

Mapping Mental Health Support



for
**Resilient
Activists**

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Research Manager's findings from interviews with
mental health practitioners

Malaysia • Myanmar • the Philippines • Taiwan • Thailand

Theme 1: How Burnout, Traumas, and a Culture of Sacrifice Affect Activists' Well-being

Activists and human rights defenders come to mental health practitioners for a range of issues such as depression, anxiety, anger, grief, and sleep difficulties. However, burnout was cited as the most prominent mental health issue affecting HRDs, having been mentioned in more than half of the conducted interviews. Practitioners recognized that the work of activists and HRDs can be both emotionally and physically exhausting. A few reasons were given as to why this is the case.

Culture of Martyrdom

+ Low Mental Health Priority

= Burnout x Unsustainable
Activism

One of them is that **human rights work can be deeply personal**. More often than not, HRDs are involved in causes that they have been or continue to be affected by. **Psychological trauma** is a recurring theme within the interviews and is present in different forms. For instance, many HRDs come into this type of work with **past experiences of trauma** related to their cause. A clinical psychologist in Malaysia pointed out that some HRDs have not processed their traumas and they remain unresolved, which make them more vulnerable to mental health issues. Dealing with an issue that is personal to activists can also lead

to **re-traumatization**. Additionally, many HRDs are at risk of experiencing **secondary trauma** due to repeated exposure to people undergoing traumatic events. **Safety and security** are also major concerns for activists as they tend to be subjected to harassment, hostility, and/or physical violence. As a result, activists experience trauma and severe anxiety and stress. Practitioners also mentioned that activists who manage to escape state violence often experience 'survivor's guilt'.

A culture of sacrifice and martyrdom was also cited as a prominent issue. HRDs often feel obligated to sacrifice their time and well-being to serve a cause or the people around them. Taking a break is almost unfathomable for some and can lead to feelings of guilt. Some practitioners pointed out that this culture tends to be reinforced by leaders or colleagues within human rights groups and organizations. In this case, practitioners are not able to offer much help in addressing the situation.

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More and more human rights defenders were reported to experience high level stress, anxiety, and trauma from documenting cases of human rights violations. Day after day of documenting, hearing stories of abuses and killings have affected the well being of HRDs. ”

— Mental health practitioner in
the Philippines

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[There is a] culture of martyrdom where activists do not consider the need or cannot make time to prioritize their well-being given the overwhelming work or undervaluing of health literacy for activist mental health. Priority is always the community's welfare over one's own.

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— Mental health practitioner in the Philippines



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Some movements have conflicts internally or oppressions internally.

So, when we can't engage the problem internally, what we can do is sometimes more limited.

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— Mental health practitioner in Taiwan

Theme 2: How A Lack Of Time, Urgency, And Space Prevents Activists From Accessing Mental Health Support

Attitudes toward mental health were identified by practitioners as one of the barriers in providing mental health support to HRDs. Mental health was often **not prioritized** or not deemed important enough by both individuals and organizations. Seeking mental health support tends to be delayed and only considered when HRDs are already going through a crisis.

Due to the burden of human rights work and lack of importance on mental health, **irregular or inconsistent sessions** also posed a challenge for some practitioners. Most practitioners interviewed provide counseling or psychotherapy, which tend to require several sessions to be effective. They reported that because work takes precedence before well-being, HRDs tend to reschedule or cancel therapy sessions when urgent matters arise.

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So sometimes we had to have group therapy in the open space where there will be people walking in and out and it's not confidential, it's not safe and sometimes they'd be called to go to work midway through.

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— Mental health practitioner in Malaysia

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My personal belief is that services can be more effective when counselor-client interactions and engagement are in-person.

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— Mental health practitioner
in Myanmar

In addition, **financial costs and lack of resources** are also the culprit behind inconsistent sessions. Low cost options to mental health services are limited and, due to their demand, waiting times can last weeks or months. On top of this, interviewees identified that there is a **lack of skilled practitioners** who can cater to activist clients.

