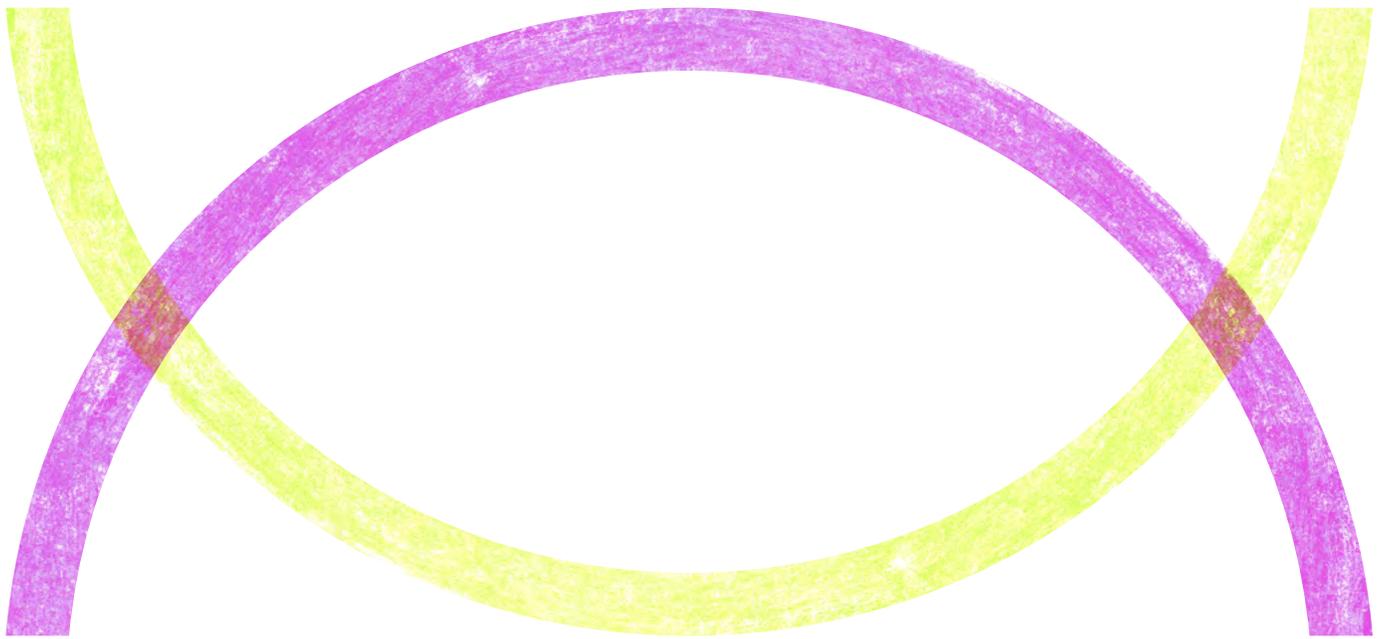
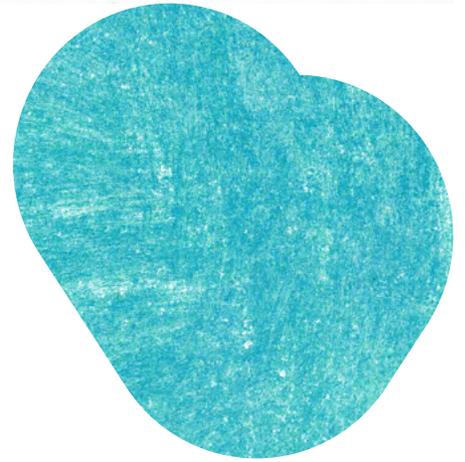


CommUNITY Mental Health Program



**Mental Health
Primer for Providers
Serving Digital
Rights Defenders**





Team CommUNITY^(TCU) is a community-based membership network that brings together digital defenders from across the globe fighting surveillance, censorship, and other issues sitting at the intersection of human rights and technology.

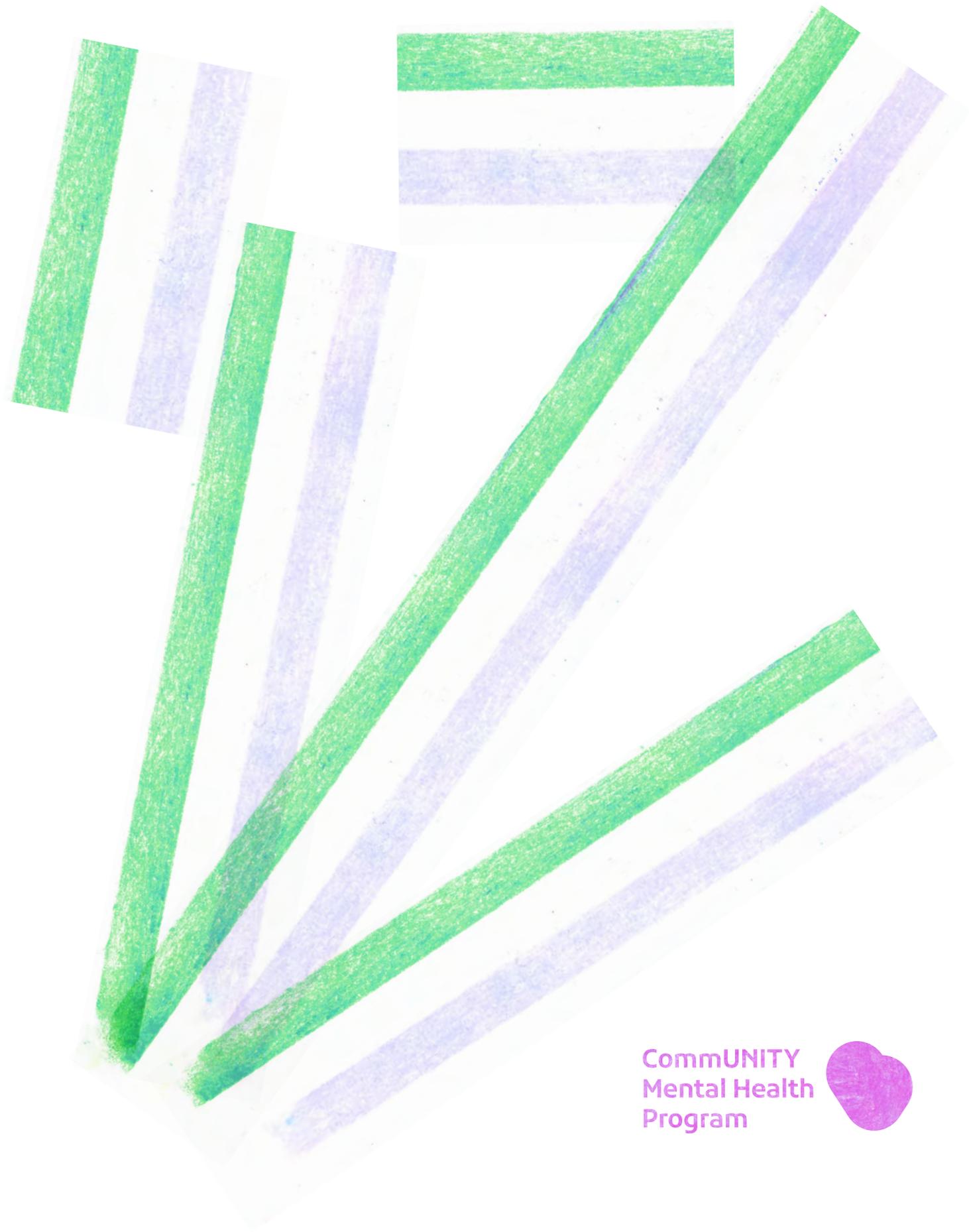
Our mission is to foster and nurture healthy, resilient, and inclusive communities of digital rights defenders across the globe.

