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Psychological States and Mental Health Stigma as Predictors of Help-Seeking Attitude among Selected Combat Military Personnel: Basis for a Mental Wellness Intervention Program

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Abstract. Mental health challenges are a growing concern among military personnel worldwide, particularly those exposed to combat. In the Philippines, there is an urgent need for better psychological support systems to help them cope and prevent serious consequences. This study explored what predicted military personnel's willingness to seek help for mental health concerns, focusing on those who have been previously or currently deployed in combat. Using a descriptive correlational research design, standardized screening tools, and stepwise multiple regression analysis, the study examined how psychological states (depression, anxiety, and stress) and mental health stigma predicted help-seeking attitudes. The findings revealed that higher depression, stress, and mental health stigma levels were linked to a greater reluctance to seek support with a p-value of <.05. Among all factors, depression, and stigma were the strongest predictors of help-seeking attitudes ($F = 46.249$, $p < .05$). A one-unit increase in depression led to a 0.138 decrease in help-seeking attitude. In comparison, a one-unit increase in stigma resulted in a 0.333 decrease. The respondent's willingness to seek help was shaped by personal, social, and emotional factors, with depression and stigma playing key roles. Thus, these findings helped develop targeted intervention and support systems to encourage military personnel to seek professional mental health care when needed.

Keywords: Anxiety; Combat military personnel; Depression; Help-seeking attitude; Mental health stigma; Stress.

1.0 Introduction

In recent years, mental health has gained much attention, yet there is still a lack of access to essential treatment (Gao et al., 2024). Considering how mental health plays a significant role in an individual's life, it is important to promote open conversations about mental health and normalize seeking help. This ensures that individuals would proactively take a step towards improving their mental well-being.

Mental health issues affect nearly one billion people worldwide (WHO, 2022), yet 76-85% of low- and middle-income countries lack adequate mental health care. The WHO's Mental Health Gap Action Program (2023) aims to bridge this gap, but despite the high prevalence of mental disorders, only 1% of the global health workforce is dedicated to mental health. The Sustainable Development Goal (SDG) 3 emphasizes mental health care (Martin,

2023), aligning with efforts to address depression, anxiety, and stress, which are the key factors influencing help-seeking attitudes among military personnel.

Military service exposes personnel to high-risk environments, including prolonged deployments and combat exposure, which contribute to PTSD, anxiety, and depression (Finnegan & Randles, 2022). These mental health challenges are increasing among active-duty service members (Holland, 2024), with studies showing that 50% of combat-exposed personnel experience mental health issues, yet only 1 in 4 receives treatment (Asare-Doku et al., 2021; WHO, 2023). Additionally, 273,173 active military members have reported depression, with Navy personnel facing higher psychological distress than those in the Army and Air Force (Moradi et al., 2021). Military operations present numerous challenges beyond operational demands; the risks of injury, captivity, and death contribute to rising depression cases among service members (Moradi et al., 2021), while exposure to war environments significantly heightens anxiety and stress levels (Zhang & Li, 2024).

A recent U.S. Navy survey found that 37% of sailors experienced extreme stress in 2023, up from 26% in 2019, due to staffing shortages and poor quality of life (Saballa, 2024). Meanwhile, UK veterans of Iraq and Afghanistan report 21.9% suffering from psychological distress, 10% from alcohol misuse, and 6.2% from PTSD (Bricknell et al., 2020). When mental health struggles go untreated, suicide, substance abuse, and homelessness become significant risks. According to the Veteran Suicide Prevention Annual Report, nearly 20 veterans lose their lives to suicide every day (Anderson, 2021). Even more concerning, 44% of veterans have struggled with thoughts of suicide after joining the military (Statista Research Department, 2024). Moreover, around 11% of veterans turn to substances to cope with underlying mental health conditions such as PTSD, depression, and anxiety. They use alcohol or drugs to manage the emotional and psychological difficulties of reintegration. Furthermore, estimates show that 8% of homeless adults in 2020 are veterans, which is more than 37,000 veterans in the United States (Statista Research Department, 2024).

Military personnel in the Philippines also experience severe psychological distress. Soldiers who fought in the Marawi siege endured trauma from bombings and casualties (Westerman, 2020), while studies highlight that Filipino soldiers who engaged in combat killings reported sleep disturbances, uneasiness, and vivid recollections of their actions (Dean et al., 2024). These findings underscore the urgent need for comprehensive mental health interventions, improved access to care, and a cultural shift toward destigmatizing psychological support in the military.

