Who to Turn to When I Need Someone to Turn to? Exploring the Help-Seeking Behaviors of Military Service Members.

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The military provides its Service members with many forms of mental health care to ensure their readiness to perform their duties. This care may come from mental health professionals, self-help groups, military Chaplains, and/or medical providers, both within and outside of the military context. Despite these many options, help-seeking within the military has been stigmatized and mental health care remains underutilized (Kazman et al., 2020). Help-seeking behaviors may also vary based on individual perspectives, such as one's belief system. More specifically, help-seeking behaviors of religious and/or spiritual (henceforth R/S) Service members may differ from nonreligious and nonspiritual (henceforth non-R/S) Service members. Religious or spiritual affiliation may influence the frequency of mental health help-seeking and the type of provider the Service member seeks help from. This study investigated the intersections of help-seeking behaviors with religiosity and spirituality and highlights the importance of multidisciplinary practice in addressing Service members' mental health concerns by addressing the following research questions:

Research Question 1: Among soldiers experiencing stress, from which type of providers do they seek help?

Research Question 2: Do patterns of help-seeking differ based on whether soldiers consider themselves to be R/S or non-R/S?

More specifically, are Soldiers more likely to seek out certain types of providers (i.e., Mental Health Professional, Self-Help Group, Medical Professional, or Chaplain or Clergy) based on whether they identify as R/S?

This study utilized data from the Army Study to Assess

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Risk and Resilience in Servicemembers (STARRS) All Army Study (AAS) dataset (Ursano et al., 2017). All analyses were conducted in SPSS version 29.0.

To address the Research Question 1, descriptive statistics were examined from a sample of Soldiers who reported experiencing overall life stress in the past year and who reported whether they sought help from a provider to address their stress (n = 9,236). Provider types included Mental Health (i.e., military mental health professional, civilian mental health professional, and VA mental health professional), Self-Help Groups (i.e., military self-help group and civilian self-help group), Medical (i.e., military medical doctor, military medic, civilian medical doctor, and VA medical doctor), and Chaplain or Clergy (i.e., military Chaplain and civilian clergy).

To address Research Question 2, the analytic sample consisted of Service members who reported whether they identified as R/S or non-R/S (n = 8,550). Using the same grouping of providers, chi-square tests were conducted to examine differences in help-seeking based on whether Soldiers identified as R/S or non-R/S. Chi-square test results were interpreted with the chi-square likelihood ratio and effect size (Cohen's V).

Most (n = 6,300; 68.2%) Soldiers did not seek help from any type of professional (see Table 1) even though they reported life stress in the last year. Among Soldiers who did seek help (n = 2,936), 66.2% sought help from a mental health professional, 19.1% sought help from a self-help group, 51.6 % sought help from a medical professional, and 36.2% sought help from a Chaplain or clergy member.

Table 1. Help-seeking by provider type (N = 9,236)

	Any Professional	Mental Health	Self-Help	Medical	Chaplain or Clergy
Did Seek Help	31.8%	21.1%	6.1%	16.4%	11.5%
	(n = 2,936)	(n = 1,945)	(n = 561)	(n = 1,516)	(n = 1,062)
Did Not Seek Help	68.2%	78.9%	93.6%	83.4%	88.3%
	(n = 6,300)	(n = 7,288)	(n = 8,642)	(n = 7,703)	(n = 8,156)

Table 2. Help-seeking by provider type and religious or spiritual affiliation (n = 8,550). Note. Not all percentages total to 100% due to some instances of missing data.

	R/S Service Members (n = 7,111)		Non-R/S Service Members (n = 1,439)		
	Sought Help	Did Not Seek Help	Sought Help	Did Not Seek HSelp	Chi-Square Likelihood Ratio (df)
Any Professional	30.8%	69.2%	28.7%	71.3%	LRχ² (1) = 2.507, p = 0.113
Mental Health	20.1%	79.9%	20.9%	79.1%	LRχ2 (2) = 1.280, p = 0.527
Self-Help	5.9%	94.0%	4.8%	95.1%	LRχ² (2) = 2.657, p = 0.265
Medical	15.3%	84.6%	16.2%	83.7%	LRχ² (2) = 0.675, p = 0.173
Chaplain or Clergy	12.0%	88.0%	6.9%	93.0%	**LRχ² (2) = 35.907, p <0.001**

Among Soldiers who reported on help-seeking behaviors and their religious and spiritual beliefs, 83.2% (n = 7,111) identified as being R/S. There was no significant difference whether Soldiers sought help generally based on if they identified as R/S or non-R/S (LRχ2 (1) = 2.507, p = 0.113; see Table 2). There were no significant differences in whether Soldiers sought help from a mental health professional (LRχ2 (2) = 1.280, p = 0.527), self-help group (LRχ2 (2) = 2.657, p = 0.265), or medical professional (LRχ2 (2) = 0.675, p = 0.173) based on whether they identified as R/S or non-R/S. However, there was a significant difference whether Soldiers sought help from a Chaplain or clergy member based on whether they identified as R/S or non-R/S (LRχ2 (2) = 35.907, p <0.001). This was a small but meaningful effect (V=0.062,df=2), such that those identifying as R/S were more likely to seek help from a Chaplain or clergy member than Soldiers identifying as non-R/S. More specifically, 12.0% of Soldiers who identified as being R/S sought help from a Chaplain or clergy member. However, only 6.9% of Soldiers who identified as being non-R/S sought help from a Chaplain or clergy member.

It appears there is a gap between the need for help in Soldiers experiencing stress and Soldiers actually seeking help from providers for their stress. This gap may be a result of mental health stigma in the military system which has the potential to impact help seeking, negative attitudes towards treatment, and organizational barriers in seeking help (Kim, 2016). Military leadership, such as unit leaders, can encourage their unit members to seek support for their stress and access resources when they need it. Although R/S Soldiers tended to turn to Chaplain or clergy to manage their stress more than non-R/S Soldiers, some non-R/S did seek help from religious-affiliated providers. This may be because there is typically a Chaplain assigned to every unit, so Chaplains can build a relationship with their unit members more easily (Kim, 2016). Chaplains and clergy members can still be resources to learn coping strategies about stress regardless of a Service members' religious affiliation, though they may be more appealing to R/S Service members as they can provide counseling tailored to religious or spiritual beliefs.

Statement of Research Advisor

Brianna's research is an important contribution in addressing the mental health needs of our military by first understanding service utilization among Service members who report being in distress. By examining a large sample of Soldiers, she has explored trends in help-seeking behaviors and provides a unique lens of how a Soldiers religion and/or spirituality may impact help-seeking behaviors. These results will be beneficial for military leadership and mental health professionals in encouraging Service members to seek help for their stress from diverse providers, regardless of their religious affiliation.

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Authors Biography

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