Our community works to achieve digital rights and internet freedoms for all. We do this by offering services and creating joyful community spaces that further members' work and wellbeing, while enhancing collaboration, solidarity, and equity in the wider digital rights field. Part of this work is offering psychosocial services through our Community Mental Health Program.



**CommUNITY
Mental Health
Program**

WHAT THIS TOOLKIT IS	6
HISTORICAL VIEW OF PSYCHOSOCIAL SERVICES IN THE DIGITAL RIGHTS FIELD	8
UNDERSTANDING THE DIGITAL RIGHTS COMMUNITY & FIELD	10
WHAT DOES A DRD-ORIENTED MENTAL HEALTH PROGRAM LOOK LIKE?	14
DIVING DEEPER INTO THE EXPERIENCES AND VALUES OF THE DR COMMUNITY	18
TRENDS RELATED TO THE PSYCHOLOGICAL HEALTH OF DRDS	22
FACTORS HARMING MENTAL HEALTH:	23
Exposure to Digital Rights Abuses & Ability to See Risks	25
Experiences of Marginalization & Immigration	26
Culture of Self-Sacrifice	27
Insufficient Resources & Living in Survival Mode	28
Lack of Attention and Space for Mental Health Care	29
PROTECTIVE FACTORS	30
Solidarity, Social Connections & Community:	
Sense of Purpose & Identity	31
Effective Change, Sense of Agency & Healing	
WHAT CAUSES DRDS TO ABANDON OR AVOID CARE	32
Identity, Values and Beliefs of Mental Health Providers & DRDs	33
Level of Professionalism and Capability:	34
Stigma & Mental Health Literacy	
Limited Time & Space	35
Accessibility	
GLOSSARY	36
RESOURCES	40



CommUNITY
Mental Health
Program



What this toolkit is

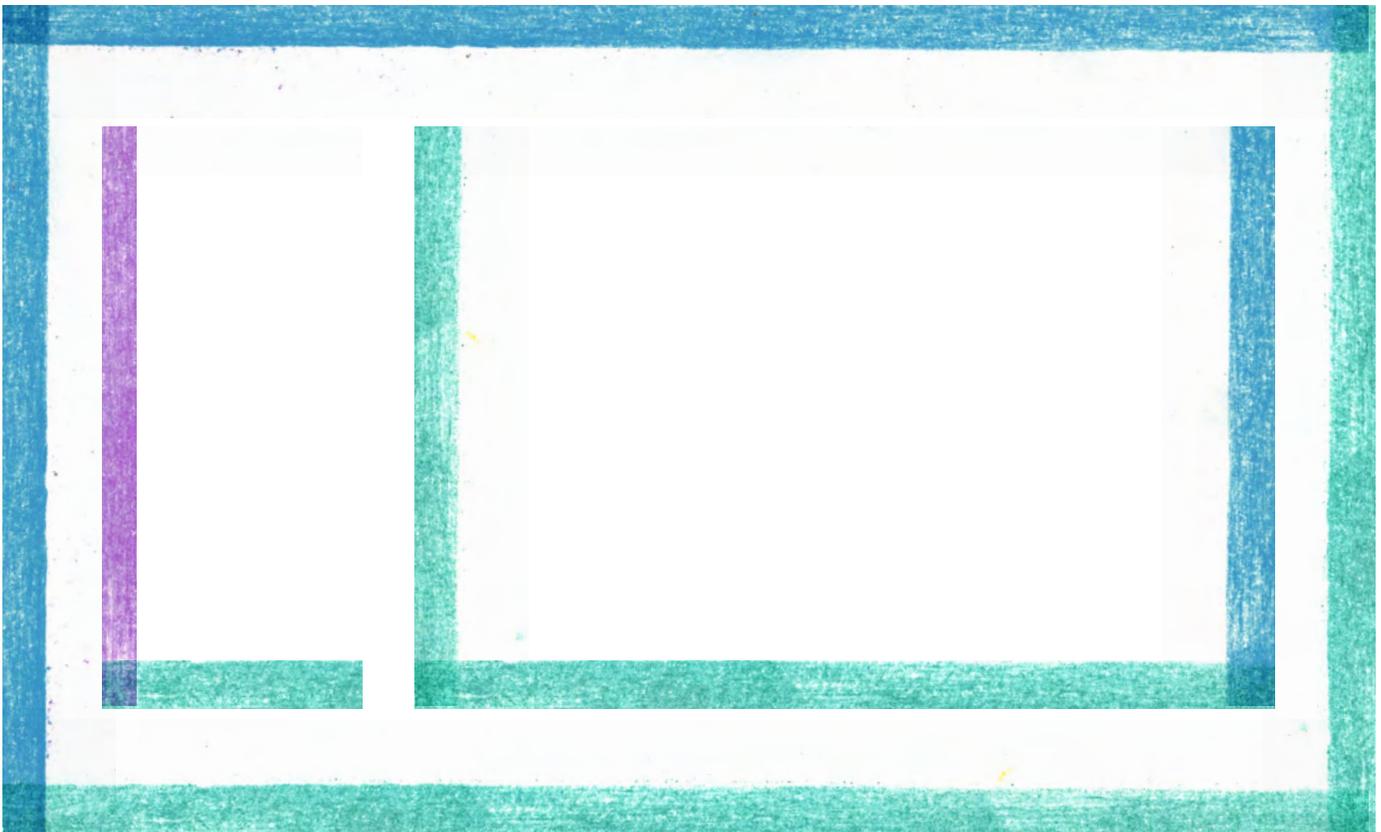
THIS TOOLKIT IS AN EDUCATIONAL PRIMER AND GUIDELINE FOR MENTAL HEALTH PROFESSIONALS INTERESTED IN SERVING DIGITAL RIGHTS DEFENDERS (**DRDs**). THESE ARE INDIVIDUALS FROM DIVERSE REGIONS AND DISCIPLINES WORKING ON ISSUES RELATED TO DIGITAL RIGHTS, PRIVACY, INTERNET FREEDOM, AND FREEDOM OF EXPRESSION. HISTORICALLY, THIS POPULATION HAS FACED VARIOUS CHALLENGES IN BOTH SEEKING AND SECURING MENTAL HEALTH SUPPORT, REASONS OF WHICH ARE DOCUMENTED BELOW.

THE INSIGHTS, THEMES, AND NEEDS SHARED IN THIS REPORT ARE DESIGNED TO HELP PROVIDERS REDUCE THE BARRIERS AND GAPS **DRDs** EXPERIENCE WHEN SEEKING PSYCHOSOCIAL SUPPORT AND SERVICES. THIS INCLUDES UNDERSTANDING HOW TO IMPROVE THE SAFETY AND SECURITY MEASURES OFFERED BY PROVIDERS TO **DRDs**, WHICH ARE NEEDED TO MAKE THEM MORE COMFORTABLE AND CONFIDENT TO SEEK SUPPORT. IT ALSO PROVIDES A GLIMPSE INTO THE UNIQUE CULTURAL CHARACTERISTIC OF THIS INTERNATIONAL COMMUNITY.