In the Philippines, the passage of the Mental Health Act (RA 11036) in 2018 expanded mental health services, integrating care into public health programs and reducing stigma (WHO, 2021). The country also joined the WHO's Special Initiative for Mental Health to improve mental health services nationwide. However, significant gaps persist, particularly in the availability of the mental health workforce. The WHO recommends 10 psychiatrists per 100,000 people; however, the Philippines falls significantly below this standard (Lally et al., 2019).

The Philippine Army faces an even more significant shortage, with only 15 psychologists and two psychiatrists for thousands of service members (Malig, 2020). This highlights the pressing need for improved mental health care and resources. In response, the commander of the 10th Infantry Division of the Philippine Army emphasized the importance of monitoring soldiers' mental health and implementing debriefing initiatives, such as the Musta Ka Tropa Program, to reduce stigma (Cudis, 2022). Additionally, the Armed Forces of the Philippines (AFP) has collaborated with other agencies to strengthen mental health programs, recognizing that many soldiers remain hesitant to share their traumatic experiences (Marquez, 2020). This highlights the need for the development of more programs that encourage help-seeking, providing soldiers with the psychological support they need to continue their service effectively.

To establish a solid theoretical foundation, this study was grounded in three key theories that collectively provided a strong foundation for understanding the factors that predict help-seeking attitudes: the Theory of Planned Behavior (TPB), the Modified Labeling Theory, and the Help-Seeking Model. (1) The Theory of Planned Behavior (TPB), developed by Icek Ajzen in 1991, explains how a person's attitude toward a behavior, subjective norms, and perceived behavioral control influence their intention to engage in that behavior. According to Ajzen (1991), TPB provides insights into the factors that shape decision-making. (2) Modified Labeling Theory by Link

et al. (1989), which suggested that while labeling did not directly cause mental disorders, it could lead to adverse social and psychological outcomes. This theory was based on the cultural belief that mental illness carried stigma and devalued an individual. When a person is diagnosed with a mental illness, they might have internalized these societal beliefs, leading to expectations of devaluation and social rejection (Phelan et al., 2014). (3) The Help-Seeking Model, as outlined by Rickwood et al. (2005), describes the stages individuals go through when deciding to seek help for a problem. This process included four key stages: recognizing the problem (awareness), deciding to seek help (expression), identifying an available source of help (availability), and engaging with the selected resource (willingness).

Given these complexities, this study aimed to examine how psychological states and mental health stigma predicted help-seeking attitudes among selected combat military personnel in the Philippines, both previously and currently deployed. Specifically, it explored the relationship between help-seeking attitudes, psychological states, and mental health stigma. By identifying how depression, anxiety, stress, and stigma impacted help-seeking attitudes, the findings aimed to inform the development of targeted interventions and support systems to encourage military personnel to seek professional mental health care when needed.

2.0 Methodology

2.1 Research Design

The research study used a quantitative method to gather data through a series of battery tests. Specifically, the descriptive correlational research design aimed to describe how psychological states and mental health stigma predict help-seeking attitudes among selected combat military personnel.

2.2 Research Participants

The study's respondents comprised 350 combat military personnel in the Philippines who had been deployed or were currently deployed. The researcher employed purposive sampling to select participants based on specific inclusion criteria. These criteria required respondents to have direct combat experience, a history of deployment in combat areas, and either active service status or recent deployment. Additionally, participants had to be capable of providing informed consent and willing to share their experiences regarding psychological well-being and help-seeking attitudes.

2.3 Research Instrument

The study used five standardized tests to gather meaningful information on the variables. However, these tests served only as screening tools, measuring general tendencies rather than definitive outcomes, and further evaluation was necessary for a more comprehensive assessment.

First, the Patient Health Questionnaire-9 (PHQ-9), developed by Kroenke, Spitzer, and Williams (1999),) is a 9-item depression scale that consists of the specific nine criteria used to diagnose depressive disorders according to DSM-IV. It is a simple and reliable tool for screening and evaluating the severity of depression. It helps healthcare providers recognize signs of depression, track changes in symptoms over time, and make informed treatment decisions. It uses a 4-point Likert scale (0–3), with total scores ranging from 0 to 27, indicating minimal (0–4), mild (5–9), moderate (10–14), moderately severe (15–19), or severe (20–27) depression. The PHQ-9 is highly reliable, with a Cronbach's alpha ranging from 0.86 to 0.89. It also demonstrates strong test-retest reliability (r = 0.84).

