

# UK Police Monitored Thousands Through Prevent-linked Mental Health Hubs

Children as young as six are being referred for assessment by psychiatrists embedded in counter-terrorism units, report finds

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*Children as young as six are being referred to a mental health project run by counter-terrorism police as part of the UK government’s controversial Prevent strategy, according to a report by medical human rights researchers published on Wednesday.*

Researchers said the project, in which health workers “monitored” thousands of people identified through Prevent referrals, raised “serious ethical concerns” and blasted it for “gross Islamophobic disproportionality”.

Drawing on documents obtained through freedom of information requests, the report argues that “pre-crime” security concerns are influencing medical treatment.

Case studies show that medical professionals have been encouraged to monitor patients based on concerns related to them being a “convert to Islam”.

The documents also appear to show potentially coercive practices, including mental health assessments conducted in the presence of police.

The report by Medact, a medical human rights organisation, comes as what are known as Vulnerability Support Hubs are rolled out nationwide.

REPORT: We expose major ethics concerns with "Vulnerability Support Hubs" – a secretive project run by UK counter-terrorism police – showing that Prevent’s often spurious and racist pre-crime security concerns are influencing treatment.

📄 <https://t.co/2HkIRgBkpW#EndPrevent> [pic.twitter.com/DmAzXb9ABb](https://pic.twitter.com/DmAzXb9ABb)

— Medact (@Medact) [May 19, 2021](#)

Medact has called for the hubs to be scrapped along with the entire Prevent programme in healthcare.

## Police vetting

Established in 2016, Vulnerability Support Hubs embedded National Health Service (NHS) mental health professionals within counter-terrorism units to assess people referred to Prevent who police suspect may have mental health conditions.

Psychiatrists, psychologists and mental-health nurses working in the units are required to undergo rigorous police vetting to obtain the security clearance necessary to access highly sensitive intelligence.

Over a five-year period, more than 3,000 people, many of them teenagers, have been referred to the hubs, which were piloted in regional counter-terrorism police units in England's three biggest urban areas: London, Birmingham and Manchester.

Common diagnoses include psychotic disorders such as schizophrenia, personality disorders, mood disorders and autistic spectrum disorders, as well as learning difficulties.

The hubs were introduced a year after the British government in 2015 imposed a duty on all public-sector workers requiring them to report to Prevent anyone they deemed to be "vulnerable to radicalisation".

While the government regards Prevent as the flagship programme of its counter-terrorism strategy, it has attracted controversy over the years. Critics say its emphasis on detecting "signs" of so-called extremism has criminalised Muslims for perfectly legitimate behaviour, silencing dissent and stigmatising religious practice.

As individuals are referred to Prevent on the basis of suspicion, rather than for committing any crime, the duty has also been accused of opening the door to racial bias and Islamophobia on the part of public-sector workers.

Drawing on case studies contained in hub evaluation documents, the authors of "Racism, Mental Health and Pre-crime Policing: The Ethics of Vulnerability Support Hubs" say that such nebulous indicators of "extremism" as used in Prevent are unduly influencing mental-health interventions.

With the overwhelming majority of Prevent referrals turning out to be false, the report's authors say the hubs are acting to ensnare people in a vast dragnet before funnelling them into the mental-health sector.

One document describes a situation where "Mr X was referred... following concerns that he had converted to Islam".

In another example, the case of a 58-year-old man is escalated because of "extreme right-wing" comments that were deemed to be "out of character because the subject was a convert to Islam".

After the police-led hub contacted mental-health services, monitoring to ensure the man took his medication was intensified.

And in another case, a man with schizophrenia who had previously refused to take part in the Channel programme, the “deradicalisation” scheme within Prevent, was sectioned under the Mental Health Act after suffering a schizophrenic episode in which he made racist remarks.

“While acting on police information is not necessarily a departure from normal psychiatric practice, the kinds of behaviours which prompted the police-led hubs to contact mental-health services, resulting in escalations of treatment plans, are concerning,” the report says.

“It is clear that counter-terrorism policing’s often spurious and racialised pre-crime concerns have influenced mental-health care,” the report says.

#### ‘Pervasive racial bias’

Speaking to Middle East Eye, Amanda Williams, a professor of clinical health psychology at University College London (UCL), said there was no proven link between pre-radicalisation and mental health.

“This whole notion that you can identify a state of pre-radicalisation or vulnerability and associate that with mental-health problems is unproven,” she says.

“There are people with mental-health problems at a diagnosable level being referred to the hubs, whereas in other cases, the referral is just based on a stereotype.”

Like counter-terrorism, the report says that mental health is “inflected with pervasive racial bias”.

Race is an important factor at every stage – from access to mental-health care, through to diagnosis and treatment, the report says. Meanwhile, people of colour are more likely to be subjected to coercion and violence when experiencing mental distress.

Figures show that Black communities are three times more likely to be diagnosed with schizophrenia than average, while Muslims have recovery rates much lower than the national average for psychological therapies (three per cent versus eight per cent).