THE CONTENT OF THE TOOLKIT IS BASED ON Team CommUNITY'S (TCU) EXPERIENCE AND OBSERVATIONS SERVING ITS GLOBAL COMMUNITY OF **DRDs** THROUGH VARIOUS COMMUNITY INITIATIVES. IT ESPECIALLY INCORPORATES MANY OF THE OBSERVATIONS FROM IMPLEMENTING TCU'S COMMUNITY MENTAL HEALTH PROGRAM (CMHP), WHICH WAS LAUNCHED IN 2021, AND PROVIDES **DRDs** WITH DIVERSE TYPES OF PSYCHOSOCIAL SERVICES. THIS INCLUDES GROUP PROCESSING CIRCLES, PSYCHOSOCIAL EDUCATIONAL WORKSHOPS, AND ONE-TO-ONE SERVICES FOCUSED ON SUPPORTING SHORT-TERM AND EMERGENCY SCENARIOS. IN ADDITION, THE TOOLKIT IS COMPLEMENTED WITH A LITERATURE REVIEW, AND INDIVIDUAL INTERVIEWS WITH **DRDs** THAT WERE HELD IN THE FALL OF 2022.

FOR THIS PRIMER, WE INTERVIEWED 15 **DRDs** FROM SOUTH AMERICA, AFRICA, MENA, EAST/SOUTHEAST ASIA AND EUROPE/US. WE ALSO CONDUCTED TWO IN-DEPTH FOCUS GROUPS WITH PSYCHOSOCIAL CONSULTANTS AND TCU'S STAFF THAT ARE RESPONSIBLE FOR COMMUNITY MANAGEMENT WHO, BY NATURE OF THEIR WORK, ARE DIRECTLY SERVING **DRDs**. THE GOAL OF THE OF THE INTERVIEWS WAS TO IDENTIFY WHAT PSYCHOSOCIAL PROVIDERS NEED TO UNDERSTAND ABOUT **DRDs** AND/OR THE WORK THAT THEY DO, AND UNDERSTAND THE CONCERNS **DRDs** MAY HAVE REGARDING WORKING WITH PSYCHOSOCIAL PROVIDERS.

Historical View of Psychosocial Services in the Digital Rights Field



TCU identified a need for mental health support from community feedback as early as 2012, leading to the launch of CMHP in 2021. Part of the delay in launching the CMHP is the difficulty in securing funding for these types of services. While reasons for this are varied, they are reflective of the lack of overall resources available to digital rights organizations, with most available funding focused on technological development and programmatic work. Few, if any resources, are available for the actual health of individuals working on digital rights tools and/or programs.

Since the launch of CMHP, there has been a steady increase in demand for the diverse types of psychosocial services offered. However, there also seems to be a level of ambivalence towards mental health services as many DRD's report struggling to find the right support and have reservations due to the difficulty of trusting mental health professionals with their safety and lived experiences. The suspicious view that some DRDs hold towards mental health services may be a reaction to the "bandaid" culture prevalent in the field where mental health is addressed superficially and no processes are embedded in the work culture.

Understanding the Digital Rights Community & Field



Digital Rights is a relatively new term, but represents human rights in the digital age. The issues it addresses are centered around freedom of expression, Internet Freedom, and right to privacy in the context of our use of digital technologies. However, in recent years, Digital Rights have evolved to also include Internet accessibility, digital literacy, and digital labor rights, among others.

The Digital Rights field is an emerging field, reflective of our societies' increased use of the Internet and communication platforms to conduct our daily lives. Given the global scope of the Internet and digital technologies, the field is incredibly diverse attracting different types of professionals from practically all corners of the world. This includes activists, journalists, policy advocates, human rights defenders, NGO employees, researchers, technologists, community organizers, multilateral government employees, and others.

What they share in common is a desire to protect the digital rights of their communities, and address issues that arise at the intersection of human rights and technology, such as online surveillance and censorship, disinformation, online harassment, and many others. However, as more and more people connect to the Internet and bad actors find new ways to use the Internet and digital technologies as a weapon, the issues and challenges DRDs address also increase.

Needless to say, the digital rights community is much like the Internet - it's a true international community representative of nearly all the communities found in the world. Given this diversity, it is more prudent to share some commonalities these different profiles share, instead of listing every single profile that is found in this space - an endeavor that is both arduous and almost impossible to do.

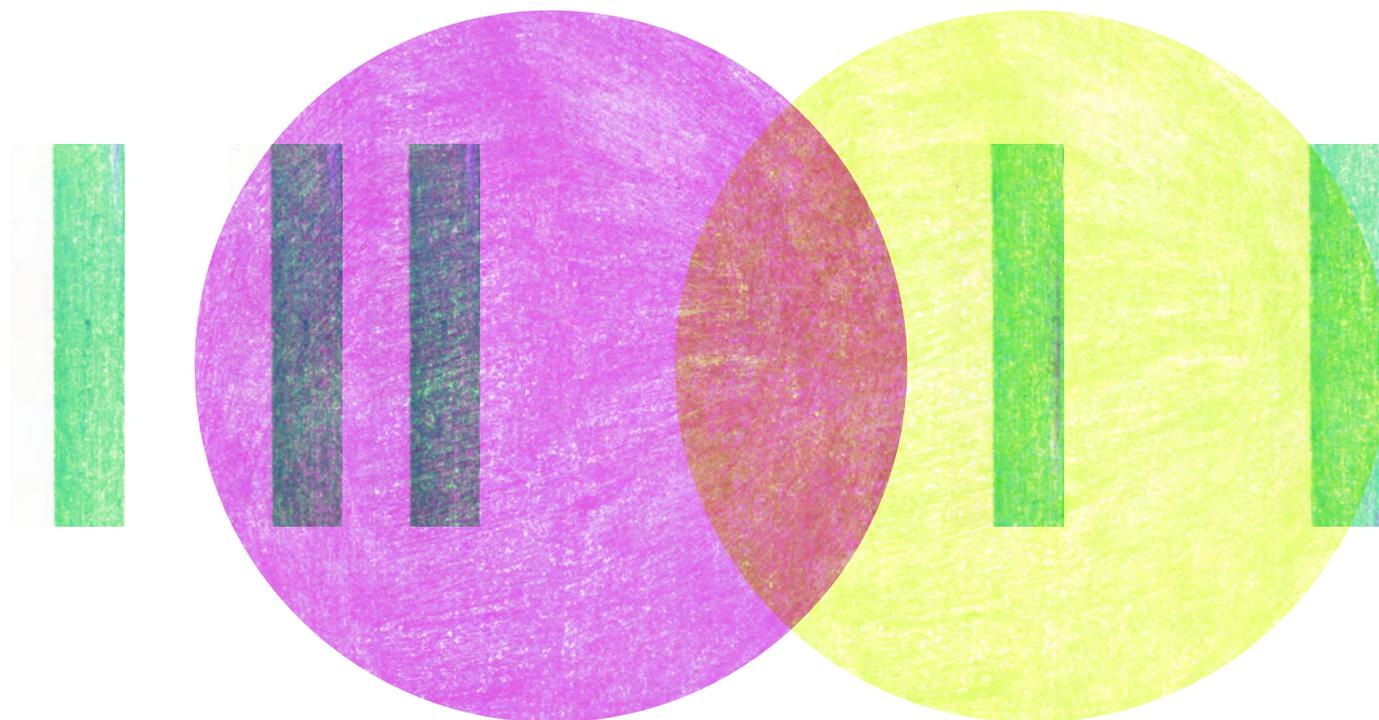
Due to the varying sensitivities of their work, members of the digital rights community embrace the following principles when interacting with each other, and would expect the following of mental health professionals they engage with:

