



The Mental Health of Emergency Managers: Addressing Stress & Burnout in Crisis Leadership

Poster Showcase

#iaem25



Abstract: Emergency managers face high stress and trauma, making mental health support essential for effective disaster response.

INTRODUCTION

Background

With emergency management demands soaring, the question stands: can our emergency managers' mental health keep up?

A 2023 study identified over 50% of emergency management professionals reported experiencing mild to severe secondary traumatic stress symptoms (Schoenfeldt, 2025). Secondary Trauma Stress (STS) is the indirect exposure to a traumatic incident or event (PTSD UK, 2025).

Mental health conversations rightfully spotlight emergency management who shoulder the emotional burdens that mostly go unaddressed. In the midst of operations and understaffing, prioritizing mental health may feel like the smallest issue, however it is essential for continuity of operations. By making mental health significant it strengthens emergency management, leading to better decisions, increased retention, and a decrease in mental health illness.

Significance

Protects decision-making capacity – Mental health directly affects the clarity and speed of crisis decisions.

Strengthens disaster response – Resilient emergency managers improve outcomes for communities during crises.

Reduces turnover – Addressing burnout and PTSD helps retain skilled professionals in the field.

Breaks stigma – Research encourages open discussion and normalization of seeking support.

Identifies service gaps – Highlights where current mental health resources fail to meet needs.

Builds long-term resilience – Supports a sustainable and capable emergency management workforce.

STUDY METHODS & DATA

Study Site

Analysis approach:

- Theme based categorization to identify recurring issues: burnout, secondary traumatic stress (STS), stigma, and insufficient services.
- Cross-comparison with findings from related high-stress professions (first responders, healthcare).

Methods of Study

This poster used a literature review and document analysis approach to examine the mental health challenges faced by emergency managers. Key reports, surveys, and studies from 2015–2025 were reviewed to identify common stressors, prevalence rates, and organizational barriers to care.

Outcome Statement

The central question guiding this project was: *Are emergency managers' mental health needs adequately met in terms of treatment?* Based on the literature reviewed, the evidence strongly suggests that current support is insufficient. Key outcomes include:

- **High prevalence of stress-related conditions** such as burnout, PTSD, and secondary traumatic stress. (Phillips, 2018).
- **Underutilization of services**, with many reporting inadequate or inaccessible mental health resources. (DHSES, 2025).
- **Systemic barriers** including stigma, and organizational culture. (Patel, Guevara, Hollar, DeVito, & Erickson, 2023)
- **Operational risks**, where untreated mental health needs impair decision-making, reduce retention, and weaken overall disaster response capacity.(Phillips, 2018)

RECOMMENDATIONS

Recommended actions

Based on the research and findings, I recommend three major implementations to strengthen the mental health support system for emergency managers and EOC staff.

- **Embed mental health specialists in EOCs.** Activate them during operations to provide immediate, confidential care on-site. Specialists reduce barriers to help-seeking and support staff during stressful shift changes. (Patel et al., 2023; Phillips, 2018).
- **Conduct Mental Health After-Action Reviews (MHAARs).** Integrate mental health into debriefs and shift changes so teams can reflect on stressors and well-being alongside operational performance. This normalizes mental health as part of the response, not an afterthought. (Domestic Preparedness, 2017; Patel et al., 2023).
- **Provide post-deployment mental health leave.** Like the military, emergency managers and EOC staff need protected recovery time to decompress, seek support, and return ready to make clear decisions. (Phillips, 2018; New York State DHSES, 2025).

All together these steps would work in harmony to embed mental health hygiene into emergency management operations.

RESEARCH FINDINGS

Data Findings

- **50%+** of emergency managers report secondary traumatic stress (STS); nearly **30%** at moderate to severe levels. (Patel, Guevara, Hollar, DeVito, & Erickson, 2023)
- Emergency managers experience **mental fatigue and burnout** but often lack emotional support (Phillips, 2018).
- A New York State survey (~6,000 respondents) found **75% reported significant stress**; nearly **30% reported PTSD or depression** (DHSES, 2025).
- **61%** of emergency managers do not use available mental health services; **32%** report services are insufficient. (DHSES, 2025).
- **70.2%** of respondents indicated that their stress level was very stressful to extremely stressful. (Orton & Xie, 2024).

Conclusion

Emergency managers face high rates of stress, burnout, PTSD, and depression, impacting decision-making and retention. Many avoid or lack adequate mental health services due to stigma and organizational barriers, leading to turnover and reduced resilience. Mental health must be treated as a core element of operational readiness to sustain the profession.

References

