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Department of Health & Social Care

Guidance

Managing risk of radicalisation in mental health services

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Applies to England

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Introduction to Prevent

Prevent (https://www.gov.uk/government/publications/prevent-duty-guidance) is part of the UK government's Counter-terrorism strategy (CONTEST) 2023 (https://www.gov.uk/government/publications/counter-terrorism-strategy-contest-2023), which aims to stop people from becoming terrorists or supporting terrorism. The objectives of Prevent are to:

- tackle the ideological causes of terrorism
- intervene early to support people who may be susceptible to radicalisation
- enable people who have already been engaged in terrorism to disengage and rehabilitate

Radicalisation is the process of a person legitimising support for, or use of, terrorist violence.

As a professional working in a mental health service, Prevent sits alongside your safeguarding responsibilities to your patients and the public.

Prevent works as follows:

1. If a professional within a mental health service has concerns about someone who may be susceptible to radicalisation, they should consider making a referral to Prevent.
2. Referrals are assessed by the police and, where appropriate, progressed to a multi-agency Channel panel.
3. Channel panels determine whether referred cases should be accepted into Channel and then discuss these cases to decide whether intervention is necessary, and if so, what type of intervention - see 'The Channel process' section below for more details. Often, mental health services have representatives who sit on these panels, alongside representatives from other sectors such as wider healthcare services, the police and education.
4. Channel panels may request additional information to support their discussions. You should share appropriate information when requested.
5. Channel panels may suggest a package of support to those who have been referred. Accepting the support offered is voluntary. This support

may address areas such as:

- employment
- education
- mental health
- extremism-specific intervention support

Prevent operates mainly in the non-criminal space, focusing on preventing radicalisation before any offence occurs, although it does support people who may already have offending histories. Prevent runs alongside other well established safeguarding processes in place to protect both the person and the wider public.

This guidance expands on all the above, but for further information, including about statutory duties, see the Prevent duty guidance (https://www.gov.uk/government/publications/prevent-duty-guidance) for specified authorities in England and Wales.

Your role

All staff

As a professional in a mental health service, engaging with Prevent sits alongside your safeguarding responsibilities towards your patients and the public.

You should therefore know what to do in circumstances where you might become concerned someone may be at risk of becoming radicalised. This includes:

- making yourself familiar with the basic principles of the referral process
- assessing each situation on a case-by-case basis
- keeping up to date with your Prevent training
- knowing who your organisation's Prevent lead is

Your Prevent lead is likely to be part of your safeguarding team and should be your main point of contact on all things related to Prevent.

For further information about Prevent for all healthcare staff, see the Prevent duty: guidance for healthcare professionals

(https://www.gov.uk/government/publications/prevent-duty-guidance-for-healthcare-professionals).

Prevent leads

As the Prevent lead within your organisation, your role is to champion Prevent. Your main roles are to:

- act as your organisation's main Prevent contact, collaborating with staff to assess and support referrals
- act as the main liaison with the police, Channel panels and other local agencies involved in Prevent
- ensure your organisation has a Prevent policy outlining roles and expectations. At a minimum, it should include details on how to contact you and signpost required training and the national referral form, which you can download from the Get help for radicalisation concerns (https://www.gov.uk/guidance/get-help-if-youre-worried-about-someone-being-radicalised) guidance page
- provide quarterly updates to your organisation's board and regular updates to your Channel panel chair

For full details of your role as a staff member or Prevent lead, read the rest of this guidance (including the accompanying 'Your role under Prevent' summaries) and see Prevent duty: core standards for healthcare commissioners and providers (https://www.gov.uk/government/publications/prevent-duty-core-standards-for-healthcare-commissioners-and-providers).

The NHS Prevent training and competencies framework (https://www.gov.uk/government/publications/nhs-prevent-training-and-competencies-framework) covers training and competency requirements for different staff groups.

When you should consider making a referral

One rule always applies: if there is a risk of immediate harm to the person, yourself or others, contact 999 without delay.

You should be aware that there is no set criteria to determine when to make a referral. Radicalisation can take many different forms, and anyone, regardless of background, can be susceptible. A referral should be made if there is concern that a person may be at risk of becoming a terrorist or supporting terrorism.

Each person should be considered on a case-by-case basis using guidance and your professional judgement. Like any safeguarding mechanism, it is far better to receive a referral that turns out not to be of concern than for someone who genuinely needs support to be missed.

You should be aware of signs that someone may be susceptible to radicalisation. Susceptibility to radicalisation often develops through the interaction of multiple influences, including upbringing, environment, life experiences and social relationships, among others.

You should not regard a referral as being unfair to your patients or a breach of confidentiality. As with all other aspects of safeguarding, the intended outcome is to protect people from harm.

