

Mental illness, terrorism and grievance-fuelled violence: Understanding the nexus



Australian Government



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Tonight's panel



Dr Ines Rio
General Practitioner



Professor Alfred Allan
Clinical Psychologist



Dr Michele Pathé
Psychiatrist



Professor Mark Creamer
Clinical Psychologist
(Facilitator)



Learning outcomes:

Through a facilitated panel discussion about Emir, at the completion of this webinar participants will:

- Understand the non-causal link between mental illness, extremist ideology and abnormal fixation.
- Identify fixated behaviour, radicalisation to violent extremism and potential for grievance-fuelled violence.
- Have an awareness of the referral pathways and take appropriate steps if they are concerned that a patient may be radicalising to violence or on a pathway to grievance-fuelled violence.



General Practitioner perspective

Emir

As a GP:

- Get to know a person
- See his journey over time: through different lenses/ effects on him and others.



Dr Ines Rio



General Practitioner perspective

Emir's mental health

- History of mental health issues:
 - o Indications of seriousness
 - o Positive and negative symptoms
 - o Both result in illness
- Doesn't "own" his actions/limited insight
- Also protective factors
- My role:
 - o Minimise both positive and negative effects
 - o Maximise his activation and enablement
 - o Multidisciplinary, patient centered, medical home model.



Dr Ines Rio



General Practitioner perspective

- Series of risk factors, effects: compounding risks/ illness
- Constellation of cumulative red flags
 - ? Worsening schizophrenia: Medication compliance, chronic health problem
 - +/- Substance use
- Other things that may or may not be part of that:
 - ? Suicidal/homicidal
 - ? Bipolar features
 - +/- Substance use.



Dr Ines Rio



General Practitioner perspective

- Know him well, see the changes and I'm worried
- Susceptible: Mental health issues, history of violence, lack of engagement in meaningful world
- Middle East, combat gear, online world,? fringe/fanatical groups
- Now I'm really worried
- Is this the nexus of mental health and extremism/fanaticism/violence?



Dr Ines Rio



General Practitioner perspective

- Explicitly ask him questions
- Speak with the psychiatrist and case worker at mental health clinic
- Speak with him about our care being confidential unless I believe at risk to himself or others
- ? Speak with Layla
- Wouldn't be looking after this on my own.



Dr Ines Rio



Psychologist perspective

Introduction

- Emir consulted you today
- How do you defend your decisions if they are challenged on 18 March 2020?



Professor Alfred Allan



Psychologist perspective

Defensible Decision Making

- Problem and context
- Evidence
- Framework
- Issues
- Analysis.



Professor Alfred Allan



Psychologist perspective

Defensible Decision Making

- Decision
- Response.



Professor Alfred Allan



Psychologist perspective

Disclosure

- Emergency
- Organisation's policy and procedures
- Profession's rules
- Privacy Act (1988).



Professor Alfred Allan



Psychologist perspective

Privacy Act

- Consent for non-primary purpose use
- Law enforcement
- Reasonably believe it is necessary to prevent a serious threat to the life, health or safety of any individual or to public health or safety.



Professor Alfred Allan



Psychologist perspective

Reasonably

- Reasonably = objective = consult
- De-identified
- Appropriate person
- Written record.



Professor Alfred Allan



Psychologist perspective

Conclusion

- Sensitive
- Decision-making framework
- Network
- Consult.



Professor Alfred Allan



Psychiatrist perspective

Radicalisation to violent extremism

The process by which individuals come to accept the unlawful use of violence as a legitimate means of pursuing their political, ideological or religious goals.