- **PRIVACY** is an important aspect of their engagement with others, particularly those who they are meeting for the first time. It is not uncommon for individuals to use an alias, provide either vague descriptions about their demographic background (or omit it altogether), and may hesitate to use particular tech platforms that may be more commonplace in other mental health practices. In addition, for virtual meetings with a therapist, DRDs may not have their camera on, so as to conceal their appearance and further protect their identity.
- **USE OF SECURE COMMUNICATIONS TECHNOLOGIES AND PRACTICES:** Due to direct experiences around online censorship and surveillance, DRDs may request that their therapist use any or all of the following: secure messaging platforms for out-of-session communication, encrypted video platforms for sessions, VPN or other circumvention technologies when online, as well as other requests depending on the unique needs of the individual being served.
- **WILLINGNESS TO LEARN:** due to the nature of the work, the digital rights community generally has a higher technical knowledge than other human rights networks. However, not all individuals have a formal education or professional background in technical development, and those who do are often self-taught. As a result, while the mental health professionals might not also be highly technically proficient, genuine efforts to learn about key technologies or issues that may have directly impacted the digital rights defender's experience and mental health will serve a long way to build trust.

These findings are reinforced from our survey and interviews in the next sections that reflect the individual and shared experiences from digital rights defenders, and are drawn from TCU's own delivery of psychosocial support services to the digital rights community.



What Does a DRD-oriented Mental Health Program Look Like?



In our design and setup of TCU's Community Mental Health program, we found success in the following processes to honor DRD values and needs:

- DESIGN SERVICES AROUND ACCOMMODATING PRIVACY NEEDS AND USING SAFE AND SECURE COMMUNICATION CHANNELS AND PROCESSES. THIS IS A GOOD GOAL FOR MENTAL HEALTH WORK, REGARDLESS, BUT EVEN MORE IMPORTANT WHEN WORKING WITH DRDS.

- GIVEN THE COMPLEXITY OF SECURITY, MENTAL HEALTH PROFESSIONALS CAN WORK WITH INDIVIDUALS THEY ARE SERVING TO COME UP WITH PROCESSES AND COMMUNICATION PLATFORMS THAT WORK FOR THEM. HOWEVER, THROUGH OUR WORK PROVIDING MENTAL HEALTH SERVICES, SEVERAL FACTORS TO STAND OUT:

LIMITED DATA STORAGE: Any system where real names and/or notes are stored can be problematic, particularly if they are not securely set up. This includes things like: scheduling and invoicing systems, data protection and privacy policies that clearly explain how any needed personal data will be stored and used.

USING ENCRYPTED COMMUNICATION CHANNELS: Give individuals the choice to pick what platforms work the best for their context, allowing individuals to use pseudonyms versus their legal names, and if working with individuals virtually, not forcing individuals to turn on their camera.

BE FLEXIBLE: Have an open discussion with the DRD you may be serving regarding their security and privacy preferences. This means you may need to be willing and flexible to use their preferred communication platform and/or processes. In addition, invest both energy and time to improve the security of your practice - which is good not just for DRDs but also for all the patients you may be serving.

● PROVIDE CARE THROUGH A VARIETY OF MEANS: THIS INCLUDES PSYCHOEDUCATION ON MENTAL HEALTH DISTRESS TO NORMALIZE, DESTIGMATIZE AND INCREASE INSIGHT; INTRODUCE SOMATIC INTERVENTIONS AND OTHER ADAPTIVE COPING MECHANISM TO COPE SUSTAINABLY WITH DISTRESS; SUPPORT DRDS IN NOURISHING AND BUILDING HEALTHY SUPPORT NETWORKS TO DRAW STRENGTH, HOPE AND SOLIDARITY FROM.

DRDs from the interviews report needing a “constellation” of support, meaning different forms of support coming from different places. This may include mental health support (face to face, virtual, individual or groups - different community members have different preference to format), lifestyle changes, peer to peer support, movement and somatic interventions, journaling, listening to podcasts, and reading, among others.

It is important to remember that there is no no one size fits all and different forms of healing work for different people. That being said, many did communicate the desire for therapists to use tools informed by working with DRDs. A few also commented on the importance of wording of services that match the culture of DRDs and is relatable to their field. For example, many may be resistant to the words therapy but not resist the word mental health coaching. Another example is that many may be resistant to the idea of individual support but may be more open to it if they see individual support as part of community and collective care.

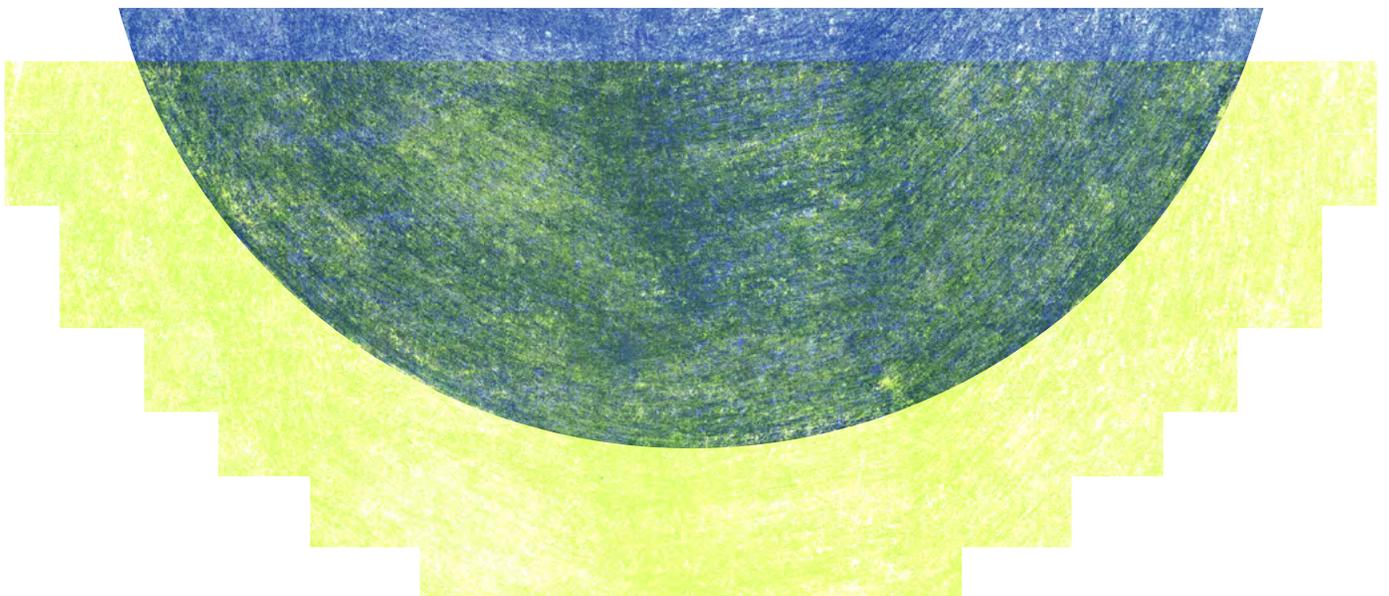
In our interviews, DRDs named what they would like to receive from their mental health providers which included:

- Active listening
- Support in setting boundaries and saying no
- Support in accepting what is outside of their control
- Gaining a new perspective on their struggles and differentiating between what healthy and unhealthy

- Developing adaptive coping tools
- Support in understanding oneself
- Support in working through defeat, learning how to cope stress
- Learning how to implement healthy lifestyle changes
- Finding a balance in their lives between the cause they care about and other aspects of their life/self
- Learning how to build support in their lives

DRDs also communicated the need for the mental health provider to be proactive in understanding their context, the need to feel humanized by the provider and the need to feel to bring out the destructive ideas that come from witnessing human right abuses.