Second, the Generalized Anxiety Disorder-7 (GAD-7) by Spitzer et al. (2006) is a 7-item scale for screening and assessing anxiety severity. Each item asks the individual to assess the severity of their symptoms within the preceding two-week period. It helps recognize persistent worry, restlessness, and trouble managing anxiety, which can make daily life more challenging. It uses a 4-point Likert scale (0–3), with total scores ranging from 0 to 21, where higher scores indicate more significant anxiety (Löwe et al., 2008). Scores classify anxiety as minimal (0–4), mild (5–9), moderate (10–14), or severe (≥15) based on symptoms over the past two weeks. The reliability of the scale is excellent, with a Cronbach's alpha of 0.92 and a test-retest reliability of 0.83 (Spitzer et al., 2006). In support of this, the GAD-7 was tested in a general population, yielding an internal consistency of 0.89 (Löwe et al., 2008).

Third, the Perceived Stress Scale (PSS-10) by Cohen et al. (1983) is a 10-item tool measuring perceived stress levels. It helps understand how stressful and overwhelming life feels, especially when things seem uncertain or out of

control using a 5-point Likert scale (0–4). Total scores range from 0 to 40, with higher scores indicating greater stress (Hegarty, 2022). Scores classify stress as low (0–13), moderate (14–26), or high (27–40), with items 4, 5, 7, and 8 reverse-scored. The 10-item scale has a Cronbach's alpha of 0.78 (Cohen & Williamson, 1988).

Fourth, the Stigma-9 Questionnaire (STIG-9) by Gierk et al. (2018) is a 9-item tool that measures perceived mental health stigma, encompassing both cognitive (beliefs) and behavioral (actions) aspects. It explores how people think and feel about mental health, including the judgments they make and how they treat those facing mental health challenges. It uses a 4-point Likert scale (0–3), with total scores ranging from 0 to 27. Scores classify stigma as low (0–9), moderate (10–18), or high (19–27), with higher scores indicating stronger negative perceptions of mental illness. The English version also shows acceptable reliability (r = 0.72) (Adeyemi et al., 2015). Orris (2022) further confirmed its reliability (α = 0.86), supporting its validity for measuring stigma and guiding interventions.

Lastly, the Attitudes Toward Seeking Professional Psychological Help Scale – Short Form (ATSPPH-SF) by Fischer and Farina (1995) is a 10-item scale using a 4-point Likert scale (1–4). It helps understand how comfortable or hesitant people feel about seeking professional mental health support. It examines their beliefs, perceptions, and willingness to seek help when facing emotional or mental health struggles. Total scores classify attitudes as positive (>10, indicating a willingness to seek help) or negative (≤10), with items 2, 4, 8, 9, and 10 reverse-scored (Elhai et al., 2008; Chen et al., 2020). The ATSPPH-SF has strong reliability (Cronbach's alpha = 0.84, test-retest = 0.80) and validity (r = 0.87) with the full scale. Elhai et al. (2008) confirmed its consistency, with coefficients of 0.77 in college students and 0.78 in medical patients.

2.4 Data Gathering Procedure

The researcher employed the following procedures for data collection about the current study. Approval was sought from the PUP Graduate School's University Ethics Review Committee (UERC) prior to the acquisition of participants. Then, the researcher submitted a request letter to the respective commanders of the military unit, seeking permission to conduct the study within their organization and requesting their assistance. Once permission was granted, the researcher coordinated with them to schedule the data collection. The researcher explained the purpose of the study, assuring participants that their involvement was entirely voluntary and encouraging them to respond honestly and without bias. Participants were then given informed consent forms and standardized questionnaires. Once completed, the questionnaires were carefully reviewed to ensure that only valid responses were included. Finally, the researcher gathered the completed forms and organized the data for analysis.

2.5 Data Analysis

This study utilized Frequency to determine how often specific values appeared in the dataset and Percentage to express frequency distributions. The Arithmetic Mean was used to identify patterns and central tendencies, while Standard Deviation measured data variation and dispersion. Pearson's r Correlation Coefficient assessed the strength and direction of relationships between variables, with positive values indicating direct relationships and negative values indicating inverse ones. Lastly, Stepwise Multiple Regression Analysis identified the most significant predictors of the dependent variable by systematically adding or removing independent variables based on statistical significance.

2.6 Ethical Considerations

The researcher sought approval from the PUP Graduate School's University Ethics Review Committee (UERC) to review the study's protocol. Moreover, ethical considerations, including anonymity, confidentiality, and informed consent, will be prioritized throughout the study. Participants were informed of the researcher's commitment to privacy and confidentiality, including the use of pseudonyms instead of real names, and their right to withdraw at any time before data collection began. The study would use the respondents' information solely, which would remain strictly confidential unless they explicitly consent to being identified.

