



From a “Culture of Unwellness” to Sustainable Advocacy: mental health and human rights

Summary

Human rights advocates are exposed to significant stressors and harms of myriad forms, and suffer elevated levels of post-traumatic stress disorder, depression, and burnout. Yet research into mental health and human rights is nascent. This policy brief explores the findings from a first of its kind global study which mapped how human rights organisations are responding to the mental health and wellbeing needs of advocates. The study found that, generally, organisations have responded poorly and much more needs to be done at all levels – individual, organisational, and field-wide. The brief shares positive organisational practices and outlines the challenges to improving wellbeing.

Introduction

Human rights advocacy can be a tremendous source of fulfilment, meaning, strength, and joy for activists.¹ Yet it also involves exposure to significant stressors and harms of myriad forms. Advocates working to advance justice frequently interview survivors of horrific abuse, document the harms that perpetrators have inflicted, seek out and analyse evidence of systematic violations, unearth policies that trap marginalised communities in extreme poverty, and conduct advocacy by telling and re-telling their own or others’ accounts of suffering. Some forms of stress exposure seem inherent to human rights work, such as exposure to direct and vicarious trauma. Other harms are attributable to institutional stressors arising from the

practices of human rights organisations. There are also field-wide, systemic harms and obstacles to wellbeing that are linked to deeply entrenched human rights cultures or to the socio-economic and political structures in which the human rights field is embedded.

These conditions can combine to place intense pressure on the wellbeing and mental health of human rights advocates. While advocates around the world face many different types and levels of harm and stress, recent research suggests that, as a group, human rights advocates likely experience elevated levels of post-traumatic stress disorder (PTSD), depression and burnout.

¹ The Human Rights Resilience Project (<https://www.hrresilience.org/>) seeks to promote resilience and improve mental health and wellbeing among human rights advocates. The members of the project conduct research into mental health, promote awareness of wellbeing issues in the human rights, offer trainings and mentoring, and work to support the development of a global community of practice engaged in collective learning about resilience. This is a summary of a journal article: Margaret Satterthwaite, Sarah Knuckey, Ria Singh Sawhney, Katie Wightman, Rohini Bagrodia, and Adam Brown, *From a “Culture of Unwellness” to Sustainable Advocacy: Organizational responses to Mental Health Risks in the Human Rights Field*, 28:3 SOUTHERN CALIFORNIA REVIEW OF LAW AND SOCIAL JUSTICE (2019) 443-554.

Building on earlier research, which focused largely on individual-level responses and experiences, this study sought to fill a gap in the knowledge base concerning organisational responses. The research for this study aimed to map what human rights organisations all over the world are—and are not—doing to support the mental health and wellbeing needs, broadly understood, of human rights advocates.

Methodology

Over two years, we conducted 110 interviews, encompassing advocates at 70 human rights organisations from 35 countries in every region of the world, and more than three dozen experts. We also conducted surveys of non-governmental organisation (NGO) policies and practices and combined this with desk research concerning mental health, as well as the experiences of several of the coauthors working as human rights advocates.

Summary of Findings

In brief, data collected for this study suggests that the human rights field generally has responded poorly to the wellbeing risks involved in human rights advocacy. Recently, attention to mental health and wellbeing in the field has improved, and growing numbers of organisations are initiating an important process of awareness-raising and education about wellbeing. However, advocates reported that many organisations are not doing enough to respond to risks. When steps are taken, they are often one-off trainings or events, or individualised “self-care” measures, instead of structural changes in the way work is done, deeper shifts in human rights culture, or in how organisations or the field itself are organised and constituted. There are some leading organisations, particularly among feminist movements, however, that have taken measures to counter the harmful effects of human rights work or embraced wellbeing as a crucial part of their efforts to advance human rights. These organisations provide examples that other groups can learn from as they work to ensure the resilience of advocates and the sustainability of the human rights field.

"This work requires strength. We hear, we hear, and every day we take the stress of others and hold it, and so eventually it comes on us. You can see the manifestations of this in staff—fatigue, stress, insomnia. We accumulate what others tell us.."

**Lucie Boalo Hayali, Gender Based Violence Specialist,
President of the Technical Commission of Projects,
Association des Femmes Juristes de Centrafrique
(Association of Women Lawyers of the
Central African Republic)**

"I think it is more common than not for there to be a culture of unwellness."

