COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

Southport Inquiry Phase 2

Views from Psychiatry, Psychology and Philosophy

Dr Richard Taylor BSc MBBS DFP FRCPsych

National Clinical Lead,
Counter Terrorism Clinical Consultancy Service (CTCCS)

8 September 2026

Acknowledgements

Paul Gill, Caitlin Clemmow, Amber Seaward, Frank Farnham

David James, Paul Mullen, Reid Meloy, Michele Pathé

DCI Mike Nelson, Fayz Allyboccus, Karen Townend, Margaret Fenton, Harriet Hunt-Grubbe

CTCCS – NHS & CT Police

- Detective Sergeant CT Police
- Forensic MH practitioners (social work & nursing)
- Clinical psychologist
- Forensic psychiatrist

- Vetted – Safe space for information sharing

- 1000 referrals Prevent (i.e., app.10% of all Prevent cases)
- 200 referrals from CTP
- Safeguarding mental health & safety of the subject
- Reduce the risk of ‘serious harm’ to the public
- Informing CT policing’s understanding of mental ill-health and its impact on individuals' behaviour

CCS - Where are we?

CCS covers the whole of England and Wales via three regional hubs – London, Manchester and Birmingham.

CCS hub – North

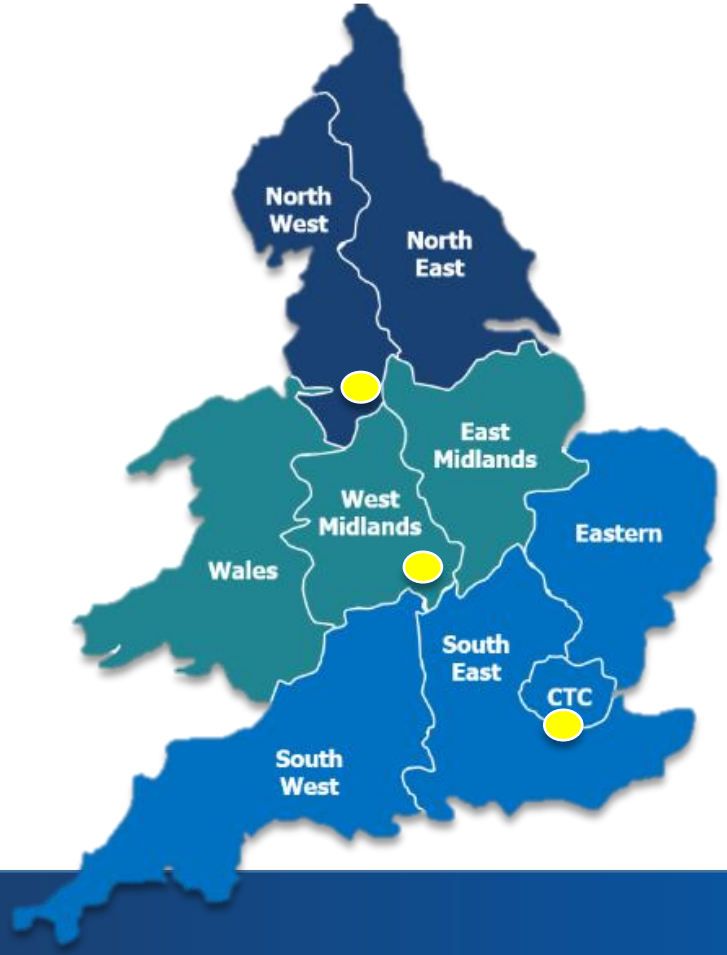
Covering:
- **The North West**
- **The North East**

CCS hub – Central

Covering:
- **Wales**
- **The West Midlands**
- **The East Midlands**

CCS hub – South

Covering:
- **London**
- **The South West**
- **The South East**
- **The Eastern regions**



Our mission is to support CT Policing in the management of risk through access to clinical mental health expertise, formulation and options for health intervention.

Our vision is to develop a world leading collaborative model of CT risk management between health and CT policing through greater understanding of mental ill-health and better information-sharing.

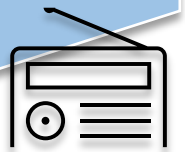
Case formulation - ‘The Five Ps Model’:

What is the **Presenting** problem

Known or suspected mental ill-health diagnosis & behaviours of concern?