3.0 Results and Discussion

3.1 Level of Psychological States

Depression

The data in Table 1 showed that combat military personnel experienced a moderate level of depression, with a mean score of 2.44 and a standard deviation of 1.07. Many military personnel experienced moderate depression, which not only affected their mental and physical well-being but also affected their service performance. This highlighted the notable presence of depressive symptoms within the military environment (Lorenz et al., 2022; Inoue et al., 2023). Stressful and traumatic events during deployment, such as separation from loved ones, combat exposure, or witnessing harm can worsen depressive symptoms (Plas et al., 2024). Meanwhile, those who experienced minimal to mild levels of depression might not have realized it was depression, as the symptoms did not significantly interfere with their daily activities. Others might have thought they were just tired or having a bad day (Silva, 2024). Additionally, only a few respondents experienced moderately severe to severe levels of depression, which aligned with the findings of Sapkota et al. (2022), who also reported few respondents with severe depression.

Table 1. *Depression*

Level	Frequency	Percentage	Mean	sd	Interpretation
Severe	6	1.70			
Moderately Severe	53	15.1			
Moderate	115	32.9	2.44	1.07	Moderate
Mild	90	25.7			
Minimal	86	24.6			
Total	**350**	**100**			

Legend: *Minimal: 0-1.00; Mild: 1.01-2.00; Moderate: 2.01-3.00; Moderately Severe: 3.01-4.00; Severe: 4.01-5.00*

However, while severe cases were minimal in this sample, their presence remained significant, as even a small number of individuals experiencing moderately severe and severe depression indicated a need for targeted mental health interventions. This underscored the importance of early detection and proactive mental health support to prevent symptoms from worsening among combat military personnel. Severe depression had grave consequences, not only impacting an individual's well-being but also affecting overall unit cohesion and operational effectiveness.

In line with this, the majority of the respondents described that getting their work done, taking care of things at home, and getting along with others were somewhat difficult for them. Additionally, most of them struggled with self-doubt, often feeling bad about themselves or as if they had failed. Even if overall depression levels were not severe, low self-esteem can take a toll on mental well-being. In line with this, Melgarejo et al. (2020) and Plas et al. (2024) found that military personnel with lower self-esteem tend to be less resilient, leading to higher depressive symptoms. This resilience helps personnel maintain better mental health and adjust more quickly to new environments.

Anxiety

Based on the results, Table 2 revealed that combat military personnel experienced a moderate level of anxiety, with a mean score of 2.50 and a standard deviation of 0.99.

Table 2. *Anxiety*

Level	Frequency	Percentage	Mean	sd	Interpretation
Severe	51	14.6			
Moderate	151	43.1	2.50	0.99	Moderate
Mild	70	20.0			
Minimal	78	22.3			
Total	**350**	**100**			

Legend: *Minimal: 0-1.00; Mild: 1.01-2.00; Moderate: 2.01-3.00; Severe: 3.01-4.00*

The majority of the respondents experienced a significant level of anxiety, which affected their daily functioning. This suggested that anxiety was a common concern among combat military personnel, though it was not severe for most individuals in this sample. When severe, it does not just weigh on a soldier's mind; it affects their ability

to think, make quick decisions, and stay alert in dangerous situations. This finding aligned with multiple studies that recognized the widespread impact of combat-related challenges on mental health. Valladares-Garrido et al. (2023) and Hill et al. (2021) highlighted increased anxiety and loneliness among military personnel due to family separation. Lim et al. (2022) further noted that war settings, with constant threats and prolonged separation, kept anxiety levels high.

While many respondents experienced moderate anxiety, the number facing severe anxiety was deeply concerning. In a profession where split-second decisions could mean life or death, these struggles were not just personal, but they affected entire teams, highlighting the urgent need for better mental health support. Furthermore, many respondents mentioned that they found daily tasks at work and at home, as well as interacting with others, very challenging. This anxiety negatively affected daily functioning and damaged social relationships, affecting military soldiers in various ways (Zhang & Li, 2024; Macdonald-Gagnon et al., 2024). Also, many military personnel reported struggling to relax daily, highlighting ongoing fatigue. This restlessness and exhaustion were likely linked to insufficient sleep, which affected both performance and overall well-being (Kajastus et al., 2024; U.S. Government Accountability Office, 2024).

