

# Linking terrorism with mental illness fuels stigma and impedes prevention efforts

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An "automatic assumption" to link terrorist acts with mental illness unfairly stigmatises the millions of people with mental health problems and impedes prevention efforts, warn psychiatry experts in *The BMJ* today.

In an editorial and podcast, Professor Kamaldeep Bhui and colleagues argue that the government's counterterrorism strategy is "shrouded in secrecy" and call for careful media reporting of terrorist events, similar to the reporting of suicides, to reduce copycat episodes.

They explain that terrorist groups and networks seem to avoid recruiting people with [mental health problems](#), "probably because they share some of the same stigmatised views as the rest of society and see people with [mental health conditions](#) as unreliable, difficult to train, and a security threat."

Recent attention has shifted to "lone actor" terrorism, in which mental illnesses are more common, they say. However, they point out that no single diagnosis is associated with "lone actor" terrorism - and that a psychiatric diagnosis where appropriate "does not explain motivation"

They report that many health practitioners are concerned about the government's counterterrorism strategy (Prevent), which outlines a public duty to assess, report, and prevent radicalisation if this may lead to extremist violence.

They point to a lack of transparency which means there is a "paucity of published evidence" for the effectiveness of the programme. This undermines trust and has alarmed many health practitioners, "who are concerned about acting as agents of the state."

Speaking in the podcast, Simon Wessely, Professor of Psychiatry at King's College London, says that we should follow the example of the Royal Colleges by drafting sensible and voluntary guidelines for media reporting of terrorist events, similar to those developed for the reporting of suicide.

These should include guidance on not glamorising events or the perpetrator, and not focusing on methods or details, to avoid copycat incidents.

He argues that the single best thing we can do to improve services, is make it easier for people to be referred, improve treatments that they get - that will improve [mental health](#) - and may also reduce risk to the public of these extremist acts. And he adds that psychiatrists are not in the role to deal with extremism, but are there to help those with mental health problems.

"An effective counterterrorism strategy, which is in all our interests, will be more successful if it engages fully with [mental health professionals](#), public health agencies, and communities, making the research evidence and recommended actions as transparent as possible without undermining genuine security concerns," conclude the authors. "This will create more trust and support for Prevent from all quarters."

**More information:** Editorial: Mental illness and terrorism, [www.bmj.com/content/354/bmj.i4869](http://www.bmj.com/content/354/bmj.i4869)

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