What are the **Predisposing** factors that increase a person’s susceptibility?

What are the **Precipitating** factors that triggered the concerns?



What are the **Perpetuating** factors that maintain the current issue?

What are the **Protective** factors that may improve the Subject’s mental health and resolve problem behaviour?

COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

Information Sharing

In the interest of the subject's health, safety, and welfare, for safeguarding and to reduce the vulnerability of the subject to being drawn into extremism or terrorism.

To prevent serious harm, to a third party, in the public interest… to prevent a serious threat to life… national security… to prevent or detect serious crime.

COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

Information Sharing

- European Convention on Human Rights (ECHR) / Human Rights Act (1998):
- Article 8 (1): The Right to Respect for Private and Family Life, Home and Correspondence.
- Article 2: Everyone's right to life shall be protected by law.
- UK GDPR articles 6 and 9 and Data Protection Act (2018): Article 6 UK GDPR provides a lawful basis for processing health data.
- Counter Terrorism and Security Act (2015) 'the Prevent duty'
- The Care Act (2014)

- Common law
- Professional and NHS Guidance: The ICO guidance; NHS codes of practice, the Caldicott principles.
- Social Work England, General Medical Council, British Medical Association, Royal College of Psychiatrists, Nursing and Midwifery Council, HCPC.