Stress

Table 3 shows that most combat military personnel experience a moderate level of stress, with an average score of 1.89 and a standard deviation of 0.63.

Table 3. *Stress*

Level	Frequency	Percentage	Mean	sd	Interpretation
High	52	14.9			
Moderate	209	59.7	1.89	0.63	Moderate
Low	89	25.4			
Total	**350**	**100**			

Legend: *Low: 0-1.00; Moderate: 1.01-2.00; High: 2.01-3.00*

The majority of the respondents experienced moderate stress levels, which affected their daily activities, consistent with the findings of Batara et al. (2024). Beyond individual well-being, chronic stress can weaken unit cohesion, impair decision-making in high-pressure situations, and compromise mission readiness. These findings align with studies by Prykhodko et al. (2023) and Rice (2024), which identified combat and high-risk situations as primary stressors among military personnel.

Furthermore, many respondents reported that they never felt things were going their way, which led to frustration. In the military, where following a strict chain of command is crucial, especially in high-pressure situations (McNeil, 2024), soldiers sometimes have little say in decision-making. While this structure is necessary for order and efficiency, it can also leave them feeling powerless in their own lives. Over time, constantly following orders without much control can take a toll on their morale, motivation, and overall well-being.

However, in contrast to the current study, Bennett et al. (2024) mentioned that military personnel showed low levels of distress even after being exposed to significant trauma. In the long run, many soldiers appeared to develop greater resilience, likely due to their intensive training, strong camaraderie, and the coping strategies they cultivated through experience. Eventually, many soldiers seemed to grow stronger, not just physically but also mentally, as they adapted to the challenges of military life through training, the support of their comrades, and the coping skills they developed along the way.

3.2 Level of Mental Health Stigma

The data in Table 4 indicated a moderate level of mental health stigma, with a mean of 1.91 and a standard deviation of 0.48. This suggested that, although their views may not be strongly negative, stigma still had a noticeable influence on how the military personnel perceived mental health. Furthermore, it was observed that mental health stigma was a notable issue among military personnel, which is in line with the study of McGuffin et al. (2021) and Piro et al. (2023). This meant that most combat military personnel acknowledged and understood the importance of mental health but still held certain biases and misconceptions about mental health issues. In

addition, mental health stigma was deeply rooted in the military culture that prioritizes toughness, independence, and self-reliance (Triantafyllou et al., 2024; Williamson et al., 2019).

Table 4. *Mental Health Stigma*

Level	Frequency	Percentage	Mean	sd	Interpretation
High	26	7.40			
Moderate	266	76.0	1.91	0.48	Moderate
Low	58	16.6			
Total	**350**	**100**			

Legend: *Low: 0-1.00; Moderate: 1.01-2.00; High: 2.01-3.00*

In the military culture, toughness is highly valued, making it challenging for individuals to express vulnerability without fear of judgment. According to the Modified Labeling Theory, once a soldier was diagnosed with a mental illness, they often worried about being seen as weak or unfit for duty. Moreover, most respondents expressed agreement that they perceived individuals who had received treatment for a mental illness as potentially dangerous. This is consistent with the study of Tesfaye et al. (2020) and Ran et al. (2021), who revealed that individuals wanted to avoid a person who had mental health problems, thinking that they were dangerous.

3.3 Level of Help-Seeking Attitude

Table 5 shows that the respondents exhibited a positive attitude toward seeking help, with a mean of 1.51 and a standard deviation of 0.50.

Table 5. *Help-Seeking Attitude*

Level	Frequency	Percentage	Mean	sd	Interpretation
Negative	172	49.1	1.51	0.50	Positive
Positive	178	50.9			
Total	**350**	**100**			

Legend: *Negative: 0-1.00; Positive: 1.01-2.00*

This revealed that the majority of the respondents acknowledged that seeking help might help them overcome their struggles. It was a well-known reality in the military that many personnel struggled with mental health challenges but delayed seeking help until it was harder to manage. As this study highlighted, most respondents expressed a willingness to seek support but only if they experienced prolonged feelings of sadness or distress. This is reassuring, but the more significant issue is that many still wait too long. Just as Randles and Finnegan (2021) and Hitch et al. (2023) have pointed out, many military members often delay asking for help until their situation reaches a crisis level. This delay is deeply tied to how they recognize mental health struggles. The delay in seeking help can be understood by examining the stages of the Help-Seeking Model. Initially, military personnel may not fully recognize the impact of emotional or psychological distress on their lives. However, these unresolved issues accumulate, and by the time they realize they need help, their mental health has often worsened, making recovery more challenging. This cycle not only affects their well-being but also hinders their performance and impacts unit cohesion.