Richard Faithful, Folk Healer

Key findings

- 1. Advocates reported myriad sources of stress and harm, and cautioned against narrowly focusing on “trauma.”** Advocates are frequently exposed to direct and indirect trauma and human rights abuses. Advocates also reported numerous human rights organisational, cultural, and field-wide sources of harm and stress. These include experiencing discrimination and bias within NGOs, the human rights field, and in society more broadly; being overworked – often attributed to organisational dysfunction, the pressures of funders, NGO competition, and activists’ beliefs about how much they should work and sacrifice to advance justice; activists’ beliefs about the ineffectiveness of their work; precarious and poor working conditions, explained not only by the broader economic system but also by human rights philanthropy, global inequalities between NGOs in the Global North and the Global South, and internal NGO decisions about how to distribute their funds; and poor NGO management.
- 2. Advocates described wide-ranging mental health effects from exposure to stress and harm.** These effects include psychological, interpersonal, and professional impacts. Advocates described concerns about: anxiety, depression and suicide; physical ailments, substance abuse and sleep disturbance; PTSD symptoms; demotivation, compassion fatigue and burnout; conflict with colleagues; family life impacts; and isolation and withdrawal. While these mental health issues are concerns in themselves, the issue of advocacy sustainability also arose: poor wellbeing harms the sustainability and efficacy of human rights movements, since advocates who are burned out or experiencing depression and anxiety are likely to be less effective in their individual and collective work.
- 3. Advocates believe mental health is overlooked and NGOs are not doing enough to promote wellbeing.** Most advocates interviewed for this study stated that mental health is a serious challenge in the human rights field. Advocates reported that while some

"[T]here is a guilt around experiencing trauma – how dare we, we are privileged human rights workers – how can I feel badly?"

Human rights expert based in Europe

organisations and movements have long had serious discussions about and taken measures to promote wellbeing, inadequate attention has been paid across the field generally to wellbeing; advocates' needs are under-addressed; and that far more should be done by organisations. Many also noted that more advocates and organisations have, in recent years, deepened discussion and action to understand and improve mental health. These observations suggest that the field generally appears to be in a period of transition toward improved organisational attention to wellbeing and mental health, but that organisational policies and practice lag behind.

"People think, and we also think, that we are special people, that we can handle everything, and we believe ourselves to be Messiahs or saviors..."

Verónica Cruz Sánchez, Director, Las Libres

4. **Advocates face numerous challenges to improving wellbeing.** Those interviewed for this study explained that numerous types of challenges can inhibit or prevent individuals and organisations from accepting, recognising and responding to the mental health and wellbeing impacts of their work. Challenges include:
- Individual Beliefs and Human Rights Culture: Martyr Culture, Savior Mentality and Mental Health Stigma.** Advocates frequently discussed a set of overlapping beliefs—held by individual advocates and seen as part of a dominant “human rights culture”—which contribute to poor wellbeing and impede the steps that could be taken to improve mental health. Advocates described interlinked cultures of *martyrdom*, in which the human rights field fosters a view among advocates that they should sacrifice themselves for others and the work, a *saviour or hero mentality*, in which advocates view themselves as capable of and duty-bound to “save” others, and a *cowboy attitude*, where “toughness” and risk-taking are celebrated.
 - Workload, “Productivity” Pressure, and the Marketplace of Human Rights:** Many advocates reported that the sheer volume of human rights abuses, advocates' overwhelming workloads, and organisational and funder pressures to “produce” caused significant stress and left little time to focus on improving wellbeing. Advocates emphasised that the tendency for human rights funders to seek big impacts for small grants, and to fund projects but not core costs have a very real toll on the mental health of advocates.

"Unless you are paying your staff in line with what is a decent salary in line with the cost of living—that has an awful impact on the wellbeing of staff... Funders still have not changed their model of funding—they still say a very small percentage needs to go to staff salaries."

Sharon Cox, Health and Support Services Manager,
Triangle Project

- Organisational Reliance on Individual Mental Health and “Self-Care” Initiatives:** Some advocates noted that organisational wellbeing efforts that overly focused on steps that individuals can take for their own self-care—rather than viewing wellbeing holistically, relationally, culturally and organisationally—could function to inhibit more structural and deeper responses.
- Poor Management and Leadership:** Human rights advocates reported that management attitudes and practices could have a significant effect on whether or how organisations respond to wellbeing needs. Dismissive or non-responsive attitudes by leaders to mental health concerns make it challenging for advocates to shift organisational practices and culture and access resources. Managers and senior staff also play important roles in setting the tone for an organisation and modeling good—or perpetuating poor—wellbeing practices. Yet, too often, advocates reported that wellbeing is not a real part of the manager's role and portfolio.

"You'll get emails from a manager saying 'take your vacation' but then the email also contains a list of urgent things the researcher needs to do. We have to be careful about people just paying lip service."