COUNTER TERRORISM POLICING

COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

CCS Referrals April 2024 - Jan 2026
1534 closed cases

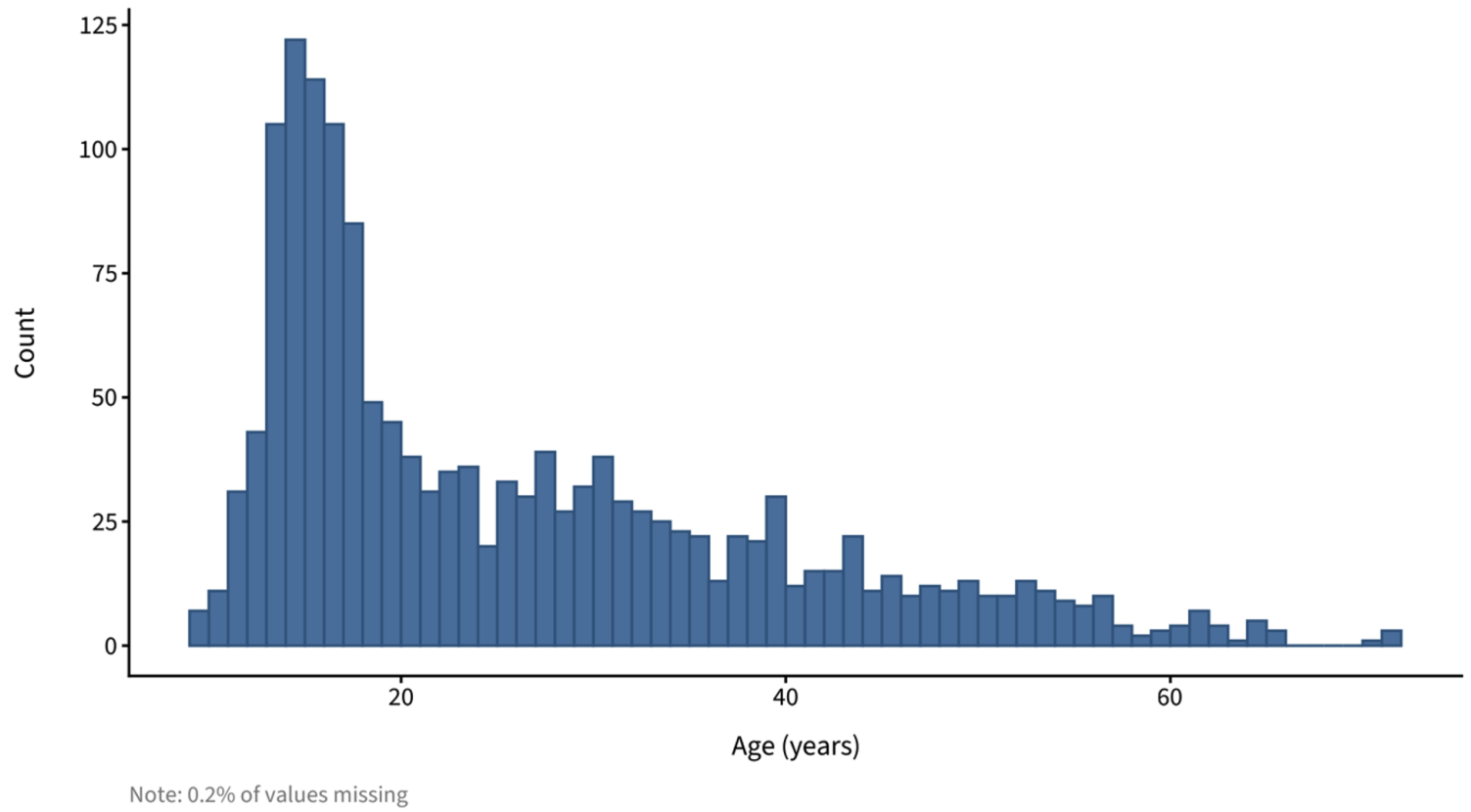