Contrary to the findings of this study, Duncan et al. (2020) noted that many service members avoided reaching out, fearing they would be perceived as weak or incompetent. This fear of judgment is a powerful barrier that stops individuals from addressing their mental health needs, as they worry it could hurt their career or reputation. Even though some respondents were open to seeking help, the difference between those with positive and negative attitudes toward it was relatively small. This indicates that while many acknowledge the benefits of seeking help, a significant portion still struggle with reservations.

Studies have repeatedly shown that factors like leadership style and the strong stigma surrounding mental health in the military play a massive role in shaping whether service members feel comfortable seeking help (Gray, 2022; McGuffin et al., 2021). Leaders who create a supportive and open environment can significantly reduce stigma and make it easier for soldiers to seek help. However, without this kind of leadership and a cultural shift, negative attitudes can persist, as evidenced by the minimal difference in attitudes toward seeking help in this study. Despite

these challenges, many military personnel still recognize the importance of getting professional support to address their mental health, which is a crucial step toward building a more potent, more resilient force.

3.4 The Relationship between Psychological States and Mental Health Stigma to Help-Seeking Attitude

Table 6 presented that higher levels of depression, stress, and mental health stigma were linked to more negative attitudes toward seeking help. On the other hand, lower levels of these factors were associated with more positive attitudes.

Table 6. *Relationship between Psychological States and Mental Health Stigma to Help-Seeking Attitude*

	Help-Seeking Attitude				Interpretation
	Mean	sd	r-value	p-value	
Depression	2.44	1.07	-.330	.000	Negative Moderate Relationship; Significant
Anxiety	2.50	0.99	.012	.415	Positive Weak Relationship; Not Significant
Stress	1.89	0.63	-.093	.041	Negative Weak Relationship; Significant
Mental Health Stigma	1.91	0.48	-.353	.000	Negative Moderate Relationship; Significant

Legend: *p-value <0.05= Reject Ho*
r-value: 0 - no relationship; ±0.10-±0.30 - a weak relationship; ±0.30-±0.50 - moderate relationship; ±0.50-±0.70 - strong relationship

This highlighted the crucial role that labeling mental health issues plays in whether someone chooses to reach out for support (Villatoro et al., 2022; Evans et al., 2023). When mental health struggles are labeled negatively, as a sign of weakness or something shameful, it can create fear and shame in the individual. This makes them less likely to reach out for help, even if they are struggling. This aligns with the research by Alluhaibi and Awadalla (2022) and Gammad (2024), who found that individuals with a more positive understanding of mental illness were more likely to be open to seeking help. When individuals had a better understanding of mental health, they were more likely to see seeking help as an intelligent, proactive choice rather than something to be ashamed of. This shift in perspective made a significant difference, breaking down the fear and stigma that often hold people back from seeking support. It helped them realize that reaching out for help is not a sign of weakness but an important step toward healing and taking care of themselves.

However, studies such as Kola-Palmer et al. (2020) found that those who felt overwhelmed or stressed often refrained from seeking professional help, while Campbell et al. (2023) noted that many military personnel suffering from depression avoided seeking support. Interestingly, higher psychological stress does not always lead to a greater likelihood of seeking help, suggesting that other factors may influence this behavior (Stelzmann et al., 2024; Reyes & Hocson, 2025).

These findings aligned with the Help-Seeking Model, which emphasizes that the first step in seeking help is recognizing the problem. For military personnel to seek support, they needed to be aware of their mental health challenges. This can be particularly challenging for military personnel, as many may dismiss their struggles, making it difficult to admit they need help. Things like stress, depression, and the stigma around mental health often get in the way of this self-awareness. When these challenges are at play, soldiers might not fully realize how much their mental health is being impacted, or they might believe that what they are feeling is just part of the job. Unfortunately, this means they are less likely to seek the support they need. The Help-Seeking Model suggests that to break this cycle, we need first to address those barriers. One way to do this is by raising awareness about the mental health struggles that come with military life, making it clear that these feelings are valid and shared, and working to reduce the stigma that surrounds reaching out for help. When soldiers feel like their struggles are understood and that it is okay to ask for help, they are more likely to take that crucial first step toward getting the support they need.

