in Broadmoor psychiatric hospital.

However, less direct links between mental health issues and radicalisation can also exist. Mental illnesses, particularly depression, create feelings of hopelessness in sufferers. As a result, they can feel that life lacks meaning and they do not wish to continue their lives, inspiring them to commit extreme acts in which they risk or take their own lives[15]. Zehaf-Bibeau was himself shot dead immediately after killing a Canadian soldier, yet had spoken in his homeless shelter just days before the attack of believing that the world was ending and that his actions thus held no consequences[16]. Breivik's psychiatrists believed him to be suicidal at the time he committed his attacks[17]. Similarly, a suicide bomber who injured over a dozen people in Ansbach, Germany in July 2016 was reported to have been receiving psychiatric care, having twice attempted suicide[18]. Writing for The New Scientist, Kamaldeep Bhui, a Professor of Cultural Psychiatry and Epidemiology at Queen Mary, University of London, noted that sufferers of depression feel low self-esteem and hopelessness, making them more willing to sacrifice their lives[19]. Indeed, believing there is no

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[10] Torgeir Huseby, "Forensic Psychiatric Statement Breivik, Anders Behring", TV2, 29th November 2011, http://pub.tv2.no/multimedia/TV2/archive/00927/Breivik_rapport_927719a.pdf.

[11] Dodd.

[12] Jeet Heer, "The Line Between Terrorism and Mental Illness", The New Yorker, 25th October 2014, https://www.newyorker.com/news/news-desk/line-terrorism-mental-illness.

[13] Ibid.

[14] "Knife Attack Raises Fears of ISIS Targeting People With Mental Health Problems", Daily Express, 4th August 2016, https://www.express.co.uk/news/uk/696519/Russell-Square-knife-attack-Isis-targeting-people-mental-health-problems

[15] Kamaldeep Bhui, "New Study Finds Vulnerability To Radicalisation is Linked to Depression", Queen Mary University of London Press Release, 25th September 2014, http://www.qmul.ac.uk/media/news/items/smd/140175.html.

[16] Heer.

[17] Huseby.

[18] https://www.express.co.uk/news/uk/696519/Russell-Square-knife-attack-Isis-targeting-people-mental-health-problems

[19] Kamaldeep Bhui, "Radicalisation: A Mental Health Issue, Not a Religious One", The New Scientist, 8th April 2015, https://www.newscientist.com/article/mg22630160-200-radicalisation-a-mental-health-issue-not-a-religious-one/.

meaning in this life, those with depression can seek to find "sacred meaning" in the next life instead, inspiring them to engage in violent, suicidal acts[20].

Moreover, for depressed individuals, extreme acts can offer a feeling of empowerment and control otherwise denied to them. Dr Thomas Hegghammer, the director of terrorism research at the Norwegian Defence Research Establishment, has noted that depressed individuals who feel alienated construct society as their "enemy" and can then be attracted by the idea of a movement overturning or disturbing that society, with extremist acts representing an opportunity to "gain agency" and feel empowered[21]. Professor Jennifer Shaw, the mental health lead for Greater Manchester Police, has concluded that those with mental health issues and developmental disorders who were referred to the Prevent programme were more likely to be suffering from psychosis and autism[22]. She noted that those with serious mental health issues frequently have "tiny social networks", meaning that they crave the opportunity to identify with a group and become "influenced by messages that go out and that say 'come and belong'", finding them "compelling"[23].

The 'Lone Wolf' Phenomenon
As a result, mental health problems are particularly linked not merely with extremism but also specifically with 'Lone Wolf' cases of single attackers. Researcher Ramon Spaaij, investigating "lone wolves" for the US Justice Department, discovered that of 98 lone extremists, 40% had identifiable mental health problems, compared with just 1.5% of the general population[24]. He traced this to the fact that depressed and lonely individuals often blame society for their own failures or difficulties, making them more likely to 'retaliate' against that society[25]. Psychiatrist Dr Raj Persaud, of Gresham College, claims that depressed or troubled "loners" can become "angry and resentful", ensuring they can be "easily drawn to extremist ideologies" as they "begin to dehumanise others", meaning they do not require "much more motivation before deciding to commit a terrorist attack"[26]. Paul Gill investigated 119 lone wolves and a similar number of violent extremist groups in Europe and America, discovering that 32% of lone Islamic extremists had been diagnosed with mental illness, while only 3.4% of terror group members had been diagnosed as such[27]. Gill found that terrorists in networks tend to be "psychologically quite normal", as recruiters reject erratic or ill candidates as unsuitable or unreliable comrades[28]. Therefore, the rise of the disturbed "lone wolf" is a peculiarly 'modern' phenomenon. Researchers Patrick Andres James and Daniela Pisoiu at the University of Maryland concluded that established terrorist groups like Al-Qaeda have "typically not been interested in recruiting mentally unstable individuals, who are generally neither reliable nor controllable"[29]. Rather, it is more

