

The Frontline Review

Volume 1, Issue 2

Breaking the Silence: *The Hidden Stigma of Mental Health in EMS*

Welcome back to ***The Frontline Review***, a newsletter written by the Institute for Disaster Mental Health in partnership with the New York State Department of Health. This bi-monthly newsletter will cover topics such as responder wellness, burnout, best practices for providing assistance to frontline workers, self-care strategies, and other topics relating to frontline work. If you have topics that you would like to see covered in future issues of ***The Frontline Review***, send us your ideas with the subject line "Frontline Review Topic" at IDMH@newpaltz.edu.

This issue of ***The Frontline Review*** follows the March 2025 newsletter in reporting on results of the New York State First Responder Mental Health Needs Assessment (MHNA). As a reminder, 6003 first responders across NYS completed the MHNA. The Frontline Review focuses on the 2,229 EMS participants.

Breaking Down Barriers: Introduction to Stigma

The March 2025 edition of *The Frontline Review* addressed the stressors and mental health impacts of first responder work. This

May, 2025



Watch our Most Recent Webcast!

Click below to watch a recording of our 2025 webcast, [Effective Response to Chemical Disasters: Leadership, Communication, and Lessons Learned from East Palestine.](#)

Joining us to provide an overview on chemical disasters was Dr. David Heslop, Associate Professor at UNSW Sydney and the Chair of the World Association for Disaster Emergency Medicine (WADEM) special interest group on chemical, biological, radiological and nuclear (CBRN) disasters. We were also joined by Barbara Thomas and Emily Probst of the Northern Ohio Red Cross, who were both

May 2025 edition focuses on the dynamics and issues that prevent first responders from seeking care for those stressors and mental health impacts. Research suggests that these barriers can lead to delays in treatment, failure to adhere to treatment protocol, receiving inadequate care, and in some cases never even pursuing treatment at all (Corrigan, 2004; Jayasinghe et al., 2005).

In the MHNA, one of the most frequently endorsed barriers to seeking care reported was *stigma associated with seeking mental health care*; 81% of EMS reported *stigma* as a barrier to seeking care. This finding is consistent with other empirical work that identifies stigma as a barrier to seeking mental health care across multiple populations and settings (Haugen et al, 2017).

***81% of EMS reported stigma as a
barrier to seeking care
-MHNA Report***

Stigma is conceptualized as a negative and erroneous attitude, similar to a prejudice or negative stereotype, which leads to negative actions or discrimination (Corrigan and Penn, 1999). In the mental health literature, stigma is associated with not seeking help or not fully adhering to treatment plans (Corrigan, 2004). The impact of stigma on care-seeking behaviors for first responder populations, including EMS, has received little empirical attention, though one study of World Trade Center utility workers suggests that stigma may be at work in the lack of acceptance of referrals for mental health treatment following the events of September 11, 2001 (Jayasinghe et al., 2015).

Several stigma-related themes emerged from the MHNA as barriers to seeking care for EMS; concern about peers' perception of mental health; concern about leadership or management's perception of mental health; and concern about counselors' capacity to meet the specific needs of first responders.

***The Fear of Judgement: Perceived Stigma
Among Peers***

instrumental in the Red Cross response to the East Palestine, OH train derailment and chemical spill.

Click here to
watch or scan
below!



First responder culture, including among EMS, is built on strong peer relationships—colleagues work in close coordination and often rely on one another for their safety. In such tightly knit environments, concerns about peer perception can heavily influence decisions about whether to seek mental health care. This phenomenon is reflected in the MHNA. Just under 80% of EMS respondents cited *concern peers will think they are unreliable* as a barrier to seeking mental health care for the field. When asked about barriers to seeking mental health care for themselves, majorities of EMS participants cited peer-related concerns; *concern that others will think you are weak* was cited by 62% of EMS respondents, *concern that peers will think less of you* was cited by 58% of EMS respondents, and *concern that you would be humiliated if others found out you were receiving treatment* was cited by 56% of EMS respondents.

Other empirical research also finds that concern about peer perception of mental health can influence help-seeking behavior. In a study of military members, peer perception of mental health was a contributing factor to not seeking care; majorities of respondents cited it would *harm my reputation* (79%), *my peers might treat me differently* (70%), *I would be seen as weak* (63%) and *it would be embarrassing* (61%) as reasons for avoiding care (Britt et al, 2008). Similarly, in a meta-analysis of stigma and help seeking behaviors, just under half (46%) of health professionals reported *negative social judgement* as a barrier to receiving mental health care (Clement et al., 2015).

Taken together, this research suggests that the stigma stemming from peer perception about mental health inhibits care-seeking among EMS for their mental health challenges. These findings highlight how deeply peer perception shapes the mental health decisions of EMS professionals, underscoring stigma as a powerful barrier to care.

