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DR. ANNA NEYA KAZANSKAIA

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# Conceptualizing Mental Health in Leadership: Definitions, Frameworks, and Implications for Non-Profit Governance

Dr. Anna Neya Kazanskaia
NEYA Global | NEYA Global Publishing
ORCID: https://orcid.org/0009-0009-5669-1676
DOI: https://doi.org/10.64357/neya-gjnps-mnhlththldr-02

## Abstract

Mental health in leadership is increasingly recognized as a determinant of organizational effectiveness and resilience, yet the conceptual foundations of this domain remain underdeveloped. In the context of non-profit organizations, where leaders face complex stakeholder expectations and structural resource constraints, the mental health of leaders requires particular attention. This article clarifies key terms—mental health, psychological wellbeing, resilience, stress, burnout, depression, and moral injury—and situates them within theoretical frameworks that link individual and systemic dimensions of leadership. Drawing on models from occupational psychology and applied organizational studies, including the Job Demands–Resources model, resilience theory, and the transactional model of stress and coping, it underscores how wellbeing is co-constructed by personal resources and organizational environments. The analysis highlights the distinctiveness of non-profit leadership challenges, where moral injury and chronic strain intersect with mission-driven intensity. By consolidating definitions and theoretical perspectives, this article provides a conceptual framework that supports both rigorous scholarship and practical strategies for fostering resilient leadership cultures.

## Keywords

non-profit leadership; mental health; resilience; burnout; psychological wellbeing; moral injury; occupational psychology

## 1. Introduction

The mental health of leaders has long been overlooked in leadership studies, which have historically concentrated on corporate or political figures. For non-profit organizations, however, leadership wellbeing is not only a private concern but also a strategic determinant of resilience and sustainability. Establishing conceptual clarity is essential for both academic analysis and practical application. This article defines core terms, differentiates between overlapping conditions, and reviews theoretical frameworks that provide the foundation for understanding mental health in non-profit leadership contexts.

## 2. Defining Mental Health and Psychological Wellbeing

The World Health Organization (2022) defines mental health as a state of well-being in which individuals realize their abilities, manage stress, work productively, and contribute to their communities. In leadership studies, this emphasizes both functionality and contribution —qualities integral to non-profit leadership.

Psychological wellbeing, as outlined by Ryff (1989), goes beyond the absence of illness, encompassing autonomy, purpose, growth, and positive relationships. For non-profit leaders, these elements are crucial for sustaining motivation and navigating value-driven work.

Resilience, defined as the capacity to adapt in the face of adversity, is a central protective factor. It allows leaders to maintain effectiveness under uncertainty, volatility, and resource scarcity (Connor & Davidson, 2003).

## 3. Differentiating Forms of Psychological Strain

A precise understanding of different forms of strain is necessary to avoid conflating distinct phenomena:

- **Stress** refers to the psychological and physiological response to demands that exceed available resources (Lazarus & Folkman, 1984).
- **Burnout** arises from chronic, unmanaged stress, manifesting as exhaustion, depersonalization, and diminished accomplishment (Maslach & Leiter, 2016).
- **Depression** is a clinical condition characterized by persistent low mood, impaired functioning, and loss of interest (American Psychiatric Association, 2013).
- **Moral injury** describes the distress of being unable to act in alignment with ethical commitments due to systemic barriers (Litz et al., 2009).

Recognizing these distinctions is vital because interventions effective against burnout may not address depression or moral injury.

## 4. Theoretical Frameworks

4.1 Positive Psychology

Positive psychology emphasizes optimism, meaning, and strength cultivation as buffers against strain (Seligman, 2011). For leaders, these practices foster purpose and resilience in mission-driven work.

4.2 Resilience Theory

Resilience theory conceptualizes adaptation as a dynamic process involving both individual coping and collective support. Tools such as the Connor–Davidson Resilience Scale operationalize resilience for assessment and intervention (Connor & Davidson, 2003).

4.3 The Job Demands–Resources Model

The JD-R model (Demerouti et al., 2001) explains how high job demands interact with available resources to produce either strain or engagement. In non-profits, high emotional labour and workload are often unbalanced by limited autonomy and support.

4.4 Transactional Model of Stress and Coping

Lazarus and Folkman's (1984) transactional model underscores how leaders' cognitive appraisals shape stress responses. Whether challenges are perceived as threats or as manageable opportunities significantly influences outcomes.

## 5. Systemic and Organizational Dimensions

Leadership mental health cannot be reduced to individual traits. Research in occupational health emphasizes that resilience factors—social support, flexibility, and self-regulation—are shaped by organizational culture and governance (American Psychological Association, 2020). Non-profit environments, marked by high mission intensity and resource scarcity, amplify the importance of systemic support. Cultures that provide autonomy, psychological safety, and shared responsibility mitigate risks of burnout and moral injury.

## 6. Conclusion

Conceptual clarity is the first step toward addressing leadership mental health in the non-profit sector. By defining key terms and differentiating between stress, burnout, depression, and moral injury, this article underscores the diversity of psychological challenges faced by leaders. Theoretical models from psychology and organizational studies highlight that mental health is not solely an individual matter but also shaped by systemic and cultural conditions. Future research and practice must apply these conceptual foundations to develop integrated strategies that address both personal and organizational determinants of leader wellbeing.

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