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[20] Ibid.

[21] Quoted in Heer.

[22] Michael Holden, "The Battle for Minds – Britain Expands Project on Mental Health in Terrorism", 7th November 2017, https://uk.reuters.com/article/uk-britain-security-mentalhealth/the-battle-for-minds-britain-expands-project-on-mental-health-in-terrorism-idUKKBN1D718N

[23] Ibid.

[24] Quoted in Tomlinson.

[25] Ibid.

[26] Associated Press, "Murky".

[27] Quoted in Tomlinson.

[28] Ibid.

[29] Patrick Andres James and Daniela Pisoiu, "Is There a Relationship Between Mental Illness and Terrorism?", Mackenzie Institute, 28th July 2016, http://mackenzieinstitute.com/relationship-mental-illness-terrorism.

recent jihadists, most notably in ISIS, who have wanted to utilise alienated and vulnerable individuals to commit acts on the group's behalf.

Indeed, Jihadists and predatory recruiters seem to have noticed this link between mental health and susceptibility to extremism, using it to prey upon vulnerable individuals. On 20th June 2014, an Islamic State propaganda video encouraged British Muslims to come fight in ISIS territory, asking: "Brothers in the UK, do you feel depressed?"[30] The video further promised unparalleled "happiness" to those who made the journey, claiming Jihad is a "cure for depression"[31]. In May 2016, Chief Constable Simon Cole told the Guardian that Prevent had evidence of terrorist recruiters preying upon psychologically vulnerable individuals to commit radical acts, particularly using the Internet and social media to locate such individuals[32]. For the think-tank 'New America', researcher Heather Hurlburt has discussed how ISIS has particularly favoured 'lone wolf' attacks as these gain "outsized" attention within Western media and so they have targeted those with mental health issues: "The propagandists seem to understand the link between certain forms of mental illness and susceptibility to mass violence, even if we don't"[33]. In April 2017, Assistant Commissioner Mark Rowley, Britain's most senior counter-terrorism officer, told the British Medical Journal that "a disproportionate number of suspects in 13 attacks foiled by British police since 2013 had mental health issues", as "part of the terrorist methodology is to prey on the vulnerable", especially those who had "certain mental health conditions" which render them "susceptible" to radicalisation techniques and incitements to commit violence[34]. He told MPs that authorities were now witnessing a "very different dynamic" and that 25% of investigations involved people classified as "vulnerable"[35]. A study by UCL's Department of Security and Crime Science examined 55 attacks involving 76 individuals between May 2014 and September 2016, all of whom were believed to have been influenced by IS, discovering that 34% of those suffered mental health issues[36].

Indeed, the link between mental health issues and 'lone wolf' attacks is also seen amongst Far-Right extremists. A 2018 study of lone attackers, conducted for the Royal United Services Institute by Raffaello Pantucci and Dr Mohammed Elshimi, found that one-third of individual attackers, whether allied to the Right-wing or acting from religious motives, demonstrated "signs of underlying mental health conditions"[37]. Darren Osborne, recently sentenced to a minimum of 43 years in prison after being found guilty of killing one and injuring nine when driving a van into a crowd of Muslim worshippers, was noted by his partner as a "loner and a functioning alcoholic" with an

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[30] "'British Jihadis' Call for UK Muslims to Join ISIS in Iraq", Channel 4 News, 20th June 2014, https://www.channel4.com/news/isis-iraq-british-jihad-recruitment-video-extremist-muslim.

[31] Ibid.

[32] Dodd.