When assessing the potential susceptibility of someone and whether you should refer or not, consider the Notice, check, share (https://www.gov.uk/government/publications/notice-check-share) framework.

Notice, check, share

Notice - be alert to signs of concern or changes in behaviour
There are many things that could be potential warning signs or reasons to be concerned, such as:

- recent change in behaviour, such as spending time with groups who may be involved in concerning behaviour
- increased online activity, such as engagement with extremist or hateful content, or material promoting or glorifying violence
- changes in how they think, such as new thoughts that seem threatening or worrying

For more detailed information on the full range of risk areas to consider, refer to the government's Prevent duty training (https://www.gov.uk/guidance/prevent-duty-training) guidance and your organisation's Prevent training.

Check - gather information available to you and discuss with your Prevent lead
There are many ways in which you may obtain relevant information:

- speak with your Prevent lead to support your decision-making
- seek advice from colleagues who may have worked with the person
- inform your line manager of your concerns
- if possible, speak to the person themselves or their close family and friends

Share - regardless of whether or not the decision is to refer
Once you have gathered all information available to you, you will be able to form your judgement.

This decision should not be yours alone - you should confer with senior colleagues or your organisation's Prevent lead or Caldicott Guardian for advice and support. Ultimately, use your professional judgement and draw on your own experience, as well as that of colleagues, to make a decision.

If you are unsure, it is better to make a referral rather than risk missing a concern. There are no consequences for referrals that are not taken forward - you may be preventing serious harm to patients and the general public. The assessment of a person's susceptibility to radicalisation and decisions about any further action are the responsibility of Counter Terrorism Police and the Channel panel - not you as the referrer.

For further guidance on making referrals, you should refer to the Key principles of Prevent (https://www.gov.uk/government/publications/key-principles-of-prevent/), 'Get help for radicalisation concerns' and your organisation's Prevent training.

Taking account of mental health conditions and neurodivergence

The most important principle to remember is, where Prevent concerns are present, these must not be dismissed or accounted for based on a person's mental health or neurodivergence.

Decisions on whether to submit a referral should not be influenced by attempts to understand whether a person's behaviour is being driven by a mental health condition or neurodivergence.

A referral enables a full risk assessment, undertaken by trained professionals, to assess drivers of risk and their relationship with the person's mental health and/or neurodivergence.

Mental health conditions and susceptibility to radicalisation

Within the general population, there is no established causal link between having a mental health condition and radicalisation. This is important to remember from the outset - we must avoid stigmatising people with mental health conditions. However, mental health conditions should be considered alongside all other aspects of someone's personal context including their:

- background
- social circumstances
- childhood experiences
- personal characteristics

The intersection between mental health conditions and radicalisation is complex and highly individual. As with all conditions, mental health conditions can impact 'push' or 'pull' factors towards radicalisation susceptibility. Push factors are external conditions that drive people towards extremist groups or ideologies, while pull factors are personal aspects that attract them towards extremist groups or ideologies.

Mental health conditions may contextualise a person's susceptibility to radicalisation. Therefore, it is important to assess the function of a person's mental state within their broader context.

Each case should be considered individually using professional judgement to understand whether a referral is an appropriate next step or not.

Neurodivergence and susceptibility to radicalisation

When a person's brain processes, learns or interprets information differently from what is considered typical, they may be described as neurodivergent. Although neurodivergence and mental health conditions can co-occur, they are distinct.

There is no established causal link between neurodivergence and radicalisation. As with mental health conditions, the presence of neurodivergence should be considered alongside other factors that may affect their susceptibility to radicalisation. Neurodivergence can impact 'push' or 'pull' factors for some people, depending on the person and their circumstances.

There may be undiagnosed neurodivergent people within mental health services. Therefore, it is important to engage your professional curiosity and consider whether someone may be neurodivergent, regardless of whether a formal diagnosis has been made. This information can be valuable for others involved in the process and can help guide the tailoring of support later on.

Mental health and neurodiversity training

As a professional working in mental health services, you may well have specialist mental health training yourself, and be surrounded by valuable expertise and experience in understanding mental health and how it may interact with radicalisation. Make sure to draw on this knowledge.

Awareness and understanding of neurodivergence may not be as widespread as it is with mental health conditions. Given this, it is best practice to ensure that you and your colleagues are as well informed as possible about neurodivergence.

Where appropriate, some senior staff members should undertake more in-depth training to further strengthen their understanding of neurodivergence. Selected staff could include:

- Prevent leads
- other members of the safeguarding team
- your organisation's Caldicott Guardian
- senior clinicians working directly with complex cases

There is a wide variety of information and training courses available from national organisations and charities.