Diving Deeper into the Experiences and Values of the DR Community



As referenced above, DRDs value the efforts made by mental health therapists to “do the work” to understand their context and unique security needs when providing therapy. From our survey, these values were defined in greater detail from our interviewees:

● **BROAD UNDERSTANDING OF INTERNET FREEDOM AND DIGITAL RIGHTS:** Several DRDs reported that it would be helpful for a provider to understand some of the larger notions related to internet freedom and digital rights such as open access, open source, VPN, surveillance, censorship, internet shutdowns, phishing, hacking and different forms of tech abuse.

DRDs report that it’s hard to talk about the stressors impacting them without going into details of the work they are doing. Even though they do not expect a provider to understand all details, a broad understanding is helpful and encourages DRDs to go deeper in therapy and share more about the stressors related to the work, rather than spend time/energy explaining concepts to the therapist. For this reason, a handful of those interviewed also reported that it would be easier to work with a mental health provider who has previously served DRDs. However, a minority did report that understanding Digital Rights themes is not as important to them because they are not on the frontline and therefore are not directly affected by DR threats.

● **UNDERSTANDING THE POWER STRUCTURES IN THE DIGITAL RIGHTS FIELD:** Several communicated the importance of understanding the context of their work and the ecosystem they work in: the culture of the field, the type of profiles it attracts, the existing power dynamics and power imbalances, as well as the context of their regions and local countries.

For example, some DRDs discussed how there are fewer professional boundaries, many of their closest friends work in the field, and the difficulty in establishing friendships outside of the field. One DRD reported that once a therapist had asked them to minimize time with people in the space and they found this difficult to do because their colleagues were also their support system. These close relationships could also mean that relationship

ruptures within the community can result in distress. Many DRDs are burdened by the stress of activism and this combined with the lack of resources can cause ruptures in relationships within the community where stress and trauma becomes expressed relationally. The loss or lack of healthy relationships within the space can then further exacerbate the stress and isolation.

● **THE THREAT LANDSCAPE EXPERIENCED BY THE DRD:** Several DRDs reported wanting the therapist to understand the threats they face and the impact it has on them. For example, many DRDs work in countries where being queer is illegal and thus their activism and advocacy work is often underground and involves high levels of pressure, fear and insecurity. Other example of threats that came up in the interviews include: exposure to hate and violence, how misinformation can lead to death, how activism in one's country can force one to leave their homeland and work in exile, how governments use and invest in tools like pegasus to target opposing voices and imprison activists. All these threats result in experiences of fear, "paranoia", pain, rage and isolation.

● **PRIVACY AND SECURITY:** The concerns around privacy and the importance of understanding security in general and using secure and end-to-end encrypted communication tools is the theme that was repeated the most in the interviews. Risks, or both themselves, communities, and colleagues exist when communicating with non-safe non-private communication, as lack of use of secure tools may result in information about them or their work will be used against them or that they might be targeted. For example, queer DRDs fear being outed by professionals and have reported instances when this has occurred in the past. Moreover, some individuals report that they worry about sharing details about their work because of sensitive data and information and therefore they avoid talking about work in therapy despite it being a big part of their life



Trends Related to the Psychological Health of DRDs



In this section, we look at factors affecting the psychological health of DRDs. The relationship between mental health and digital rights work is complex and can lead to both protective factors as well as harmful effects on mental health. Moreover, the psychological health of DRDs is affected by both external events and the way in which these external circumstances are internalized and experienced internally.

Factors Harming Mental Health

The digital rights community is incredibly diverse, intersectional, nuanced and layered. Meaning the expression of psychological distress will differ cross-culturally. Some DRDs are more verbally expressive while others may express their distress more somatically. The approach of a mental health professional working with this community has to be multicultural, intersectional, anti-oppressive and decolonial.

Manifestations of psychological distress can be 1) emotional, such as changes in mood; 2) cognitive such as lags in attention, concentration and memory 3) physical such as health challenges and illnesses and behavioral such as procrastination and substance use (Chen & Gorski, 2015). Another impact worth noting is less motivation, increased cynicism and a loss in idealism and spirit that once drove individuals to work for human rights.

The impact on physical health is especially obvious as many DRDs report experiencing continued physical pain, with many community members being diagnosed with a chronic illness at a young age.

Other impacts include: experiences of stress, exhaustion and burnout, experiencing defeat, hopelessness and despair, experiencing ongoing anxiety, fear and a lack of safety, feelings of loneliness and isolation, decreased time for self-care, relationships and activities as well as increased dependency on unhealthy habits and leaving the space all together with little support due to high levels of trauma (impacting the movement and the fight for human rights).

At times we have also observed suicidal and self-harm thoughts and behaviors. Many community members report that even though they don't intend on harming themselves intentionally, they neglect and abandon themselves. A few community members report reaching the point where they wish they were sick in order to be free of all responsibilities. You can also read more about the impact on psychological health in our 2020 Community Health Report.

Finally, the body is not wired to be aware of digital threats since these threats are so recent. Meaning, even though people get traumatized by digital media and attacks, these traumas are not well understood in the mental health field. There is room to understand in more depth the impact of new emerging and unpredictable digital and human rights threats. Below, we've detailed how specific digital threats affect the psychological well-being of digital rights defenders:

Exposure to Digital Rights Abuses & Ability to See Risks

DRDs witness digital rights threats and abuses at a high rate because of the nature of their work. While fighting against these threats (including but not limited to: censorship, surveillance, etc.), often DRDs also directly experience these threats.

In addition, as a result of their training, they perceive security risks and threats that others cannot see, leading to modifications in their behavior or preferences (including their own voice and self-expression, relationships with others, avoiding certain spaces, etc.), resulting in further isolation. In the words of one DRD: “we suffer from excess knowledge of surveillance”. This results in a hunger for safety and connection in relationships combined with deep mistrust, resulting in an internal conflict.

Further, this increased exposure to both security and human rights abuses combined with the DRD’ critical ability to perceive threats and their drive for social responsibility can push DRDs to do more. This creates a vicious cycle of over-giving at the cost of one’s mental health, driving them towards burnout, compassion fatigue and vicarious trauma.

This deep sense of awareness of the levels of suffering and oppression can be overwhelming and isolating, and produce feelings of defeat, hopelessness and “darkness”. Especially since DRDs may be embedded in environments where their surroundings seem apathetic to social injustices. This reality can contribute to feeling alienation, exacerbating psychological distress. Compounding these existing feelings, DRDs have expressed that mental health professionals, unaware of digital and security abuses, may perceive that DRDs are making things up or “paranoid”, thus risking misunderstanding the DRD and their concern for safety. Their anxiety or hypervigilance might be perceived as “irrational” rather than a natural appropriate reaction to a very serious threat. Moreover, labels such as “paranoid” or “traumatized” may passivize activists and place them as powerless victims rather than active defenders who are resisting systems of oppression.