[33] Quoted in Jeet Heer, "The Orlando Massacre is an Act of Terror, Whatever the Tangle of Causes", New Republic, 12th June 2016, https://newrepublic.com/article/134205/orlando-massacre-act-terror-whatever-tangle-causes.

[34] Holden.

[35] https://www.express.co.uk/news/uk/696519/Russell-Square-knife-attack-Isis-targeting-people-mental-health-problems

[36] Holden.

[37] Raffaello Pantucci and Dr Mohammed Elshimi, "The Clues Right-Wing Terrorists Give Away", 9th February 2018, www.bbc.co.uk/news/uk-42916391.

"unpredictable temperament"[38]. In 2018 white supremacist Ethan Stables was convicted of preparing an act of terrorism, planning a machete attack at a gay pride event in Cumbria[39]. Stables stated that he had been asked to leave home by his mother due to his "mental health difficulties" and the judge in the case has requested psychiatric assessments so as to assess whether Stables should serve his sentence in a secure hospital or prison[40]. Indeed, Thomas Mair, the murderer of MP Jo Cox, was "described as having mental health problems" during his trial, while religious extremist Nicholas Roddis, who created a bomb hoax, was described in court as being "prone to fantasy", the judge noting his "immaturity and isolation"[41]. Elshimi and Pantucci concluded that, while a small proportion of those with mental health difficulties will go on to commit an offence, "greater awareness" of the link between mental health issues and extremism "might help spot some perpetrators before they act"[42].

This issue is not confined to the UK. Adel Kermiche, who murdered French priest Father Jacques Hamel in a Normandy church in July 2016, had been hospitalised as a teenager for "mental disorders"[43]. Le Monde reported that his legal file documented "psychological troubles" from the age of six for which he was regularly hospitalised, while Kermiche had himself told psychologists in 2015 about his "deep depressions" and other "mental problems"[44]. Meanwhile, neighbours told Le Figaro that Kermiche was "crazy" and often talked to himself[45]. A research paper by the EU law enforcement agency noted that "a significant proportion" of foreign fighters had been diagnosed with mental health issues before joining ISIS[46].

Contemporary Debates
A debate does currently exist within the public domain regarding the link between mental health issues and susceptibility to extremism, whether Islamic radicalism or the Far Right. The issue has firstly been considered by academics. A leading researcher in this field is Kamaldeep Bhui of Queen Mary, University of London. He has published several articles on this topic in both academic and news publications. In 2014, as lead author on an academic project investigating connections between mental health and radical sympathies, he and his team found a correlation between depression and

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[38] Ibid.

[39] "Ethan Stables Convicted Over Gay Pride Attack Plan", BBC News, 5th February 2018, http://www.bbc.co.uk/news/uk-england-cumbria-42944925

[40] Pantucci and Elshimi.

[41] Ibid.

[42] Ibid.

[43] https://www.express.co.uk/news/uk/696519/Russell-Square-knife-attack-Isis-targeting-people-mental-health-problems

[44] Peter Hitchens, "Latest French Killer Turns Out to Have History of Mental Illness", Mail of Sunday, 27th July 2016, http://hitchensblog.mailonsunday.co.uk/2016/07/latest-french-killer-turns-out-to-have-history-of-mental-illness.html; Jamie Mickelthwaite, "Terrorist Who Slit Priest's Throat in France Was Wearing Electronic Tag During Attack", Evening Standard, 27th July 2016, https://www.standard.co.uk/news/world/terrorist-who-slit-priests-throat-in-france-was-wearing-electronic-tag-during-attack-a3305311.html.

[45] Delphine de Mallevoue, "Fou Ordinaire, Les Mots Des Voisins d'Adel Kermiche", 27th July 2016, http://www.lefigaro.fr/actualite-france/2016/07/26/01016-20160726ARTFIG00340-les-voisins-de-la-famille-kermiche-sous-le-choc.php.

[46] https://www.express.co.uk/news/uk/696519/Russell-Square-knife-attack-Isis-targeting-people-mental-health-problems

extremist attitudes[47]. He noted: "Depression…does play a role in vulnerability to radicalisation"[48]. While radical Islamist views were expressed by 2.5% of recipients, Bhui could find no correlation between these views and factors such as frequency of worship, poverty, levels of political engagement or experiences of discrimination[49]. However, there was a positive correlation between such views and a "tendency towards depressive symptoms", with this trend more pronounced for men[50].