See also NHS England's guidance for more information on Meeting the needs of autistic adults in mental health services (https://www.england.nhs.uk/long-read/meeting-the-needs-of-autistic-adults-in-mental-health-services/).

If you decide not to make a referral

If you decide not to make a referral, there are still 2 things you should do:

- consider alternative pathways, such as other safeguarding or healthcare pathways. Discuss the situation with your line manager and wider safeguarding team and, where possible, consult colleagues from other services about what other potential support you could provide
- make sure you document your rationale for not making a referral in your organisation's patient care record

If circumstances change or the level of concern increases, review the situation again and consider whether a referral is then needed.

Process for making a referral

If you decide to make a referral, follow this process:

- inform your organisation's Prevent lead and wider safeguarding team. They should help you with the referral and consider whether there are any other safeguarding or healthcare routes to consider
- consider whether to obtain consent from the patient before making the referral. Although consent to share personal data is always the 'gold standard' and preferred option, there are times when it is:
  - essential to share personal information to safeguard people or others from harm
  - appropriate to do so without patient consent
- complete the national referral form and send it to your Prevent lead. They will then send it on to the relevant local counter-terrorism contact
- record that a referral has been made and your rationale for doing so on the patient care record. This record should only capture information relevant to the mental health service. For each case, document:
  - the reasons for making a referral
  - whether or not consent was sought and given
  - the issues considered
  - any advice received

For more information about data protection, consent and documenting decisions, refer to the Prevent and the Channel process in the NHS: information sharing and governance (https://www.gov.uk/government/publications/prevent-and-the-channel-process-in-the-nhs-information-sharing-and-governance) guidance.

Additional pathways

You should always consider additional pathways, such as other safeguarding or healthcare pathways, even if you make a Prevent referral, as Prevent can run alongside and complement other safeguarding processes. Where it is considered that other services are providing comprehensive support and no additional intervention is required, Prevent will still provide case management with a regular radicalisation risk assessment.

If you are unsure about anything, discuss with colleagues, such as your organisation's Caldicott Guardian or Prevent lead. For further guidance, see the 'Information sharing' section below.

The Channel process

What everyone needs to know

A Channel panel is a multi-agency group that meets regularly to collectively assess referrals in your local area and decide whether intervention is necessary, and if so, what type of intervention.

The Channel panel is chaired by someone from the local authority and can include a variety of statutory partners such as the police, children's services, social services, education professionals and mental health professionals, although the exact composition varies by locality. Your organisation's Prevent lead usually attends your local Channel panel, although other clinicians or members of the safeguarding team may attend instead, especially in mental health trusts that sit across multiple local authority areas.

The Channel panel collectively determines whether to adopt a case and what support should be provided, if any. The panel works with local partners to develop an appropriate support package that can include, among others:

- mental health services
- education
- employment
- health
- finances
- housing

The person (or their parent or legal guardian if they are under 18 years old) has to consent to the support offered to them.

The Channel panel reviews the person's progress over time.

You may be asked to join a Channel panel meeting if you have been involved in the Prevent referral or you have some other connection - for

instance, you are the person's main clinician. Your role is often vital to help tailor the support offered.

Awareness of someone's mental health condition and/or that they are neurodivergent can help ensure that any support provided is appropriately tailored to their specific needs. For example, the type of therapeutic intervention may vary depending on the person's mental health condition and support may need to be adapted to align with how their brain processes information if they are neurodivergent.

If you have been asked to participate in a Channel panel meeting and you want to find out more, you should read the Channel and Prevent Multi-Agency Panel (PMAP) guidance (https://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance), complete the Channel or PMAP training course, and speak with your organisation's Prevent lead.

What Prevent leads need to know

Before a Channel panel meeting

Once a referral is submitted to Prevent, it is assessed by specialist police officers and staff. These officers determine whether the referral should be considered by the Channel panel for support through Prevent. This is called a 'gateway assessment'. Additional information may be requested at this stage.

A further information-gathering stage then takes place for referrals that have been deemed appropriate for consideration at Channel. You must facilitate the sharing of relevant information as part of this stage. In most cases, information will be requested by the Counter Terrorism Case Officer. Co-ordinate with colleagues that are best placed to provide this information to ensure the request is complied with.

It is part of your role to ensure that your organisation is represented on every Channel panel you are requested to be part of. Each local authority operates its own panel and, depending on the geographical boundaries of your organisation, you may need to engage with more than one panel. If you cannot attend all relevant panels personally, you must appoint a suitable representative to attend on behalf of the organisation.

For certain cases, it may be appropriate for a colleague with greater knowledge or direct involvement to attend the Channel panel meeting. Co-ordinate this where possible and ensure they are able to participate effectively.