71% of EMS reported lack of employer support as a barrier to seeking care
-MHNA Report

Keeping Silent: Perceived Stigma of Leadership

Concerns about stigma are not limited to peer relationships. Perceptions of how leadership will treat those who seek mental

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health treatment are a commonly cited dimension of stigma. Chapman, 2014 found *unit leadership would treat me differently* (31%) as one of the highest reported factors of perceived stigma in their population of combat medics.

Concern about leadership's perception of mental health may impact help-seeking for mental health challenges. Three quarters of EMS respondents in the MHNA reported concern that *unit leadership will treat them differently as a factor which prevented them from seeking mental health care*, and 71% of EMS reported lack of employer support as a barrier to seeking care. Stigma about managements' perception of mental health often extends to fears about potential career impacts. In a study of paramedics, 46% cited risk to future career prospects as a deterrent to seeking mental health care (Alexander & Klein, 2001). One in five combat medics reported *it would harm my career* as a stigmatizing factor that prevented them from seeking care. Within the MHNA, three-quarters of respondents reported *concern about negative career impact* as an inhibiting factor. Beyond influencing help-seeking behavior, a lack of support from leadership may add to the mental health burden faced by first responders. Among a population of mental health clinicians who treat first responders, *perceived or actual lack of support from management* was one of two primary causes for mental health distress as reported by their first responder clients (Arjmand et al., 2024).

Conversely, research suggests that leadership support can play an important role in shaping a workplace culture that encourages first responders to seek mental health care when needed. One study of EMTs and paramedics found that responders were more likely to seek help if their peers and management held supportive attitudes about mental health and encouraged help-seeking; this same research found lower reports of suicidal contemplation and suicide attempts among respondents who also claimed these supportive work cultures (Abott, 2015).

Leadership attitudes toward mental health influence help-seeking behaviors among EMS professionals. When leaders demonstrate understanding and support, they help foster a culture where seeking mental health care is normalized rather than stigmatized. Conversely, negative or dismissive attitudes can reinforce stigma and discourage individuals from accessing the support they need. This phenomenon has important implications for the psycho-social wellbeing of EMS and first responders.

Mental Health Resources to Check Out!

What is
Depression? |
SAMHSA

Anxiety Disorders |
SAMHSA

National Action
Alliance for
Suicide
Prevention

The Columbia
Lighthouse
Projection Suicide
Prevention

Facts About
Suicide | CDC
Suicide
Prevention

Disaster
Behavioral Health
Resources |
SAMHSA

Coping with a
Disaster or
Traumatic Event |
CDC

Disaster
Behavioral Health |
ASPR TRACIE

Lack of culturally competent mental health providers (79%) and not knowing where to get help (72%) were major barriers to seeking care
-MHNA Report

The Challenge in Seeking Help: Stigma in Accessing Professional Assistance

First responders are a unique population with unique mental health challenges and needs. To be able to address these needs effectively, counselors must have specialized training and competencies (Arjmand et al, 2024). And yet, historically, first responders have been grouped with, and then clinically treated similarly to, members of the armed forces. As a result, there is a dearth of clinical providers with the proper skills to treat the first responder population specifically. This contributes to stigma towards therapy and therapists themselves, as first responders assume that counselors will not be able to adequately address their specific needs and handle the content they bring to their sessions. First responders have even created a name for this phenomenon; colloquially, it is referred to as “breaking the therapist.”

Results from the MHNA show that a lack of culturally competent mental health providers (79%) and not knowing where to get help (72%) were major barriers to seeking care. These findings are reflected in other research; in a study of EMS responders, 52% stated that a properly trained counselor would have made individual clinical services more beneficial (Abbot, 2015). Further, that 75% of EMS personnel listed concern about confidentiality as a barrier to seeking care may indicate a lack of trust of therapists.

These statistics highlight the need for culturally-responsive care. Moreover, they should signal to the clinical mental health community the need for providing clinical care that is tailored to the specific experiences of the first responder community. This includes ensuring that mental health providers are competent and confident enough to meet the specific needs of first responders in a clinical space and provide them with the care they very much need.

Addressing stigma within the EMS community may depend as much on shifting collective attitudes as on individual willingness to seek help. It will require a cultural shift that normalizes mental health challenges as part of the profession's high-stress environment, and it will require a professional counseling community that is sensitive to, and knowledgeable about, first responders' and EMS' specific mental health needs and challenges. Understanding this dynamic is crucial for developing approaches that respect the realities of EMS culture, while also reducing the silence that often surrounds mental health struggles.

[For references cited in this newsletter, click here](#)

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