As such, Bhui has called for a new approach to counter-extremism strategies, focused upon prevention and health, as opposed to a judicial process investigating those who have already committed radical acts. He believes that excessive "time, effort and money" have been spent on counter-terrorism, as opposed to "preventing radicalisation before it has a chance to take hold"[51]. Bhui states: "We believe in a strong public health approach, where those at risk of radicalisation are identified and helped, rather than focusing on rare and unpredictable terrorist events after they've happened"[52]. In an article for 'Mental Health Today', Bhui concluded that the current support provided by health services is insufficient. While "public health intervention might help to make people less vulnerable to psychological strain and radicalisation", society still lacks a system of public health intervention for radicalisation, grounded within local communities, as has happened with drugs prevention policies[53]. As 50% of all long-term mental illnesses develop by the age of 14, Bhui believes health practitioners need to look for signs of such difficulties earlier and have thus far overlooked "subtle varieties of psychological distress that do not meet diagnostic thresholds, but can still devastate young people's schooling and relationships and leave them vulnerable to radicalisation"[54]. Rather, researchers must understand in greater depth how "depressive illness, a pessimistic outlook and social isolation raise the risk of being radicalised"[55].

Police and security forces have also considered the issue. In May 2016, Chief Constable Simon Cole, the police lead for Prevent, told The Guardian that 50% of those individuals considered "at risk" have mental health or psychological problems[56]. Of 500 cases handled within the Channel strategy, 44% of individuals were assessed as having "vulnerabilities related to mental health or psychological difficulties"[57]. A further 15% were considered "vulnerable" but in need of further assessment before any conclusion could be established[58]. Like Bhui, Cole has called for deeper research into the issue and these statistics led to the creation of three new research projects in

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[47] Quoted in press release, Queen Mary, University of London.
[48] Ibid.
[49] Kamaldeep Bhui, "Might Depression, Psychosocial Adversity and Limited Social Assets Explain Vulnerability to and Resistance Against Violent Radicalisation?" PLOS One, Issue 9, Volume 9, September 2014, http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0105918&type=printable, pp.1-10, p2
[50] Quoted in press release, Queen Mary, University of London.
[51] Ibid.
[52] Ibid.
[53] Quoted in Sophie Goodchild, "Radical Thinking – The Links Between Radicalisation and Mental Health", Mental Health Today, 10th August 2015, https://www.mentalhealthtoday.co.uk/radical-thinking-the-links-between-radicalisation-and-mental-health.
[54] Bhui, The New Scientist.
[55] Ibid.
[56] Quoted in Dodd.
[57] Ibid.
[58] Ibid.

London, the West Midlands and North-West England to understand in depth the link between radicalism and mental health, as well as to consider possible treatments, including counselling[59]. Similarly, Cole and Bhui also agree on the need for a new approach focused upon prevention and public health intervention. Cole noted that such individuals "need some help and support to make the right decisions because they are not very well" and that a judicial process focused upon those who have already crossed the threshold of punishable acts has been ineffective[60]. He concluded: "There comes a point when you have to stop pulling people out of the river and you have to find out who's pushing them in. You're not going to arrest your way out of a terrorist crisis…So how do you identify who might be able to fall in?"[61] Indeed, Interpol found that between 2000 and 2015, one-third of "lone actor attacks" in Europe were committed by those suffering from some form of psychological disorder[62].

Issues Associated with Discussing This Topic
However, discussing this link is not without controversy and, as a result, academics and journalists have often avoided the topic. One cause of controversy is the risk of stigmatising those suffering from mental health difficulties, linking them with mass violence or extremist views. Ariane Bazan, a Professor of Clinical Psychology at Université Libre in Brussels, has urged researchers not to focus on the correlation between mental health issues and risks of radicalisation, as a small proportion of sufferers become violent and it is "stigmatising to say that we should focus on people with mental health problems as vulnerable and potential risks for radicalisation"[63]. Writing for 'Mental Health Today' in 2013, Kamaldeep Bhui discussed his concerns that the public and media debate regarding this issue has been stifled by fears that those with mental illnesses may become widely viewed as dangerous[64]. Indeed, as the charity 'Time to Change' have rightly noted, the majority of violent crime is committed by people who are not suffering from any mental health issues and those who do suffer from such issues are more likely to harm themselves than others[65]. Thus, it is important not to stigmatise those who are suffering from mental health issues or to assume that they will engage in extreme activities. However, whilst retaining an understanding of the small number of such cases, examining links between mental health issues and extremism can represent a viable and fruitful area of academic exploration, potentially leading to an alternative approach to counter-terrorism, focused upon preventative, health-based action.