Experiences of Marginalization & Immigration

DRDs are often coming from marginalized identities that can range from ethnic, racial to sexual minorities, to even neurodivergent diverse communities. This means many are exposed to institutionalized, systematic and interpersonal discrimination and oppression, causing unavoidable psychological distress. Harassment, abuse and violence disproportionately affects groups of color and other marginalized identities such as women and LGBTQ community, findings of which are reflected in our 2020 Community Health Report. As a result, many DRDs are simultaneously fighting external oppressive systems, as well as internal oppressive systems found in their workplace.

Another common theme is displacement. As a result of their work, who they are, or a combination of both, there is a large number of individuals that are part of diaspora communities. Some flee their country because they were personally targeted; others leave for economic reasons and opportunities; and others are forced to leave because of the violent and unstable conditions in their homeland.

There are a series of experiences attached to immigrating that can be taxing on one's health. This includes the experience of being the "other" in their new environment or being one of the "only ones" of their culture, race and ethnicity within the space they work. This isolation is at times compounded by the rejection DRDs may experience by individuals from their home country (due to their activism and politics). DRD also experience the uncertainty or ambiguity of not knowing whether they can ever return home or see their loved ones. It includes the crippling and paralyzing anxiety and pain of watching your homeland and people suffer from afar.

Culture of Self-Sacrifice

The internalization of the widespread suffering that DRDs witness, the desire to fight for a cause, and the need to end individual and mass suffering feeds the culture of self-sacrifice. Moreover, the failure of systems, governance and institutions to protect human rights, the wheels of change are slow, and human rights work is high effort - low reward, puts a further burden on DRDs. DRDs often internalize the pressure to put out “perceived” fires and experience guilt when they feel they are not giving enough. Moreover, they also find it difficult to ask for support as they perceive their peers and comrades to be in survival mode and doing a lot of emotional labor, hence putting more pressure on themselves.

The self-sacrifice and guilt is magnified by the concern that if they fail, they are putting the cause as well as their comrades, peers and others at risk. Notably, for many DRD, their fight is personal to them: either they or their loved ones have been directly hurt by human rights abuses. Hence, setting boundaries with their work can feel like a threat to their safety and the safety of their loved ones. DRDs often find themselves in a position whether they feel they have to choose between their mental health or the cause they deeply care about.

The culture of self-sacrifice can also be amplified by loneliness. Belonging to a cause and the digital rights community can help with the deep sense of isolation and loneliness. Not surprisingly, creating distance from their work for self-care.

Finally, the push to self-sacrifice can also come from DRDs identifying as the giver and feeling worthy when they are needed. Many DRDs find it hard to identify their own needs and receive from others. A mental health professional could help DRDs attune to their own needs while working through the guilt or shame of feeling “selfish”.

Here lies the paradox: DRDs fight for human rights for all but unconsciously (or consciously) treat themselves as the exception to the rule, ignoring their health, family, and personal needs. They are more likely to abandon than advocate for themselves the way they advocate for others.

Insufficient Resources & Living in Survival Mode

This may be one of the most persistent trends witnessed in the DRD field. Several DRDs have to worry about their financial security or they live in countries and environments where basic needs are not guaranteed. The financial instability resulting in a daily sense of insecurity and loss of a physical safety is deeply burdening. It is not uncommon, for example, for many DRDs to hold multiple freelance and/or consulting jobs.

This results in DRDs living in survival mode and having little to no emotional or psychological resources and capacity in order to take care of their mental health. This is characterized by a serious imbalance between what they need to survive and live and what they give in order to survive. In addition to insufficient resources, many activists live in environments that are highly unstable making them feel as though things are working against them.

For various reasons ranging from visa issues to lack of funding streams to inequities issues in the human rights field, it is difficult to secure stable jobs that align with their values. Sometimes this creates a moral conflict where available resources that could fulfill their financial needs may clash with their values. Also, the act of having to hold multiple jobs feeds into the burnout. It also causes many to feel “wired” - they might be exhausted, but they feel like they cannot slow down or no longer know how.

Lack of Attention and Space for Mental Health Care

Despite the grave stressors that DRDs experience, and the emotional and physical toll, studies have shown that several human rights organizations and activist groups dismiss the importance of discussing and reflecting on the psychological distress of their work (Chen & Gorski, 2015).

This lack of acknowledgement overlooks and suppresses the experiences of DRDs and their mental health, contributing to their psychological distress. This also means that the organizations they are part of are not prioritizing creating environments that actively improve their mental health.

Protective Factors

People appear to be more satisfied with life when working together with others to improve society's functioning (Dwyer et al., 2019). In this section, we examine factors that help counterbalance the mental health distress associated with DRD work. Mental health professionals can encourage DRDs to connect to the following protective factors as a way to take care of their mental health:

Solidarity, Social Connections & Community

Supportive networks, community and friendships decrease isolation, increase the sense of connection and belonging and reduce the impact of sociopolitical distress and negative aspects of the work on the client's mental and psychological health (Albright & Hurd, 2021). It is especially helpful to connect with others who similarly care about justice and effecting change (Conner, Crawford & Galioto, 2021). Through our program and services, we witnessed the power of DRDs actively listening to each other and offering support. Part of the role of a mental health professional is to support individuals better understand their relational pattern, including how they relate and build trust with themselves and others.

Sense of Purpose & Identity

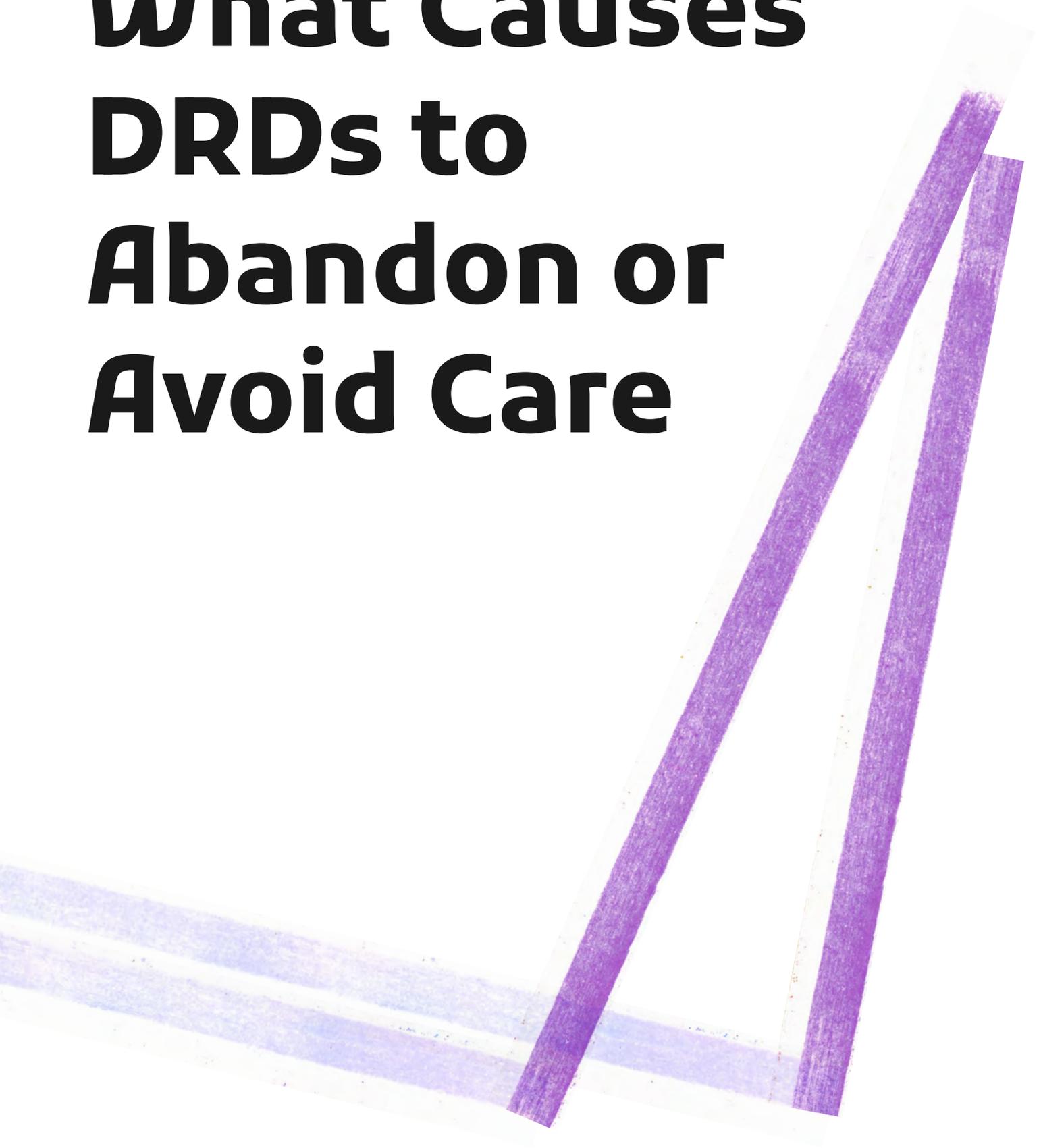
Working towards justice can provide folks with the opportunity to develop a meaningful civic and social role as well as a sense of purpose, which can be empowering (Conner, Crawford & Galioto, 2023). Individuals may be motivated to engage in justice work due to their social identity and in return, their engagement with activism can also strengthen and shape their identity.