Fig 1: Age distribution

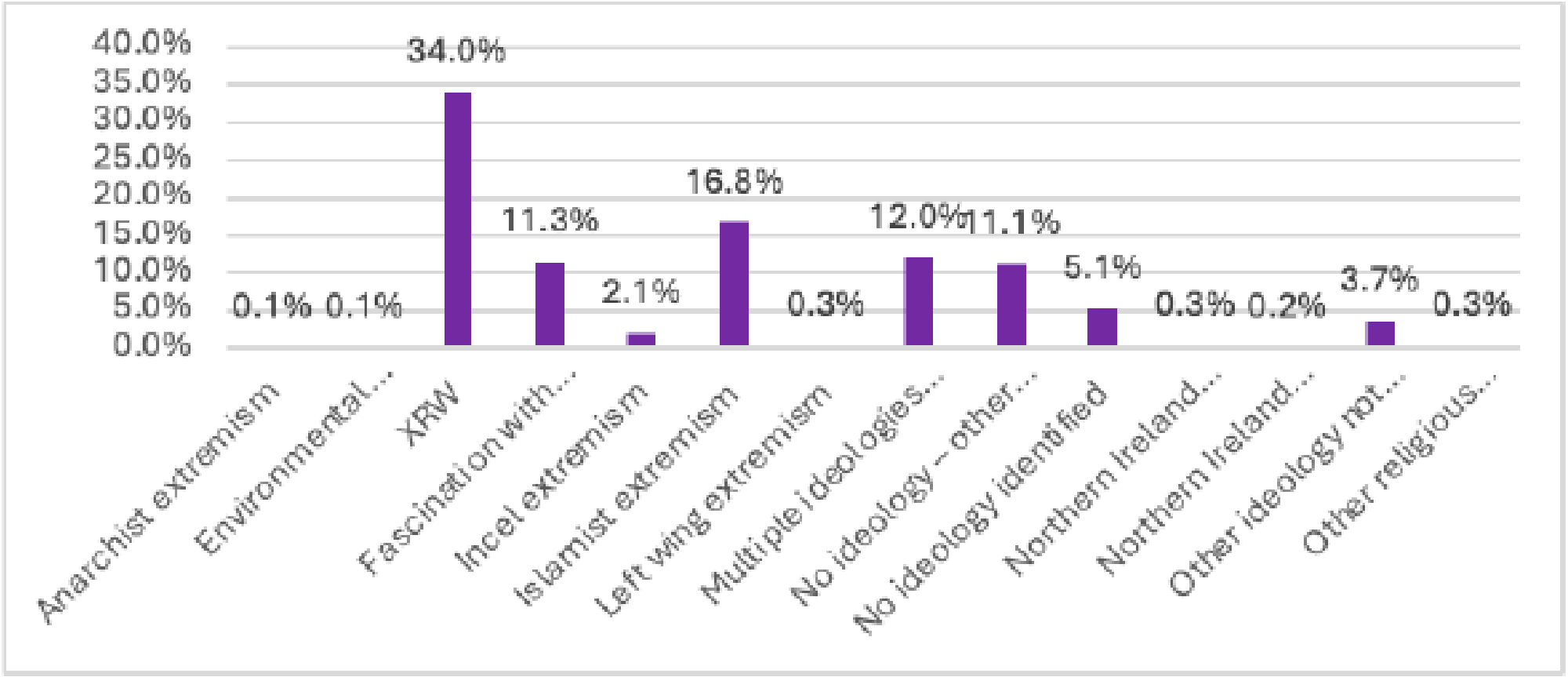


Figure 8: Proportion of CCS cases in each ideological category

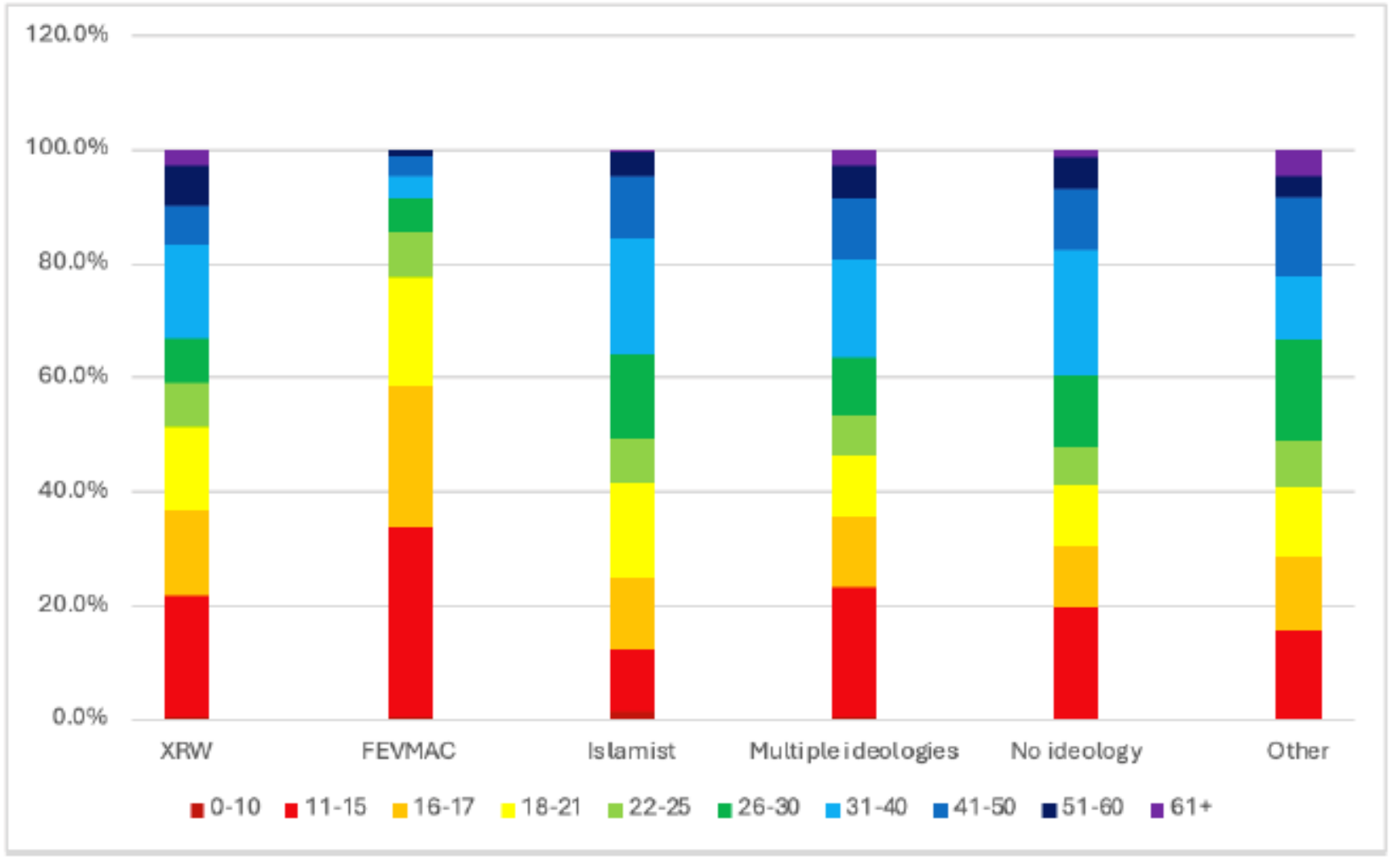