Before each Channel panel meeting, you may be asked to sign a confidentiality agreement. All information shared is strictly protected and must not be disclosed outside the meeting unless there is a lawful and justified reason to do so.

Refer to the 'Information sharing' section below for further detail.

During a Channel panel meeting
The Channel panel meets to discuss each case, considering:

- different perspectives
- level of risk
- types of support that may be appropriate

It is part of your role to ensure that mental health expertise feeds into this process, providing insights that other agencies may not be able to offer. If you do not have the relevant expertise yourself, it is part of your role to make sure that more appropriate colleagues are able to attend or contribute in some other meaningful way.

For adopted cases, a support plan will be developed based on the panel's discussion. This may or may not include actions pertaining to mental health services. The exact support provided will vary and is tailored to the person. However, it generally falls into one of 3 broad categories:

1. Conceptual: specialist support can also be provided by an intervention provider. This is a trained professional with expertise in ideological drivers, extremist narratives and how to counter them. Typically, the intervention provider works with the person on a one-to-one basis, helping them to explore and process their thoughts in relation to extremism.
2. Practical: training to help improve skills, behaviour or knowledge, such as employment support.
3. Material: usually one-off material or financial support, such as transport costs to attend a course, or even re-housing.

Your support may include:

- assisting panel members to understand mental health needs and how these may or may not contribute to the risk of radicalisation
- assisting with formulating needs and wider multi-agency support requirements
- providing intervention or support for co-occurring mental health needs
- supporting referrals into relevant neurodevelopmental needs pathways

- providing social prescribing options to reduce isolation and promote inclusion
- supporting access to education pathways (such as further study, apprenticeships or training) to ensure meaningful routine and structure

After a Channel panel meeting
Ensure that all actions assigned to your organisation are completed promptly and recorded appropriately in the patient care record. This may include:

- obtaining consent
- arranging mental health assessments
- facilitating treatment pathways
- gathering supporting information

It is up to the person (or their parent or legal guardian if they are under 18 years old) if they accept support offered. You may be involved in supporting colleagues to provide the Channel panel with a signed agreement to show evidence that the person has given consent to receive support. Speak to your Channel panel chair or case officer about a consent form template.

If consent is not obtained, the case is closed to Channel. In these cases, consider other healthcare and safeguarding pathways.

Where referrals to mental health services or neurodevelopmental needs pathways are required, prioritise triage and assessment based on clinical need and risk. If service pressures limit this, clearly communicate your organisation's capacity and any constraints to the Channel panel. If service pressures limit your capacity to fulfil actions assigned by Channel panels on a regular basis, share your concerns with your management and service commissioners.

Cases will continue to be monitored over time by the Channel panel. You may receive updates or be asked to provide updates ahead of future meetings. You should also begin preparing for the next Channel panel meeting where new people may be discussed.

Channel panel governance and reporting
Each Channel panel has its own local governance procedures covering processes, improvement and reporting. You should comply fully with these requirements, which may include providing regular updates or reports to the Channel panel.

Following their closure, all Channel cases are reviewed at 6-month and 12-month intervals. People are no longer part of the Prevent programme once the 12-month review is complete, and their data will be deleted by the Home Office 6 years later. For more details, see Channel and Prevent Multi-

Agency Panel (PMAP): data privacy notices (https://www.gov.uk/government/publications/channel-data-privacy-notice).

For more information on how Channel panels work:

- see the 'Prevent and the Channel process in the NHS: information sharing and governance' guidance
- ensure you have completed the Channel and PMAP training course
- speak to your local authority Channel chair

Information sharing

Prevent relies on early and effective information sharing to protect people who may be susceptible to radicalisation.

Within the multi-agency safeguarding context that Prevent sits alongside, you may have information about people who have been referred and their wider contexts that other agencies do not. This information may help in the assessment of the extent of someone's risk of radicalisation or inform decisions about the type of support that may be required. Therefore, you may be asked to provide additional information to support the Prevent process.

Under section 26 of the Counter-Terrorism and Security Act 2015 (https://www.legislation.gov.uk/ukpga/2015/6/section/26), NHS trusts and foundation trusts are legally obliged to co-operate with Channel panels, the local authority and the police in their exercise of relevant functions. This may include sharing information about a person where appropriate, subject to data protection requirements and other applicable legal restrictions.

If you receive a request for information and are uncertain about what can be shared, seek advice from your organisation's Caldicott Guardian or Prevent lead. Principle 7 of the Caldicott Principles (https://www.gov.uk/government/publications/the-caldicott-principles) explains that your duty to share information can be as important as the duty to protect patient confidentiality.

For more detail on information sharing and governance, see the 'Prevent and the Channel process in the NHS: information sharing and governance' guidance.





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