Moreover, the debate has been controversial due to fears that extremists may utilise mental health as an excuse for their actions. Bhui has claimed that courts are generally reluctant to investigate mental health issues in relation to violent extremism as it

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[59] Ibid

[60] Ibid.

[61] Ibid.

[62] Will Gore, "Mental Illness Has Become a Convenient Scapegoat for Terrorism – But the Causes of Terror are Rarely So Simple", The Independent, 25th July 2016, http://www.independent.co.uk/voices/german-terror-attacks-mental-illness-religion-isis-terrorism-scapegoats-a7155366.html.

[63] Quoted in Associated Press, "Murky".

[64] Kamaldeep Bhui, "Mental Health and Violent Radicalisation", Mental Health Today, July/August 2013, pp.24-26, http://www.culturalconsultation.org.uk/wp-content/uploads/2011/11/Mental-Health-Today-Mental-Health-and-Violent-Radicalisation.pdf.

[65] "Violence and Mental Health Statistics and Facts", Time to Change, available at https://www.time-to-change.org.uk/media-centre/responsible-reporting/violence-mental-health-problems

increases the chances of radicalised individuals seeking a defence based upon diminished responsibility and utilising a narrative of mental illness to avoid a conviction[66]. For example, while the first court-ordered psychiatric evaluation of Anders Breivik diagnosed paranoid schizophrenia at the time of the attacks, the second evaluation of Breivik was conducted after requests for another opinion came from the families and victims, concerned that he could be detained in a psychiatric hospital, not a prison, for his crimes[67]. If detained in a psychiatric hospital, medical advice could have then influenced whether he was subsequently released[68].

There are also concerns that focusing excessively on mental health issues may lead to over-simplification of a topic as complex as radicalisation. In July 2016, journalist Will Gore wrote in The Independent that mental illness must not become a "scapegoat" or excuse for terror offences and can lead to over-simplification or conflating issues[69]. Academic Jocelyn Belanger, a Professor of Psychology at Quebec University, has voiced concerns about discussing links between mental illness and extremism, as they may inhibit effective counter-extremism strategies by making terrorists appear "irrational" and "crazy", ignoring the rationality underlying the majority of terror offences[70].

Another controversial issue is how to substantiate definitively whether an extremist is genuinely suffering from mental health difficulties. During Breivik's trial, two court-commissioned psychiatric reports delivered entirely different opinions, with one considering him sane and capable of standing trial while the other diagnosed him as paranoid schizophrenic[71]. A wide debate opened amongst mental health professionals as to the exact nature of Breivik's mental state, with the court variously hearing from different expert witnesses that he suffered from Asperger's syndrome, Tourette's syndrome, paranoid schizophrenia, psychosis, antisocial personality disorder and narcissistic personality disorder[72]. Indeed, there is another argument as to whether personality disorders can be considered within the spectrum of relevant mental illness.

Looking to the Future
However, looking to the future, it may be helpful for relations between faith groups if society discusses acts of Islamic extremism in relation to mental health issues. As noted by The Huffington Post in November 2017, a common complaint exists that, particularly in America, attacks committed by Caucasian perpetrators are treated as 'one-off' incidents caused by the individual's own mental health difficulties[73]. Therefore, the perpetrator's "agency" is removed and the horrific results are treated as the fault of the individual's illness, not the person himself, and are not considered

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[66] Ibid.

[67] Liss Goril Anda, "BBC News: Norway Massacre – Breivik Declared Insane", 25th November 2011, http://www.bbc.co.uk/news/world-15936276.

[68] Ibid.

[69] Gore.

[70] Quoted in Tomlinson.

[71] Anda.

