From Survival to Recovery: Building a Mental Health Safety Net After Disasters

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Executive Summary: The increasing frequency and expansion of impact zones of disasters in the United States pose significant challenges to affected communities. Beyond physical harm, these disasters have profound and lasting impacts on mental health, leading to a recognized phenomenon known as disaster fatigue. Disaster fatigue, characterized by emotional exhaustion, reduced engagement in preparedness, and diminished psychological resilience, can undermine recovery efforts and exacerbate vulnerabilities to future crises. While federal and state disaster response strategies primarily focus on rebuilding infrastructure, mental health recovery remains underfunded. This is an often overlooked component of disaster preparedness and response. This policy memo outlines the urgent need for state legislators to integrate mental health recovery into disaster response plans to address the long-term effects of disaster fatigue. Failure to act will likely result in increased psychological distress, decreased community preparedness, reduction in workforce productivity, and higher economic tolls. The memo presents four policy options: (1) formalizing mental health care in state disaster action plans, (2) developing a rapid-response network of mental health professionals, (3) expanding public education and research on disaster fatigue, and (4) building budget reserves and financial incentives to invest in disaster preparedness. Adopted jointly, these recommendations can improve community resilience to disasters and address growing concerns associated with disaster recovery.

I. Introduction

Over the last few decades, the United States, alongside the rest of the world, experienced a steadily increasing number of disasters per year. The number of major disasters declared by the Federal Emergency Management Agency (FEMA) rose from 38 in 1990 to 81 in 2010 and 100 in 2024. These disasters resulted in billions of dollars in damages and numerous fatalities (NCEI 2024). In addition to the increasing frequency and magnitude, disaster zones of impact have been progressively expanding, leading to occurrences in regions of the country that have little historic precedence to address them (IPCC, 2025). Recent examples include devastating floods in Kentucky in 2022 and Hurricane Sandy's landfall in the Northeast U.S. in 2012. Disasters are known to have lasting physical and mental health impacts on both individuals and communities, especially if these communities are not prepared for the disaster (van Kamp et al 2006).

Disaster fatigue, as it impacts recovery efforts, has been attracting increasing attention with the steady rise in disaster frequency and pervasiveness (Ratzon et al 2022). Boetto et al. (2024) define disaster fatigue as a form of emotional exhaustion that accumulates due to the ongoing negative effects of consecutive disastrous events. This fatigue undermines the community's resilience and disaster preparedness efforts, especially when facing recurring disastrous events. Combatting disaster fatigue is essential for enabling timely recovery after

a disaster and preparation for a potential future event. Mental health recovery after a disaster involves addressing the immediate emotional distress caused by the disaster, as well as long-term recovery from conditions, e.g., anxiety, depression, post-traumatic stress disorder (Newnham et al 2022). Several studies have shown that experiencing a disaster of any kind is negatively related to mental health and can lead to increased rates of psychological distress and psychiatric disorder, including suicide (Beaglehole, et al., 2018; van Kamp et al., 2006; Math et al., 2015; Horney et al., 2021). Leaving mental health conditions untreated has a substantial economic impact—costing an estimated $477.5 billion in 2024, with projections reaching up to $14 trillion by 2040 (Dawes et al., 2025).

In response to the growing mental health needs following disasters, governments and organizations have begun to implement strategies that aim to address both immediate psychological distress and the long-term effects of disaster-related trauma. Federal and non-government organizations (NGOs) have implemented the Psychological First Aid program to provide immediate psychological aid and help reduce initial distress (The National Child Traumatic Stress Network, 2023). The Substance Abuse and Mental Health Services Administration (SAMHSA) provides resources through its Disaster Response Template Toolkit for individuals to use after a disaster (SAMHSA, 2024). Additionally, various local mental health outreach and community resilience programs are available to provide support tailored to specific communities. These programs, however, are often limited to individual areas and are not designed to offer larger-scale support, leaving many continuing to feel the profound burden on their emotional well-being, as the long-term effects of disaster persist.

i. Statement of issue

Given the increasing frequency and severity of disasters, it is crucial for state legislators to be equipped with an actionable plan to support mental health recovery after a disaster. In 2024, approximately 41% of the United States population experienced conditions under a major disaster or emergency declaration at some point during the year (FEMA-1, 2025). This underscores the recurrent nature of disasters, highlighting the need for state-level policies that address mental health in recovery efforts. Incorporating mental health support into state disaster recovery plans could mitigate disaster fatigue and improve communities' preparedness for recurring disastrous events.

