

THE RELATIONSHIP BETWEEN MENTAL HEALTH PROBLEMS AND TERRORISM

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INTRODUCTION

The relationship between mental health problems and terrorism has been the subject of research for decades. Early studies emphasised pathological explanations for terrorism. Research in the late 1990s and early 2000s largely dismissed these approaches on methodological and empirical grounds. Over the space of 40 years, research moved from the position that mental disorder was a significant cause of terrorism, to the opposite – that terrorists were rational actors and that mental health problems were not an important factor.

Contemporary research is focused on developing a more nuanced understanding of when and why mental health problems might be relevant to political violence. Importantly, the presence of mental health problems does not mean that terrorists cannot act in a rational manner.

Mental health problems can be difficult to recognise. Even where contact with healthcare professionals has been established, there are barriers to accurately diagnosing mental disorders. Terrorists are difficult subjects to evaluate; relatively few have engaged with clinicians or health systems for support or treatment, and accurate diagnostic data is hard to come by. Researchers often have to work with limited information, while the mental health of offenders who die during their attacks cannot be assessed by psychiatrists. As a result, research is often limited and confirmed diagnoses of mental health disorders by professionals are relatively uncommon.

Research often relies on distance diagnosis, which draws on second-hand information from the media or reports from family and friends. These can be unreliable or vague, for example, suggesting that the individual was unstable, heard voices, or ‘may’ have been diagnosed with a disorder. The public also often associate mental



health disorders with violence and may overemphasise the risk an individual might pose if they believe they have a problem. In some cases, questionable sources or reporting might artificially inflate the true prevalence rates of mental health problems.

Importantly, the presence of mental health problems should not be treated as a dichotomy, or as something that an individual either does or does not have. Mental disorders are varied, range in severity, and are experienced differently over time. Similarly, mental health problems do not exist in a vacuum; psychological problems might be present but unrelated to involvement in extremism, and having a mental disorder is likely to be only one factor relevant to an individual’s movement towards violence.

KEY POINTS

The link between mental health disorders and terrorism has long been a focus of academic research. Attention has focused most heavily on understanding the prevalence of mental disorders among those involved in terrorism. Evidence about the rates of mental health disorders among different categories of terrorists, including jihadist, right-wing and lone actors, is growing in strength. However, the causal relationship between

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mental health and engagement in terrorism remains unclear.

The Full Report surveys research on the prevalence of mental health problems in the general offending population in prisons and probation. It describes what is known about rates of mental disorder among terrorism offenders and different kinds of ideologically motivated extremist. It also considers the effects of mental health problems on terrorism, their influence on radicalisation processes and propensity for violence, and the limited evidence on recidivism.

PREVALENCE OF MENTAL HEALTH PROBLEMS

- Current research challenges reductive, either-or approaches to the role and significance of mental health disorders in terrorism. Instead, it is important to understand when, why and for whom mental health problems might be relevant to violent extremism and to examine them in context with other factors.
- Elevated rates of mental health disorders are found across the general prison and probation populations in the UK and internationally; the prevalence of psychosis is significantly higher than in the general population.
- Comparatively little research exists on the mental health needs of those convicted of terrorism offences in the UK.
- Former paramilitary prisoners in Northern Ireland have been found to suffer extensively with mental health problems.
- Jihadists and foreign fighters suffer from above average rates of severe mental health disorders. These commonly include schizophrenia, autism spectrum disorder, and PTSD.
- Members of white supremacist movements have disproportionately high rates of mental health problems.
- Some research suggests white supremacist groups may accept those with mental disorders because of their capacity for violence. More research is needed to understand how recruitment processes

operate in relation to those with mental health problems.

- Lone actors display higher rates of mental health disorders than group-based terrorists. Such problems appear to be particularly prevalent among single-issue attackers when compared with those motivated by right-wing or Islamist ideologies.

EFFECTS OF MENTAL HEALTH PROBLEMS ON TERRORISM

- The complex processes by which mental health problems combine or interact with other factors during radicalisation are poorly understood.
- Those with mental health disorders are thought to be at increased risk of interpreting the actions of others negatively; becoming fixated by extremist ideologies; or angered by alleged acts of oppression or mistreatment. However, these assumptions require empirical testing.
- Mental health disorders are thought to make individuals more vulnerable to stress and the influence of radicalisers or extremist ideology. Precisely how this informs the move towards violence has not been properly explored.
- The relationship between support for violent extremism and mental health problems is complex; mild depression may correspond with elevated support for radical views but holding these beliefs may also protect individuals from more severe depression.
- Short-term stressors may be important in motivating lone actors with mental health problems to plan and engage in attacks.
- Although some studies have found a small but significant link between having a mental health disorder and violence in the general offending population, the relationship remains contested. Psychosis-related disorders and depression appear to elevate the likelihood of violence.
- Mental health disorders have been shown to strongly correlate with increased criminal recidivism in non-terrorism related offending. Very little is

known about the impact of these issues on terrorist recidivism.

The Full Report takes a broad definition of mental health, which includes neuro-developmental conditions such as Autism Spectrum Disorder (ASD) and learning difficulties. Within the literature on terrorism, mental health problems are not always clearly defined and generally include both common and serious psychiatric disorders.

Due to the difficulty in observing mental disorders accurately, some studies choose to identify ‘mental disturbance’ or ‘psychological distress’, which indicate the presence of some kind of mental health problem. Examples include suicidal ideation and suicide attempts, self-harm behaviours, and descriptions of symptoms or disorders.

ABOUT THIS PROJECT

This Executive Summary comes from the Full Report from the project *Knowledge Management Across the Four Counter-Terrorism ‘Ps’*. You can find the Full Report [here](#).