[72] Richard Orange, "Anders Behring Breivik is Lying, Not Delusional", Daily Telegraph, 11th June 2012, http://www.telegraph.co.uk/news/worldnews/europe/norway/9324267/Anders-Behring-Breivik-is-lying-not-delusional.html.

[73] Jesse Mechanic, "It's Terrorism If You're Brown and Mental Health If You're White", The Huffington Post, 6th November 2017, https://www.huffingtonpost.com/entry/its-terrorism-if-youre-brown-its-mental-health_us_5a0098bce4b076eaaae271a6.

symptomatic of a wider population or movement[74]. Meanwhile, when attacks are linked to Islam, these acts are treated by the media as parts of a wider, connected movement, rather than individual incidents related to the person's own mental health[75]. Indeed, the perpetrator is considered as rational and therefore blamed entirely for their actions, which were allegedly committed with full agency[76]. Such a distinction is then utilised to justify an extreme reaction against Islam as a whole[77]. Thus, an increased focus on the mental health of Islamic radicals may be a way to soften this distinction.

As Cole and Bhui noted, society would benefit from a new health-based strategy focused around prevention, rather than a judicial process commencing after events have already occurred. During MI5's parliamentary enquiry regarding the death of Lee Rigby, it was noted that potential 'lone wolves' suffer from various factors including an inability to cope with stress or anxiety and social isolation[78]. The year before Rigby's death, Michael Adebowale's online content had attracted MI5's attention. While he is now in a psychiatric hospital, MI5 had wanted him assessed by their Behavioural Science Unit of psychologists and social scientists, but the assessment was never conducted. The lawmakers' report noted "missed opportunities", urging that "MI5 should ensure that the unit's advice is integrated more thoroughly into investigations"[79]. Similarly, in research funded by the US Justice Department, sociologist Ramon Spaaij investigated 'lone wolf' extremists, noting that since counter-terrorism is currently focused on disrupting plots and intercepting communications within networks, this strategy is suited towards preventing networks but not lone wolves[80]. Thus, we require another strategy suited for 'lone wolf' extremists and, given the strong link between mental health issues and a tendency towards such attacks, he concludes that this should be a health-based approach geared towards catching individuals pre-action[81]. He urged that intelligence agencies and police forces consider risk assessment analysis for lone wolves, based upon mental health considerations and detecting "warning signs"[82].

Offering Support to Those at Risk and Their Families
It is important to consider whether there is sufficient support for those who suffer mental health problems and are becoming prone to extremist tendencies, as well as their families. The family of Nicky Reilly linked an absence of mental health support to his subsequent radicalisation. Reilly had been diagnosed with autism and OCD[83]. He was believed to have had a mental age of ten and his mother had first taken him to a psychiatrist at the age of nine, "reporting obsessive behaviour and temper tantrums" which later developed into self-harm and an overdose at the age of sixteen[84]. As an adult, friends noted that Reilly was on "heavy medication", had made repeated suicide

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[74] Ibid.

[75] Ibid.

[76] Ibid.

[77] Ibid.

[78] Quoted in Tomlinson.

[79] Ibid.

[80] Quoted in Tomlinson.

[81] Ibid.

[82] Ibid.

[83] "Nicky Reilly Was Easy Prey, Says His Mother", Daily Mail, 16th October 2008, http://www.dailymail.co.uk/news/article-1078039/Nicky-Reilly-easy-prey-says-mother.html.

[84] "Nail Bomber Given Life Sentence", BBC News, 30th January 2009, http://news.bbc.co.uk/1/hi/uk/7859887.stm

attempts and had been "sectioned for self-harm", amounting to what Detective Chief Constable Tony Melville described as a "history of mental illness"[85]. Detective Chief Constable Melville noted that this vulnerability resulted in him being "preyed upon, radicalised and taken advantage of", allegedly by a group of operatives in Pakistan who encouraged him, via text message, to build an explosive device[86]. After his arrest, concerns emerged about whether Reilly had received sufficient support from mental health professionals. Although he had previously been admitted to mental health services and been sectioned for self-harm, Reilly's mother felt that such services failed to offer him the support necessary to prevent his subsequent radicalisation, saying publicly that he should have been in "a hospital" but was not, leaving him open to being "manipulated" by others[87].