Effective Change, Sense of Agency & Healing

Human rights work could also offer a way to cope with the stress and impact of injustices and oppression. The distress related to injustices can be a mobilizing force (Albright & Hurd, 2021) and engaging in the work can be a way to exercise control when one's security is threatened and at risk. Experiencing socio-political control and agency is especially important for individuals experiencing oppression (Conner, Crawford & Galioto, 2021). Studies also reveal that failing to take action in the face of oppression and sociopolitical threat lead to poorer long term mental health pathways ((Dwyer et al., 2019). The active collective work towards dismantling forces of oppression, can reduce feelings of powerlessness and hopelessness and the extent to which these forces feel overwhelming (Albright & Hurd, 2021)

In addition, it also presents the opportunity for individuals to heal from traumas related to injustices and oppression. In order to sustain the work, self and collective care is necessary. Human rights work may encourage individuals to heal, take care of their mental health in order to persist with resistance. A mental health professional can support a DRD in taking care of themselves and connecting with their sense of agency and control, especially when levels of hopelessness and despair are high.

What Causes DRDs to Abandon or Avoid Care



In this section, we look at barriers to care, and examine what stops DRDs from seeking or receiving mental health care and support. We also examine what pushes DRDs to seek support, some of which have been highlighted earlier such as: the lack of secure and safe-communication tools.

Identity, Values and Beliefs of Mental Health Providers & DRDs

Identity was expressed in the interviews as a factor that may impact the therapeutic dynamic. One participant from the Global South, for example, discussed the experience of working with a therapist from a Western country and the difficulty in talking about their own country. Meanwhile, other DRDs talked about how they are not sure if they would be comfortable with a therapist from their own country especially if there is a risk of outing them to the establishment. Yet, others shared that the identities of DRDs can serve as barriers to care. For example, men are less likely to seek care and are harder to engage when it comes to support.

Preferences around identity may influence help seeking behavior. Beyond identity, the DRDs highlight the importance of working with a provider who has an intersectional approach, appreciates multiculturalism, is queer friendly, and is aware of their own power and privilege.

One DRD highlighted that a therapist may share the same values but may still share a client's personal information if they are pressured and coerced by governments. As such, commitment to confidentiality is key.

Level of Professionalism and Capability

Several DRDs communicated the concern that the mental health providers would not be competent and professional, and would not be able to actually help them with their particular struggles. Some DRDs talked about the importance of experiencing the therapist as present, genuinely caring and attuned to their personal needs. This is because some have had experiences where they felt like the provider is not invested in helping them.

Stigma & Mental Health Literacy

Stigmatizing beliefs and attitudes about the nature and cause of mental health struggles and about mental health treatment may affect whether individuals seek mental health support. For example, the idea that mental health struggles can be due to a “weakness” can hinder one from seeking mental health care. Several DRDs expressed that they live in countries where mental health is stigmatized and seeking support is not encouraged. One activist also highlighted that even if stigma is not there, many DRDs in the space carry the belief that they need to be self-sufficient, self made and self-sacrifice and therefore they do not seek support.

In addition, most DRDs in the interview report that at times they can't identify that they are struggling and in need of support and typically only seek support when they are completely burnt out and they shut down. DRDs report that mental health literacy and encouragement from community members can destigmatize and encourage folks to seek services and support. Research also shows that (Alhomaizi et al., 2018) in the instance in which an individual does seek treatment, positive feedback from community members had an affirmative influence on help seeking behavior.

An increase in mental health education might reduce stigma and support in prevention and treatment. Education around what therapy is, what to expect and how to access support is also crucial as many people experience difficulty in the process of finding support and the unknowns attached to it. Hence, clarifying the process can encourage help seeking behaviors.

Limited Time & Space

A few interviewees discussed how many DRDs have limited time for themselves and they don't want to waste time as they have major responsibilities and time is very precious to them. TCU staff have observed that it is difficult for DRDs to maintain consistent meetings when signing up to TCU psychosocial services. This may be because the services are offered online, and it may be easier to miss sessions and not show up (especially if you are burnt out, fatigued and/or don't have a safe space to talk in your home). This impacts help-seeking behaviors and mental health literacy and understanding the benefits of receiving support can help shift the attitudes and priorities of DRDs.

Accessability

Access to care is a huge barrier to receiving mental health support. DRDs discussed services are often either not available to them, are expensive, occur at inconvenient times and/or are conducted in English which is not the language they are comfortable with. We've had community members join our circles but struggle to fully connect due to language barriers.

Several DRDs in the interviews discussed the importance of organizational efforts to make mental health care accessible by embedding it in the policies and investing in mental health resource.

