United International Journal for Research & Technology

Volume 07, Issue 11, 2026 | Open Access | ISSN: 2582-6832

Evaluating Mental Health Support Systems Among Soldiers: Evidence from the 9th Infantry Division, Philippine Army

Rose Anne Dollente Parado

Student, AGO Medical and Educational Center Graduate School of Health

***Abstract*—** This study evaluated the mental health support systems among soldiers in the Philippine Army's 9th Infantry Division in terms of availability, accessibility, adequacy, and responsiveness. A quantitative descriptive survey design was employed, involving 215 military officers and enlisted personnel. Data were collected through a structured questionnaire and analyzed using frequency counts, percentages, weighted means, and ranking. The findings showed that mental health programs were generally available, while facilities and professional services were perceived as always available. Among the programs, Trauma Risk Management received the highest assessment, whereas the Philippine Army Comprehensive Mental Health Program obtained the lowest mean, although it remained available. The respondents also positively assessed the accessibility, adequacy, and responsiveness of the support systems. Responsiveness received the highest overall mean, followed by adequacy, availability of facilities and professional services, availability of programs, and accessibility. Despite the generally favorable evaluation, areas for improvement included program visibility, information dissemination, service integration, confidentiality assurance, confidence in help-seeking, service sufficiency, and staffing during periods of increased demand. The study concludes that the Division has a functional and responsive mental health support system but requires continuous strengthening to ensure consistent access, adequate capacity, and sustained utilization. Evidence-based measures were proposed to enhance service delivery, reduce stigma, and promote soldiers' psychological well-being and operational readiness.

***Keywords*—** mental health support systems; soldiers; military mental health; service accessibility; Philippine Army.

I. INTRODUCTION

Military service places personnel in a work environment characterized by discipline, readiness, uncertainty, and continuous responsibility for national security. Soldiers may be required to operate under demanding conditions, including prolonged separation from their families, exposure to armed conflict, disaster-response operations, irregular work schedules, physical exhaustion, and the possibility of injury or death. Even during periods without active combat, military personnel must maintain a high level of preparedness and comply with organizational expectations that may place considerable pressure on their emotional and psychological well-being. These conditions make mental health an important component of force protection, personnel welfare, and operational effectiveness.

Mental health refers not only to the absence of a psychiatric disorder but also to an individual's ability to manage stress, maintain healthy relationships, perform expected responsibilities, and recover from difficult experiences. Among soldiers, sound mental health supports concentration, judgment, emotional regulation, teamwork, and decision-making under pressure. In contrast, unmanaged psychological distress may affect individual performance, family relationships, unit cohesion, discipline, and overall mission readiness. Mental health care should therefore be considered an essential part of military health services rather than a separate or optional intervention provided only after a serious problem has developed.

The psychological effects of military service can vary considerably among personnel. Some soldiers may adjust effectively to demanding assignments, while others may experience persistent stress, anxiety, depression, sleep difficulties, trauma-related symptoms, grief, substance-related concerns, or challenges in their family and social relationships. The

nature and severity of these experiences may be influenced by age, sex, civil status, educational background, income, years of service, deployment history, rank, available social support, and previous exposure to stressful events. For this reason, military mental health systems must be sufficiently broad and flexible to respond to the diverse circumstances of personnel at different stages of their careers.

A comprehensive military mental health support system generally includes preventive, educational, clinical, and rehabilitative components. Preventive interventions may involve resilience training, mental health awareness, stress management, trauma-risk management, peer support, and pre-deployment preparation. Clinical services may include psychological assessment, counseling, neuropsychiatric evaluation, crisis intervention, treatment, and referral to specialized facilities. Post-deployment interventions may help personnel process difficult experiences, monitor possible symptoms, and reintegrate into their families and units. When these components are properly coordinated, mental health support can promote early identification, timely intervention, recovery, and continued occupational functioning.