II. Policy options

Policies that integrate mental health into disaster planning can help to mitigate the cumulative toll of recurring emergencies and increase preparedness for future events. This priority has been recognized by agencies such as FEMA, Centers for Disease Control and Prevention (CDC), and SAMHSA (CDC 2024, FEMA 2023, SAMHSA 2024). The following policy options propose methods to integrate mental health care into states' emergency responses to address disaster fatigue.

i. Policy option 1: Incorporation of mental health care into state disaster action plans

Integrating mental health care services into state-level recovery plans is critical to disaster response and longer-term recovery (SAMHSA 2024). This option involves the mandated incorporation of mental health services into state disaster action plans, bolstering the local mental health workforce in high-risk communities for sustainable pre- and post-disaster care, and expanding expertise. As examples, Mississippi's State Department of Health and New Jersey's Department of Human Resources have clearly defined action plans and resources for care, which are publicly accessible and centralized. Additionally, establishing a statewide mental health task force focused on disaster response can help assess needs, coordinate efforts, and develop sustainable, long-term strategies to address disaster-related mental health challenges. Such an initiative can build upon successful models, e.g., Los Angeles County Department of Mental Health's Disaster Services, to create regional centers directed by the task force that coordinates mental health support for communities during crises for a localized response (Los Angeles County Department of Mental Health, n.d). Building on prior approaches may look different depending on the needs of the geographic level (i.e., state v. county) and what they choose to adopt. Funding for professions such as social workers, especially to expand training to include mental health disaster response, could be integrated into these recovery plans. Although this would require additional funding, it has the potential to have lasting impacts.

Advantages:

- Formalizing mental health care within state disaster plans creates a structured and standardized system to address psychological needs during an emergency. This also ensures proactive consideration of these needs before disaster strikes.
- Establishment of a state task force leverages existing resources and increases partnerships with NGOs and community organizations, enhancing the reach of these efforts.
- State-level initiatives offer the ability to be tailored to the culture and demographics of local communities, potentially enhancing the effectiveness of response efforts.

Disadvantages:

- Implementing these resources requires significant investment from the state. The extent of this investment may depend on the state's existing resources and infrastructure.
- There is potential for adopting a one-size-fits-all approach that may not address the unique needs of all communities within the state.

ii. Policy option 2: Development of a rapid-response mental health professional network

The federal government could establish a professional network to effectively address disaster fatigue and integrate mental health services into emergency response. A special task force within FEMA could oversee this professional network and receive feedback on its effectiveness from the responders. This would include building and training a specialized workforce, e.g., by establishing a national pool of licensed mental health professionals trained in crisis intervention. A centralized database could be developed to identify available professionals in each region, verify credentials, and match them with emergency deployment needs. Further, a rapid and organized response could be enabled by establishing optional pre-negotiated emergency service contracts to mental health professionals willing to be deployed during federally or state-declared emergencies. Lastly, community-based sites—such as schools, shelters, or community centers could be pre-identified and approved as service-deployment locations. A useful model for this approach is the National Child Traumatic Stress Network (NCTSN), which leverages the resources of providers, researchers, and other partners to improve access to care for children and families (The National Child Traumatic Stress Network, 2023). A similar framework could be adopted to support disaster-specific mental health care for communities across the country. Establishing a rapid-response network, however, could face several barriers to implementation, including sustained funding, workforce shortages (especially providers that are culturally and linguistically competent), and delays due to licensing or credential transfers between states. Clear governance and coordination across federal agencies and state systems, as well as reliable access to logistic support (housing, transport, IT service, etc.) are essential to ensure rapid deployment and equitable coverage.

Advantages:

- Tapping into mental health professionals located near disaster zones facilitates quicker deployment and immediate support to affected communities.
- The response can be easily scaled based on the severity and geographic reach of the disaster, ensuring resources are allocated efficiently.
- Utilizing professionals from neighboring regions may enhance long-term recovery by enabling sustained care and culturally informed support beyond the initial crisis.

Disadvantages:

- Maintaining a functional and ready-to-deploy network requires ongoing investment in infrastructure, training, and centralized coordination.
- Recruiting enough trained professionals willing to serve in frequent, high-stress situations could be challenging and lead to increased burnout and secondary traumatic stress.
- Securing federal funding for this initiative may present a challenge, particularly in a competitive budget environment.

iii. Policy option 3: Increase in education, outreach, and research about disaster fatigue

The long-term impacts of disaster fatigue at both the individual and community levels remain poorly

understood. To address this growing concern, a more holistic approach that incorporates public engagement in campaigns and research efforts is needed. Firstly, state-level public awareness campaigns can raise awareness about disaster fatigue, outline coping strategies, and identify resources available for individuals or communities (Guo et al. 2025; IFRC, 2025). Additionally, expanding mental health education within school systems can help younger generations understand and cope with the stress of recurring disasters in a healthy way (Ma et al., 2023). While these efforts would need to be coordinated on a local (i.e., school district) level, funding and guidelines should be provided on the state level to guarantee adequate coverage. Ultimately, funding to support research on the long-term effects of disaster fatigue is crucial for developing comprehensive intervention plans, increasing buy-in from the research community, and ultimately growing this field of study.