3.5 Psychological States and Mental Health Stigma as Predictors of Help-Seeking Attitude

Understanding the assumptions underlying multiple linear regression is crucial for accurately interpreting the model and making informed predictions. To ensure the results are reliable and valid, the researcher tests several key assumptions before drawing conclusions. The analysis reveals a significant relationship between the independent variables and the dependent variable, with a p-value of less than 0.001. Additionally, multicollinearity is not present in the data, as indicated by a tolerance value greater than 0.1. The Variance Inflation

Factor (VIF) is < 5, further confirming the absence of multicollinearity. Furthermore, the data show minimal autocorrelation, with a Durbin-Watson result of 1.580, which is less than 2.5.

Given the results, Table 7 revealed that 2 models indicated a good level of prediction. With an F-statistic of 46.2 and a p-value of less than 0.05, these variables statistically and significantly predicted help-seeking attitudes. Specifically, Model 2 showed the best fit of the two models, indicating that it explained a significant portion of the variation in attitudes toward seeking help. The significant influence of the included variables was further demonstrated by the adjusted R-squared value of 0.206, which indicated that the model explained approximately 20.6% of the variability in help-seeking attitude. The table also highlighted which variable showed the most significant change in the dependent variable. It showed that for every 1 unit change in depression, there was a .138 decrease in help-seeking attitude. Additionally, for every 1-unit change in stigma, there was a 0.333 decrease in the help-seeking attitude.

Table 7. *Predictors of Help-Seeking Attitude*

Model		R square	Adjusted R square	B	Beta	Constant	p-value	F-value
1	Stigma	.125	.122	-.367	-.353	2.20	.000	49.5
2	Stigma Depression	.210	.206	-.333 -.138	-.320 -.295	2.47	.000 .000	46.2

a. Dependent Variable: Help-Seeking Attitude

These findings indicated that both depression and mental health stigma predicted a help-seeking attitude among military personnel. For many military personnel, depression becomes a major trigger for reaching out for support, but only when the distress has escalated to a point of crisis. This aligns with the observations of Randles and Finnegan (2021) and Hitch et al. (2023), who noted that individuals often only recognize the severity of their mental health challenges when they feel completely overwhelmed.

This recognition of the need for help links to the Theory of Planned Behavior, which suggests that a person's intention to seek help is shaped by their belief in the positive outcomes of doing so. In other words, if military personnel see seeking help as beneficial and believe it will improve their situation, they are more likely to pursue it. However, despite acknowledging the need for support, external factors such as stigma and perceived barriers still hindered their help-seeking.

When stigma was combined with depression, military personnel became even more reluctant to seek help. This reluctance was consistent with the Modified Labeling Theory, which suggests that individuals internalize societal stigma, leading them to fear being labeled as weak or unfit for duty. The fear of judgment and the potential impact on their career or reputation often outweighed the recognition of their mental health struggles, making them less likely to reach out for support. This internalization of stigma creates a cycle where the fear of being labeled prevents individuals from addressing their mental health needs, ultimately exacerbating their condition and hindering their ability to perform effectively. As a result, many avoided seeking mental health support despite recognizing their need for it. This was supported by Sapkota et al. (2022), whose study revealed that although depressive symptoms are a primary mental health concern among soldiers, very few of them seek support, possibly due to the stigma associated with seeking help.

Furthermore, research by McGuffin et al. (2021) highlighted stigma as the primary barrier, making military personnel hesitant to seek support. Sharifian et al. (2024) also found that while depression could push individuals toward seeking support, it did not always lead to action, and other factors often made it harder for them. This aligned with the Help-Seeking Model, which suggested that recognizing the problem was the first step toward seeking support, but additional factors influenced whether individuals followed through. Limited access to mental health services, lack of awareness about available care, and concerns about career consequences (Thériault et al., 2020) further complicated their decision to seek help. Additionally, Alluhaibi and Awadalla (2022) reinforced this idea, showing that the more stigma someone felt, the less likely they were to seek psychological help.

3.6 Proposed Mental Wellness Intervention Program

THE STRENGTH WITHIN: MENTAL HEALTH FOR SOLDIERS

A Proposed Mental Wellness Intervention Program
This program supports military personnel's mental health in three phases: Pre-Deployment focuses on building resilience, reducing stigma, and encouraging help-seeking, as well as immediate interventions to address severe mental health issues; During Deployment, it provides ongoing support with check-ins and telehealth; and Post-Deployment helps with reintegration and long-term monitoring. Each phase ensures continuous care, personalized support, and mental well-being, helping military personnel through their deployment journey.