Figure 11: Proportion of cases in each ideology category that are each age

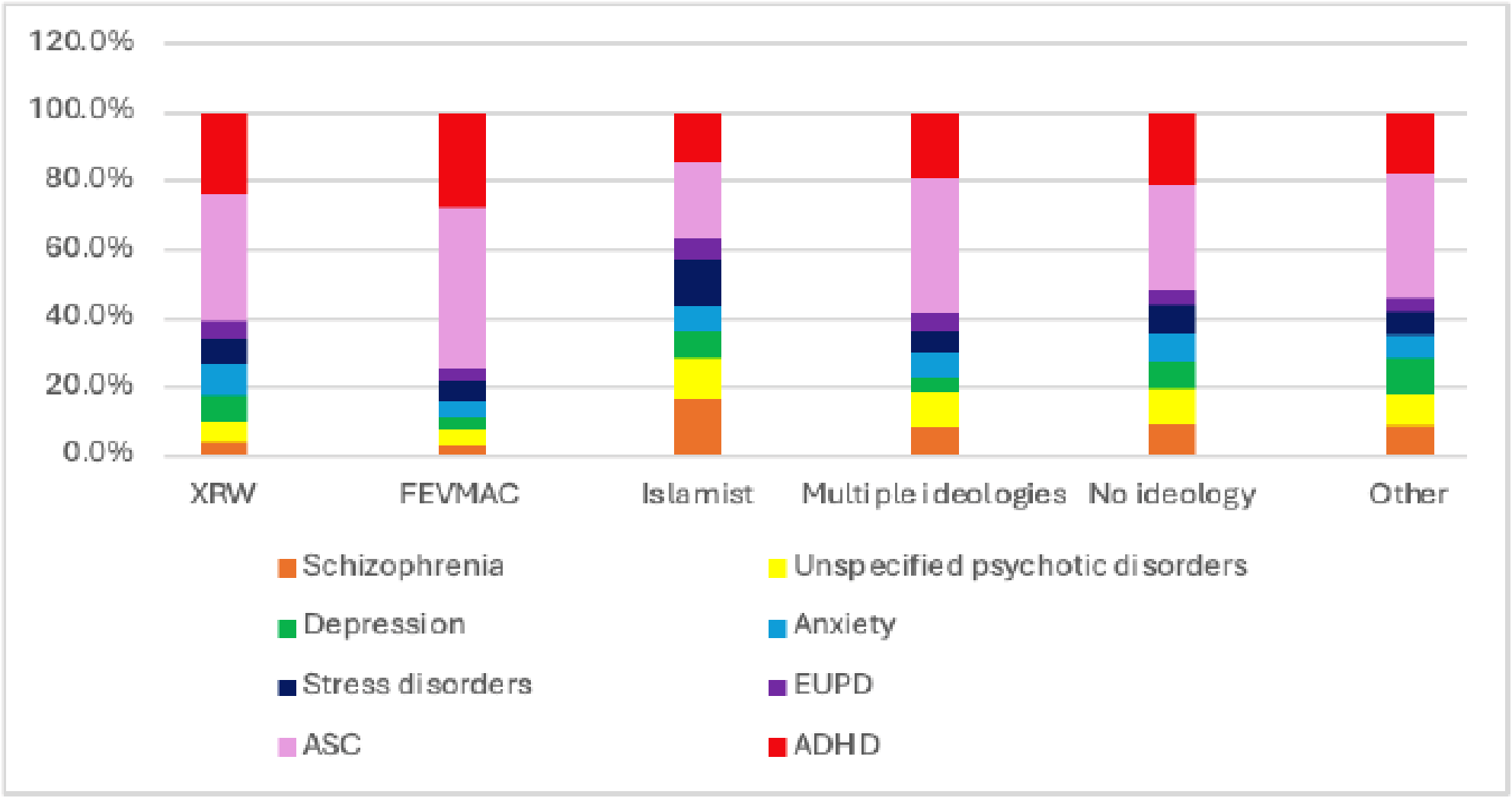


Figure 16: Each condition as a % of all conditions present in the specified ideological category

COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

Dr Zainab Al-Attar (2020)

Seven facets of ASD - functional links with push and pull factors

- **Facet 1**: Circumscribed interests
- **Facet 2**: Rich vivid fantasy & impaired social imagination
- **Facet 3**: Need for order, rules, rituals, routine and predictability
- **Facet 4**: Obsessionality, repetition and collecting
- **Facet 5**: Social interaction and communication difficulties
- **Facet 6**: Cognitive styles
- **Facet 7**: Sensory processing

COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

PROBLEMS IDENTIFIED

Issues with services: 26%

- Waiting lists
- Thresholds for services
- Cliff edge of services
- Complications: merging notes, transferring to other services, mis-communications

Medication issues: 14%

- Struggling with routine
- Discontinued due to side effects, other medications, noncompliance, ineffectiveness
- Change to medication as a trigger

Disengagement/ noncompliance: 14%

- Non-attendance
- Noncompliance with medical checks
- Others e.g. location of services and ability to attend

Undiagnosed/suspected conditions: 47%

Refusing/declining support: 10%

COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

- Hybrid harm online networks - Com engagement in CCS casework:
- 16 children and young people (2024-26)
- Aged 11-26, mean 16.6 - and majority female

- Victim-offender overlap throughout: 75% victims of extortion/grooming; 75% self-harm - yet 63% desire to hurt others; 31% idolise mass killers; 25% offline violence plans
- Implication: treat simultaneously as victims AND sources of risk - either half alone produces the wrong response

COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

New initiatives

- UCL Dept of Crime Science & CTCCS research
- 130 FEVMCA cases

- Adolescent at Risk Service
- National FCAMHS network
- CCS ASD service

COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

Risk Assessment vs Threat Assessment

COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

- “No tool or method currently exists for psychiatrists to provide a risk assessment with any predictive validity” . Tools identify vulnerable groups “but cannot predict which specific individuals will perpetrate LAGFV” (RANZCP 2023, PS #113)

- Prevention without prediction: the public health approach

- Preventing harm and facilitating care

- Mental disorder is usually one element in a multifactorial pathway - rarely 'the cause' (Clemmow et al. 2025)

COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

Question 3

What are the key signs of escalation from an initial obsession or grievance towards fixation and violence?

COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

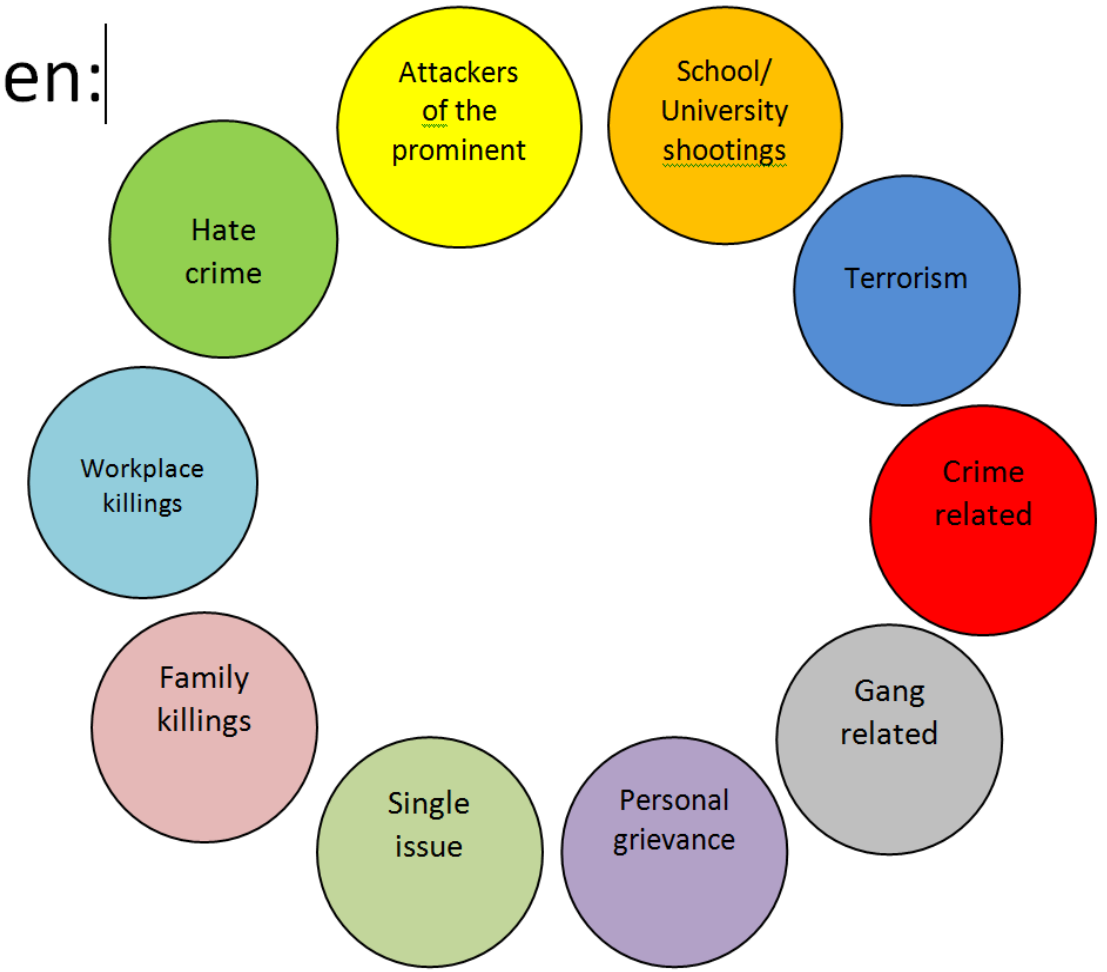
NHS

Some Definitions

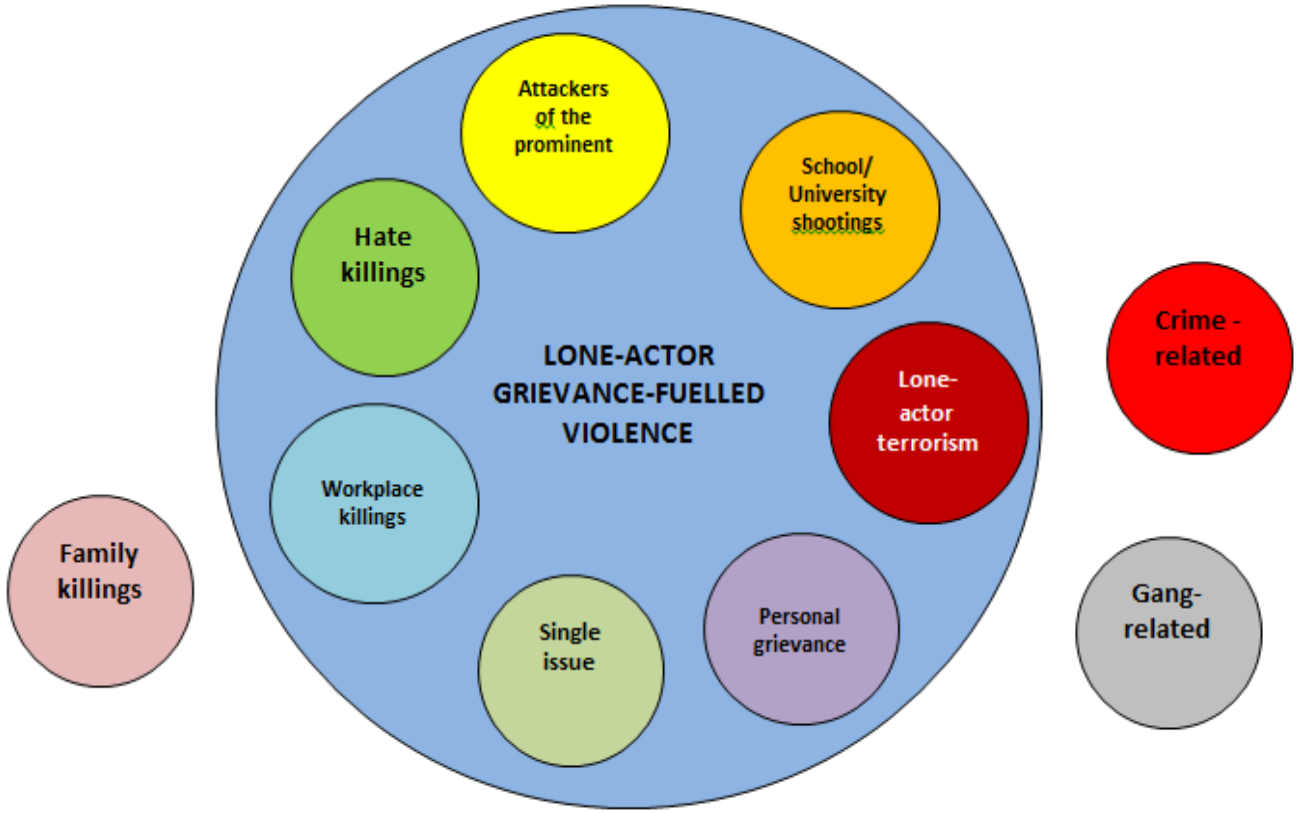
- Obsession
- Ideation
- Fascination
- Grievance
- Fixation
- Preparation
- Hostile reconaissance
- Attack