Advantages:

- Increased efforts in outreach and education promote community resilience on a long-term basis and can build social cohesion, while increased research can identify specific mechanisms for preventing and recovering from disaster fatigue.
- Education and outreach components can encourage more proactive mental health rather than just crisis intervention.
- Enhanced funding in this area may incentivize increased research activity and contribute to the advancement of the field.

Disadvantages:

- Education, outreach, and research efforts are unlikely to be sufficient in isolation to address disaster fatigue. Direct access to mental health care will always remain vital to the efforts.
- The effectiveness of these programs is dependent on public engagement and willingness to participate in efforts to address disaster fatigue.

iv. Policy option 4: Establish budget reserves and financial incentives for local disaster preparedness

Allocating state-level funds to address disaster-associated trauma is a proactive, risk-reduction approach that supports disaster preparedness. Simultaneously, financial incentives provide motivation to invest in disaster resilience. National-level programs such as FEMA's Hazard Mitigation Grant Program help cities, counties, and states to recover from disasters (FEMA-1, 2025). Incentives can also exist in the form of reductions on insurance premiums, with discounted rates up to 45%, as seen by communities participating in the National Flood Insurance Program's Community Rating System (FEMA-2, 2025).

Additionally, leveraging the social responsibility of private sector companies, such as through Walmart's Disaster Preparedness and Response Program, can provide creative solutions in addressing disaster fallout (Walmart, 2025). Building on these existing programs, a mental health component could be included in the local level emergency response plans. Most states have implemented one or more budgetary mechanisms, which include statewide disaster accounts, rainy day funds, supplemental appropriations, transfer authority, and state agency budgets (PEW, 2020). As a greater burden falls on states to tackle the financial costs post-disaster, achieving adequate funding to address the growing cost of disaster-related consequences amidst competing state priorities remains challenging. An example of a successful general funding mechanism is California's Mental Health Services Act, which utilizes a 1% tax on personal income to raise funds for improved mental health services in the state, with a focus on prevention and early intervention. Other strategies include fees or revenue taxes; examples include Indiana's fee on fireworks sales to fund disaster relief payouts of up to $25,000 per individual and North Dakota's allocation of oil and gas revenue tax to its Disaster Relief Fund (Indiana Department of Revenue, 2024; Office of State Treasurer, 2025).

Advantages:

- Adopting a proactive approach ensures awareness of all available federal assistance following a disaster declaration.
- Diversifies funding sources for disaster preparedness, mitigation, and recovery; reduces reliance on donations, which have declined due to the increasing frequency of disasters.

Disadvantages:

- Preparedness levels will vary due to unequal distribution and access across communities.
- Financial incentives may not always lead to immediate preparedness action, especially in communities with low-risk perception or limited awareness of available programs.
- Implementing at the state level will take state-by-state approval, which could create a challenge

By embedding a mental health component into financial preparedness strategies, states can ensure that resilience planning goes beyond physical infrastructure to also protect the psychological well-being of communities before, during, and after disasters.

III. Policy recommendations

We recommend that state and local communities adopt policy options 1 and 2 as the main methods to integrate mental health care into states' emergency responses to address disaster fatigue. In combination with core methods, we recommend that policy options 3 and 4 be used in support to create a holistic approach to ensuring that mental health care is included in disaster plans. These strategies can formally incorporate mental health into disaster recovery in an intentional and structured manner, ensuring approaches remain centered on serving impacted communities. Coordinated effort is essential to build long-term community resilience and support the psychological well-being of individuals and communities.

i. Consequences of inaction

Current disaster management strategies focus on physical recovery and infrastructure rebuilding with limited resources allocated for mental health recovery and long-term resilience. Mental health complications arising from disaster fatigue in affected states result in severely impacted preparedness and responsiveness during ongoing series of disasters. Communities will consequentially become less engaged in preparedness efforts, making them more vulnerable to future disasters (Clay et al., 2014).

The psychological toll of repeated crises can worsen mental health, reduce public trust in emergency response, and diminish charitable giving and volunteerism. This, in turn, results in slower and less efficient recovery efforts, higher long-term economic costs, and increased strain on local and state resources. Without intervention on the state level, disaster fatigue creates a cycle of inadequate preparedness, ineffective response, and prolonged recovery, leaving communities increasingly vulnerable to future disasters.

IV. Conclusion

Overall, disaster fatigue presents a significant and growing threat to community resilience and recovery across the United States. By embedding mental health care into disaster planning, states can ensure that recovery efforts go beyond traditional repairs to infrastructure and more holistically address the psychological needs of impacted communities. Implementing these measures will not only strengthen preparedness and lead to quicker recovery, but will also reduce long term economic costs and begin to rebuild trust in government response. By making mental health a foundational component of disaster response, states have the opportunity to break the cycle of fatigue that leaves communities vulnerable to disasters, strengthening our collective ability to address uncertainty and recovery.

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