Human rights advocate at an international organisation

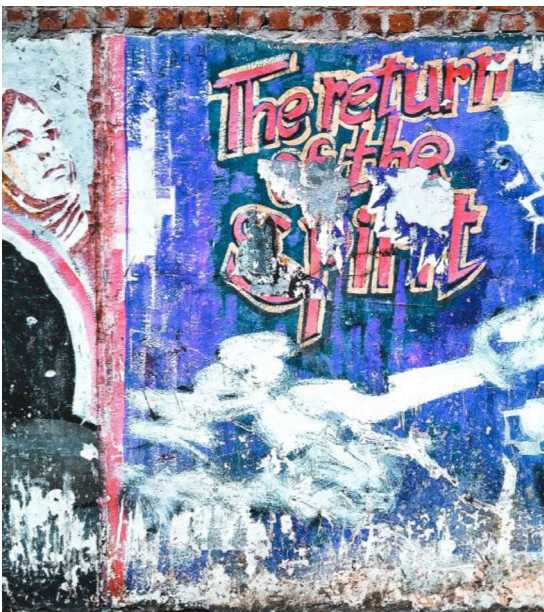
- Lack of Mental Health Education, Awareness and Research:** Advocates reported that the lack of awareness and training about mental health—including among activists, managers and human resources personnel—is a significant barrier to reform. The lack of awareness of how adverse effects, such as burnout, can develop can also lead advocates to fail to take preventive steps. Some advocates noted that even where there was training it was often insufficient and seen as a “check-the-box” experience.

f. **Funding Structures, Limited Funding and Economic Disadvantage:** In addition to limited funding and economic inequities harming mental health, they also have direct impacts on other economic and social rights. Scarcity appears to limit organisational responses, and where staff are also often paid very little, their ability to implement wellbeing strategies, adopt different lifestyle choices and weather challenges can be impeded. The funding model for much human rights work is critical: some advocates reported that donors do not make adequate resources available for things like fair pay, leave and sabbatical time, physical and mental health services, and wellbeing programs.

g. **Lack of Access to Psychological or Psychosocial Support or Tailored Mental Health Programming:** Human rights organisations face numerous obstacles when seeking psychological or psychosocial support for their staff. Funding is a pervasive obstacle, and shortages particularly affect small, local-level, and Global South NGOs. Beyond economic inaccessibility, psychological services are sometimes hard to find due to country conditions. Sometimes counseling is available but it is not sufficiently tailored for human rights advocates.

"I also see that activism is the healing of many people. Activism not only makes us sick, it heals us... solidarity received in the movements and commitment within the struggle... creates bonds of trust, recognition, etc... When we are part of movements we feel empowered. [This] is curative."

Guacira Cesar de Oliveira, Founder, Centro Feminista de Estudos e Assessoria (Center for Feminist Studies and Advisory Services)



5. **Human rights organisations are using a variety of tactics in an effort to improve wellbeing for advocates.** While advocates interviewed for this study generally noted that the field's response has been highly inadequate overall, they shared organisational practices that they view as important for supporting wellbeing and building more resilient advocates and organisations:

- a. **Organisational Commitment and Management Leadership:** Advocates emphasised the importance of an organisation-level response and commitment to wellbeing, and of leadership on these issues from management and senior staff. Management and the organisation itself need to prioritise wellbeing, model behavior, and work toward structures and organisational plans for wellbeing.
- b. **Viewing Wellbeing as Political:** Some advocates explained that an important approach to improving wellbeing has been to shift the framework or lens through which wellbeing issues are understood. This involves viewing wellbeing not as an individual concern, or pathologizing it as a mental health condition; but rather seeing wellbeing as deeply political, and as linked with the political aims of human rights advocates.
- c. **Education, Training and Resources:** Forms of training included induction trainings, periodic or one-off workshops, incorporating mental health education into existing staff meetings or retreats, or providing written guides or tips to advocates.
- d. **Staff Working Groups and Feedback to Management:** Some organisations have created systems for staff to provide feedback to management about wellbeing issues, to promote organisational accountability and to improve organisational responses. These included: creating working groups of staff to lead wellbeing conversations; surveys so that staff could provide feedback to the organisation and promote internal learning; and hiring external researchers to conduct focus group discussions with the staff and report their findings to management.

"[T]here is an environment within [our organisation] where everyone is encouraged to discuss how they feel without any shame and when those feelings are expressed, people realize that [these feelings] are not unique to them."

