Impacts of the Prevent policy in the NHS
by Dr Hilary Aked, reviewed by the SOAS COP Team (18th August 2020)
Overview: Major new report indicates multiple harms caused by Prevent in healthcare.

Background: The stated aim of Prevent, one strand of the UK government's counter-terrorism strategy, is to spot people being "radicalised" and stop them being drawn into terrorism or "extremism". **It costs at least £40 million a year yet there is no solid evidence that it works and it has never been independently evaluated**. A government-commissioned **review has been repeatedly delayed**. In 2015, Prevent became a statutory duty for many public sector bodies. The UK is the **only country in the world** to ask health workers to play a counter-terror role. Health sector referrals have **consistently risen, contributing 10% of the 2018/19 total.**

Mental health impact
- **People with mental health conditions are disproportionately referred to Prevent**. Yet evidence for official claims that people with mental health conditions are more likely to be drawn into terrorism is **not robust** and may **fuel stigma.**
- **Prevent referrals can damage people's physical and mental health**, as well as their families', by inflicting **damage on therapeutic relationships**, setting back recovery, **interrupting care**, **causing patients to disengage**, limiting provision by support services, and even **triggering mental health problems in individuals with no prior psychiatric history.**
- The **Vulnerability Support Hubs** scheme, which embeds NHS mental health professional into a counter-terrorism police-led project, raises **acute ethical concerns.**

Racial and religious impact
- Within the NHS, research suggests that **Muslims are reported to Prevent eight times more** than non-Muslims and **Asians/British Asians are referred four times more** than non-Asians.
- The evidence indicates that this disproportionality is a result of **racial and religious discrimination**, stemming partly from **racial bias** contained within Prevent training materials.
- The disproportionate negative impacts on marginalised minority populations & people with mental health conditions means **Prevent risks exacerbating pre-existing health inequalities.**

Impact on confidentiality
- **Trust is the bedrock of the patient-health professional relationship** and relies on the provision of **confidential medical care**, breached only in **specific exceptional circumstances**.
- Prevent training materials strongly emphasise the importance of disclosing information, while consistently providing **disclaimers around - or even discouraging - consent-seeking.**
- Since Prevent does not deal with imminent risk, **non-consensual referrals can never rely on a public interest justification**. Despite breaching confidentiality, **such referrals are common.**
- Alongside other measures **securitising care**, Prevent may be **eroding trust** in health services.

Recommendations:
- **Abolish the Prevent duty.** Instead adopt **evidence-based public health policies** based on a **holistic understanding of security**, addressing broader, long-term determinants of violence.

Further resources
* Hilary Aked (2020) *False Positives: The Prevent Counter-Extremism Policy in Healthcare*, Medact.
* Charlotte Heath Kelly and Erzsébet Strausz (2018) *Counter-terrorism in the NHS*, Wellcome Trust.
* Amrit Singh (2016) *Eroding Trust: The UK's PREVENT Counter-Extremism Strategy*, Open Society.
Visit our website for further briefings (https://blogs.soas.ac.uk/cop/). If you would like a personal briefing or clarification on any of the issues raised here, please contact the author at hilaryaked@medact.org. Do contact Professor Alison Scott-Baumann and her team for further briefings and access to other experts as150@soas.ac.uk. *The views expressed in SOAS COP Briefings are those of the authors and do not necessarily represent those of SOAS.*