Yet despite the existence of racism in counter-terrorism and mental health, researchers said the hub documents were silent on the potency of combining these two areas.

“Such ‘colour blindness’ – the pretence that racial discrimination does not exist – serves to reproduce the egregious racism apparent in the hub statistics,” the report says.

This potency, the authors argue, has allowed for the over-representation of marginalised racial groups in the hubs. For instance, at a hub based within Greater Manchester Police’s counter-terrorism unit, the combined total of referrals from different ethnic groups (41.2 per cent) was almost equal to the number of white referrals (41.7 per cent).

At the same hub, some 48 per cent of referrals were people born outside of the UK.

The lack of acknowledgement of racial disproportionality has allowed hubs to use data on ethnicity to draw conclusions about the typical profile of referrals. One hub stated that “the most recurrent profile of person referred... is of Asian ethnicity”.

Hub data also shows evidence of “gross Islamophobic disproportionality”, the authors say.

More than half of those referred were categorised as presenting signs of “Islamist extremism”.

Remarkably, despite the exponential growth of far-right groups in recent years, the authors say that “a racialised Muslim is at least 23 times more likely to be referred to a mental-health hub for ‘Islamism’ than a white British individual is for ‘far-right extremism’”.

Tarek Younis, a lecturer in psychology at the University of Middlesex and one of the report’s co-authors, said that the figures did not bode well for Black Muslims in particular, who were caught between the disproportionate focus of counter-terrorism policies on Muslim communities and a mental-health sector facing complaints of institutional racism.

“Racialised blackness and Muslimness together is something that is a huge blind spot that we’re really not considering,” he told MEE. “There is an intersectional dimension.”

Younis said Vulnerability Support Hubs were a symptom of an increasingly more “securitised state”.

“What the state is doing... is trying to have total access to all information. Prevent is another example of that and vulnerability mental health hubs is a further expansion of this.”

“It’s not just police structures entering the NHS, it’s a symbiotic relationship between police and the NHS. People might not know the NHS has been securitised when they attend it.”

## Project Cicero

According to the report, counter-terrorism police have attended clinical assessments, questioning patients.

“The police presence is concerning because Prevent questioning and intelligence gathering can itself cause significant psychological stress and be experienced as stigmatising and traumatic,” it says.

“The explicit role of policing imbues the therapeutic encounter with a distinct element of coercion, rendering the veracity of consent deeply questionable.”

Guidance from the Royal College of Psychiatrists warns, “subtle pressures” such as “psychiatric examination in the presence of... security staff” may lead health professionals to “vary their normal medical practice to fit in with security considerations”.

The Royal College had not responded to a request for comment at the time of publication. The British Psychological Society, the representative body for psychologists, told MEE that they would raise the report’s findings within its ethics committee.

Both organisations made a commitment to tackling racial inequalities in the mental-health sector in the wake of the Black Lives Matter protests that erupted last year.

Williams said:

“We should be really making our services far more accessible and responsive and sensitive to the needs of people from minority populations and, instead, we’re giving them every cause for being really suspicious about being referred or asking for help.”

The report draws on evaluations of Vulnerability Support Hubs piloted between 2016 and 2017. Its publication comes as counter-terrorism police begin to roll out the scheme nationwide under the name “Project Cicero”.

Chief Superintendent Nik Adams, counter-terrorism policing’s national Prevent coordinator, denied that the support hubs scheme was secretive and said all staff adhered to “existing ethical and clinical standards”.

“Through our partnership between policing and health specialists, we are getting better at identifying and understanding the complex individual needs that are driving harmful behaviour and vulnerability to radicalisation. This helps us intervene in the right way, at the right time, to stop those who are vulnerable from criminalising themselves, or suffering serious harm,” he said.

Counter-terrorism police on Tuesday tweeted a document highlighting the wider roll-out of the support hubs.

Learn more about our Prevent colleagues’ work with NHS mental health teams through the Vulnerability Support Service ↓

— Counter Terrorism Policing UK (@TerrorismPolice) [May 18, 2021](#)

“This partnership is designed to improve the health and criminal justice outcomes for individuals referred into Prevent and, by doing so, help mitigate the risk of terrorism to communities,” it says.

The document also includes a list of unethical practices which it says the hubs “will not do”, including having clinical staff undertake policing duties.

However, the Medact report’s authors say that “all of these practices do in fact appear to have taken place at the hubs” and that there was no evidence such “malpractice” had been rectified since the scheme was piloted.

Hilary Aked, one of the report’s co-authors and the research manager at Medact, said that the project combined “mental-health stigma with Islamophobia” while “co-opting health workers into activities beyond their remit, including surveillance and criminalisation”.

They added:

“Counter-terrorism police tried to keep the project secret because it’s so ethically dubious, but they’re now rolling it out nationwide despite a complete lack of independent evaluation. The health community must call for an end to the scheme, along with the whole Prevent programme in healthcare.”

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