Objectives:
To reduce the level of depression, anxiety, and stress through proactive mental health education and stress-management strategies.
To encourage military personnel to seek professional support when needed by addressing stigma and normalizing mental health care.
To establish peer and community support systems that encourage shared experiences and collective encouragement.
To reduce the prevalence of severe mental health issues and minimize their impact on individuals' well-being and daily functioning.
To periodically monitor the mental health status of participants and refine program interventions based on their feedback to meet their needs.

Target Population:
Combat military personnel

PHASE I: Combat Mental Readiness (Before Deployment)
Phase 1 prepares military personnel mentally for deployment, focusing on building resilience, reducing stigma, and encouraging help-seeking. The program includes mental health education and training, as well as mental health screenings. Military personnel will receive seminars and training to increase awareness and undergo comprehensive psychological evaluations, ensuring preparedness in the face of adversity during deployment. Following these evaluations, those identified with severe mental health issues will face several areas of concern that require immediate attention and intervention. These initiatives aim to ensure that personnel are not only equipped to handle the challenges of deployment but also receive the necessary support for maintaining their mental well-being. The target outcomes include recognizing and prioritizing personnel who require urgent support, ensuring they receive the necessary care and attention before deployment, and enhancing their mental health stability to ensure they are mentally prepared and resilient for the challenges they may face during deployment.

PHASE II: Deployed Psychological Care (During Deployment)
Phase 2 focuses on providing real-time mental health care during deployment. It includes regular mental health check-ins and 24/7 access to counseling, ensuring that service members have ongoing support. This phase also addresses emotional well-being proactively and offers immediate assistance in times of crisis, helping them manage stress and maintain mental strength throughout their deployment. The target outcome of this phase is a significant reduction in the prevalence of PTSD, severe depression, stress, and anxiety, ensuring that personnel can cope effectively with the challenges of deployment while maintaining their mental health and overall mission readiness.

PHASE III: Psychological Support for Returning Soldiers (After Deployment)
Phase 3 focuses on supporting service members as they transition back after deployment while also ensuring that military personnel maintain sound mental well-being. It provides counseling programs and long-term mental health follow-ups to support their reintegration. The target outcome includes a significant reduction in symptoms of PTSD, depression, anxiety, and stress, leading to improved emotional well-being, better coping mechanisms,

and enhanced overall mental health. This phase ensures that service members are not only supported during their transition but also have access to the resources they need to maintain long-term mental health resilience.

Sustainability and Scalability

To ensure the mental wellness program is both sustainable and scalable, it is essential to leverage technology, such as digital platforms and mobile apps. These tools will enable soldiers to access support from anywhere. Additionally, training leaders to become instructors is key. When soldiers have trusted peers guiding them through the program, it helps build a stronger sense of community, making the program feel more personal and relevant. Moreover, it is essential to monitor mental health outcomes and program effectiveness to ensure continuous improvements that support the needs and well-being of military personnel. Regularly checking in on mental health outcomes helps uncover gaps, strengthen support systems, and make sure the programs truly help military personnel navigate their mental health challenges. This approach not only keeps the program going but also ensures it can grow, reach more soldiers, and stay relevant to their needs wherever they are stationed.

4.0 Conclusion

Combat military personnel struggled to balance duties, home life, and relationships, often feeling like failures, which worsened their mental health. Many found it difficult to relax and felt frustrated, powerless, and overwhelmed by stress. They held moderate negative perceptions of mental health, viewing those with challenges as somewhat dangerous despite some understanding of the issue. While they recognized the availability of support and that seeking help was an option, they often hesitated to seek professional help once they felt overwhelmed or stressed. However, as they became more accepting and understanding of mental health challenges, a supportive environment was created, making it easier and more reassuring for them to seek help when needed. Moreover, the help-seeking attitude was influenced by personal, social, and emotional factors, with depression and stigma playing key roles. The proposed mental wellness intervention aimed to reduce depression, anxiety, stress, and stigma while promoting a positive help-seeking attitude.

To support combat military personnel, programs should focus on enhancing self-worth, promoting work-life balance, and improving emotional regulation. Expanding counseling, peer support, and educational initiatives can help reduce stigma and encourage individuals to seek help. Ensuring a sufficient number of mental health professionals is crucial, and future research should explore additional factors that influence help-seeking attitudes.

This study had several limitations. First, the questionnaires relied on self-reported responses, which may have introduced biases and affected reliability. Participants might have provided answers they believed were expected rather than expressing their true thoughts or experiences. Second, the study employed purposive sampling, meaning participants were intentionally selected rather than chosen randomly. As a result, the findings may not fully represent the broader population, limiting the generalizability of the results to other groups or settings.

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7.0 Conflict of Interests

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