



# Why mental health is essential to the future of human rights work

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**Abstract:** Mental health is not only a human right but also a vital asset in defending all other rights. It is worth exploring the overlooked mental health toll on human rights professionals and calling for systemic care and support.

'Mental health is a basic human right', [states](#) the World Health Organisation (WHO). However, a quick look at the WHO's programmes [indicates](#) that the organisation is attentive to the human rights of the persons having mental health issues, including the respect of human rights in mental health facilities and consideration of the mental health of specific groups of people: disabled children, displaced persons, among others. Moreover, the United Nations Special Rapporteur's work on mental health has been developed in numerous [thematic reports](#).

While all these approaches are acutely needed and valid, I would like to propose a different angle of analysis: to consider mental health as a critical human rights-related issue in itself. More specifically, I argue that protecting the mental well-being of those working on human rights is a critical tool in their standing up for the human rights of all, everywhere.

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At the time of writing, the post-Cold War and post 9/11 world as we have known them seem to have been swept away with [a few words](#) by U.S. Vice President J.D. Vance and [shocking political decisions](#) by U.S. President Trump. The human rights workforce—including humanitarians, human rights lawyers, researchers, activists, and defenders—is more than ever at the heart of an ideological battle.

What will happen if such a workforce collapses? Sadly, this is not a rhetorical question. Even prior to the USAID [Stop of Work Order](#), many had already noticed the worrying wave of resignations, burnouts, depressions, and loss of purpose within the human rights field. When the roots of such phenomena are multifold, the mechanisms at stake impacting human rights workers' mental health are not to be ignored.

Our human brain is defensive and [predictive](#). These two functions make the mental health toll acute and inevitable for human rights professionals. While certain professional risks are accepted, noticeably for humanitarians who are more at risk of being confronted with violent and dramatic events, other insidious and long-term risk factors tend to be ignored. This oversight frequently results in indirect Post Traumatic Stress Disorder ([PTSD](#)), namely vicarious traumatisation.

### **The brain's defensive and predictive functions: when the brain is wired to be anxious**

The main function of our brain is to protect us, to keep us alive by regulating numerous bodily [functions](#), a range of which will not be exhaustively detailed here. One of these functions consists in scanning and registering every second of our life experience, while looking for any potential life-threatening dangers, thereby predicting appropriate response.

This is an ever ongoing '[test and learn](#)' process of our brain: when unused, information is simply deleted, while others are specifically stored and chemically marked. Such a process explains why, for example, you may dread speaking in public if you had a particularly negative experience in the past, such as at school; your experience was so distressing that your brain ensured you would not find yourself in the same position ever again. Therefore, when a person gets some hints of a more or less similar situation, the brain triggers survival mode, the hypervigilance mode: cortisol surge, body functions lockdown, blood rush in the legs, tunnel vision, preparing that person to fight, flee or freeze.

This is the process of [traumatisation](#): to save our life, our brain ensures that certain events are cautiously printed in our nervous system and can be rapidly activated to trigger a coping or defense mechanism.

That is right: our brain is wired to be anxious. As far as human rights professionals are concerned, high-intensity anxiety or stress resulting from violent events, and situations of armed conflict, are generally well documented and taken into account. Professionals suffering from [PTSD](#) resulting from one identified event are usually treated. What remains all too often ignored, however, is the cumulative impact of low/medium

intensity anxiety produced by long term exposure to indirect violence, moral injuries—such as the [USAID stop-work order](#), or toxic working environments.

### **The indirect PTSD: a journey through symptoms and consequences**

Our brain stores every piece of information we encounter through our life experiences. Yet, what happens to human rights professionals who, for instance, research on human rights abuses, investigate violations, conduct interviews with atrocities survivors or migrants?

Human rights professionals are not *per se* victims but are certainly witnesses. The world, as shaped by their brains—through one investigation after another, one interview after another—is often experienced as highly anxiety-inducing, if not dangerous at times. This perception is further exacerbated by the confirmation bias of our brains: once a belief is internalised, once a concept is formed, our brains seek to confirm it. The anxiety resulting from this long-term exposure triggers continuous survival/hypervigilance mode. Being in such a mode is very noxious for health and dramatic for the human rights workforce, as detailed in the next subsections.

### **The health additional impact**

One of the key elements of [vicarious traumatisation](#) is being in permanent survival mode resulting in the body over-functioning without being able to properly regenerate. Quite alarmingly, the prolonged production of cortisol—the hormones of stress—can [result](#) in numerous auto-immune diseases such as diabetes, heart disease, and high blood pressure. As stress triggers a shutdown of physiologic functions such as digestion, or sleep, it can lead to immense fatigue. Moreover, the constant activation of the nervous system produces anxiety, fears, and sometimes panic attacks. This combination not only impacts the work capabilities of human rights professionals but also their overall mental health.

When the body is busy with regulating an extravagant budget of energy to maintain homeostasis—namely, a regulation process to enable the body to be balanced, to function—there is little bandwidth left to deal with other stressors such as time pressure, unrealistic objectives, scarcity of resources, difficult working relationships, let alone private life.

This often results, noticeably and amongst other consequences, in empathy fatigue, creating in turn dissonance, confusion, and a loss of purpose. Such dynamics can lead to early resignations, but also to depression and, in the worst-case scenario, suicide. Indirect post-traumatic stress disorder, also known as vicarious traumatisation or compassion fatigue, is a well-documented mental health condition affecting [military personnel](#), emergency rescue staff, [healthcare](#) and social workers, as well as human rights professionals.

## **The unseen cost for the human rights workforce**

Yet, within the human rights-related work environment, mental health issues often come as a surprise—as though they were not a normal development of the brain, inherent to the nature of human rights professions.

More insidiously, there remains an important narrative framing mental health and well-being as a disability, as a flaw, or as a statement that the professional experiencing these symptoms is no longer fit or trustworthy for the job.

This conducts too many highly qualified and invested human rights professionals to ignore or hide the signals and to withdraw, doing their job as automated robots. Unmanaged empathy, fatigue or vicarious traumatisation is responsible for high turnover in organisations, an important rate of sick leaves, or early resignations.

Do we blame athletes for having sore muscles, let alone injuries occasionally? No, their routines are organised around these risks: physiotherapy is part of their preparation as much as the training and the competitions. In the same line, mental health awareness and care shall be included as earlier as in the studies of prospective human rights professionals. More importantly, the ‘duty of care’ should be understood extensively and be a number one policy of relevant organisations.

Raising awareness and destigmatising mental health are fundamental requirements for building a sustainable and healthy human rights workforce. In light of recent political developments, namely the rise of fascism and authoritarian regimes in the western world and beyond, this may become the sinew of war, the resilience test of the human rights world.

Responding to these challenges, it is worth highlighting that the [EMAlumni Association](#) has created the [Mental Health Support Group](#). This initiative provides peer support, emotional first aid, and access to tailored resources for human rights professionals.

EMAlumni.org provides information to connect with EMAlumni who have become mental health and well-being professionals and who are available to support at every stage of a career in the human rights field. Because caring for those who care for the world is not just necessary--it is revolutionary.