The formal existence of mental health programs, however, does not automatically ensure that soldiers benefit from them. A program may be included in organizational policy but implemented inconsistently across units. Facilities may be established but geographically distant, understaffed, or insufficiently known to personnel. Professional services may be technically available but difficult to access because of complicated procedures, long waiting periods, operational demands, or concerns regarding confidentiality. Evaluating a mental health support system must therefore go beyond identifying whether programs and facilities exist. It must also examine whether soldiers can access them, whether they adequately address personnel needs, and whether they respond promptly and appropriately when assistance is required.

Availability is the first important dimension of an effective support system. It concerns the presence and continuity of mental health programs, facilities, personnel, and professional services. Within a military organization, availability may be reflected through resilience initiatives, mental health education, stress-management activities, trauma-related interventions, counseling, mental health teams, resiliency centers, chaplain services, behavioral health facilities, and specialized medical referrals. A highly available system provides soldiers with multiple points of entry and different forms of support based on the nature and seriousness of their concerns.

The mental health support structure examined in the present study includes several programs and institutional mechanisms. These include the Troop Resilience, Optimum Performance, and Awareness and Access program; the Philippine Army Comprehensive Mental Health Program; the CRSAFP Mental Wellness Program; Trauma Risk Management; the Mental Health Awareness Program; and the Stress Management Program. Available facilities and professional services include the Mental Health Resiliency Center, Mental Health Teams, Behavioral Hygiene Hubs, the CEASH Mental Health Resiliency Desk or Chaplain Service, pre-deployment and post-deployment counseling, neuropsychiatric evaluations, and referral services associated with the Victoriano Luna Medical Center. Together, these initiatives represent a multidimensional approach that combines prevention, education, counseling, assessment, spiritual support, and specialized care.

Accessibility is another critical dimension because soldiers cannot benefit from services that are difficult to reach or use. Accessibility includes physical proximity, reasonable waiting times, uncomplicated procedures, knowledge of available services, confidentiality, and freedom from discrimination or stigma. In a military context, psychological barriers may be as influential as physical barriers. Personnel may hesitate to seek support because they fear being perceived as weak, unreliable, or unsuitable for particular assignments. Others may be concerned that disclosing a mental health difficulty could affect promotion, deployment opportunities, security clearance, or relationships with commanders and colleagues.

Confidentiality and organizational trust are therefore central to service utilization. Soldiers must understand how their information will be handled, who will have access to it, and under what circumstances disclosure may be required. Clear and consistently applied confidentiality procedures can encourage earlier help-seeking. Leadership behavior is also influential. Commanders who openly support mental health education, encourage appropriate help-seeking, and avoid stigmatizing attitudes can help create an environment in which seeking assistance is viewed as responsible and consistent with military readiness.

Adequacy concerns whether available services are sufficient, appropriate, and capable of meeting the varied needs of soldiers. An adequate system requires trained professionals, suitable facilities, appropriate interventions, and enough service capacity for the population being served. It should provide support across a continuum ranging from routine mental health education and preventive care to crisis response and specialized treatment. Adequacy also involves cultural sensitivity and recognition of differences in rank, sex, age, religion, family situation, deployment experience, and length of service.

The adequacy of a mental health support system cannot be determined solely by counting facilities or personnel. It must also consider whether soldiers perceive the services as useful, trustworthy, and relevant to their concerns. A technically complete system may still be inadequate when personnel lack confidence in it, when interventions do not correspond with actual needs, or when demand exceeds service capacity. Regular evaluation is therefore necessary to determine whether programs continue to match changes in operational conditions and personnel requirements.

Responsiveness refers to the system's ability to act in a timely, efficient, and person-centered manner. Mental health concerns may worsen when care is delayed, particularly following traumatic incidents, operational losses, severe family problems, or other crises. Responsive services should have clear access and referral procedures, sufficient personnel, and mechanisms for addressing both routine and urgent concerns. They should also be capable of adjusting during periods of increased demand, such as deployments, disasters, critical incidents, or major organizational transitions.