Indeed, Professor Edgar Jones, of King's College London's Institute of Psychiatry, noted the need for greater support to both those who are suffering mental health problems and becoming vulnerable to radicalisation, as well as their families. When approached by Faith Matters regarding this issue, he stated:

> *"The UK is currently facing a significant challenge of radicalisation and recruitment into politically extreme groups. We know from population research that depression is a risk factor and political engagement serves as a protective factor. Improving the mental health of those vulnerable to feelings of marginalisation will have benefits beyond counter-terrorism. However, it is difficult to see how this might be achieved without reversing the cuts to NHS psychological services in the UK."*

Professor Jones highlights that the National Health Service may struggle to offer stronger support due to current funding cuts. Meanwhile, others have acknowledged the need for greater support towards vulnerable, radicalised individuals within counter-terrorism policing, with moves to embed research on mental health factors within practice. In April 2017, police in London, Birmingham and Manchester implemented pilot schemes aimed at embedding "mental health experts with counter-terrorism officers", with the aim of giving "psychiatrists the chance to identify people referred to Britain's counter-radicalisation programme Prevent who had mental health issues and treat them"[88]. These schemes have now been expanded nationwide, with Professor Jennifer Shaw, the mental health lead for Greater Manchester Police, noting that the team were handling more cases than previously anticipated as "there appears to be a much higher prevalence of people with mental health problems (in the Prevent programme) than you would expect"[89]. British counter-terrorism police initially launched the localised programmes because they believed that approximately 50% of the 7,500 people referred to Prevent each year suffer from "a broad range of mental

[85] Richard Edwards, "Exeter Explosion: Suspect 'Brainwashed' by Muslim Extremists", The Daily Telegraph, 23rd May 2008, http://www.telegraph.co.uk/news/uknews/2014358/Exeter-bomb-Nicky-Reilly-white-Muslim-convert-is-named-as-suspect-in-Giraffe-restaurant-explosion.html.

[86] Ibid.

[87] Steven Morris, "Nicky Reilly: From BFG to Failed Suicide Bomber", The Guardian, 15th October 2008, https://www.theguardian.com/uk/2008/oct/15/uksecurity1. "Easy Prey", Daily Mail.

[88] Michael Holden, "The Battle for Minds – Britain Expands Project on Mental Health in Terrorism", 7th November 2017, https://uk.reuters.com/article/uk-britain-security-mentalhealth/the-battle-for-minds-britain-expands-project-on-mental-health-in-terrorism-idUKKBN1D718N

[89] Ibid.

health and psychological difficulties", now using the information gained to assess in greater depth the link between mental health issues and extremism[90]. Shaw notes that this scheme has been implemented as part of a new 'preventative' approach to counter-terrorism, trying to "manage the risk" and "nip it in the bud" before individuals progress too far and commit violent acts[91]. Shaw acknowledged that police have previously struggled to offer sufficient support to those with mental health issues who were undergoing radicalisation, noting that police officers have often "struggled in the past to reach medical practitioners when they had concerns about some people", with the pilot schemes "designed to address those worries"[92]. Shaw discussed how services have often not only failed to offer support to such individuals but also struggled to identify them, reviewing one case in which a mentally ill man volunteered to hospital staff that he was plotted a gun attack on a city centre and intended to behead his mother, monitoring Islamic State websites for inspiration, yet had previously "had no contact with mental health services and no diagnosis of any illness[93]".

Similarly, the National Consortium for the Study of Terrorism and Responses to Terrorism has noted that any preventative strategy implemented by police must make use of expertise from mental health professionals, calling for a shared approach. The report notes: "Law enforcement professionals can help individuals who may be radicalising to violence, but who have not yet engaged in criminal acts, by connecting them to mental health services", because "in many cases youth who are radicalising to violence" are really experiencing "poor psychological adjustment"[94]. The report urges police to utilise mental health services more effectively by connecting such vulnerable individuals with mental health professionals. Indeed, family is particularly important for supporting such individuals. The report discusses the need for mental health specialists to connect alienated youth with their families and support the family structure as a whole, as a buttress against radicalisation[95]. It urges that both those suffering from mental health difficulties and their families be encouraged to connect with social services and mental health specialists, before such individuals "enter the criminal space and require law enforcement intervention"[96]. The report concludes that law enforcement agencies need to be in contact with local mental health agencies and providers regarding this issue, referring suitable individuals, embedding mental health professionals in law enforcement departments and cross-training law enforcement and mental health professionals in pertinent topics[97].