Glossary



● **INTERNET FREEDOM:** an umbrella term that encompasses digital rights, freedom of information, the right to Internet access, freedom from Internet censorship, and net neutrality. (CRS)

● **RIGHT TO PRIVACY:** restrain governmental and private actions that threaten the privacy of individuals. (Harvard Law Review)

Circumvention technology: tools which bypass or evade technical means of censorship and/or surveillance (CRS)

● **VPN:** a mechanism for creating a secure connection between a computing device and a computer network, or between two networks, using an insecure communication medium such as the public Internet. (NIST)

● **SURVEILLANCE:** monitoring of behavior, many activities, or information for the purpose of information gathering, influencing, managing or directing. (Oxford University Press)

● **END TO END ENCRYPTION (E2EE):** a security method that keeps chats and messages secure. The end-to-end encryption is a system of communication where only the users communicating can read the messages. In principle, it prevents potential eavesdroppers – including telecom providers, Internet providers, malicious actors, and even the provider of the communication service – from being able to access the cryptographic keys needed to decrypt the conversation. (Wired)

● **CENSORSHIP:** suppression of speech, public communication, or other information. (ACLU)

● **DISINFORMATION:** false information deliberately spread to deceive people. (Merriam-Webster)

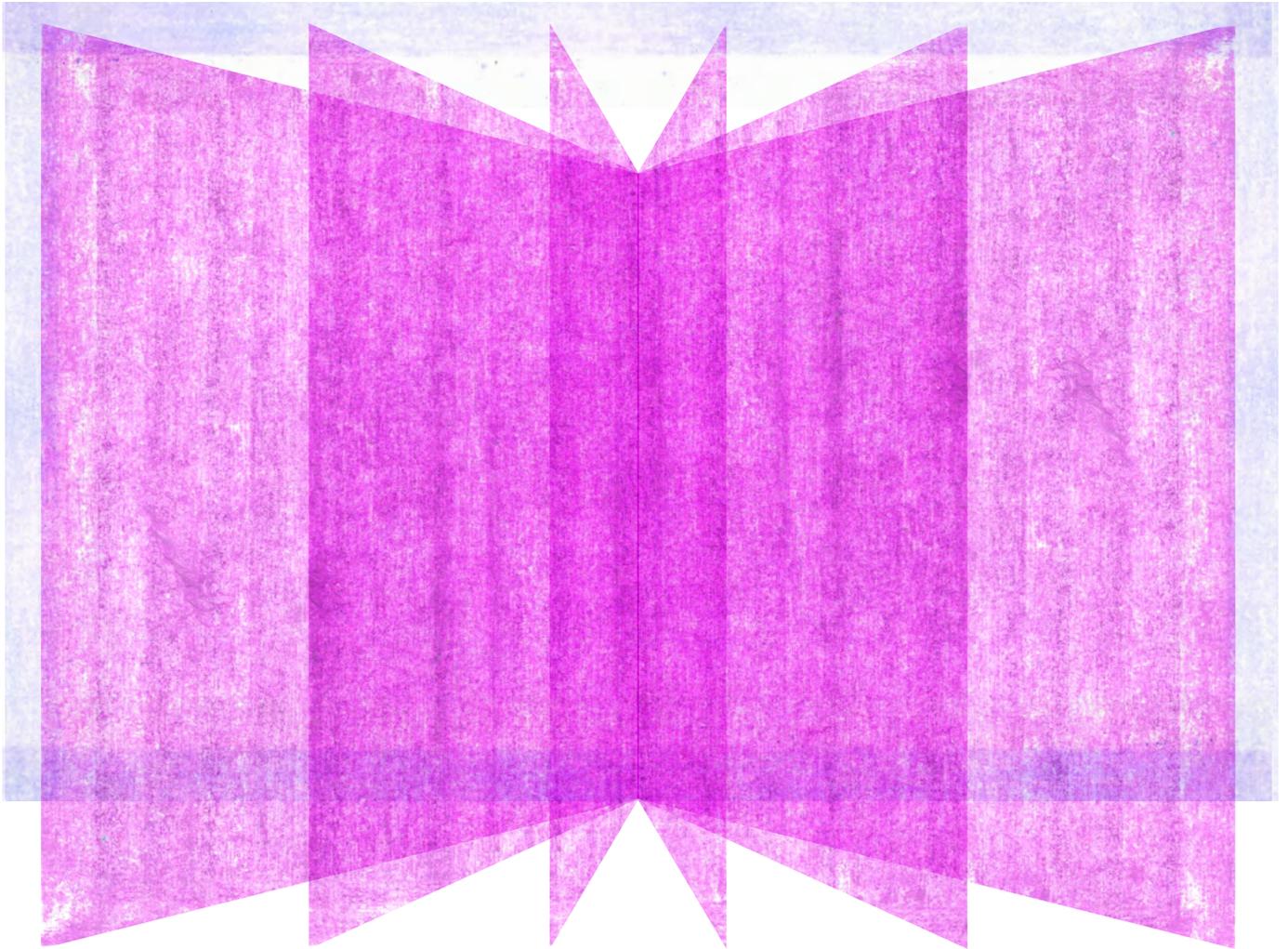
● **MISINFORMATION:** incorrect or misleading information. It differs from disinformation, which is deliberately deceptive. (Merriam-Webster)

● **ONLINE HARASSMENT:** online expression targeted at a specific person that causes the individual substantial emotional distress. (PEN America)

- **OPEN ACCESS:** free access to information and unrestricted use of electronic resources for everyone (UNESCO)
- **OPEN SOURCE:** source code that is made freely available for possible modification and redistribution (Open Source Organization)
- **INTERNET SHUTDOWNS:** an intentional disruption of internet or electronic communications, rendering them inaccessible or effectively unusable, for a specific population or within a location, often to exert control over the flow of information. (Access)
- **PHISHING:** technique for attempting to acquire sensitive data, such as bank account numbers, or access to a larger computerized system through a fraudulent solicitation in email or on a web site. The perpetrator typically masquerades as a legitimate business or reputable person. (NIST)
- **HACKING:** attempting to or gaining access to an information system, usually in an unauthorized manner. (NIST)
- **VICARIOUS TRAUMA:** the symptom one experiences related to witnessing or hearing about the traumas of others. (Conner, Crawford & Galimoto, 2021)
- **MULTICULTURAL THERAPY:** any form of therapy that assesses, understands, and evaluates a client's behavior in the multiplicity of cultural contexts (e.g., ethnic, national, demographic, social, economic) in which that behavior was learned and is displayed. (APA Dictionary of Psychology)
- **INTERSECTIONALITY:** The concept of intersectionality describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination "intersect" to create unique dynamics and effects. (<https://www.intersectionaljustice.org/>)



Resources



Albright, J. N., & Hurd, N. M. (2021). Activism, Social Support, and Trump-Related Distress: Exploring Associations With Mental Health. *Journal of Diversity in Higher Education*. Advance online publication. <http://dx.doi.org/10.1037/dhe0000316>

Alhomaizi, D., Alsaidi, S., Moalie, A., Muradwij, N., Borba, C. P., & Lincoln, A. K. (2018). An exploration of the help-seeking behaviors of Arab-Muslims in the US: A socio-ecological approach. *Journal of Muslim Mental Health*, 12(1).

Chen, C. W., & Gorski, P. C. (2015). Burnout in social justice and human rights activists: Symptoms, causes and implications. *Journal of Human Rights Practice*, 7(3), 366-390.

Conner, J. O., Crawford, E., & Galioto, M. (2021). The mental health effects of student activism: Persisting despite psychological costs. *Journal of Adolescent Research*, 38(1), 80-109.

Dwyer, P. C., Chang, Y.-P., Hannay, J., & Algoe, S. B. (2019). When does activism benefit well-being? evidence from a longitudinal study of Clinton voters in the 2016 U.S. presidential election. *PLOS ONE*, 14(9). <https://doi.org/10.1371/journal.pone.0221754>

Hope, E. C., Velez, G., Offidani-Bertrand, C., Keels, M., & Durkee, M. I. (2018). Political activism and mental health among Black and Latinx college students. *Cultural Diversity and Ethnic Minority Psychology*, 24(1), 26.



**CommUNITY
Mental Health
Program**