Some practitioners struggled with a **lack of physical space to conduct sessions**. In one case, the practitioner was asked to conduct group therapy sessions by a human rights organization at their center. Unfortunately, the center was not equipped with a space that was conducive for conducting private sessions with no distractions.

Some practitioners need to conduct online sessions, in place of in-person sessions, due to the COVID-19 pandemic and existing security risks (such as monitoring of activists by the State). This was particularly challenging for practitioners in Myanmar as their services tend to be disrupted by **electricity cut-offs and internet shutdowns**. They also believed that sessions were more effective when done in-person.

Theme 3: How mental health practitioners need to be supported and equipped to support activists better

Practitioners were asked what they believed were the kinds of knowledge and skills needed to provide mental health services to activists and HRDs. First and foremost, practitioners highlighted that mental health service providers must be competent in the treatment or therapeutic modalities they use. A solid foundational knowledge is a must.

Most practitioners emphasized the need to understand human rights work and what it entails. One person mentioned that practitioners need to “understand the language of human rights defenders.” At baseline, practitioners need to understand basic human rights principles and local laws. Several practitioners suggested familiarizing oneself with human rights movements in their country and keeping up to date with global issues. A few mentioned the importance of being competent in crisis management and holistic security due to HRDs’ heightened safety risks.



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You need to know your therapeutic modality and apply it with confidence. ”

– Mental health practitioner in Malaysia

“ In addressing the issues that activists face, you need to have sufficient ability or experience to know what kind of issues activists would come under, or the pressures they face. You might need some basic knowledge of activism to understand their circumstances. ”

– Mental health practitioner in Taiwan

Practitioners generally strayed from one-size-fits-all solutions and highlighted the importance of considering context and nuance. For example, taking into account the impacts of being part of a marginalized group (such as the LGBTQ community) on a client's well-being and life experience. This could aid in strengthening the therapeutic relationship and enable practitioners to provide appropriate forms of support. Essentially, practitioners need to practice a reflexive approach.

Theme 4: How we need to come together to collectively build a culture of well-being for activists

We need to

**INSTITUTIONALIZE
MENTAL HEALTH**

in human rights organizations if we want

RESILIENT
activists

&

SUSTAINABLE
activism

Practitioners were asked what can be improved about the resources available to provide mental health support to HRDs.

Several practitioners expressed the need to provide proactive and preventive solutions to mental health support. This can take the form of training, workshops, and capacity building. Most practitioners believed that a good understanding of mental health was needed for activist individuals and organizations. They believe that activists need to be equipped with a basic understanding of human psychology, emotional literacy, conflict resolution, and best practices for dealing with mental health concerns both individually and as a collective.

Many practitioners expressed the need for institutionalizing mental health in human rights organizations. A Thai practitioner noted that organizations need to create a strong work culture that facilitates well-being. Several practitioners suggested conducting regular wellness sessions or retreats facilitated by mental health professionals and fully paid for by the organization. Some practitioners also mentioned that organizations need to provide living wages because people working in the non-profit sector tend to be paid low wages. A practitioner in Malaysia advocated for a system of accountability that allows employees to question the organization (particularly higher-level employees) without facing termination or any other punishment.

There was also an emphasis on collaborative and community-based solutions to providing mental health support to HRDs. Several practitioners called for the expansion of collaborative networks of care. This is to reduce resource gaps and ensure more coordinated and effective efforts. Some practitioners also mentioned that activists can come together to deal with their struggles as a collective.

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Most activists already know that things should be borne as a collective but being able to practice it constantly is still a struggle. They'd like to do it alone, if possible, because they don't want to be a burden to others. A huge part of counseling is undoing these tendencies and have them really commit to collective load bearing.”

— Mental health practitioner in the Philippines



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After 324, activists would form groups themselves and discuss their trauma themselves.

This was a good way of dealing with it. They could find an organization they trusted in and have more discussion among themselves about these circumstances.

I think that was a very positive development.”

— Mental health practitioner in Taiwan