Dr Michele Pathé



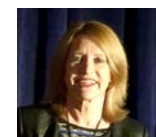
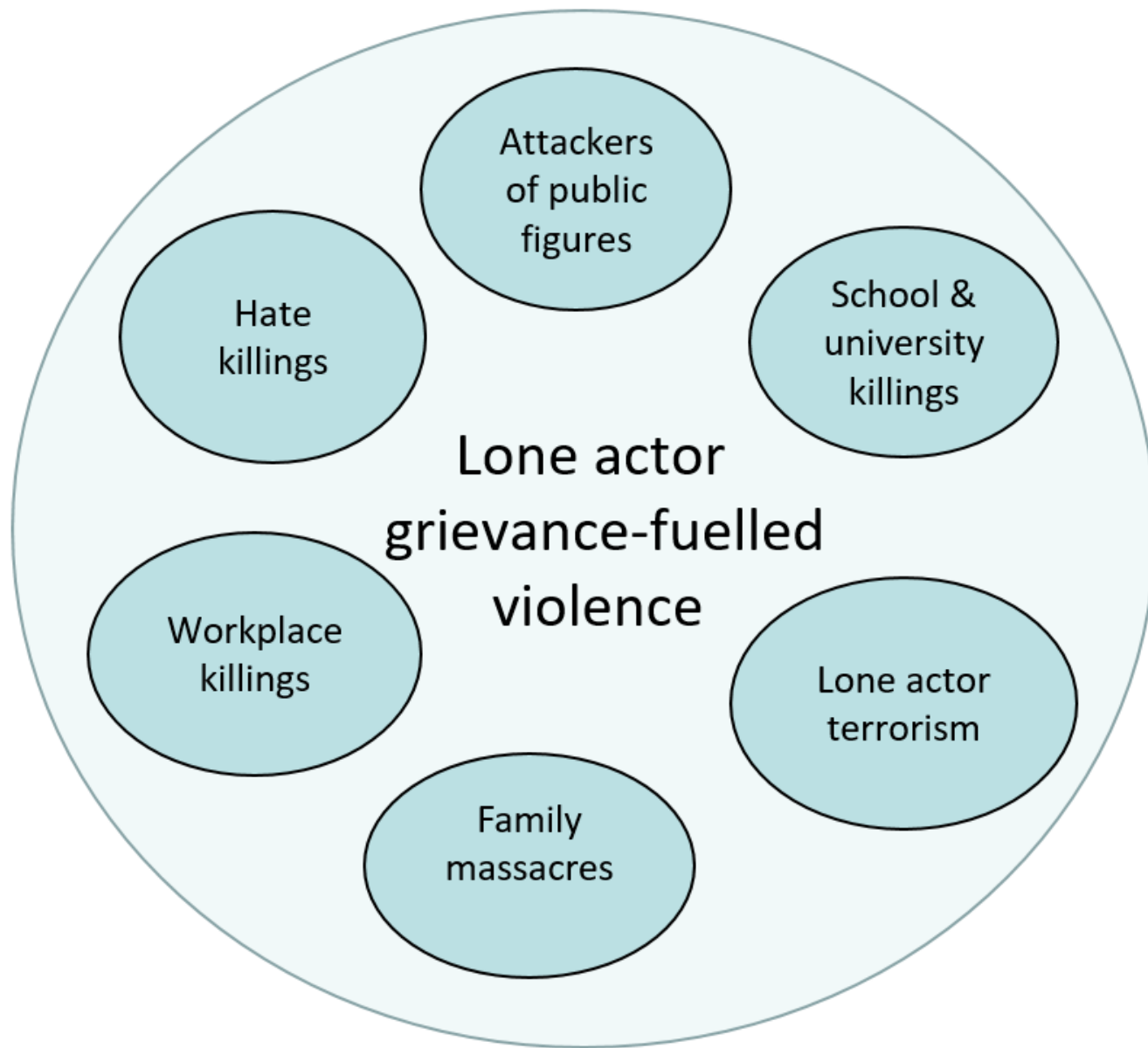
Psychiatrist perspective

- Are they passionate about/preoccupied with some ideology?
- Do they reject those who don't confirm their views?
- Do they identify with extremists?
- Have they attempted to join an activist/religious group?