Indeed, regarding the families of radicalised individuals, often relatives are blamed or suspected for their links, rather than supported. In September 2017, Max Hill QC, the

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[90] Ibid

[91] Ibid.

[92] Ibid.

[93] Ibid.

[94] S. Weine, B. Haddad, R. Miller, A. Lowenhapt, C. Polutnik, "Supporting a Multidisciplinary Approach to Violent Extremism: The Integration of Mental Health in Countering Violent Extremism (CVE) and What Law Enforcement Needs to Know", College Park, MD: Start, October 2015. https://www.start.umd.edu/pubs/START_LessonsLearnedfromMentalHealthAndEducation_FullReport_Oct2015.pdf; http://www.start.umd.edu/research-projects/integrating-mental-health-and-education-fields-countering-violent-extremism.

[95] Ibid.

[96] Ibid.

[97] Ibid.

Independent Reviewer of Terrorist Legislation, claimed that the families of those committing violence should be imprisoned for failing to alert authorities[98]. However, the National Consortium contradicts such a penalising approach, instead urging that police and mental health agencies work directly with individuals and their families, in order to build relationships and encourage as well as support families of those suffering mental health issues[99]. It notes that families often fear engaging with police and mental health agencies regarding their relatives and so a more collaborative approach is necessary[100].

A 2015 report by the National Consortium on how knowledge of mental health issues can help counter violent extremism noted that mental health professionals should be involved in countering violent extremism, especially within intervention and prevention programmes[101]. This, they conclude, "holds significant potential in enhancing prevention and intervention capacities", as "strategies for addressing the threat of violent extremism need to be organised and led by community-based multidisciplinary teams who draw upon mental health"[102]. Mental health is "uniquely poised to contribute to effective prevention and intervention activities in relation to violent extremism", forming a way to prevent the ongoing radicalisation of "individuals who are not yet engaging in violent criminal activities"[103]. Key to this process is supporting, engaging and empowering family members[104]. It recommends building engagement practices which incorporate families into the process of designing initiatives to ensure the agency of relatives[105].

Overall Conclusions
Overall, links between mental health issues and extremist acts, whether motivated by a Far-Right or Islamist ideology, were first suggested by the family and friends of those who had committed violence. However, academics and researchers have also noted the link. Connections between mental health issues and extremism merit further investigation, not least because findings can then be implemented as part of a strategy based upon prevention and catching such individuals early, rather than judicially punishing them after they have committed criminal acts. As Chief Constable Simon Cole said: "We cannot arrest our way out of a terrorist crisis". Instead, a more effective strategy is to understand the basis of such acts and utilise this knowledge to identify potential future extremists. It should therefore be a cause of reassurance that academics have noted the need for partnerships between mental health professionals and counter-terrorism police, with schemes now permitting police to

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[98] Lizzie Dearden, "Terrorists' Families Should Be Jailed If They Fail to Alert Authorities, Says Government's Top Terror Adviser", The Independent, 1st September 2017, http://www.independent.co.uk/news/uk/home-news/terrorists-families-friends-should-be-jailed-failing-alert-authorities-police-max-hill-isis-legal-a7924941.html.

[99] Weine, Haddad, Miller, Lowenhapt, Polutnik.

[100] Ibid.

[101] Steven Weine, Heidi Ellis, "Lessons Learned From Mental Health and Education: Identifying Best Practices for Addressing Violent Extremism, Final Report to the Office of University Programs, Science and Technology Directorate, US Department of Homeland Security", October 2015, https://www.start.umd.edu/pubs/START_LessonsLearnedfromMentalHealthAndEducation_FullReport_Oct2015.pdf, pp.4-10.

[102] Ibid.

[103] Ibid.

[104] Ibid.

[105] Ibid.

utilise the expertise of mental health specialists and embed them within their work. Despite families of extremists complaining of a lack of support from health services, whether for themselves or for their troubled relatives, that the police are uniting with mental health specialists to utilise their research and expertise is promising, as we look to the future.

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