Gasser Abdel-Razek, Executive Director, Egyptian Initiative for Personal Rights

e. **Mainstreaming Attention to Wellbeing into Individual, Team and Organisational Meetings, Proactive Check-ins, and Debriefs:** Some organisations proactively include discussions of wellness in regular staff or team meetings, or create check-in processes, or debriefs after distressing work. Discussion of wellbeing in regular staff meetings can open space to vent harms and stress and encourage wellbeing practices. This approach normalises concerns about mental health and wellbeing, and allows staff to share good practices with each other. Some organisations have also mainstreamed attention to wellbeing in personnel processes, such as staff evaluations and job descriptions.

"We try to think about collective care over self-care. It's not just an individualized thing, like one person going to yoga or a therapist. Rather it needs to be an organisational approach to work."

Lisa Chamberlain, Acting Director, Center for Applied Legal Studies, University of the Witwatersrand

- f. **Counseling and Psychological Support:** Many advocates reported organisational practices of providing or facilitating access to therapy or counseling. Services varied widely—some NGOs had individual and/or group therapy, and many had voluntary access to services, while some had mandatory services. Some organisations made counselors available at the office; others provided healthcare plans or financial resources for staff to access mental health services independently.
- g. **Peer Support and Socialising:** One of the most common measures mentioned by interviewees was the use of peer support mechanisms. Advocates described efforts to foster peer-to-peer mental health support, as well as more general efforts to create opportunities for socialising and building inter-staff trust and bonds.
- h. **Making Meaning, and Recognising Achievements and Successes:** Some advocates discussed the importance of discussing or highlighting human rights impacts and achievements among staff.
- i. **Shifting Topic or Type of Work:** Shifting the topic or type of work, including taking a break from direct work with witnesses and survivors, can help respond to or prevent burnout or secondary trauma.

- j. **Trauma-Aware Workflows:** Organisations can adopt workflow practices to mitigate harm, including recommendations that advocates not process graphic material at night or alone, break up exposure into discrete time periods, block out parts of a graphic image, and ensure that the advocate is prepared to review the material.
- k. **Breaks and Leave:** Many advocates discussed the importance of breaks, and numerous organisations had various formal or informal break and leave practices and policies focused on enhancing wellbeing.
- l. **Remote Working and Flexible Hours:** These can aid advocates in managing their workloads and personal responsibilities, and facilitate working in varied or less-stressful environments.
- m. **Offering Individual Wellbeing Practices:** Some organisations offer or facilitate practices such as yoga, mindfulness or exercise.
- n. **Art, Spiritual and Religiously Rooted Healing Practices:** Advocates identified artistic, spiritual or religiously rooted practices that aimed at individual or collective care and healing, tailored to the specific cultures of the community.

"The collective practice of sitting together to talk about care, to move towards practices of caring for each other, that hasn't happened yet. Even though we've talked about it. We can't do it, because our reality is a constant hurricane, and we're in the eye of it the whole time. There is no space in the schedule of our everyday life to reflect on this, amid all the chaos that needs to be resolved."

Raúll Santiago, Human Rights Defender,
Coletivo Papo Reto, Brazil

Next Steps

This study concludes by identifying next steps that can support the human rights field to enhance the wellbeing and resilience of advocates. Research is needed to evaluate interventions and programming to advance wellbeing, and more attention is needed to the vicarious resilience that human rights advocacy fosters. Support should be provided to enable more knowledge-sharing across organisations and advocates, and tailored educational materials and trainings should be created and offered. Action to improve psychosocial health should be designed broadly, by acknowledging the limitations of some terms and frameworks, and working to promote inclusive, diverse and culturally-informed responses. Funders play a critical role, and can support organisations to make structural changes and introduce wellbeing interventions. Ultimately, change is needed at all levels of the human rights field: from the individual and interpersonal to the organisational, cultural, and the structure of the field as a whole. With concerted attention, human rights organisations can not only reduce harm, stress and trauma, they can advance resilience and protect the joys of purpose-driven work for social justice.

About this project

This Policy Brief is based on research findings from the Human Rights Resilience Project—an interdisciplinary research initiative, co-led by a team of human rights advocates and scholars and experts in psychology, which seeks to study mental health and human rights and promote resilience among advocates. The project is grounded in the belief that the wellbeing of human rights advocates is essential for social justice and sustainable social movements.

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For more information

<https://www.hrresilience.org>

Reference

Margaret Satterthwaite, Sarah Knuckey, Ria Singh Sawhney, Katie Wightman, Rohini Bagrodia, Adam Brown, *From a 'Culture of Unwellness' to Sustainable Advocacy: Organisational Responses to Mental Health Risks in the Human Rights Field*, 28:3 SOUTHERN CALIFORNIA REVIEW OF LAW AND SOCIAL JUSTICE (2019) 443-554.

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