Conceptualising violence

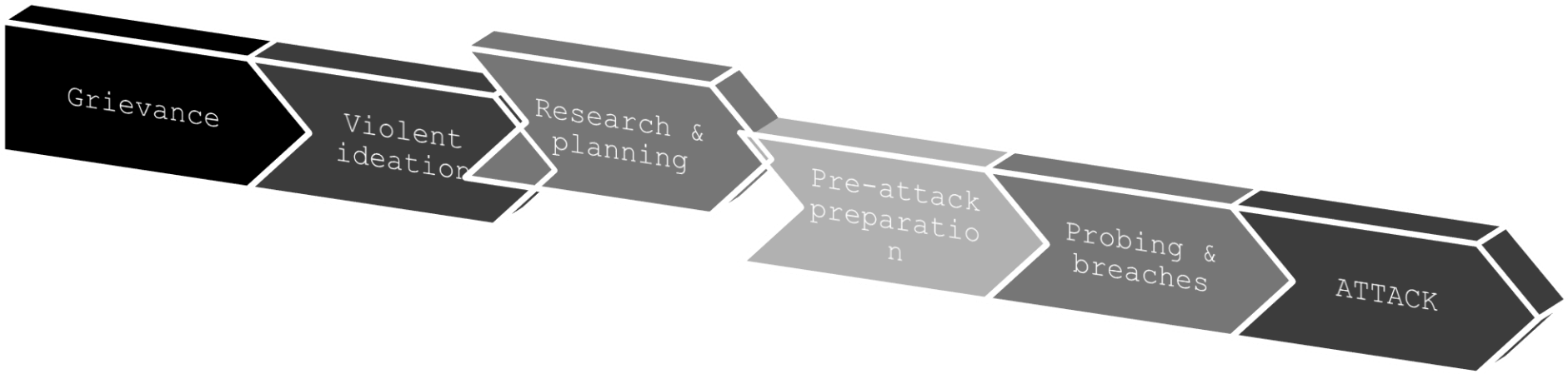
Then:



Revised conceptualisation of lone-actor attacks



Behavioural pathway (Calhoun & Weston)



COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

The eight warning behaviours (Meloy et al. 2012) – the proximal items of the TRAP-18:

1. Pathway (research, planning, preparation)
2. Fixation
3. Identification
4. Novel aggression
5. Energy burst
6. Leakage
7. Last resort
8. Directly communicated threat (making a threat vs posing a threat)

COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

Leakage

- School attacks: in 81% at least one other person knew of the plan, most often a peer (Vossekuil et al. 2002, US Secret Service)

- Lone-actor terrorists: family or friends aware of the grievance or intent in a majority of cases; leakage in around two thirds (Gill, Horgan & Deckert 2014)

COUNTER TERRORISM POLICING
COUNTER TERRORISM CLINICAL CONSULTANCY SERVICE

NHS

Conclusions