Dr Michele Pathé





Dr Michele Pathé



Psychiatrist perspective

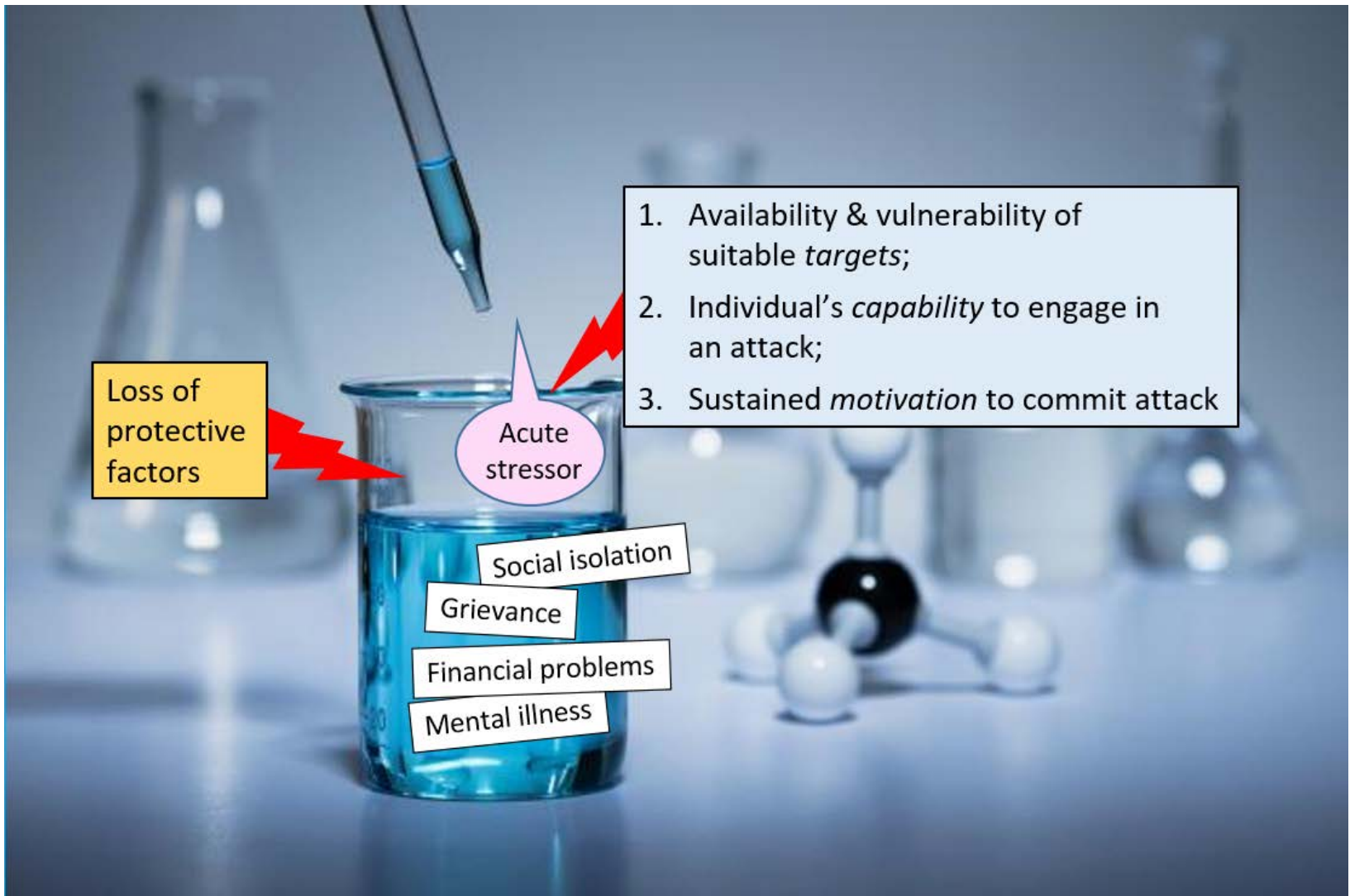
Rates of mental illness among lone actors

- Lone actor terrorist: ~ 40% (Corner & Gill, 2014)
- Fixated loners: 40 - 70% (Pathé et al, 2016)
- Apolitical lone actor mass killers: 40% (Gill et al, 2014).



Dr Michele Pathé





Dr Michele Pathé



Question and answer session



Dr Ines Rio
General Practitioner



Professor Alfred Allan
Clinical Psychologist



Dr Michele Pathé
Psychiatrist



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Help guide tonight's discussion

The following are commonly held myths about radicalisation and violent extremism:

- 1. Anyone who experiences radical thoughts is a violent extremist**
- 2. You have to be in a group to be radicalised**
- 3. Radicalisation is always linked to religion**
- 4. ASIO has unrestrained power to arrest those they believe may be radicalising**

A pop up will appear on your screen shortly listing the above myths. Select the one you'd most like the panel to unpack.



Panellist and Department of Home Affairs recommended resources

For access to resources recommend by the Department of Home Affairs and the panel, view the supporting resources document in the documents tab at the bottom right of the screen.



Thank you for your participation

- Please ensure you complete the feedback survey before you log out.
- Click the Feedback Survey tab at the top of the screen to open the survey.
- Attendance Certificates will be emailed within four weeks.
- You will receive the recording and supporting resources via email in the next few weeks.