Responsiveness additionally involves the quality of interaction between service providers and soldiers. Personnel are more likely to continue seeking assistance when they feel respected, understood, and involved in decisions about their care. Personalized and culturally appropriate support can strengthen trust and improve acceptance of mental health interventions. Conversely, impersonal, judgmental, or confusing service experiences may discourage soldiers from returning and may reinforce negative perceptions of the mental health system.

The Philippine Army has recognized the importance of institutional mental health programs and services as part of personnel welfare and organizational readiness. However, the experience of soldiers may differ across commands, locations, and units. A program that is highly visible at headquarters may be less familiar to personnel assigned to distant or operational areas. Similarly, services may be available during normal conditions but become strained during periods of intensified operations. Division-level evaluation is therefore necessary to determine how organizational policies and programs are experienced by the personnel they are intended to serve.

The 9th Infantry Division, Philippine Army, maintains various programs, facilities, and professional services designed to support the psychological well-being of its personnel. Existing mechanisms indicate organizational recognition of mental health as an important aspect of soldier welfare and readiness. Nonetheless, the presence of these mechanisms does not by itself establish whether they are consistently available, easily accessible, adequate for soldiers' diverse needs, or sufficiently responsive during periods of increased demand.

A systematic assessment is necessary because weaknesses in even one part of the system may affect its overall effectiveness. For example, highly qualified professionals may have limited impact when soldiers are unaware of how to reach them. Programs may be

available but underutilized because of stigma or confidentiality concerns. Facilities may function adequately under ordinary circumstances but experience staffing limitations when demand increases. Evaluating the system across several dimensions can identify both institutional strengths and specific areas requiring improvement.

The problem addressed by the present study centers on the need for evidence regarding how soldiers themselves perceive the mental health support systems provided within the 9th Infantry Division. Although the Division has established mental health programs, resiliency facilities, professional teams, counseling services, and referral arrangements, their effectiveness depends on how consistently they are implemented and experienced by personnel. Without a structured evaluation, decision-makers may lack sufficient information regarding program visibility, service accessibility, resource adequacy, procedural efficiency, personnel confidence, and responsiveness to changing operational demands. Evidence from soldiers can therefore guide leadership in sustaining well-performing services and improving areas that may limit utilization or effectiveness.

Accordingly, this study evaluated the mental health support systems among soldiers in the Philippine Army's 9th Infantry Division in terms of availability, accessibility, adequacy, and responsiveness. It first described the respondents' demographic profile according to age, sex, civil status, educational attainment, monthly income, and years of service. It then determined the availability of mental health programs, facilities, and professional services within the Division. The study further assessed the accessibility, adequacy, and responsiveness of the support systems as perceived by soldiers. Finally, it used the findings as the basis for proposing evidence-based recommendations intended to strengthen mental health services and contribute to the psychological well-being and operational readiness of personnel.

II. METHODOLOGY

This study employed a quantitative research approach using a descriptive survey design to evaluate the mental health support systems among soldiers in the Philippine Army's 9th Infantry Division. The descriptive design was appropriate because it enabled the researchers to systematically examine and describe the availability, accessibility, adequacy, and responsiveness of existing mental health support systems as perceived by military personnel. The respondents consisted of 215 military officers and enlisted personnel assigned to the 9th Infantry Division. Data were gathered using a structured questionnaire designed to obtain information on the respondents' demographic characteristics and their perceptions of the Division's mental health support systems. The instrument covered four major dimensions: availability, accessibility, adequacy, and responsiveness of mental health programs, facilities, and professional services.

Data collection was conducted following the necessary administrative procedures and approval from the appropriate military authorities. Participation in the study was voluntary, and respondents were informed of the purpose of the research before completing the survey. Ethical principles were observed throughout the conduct of the study by ensuring informed consent, voluntary participation, anonymity, confidentiality of responses, and the protection of respondents' personal information. The collected questionnaires were reviewed for completeness before being encoded for statistical analysis.

The gathered data were analyzed using appropriate descriptive statistical techniques. Frequency counts and percentages were utilized to describe the demographic profile of the respondents, including age, sex, civil status, educational attainment, monthly family income, and years of service. Weighted means were computed to determine the availability of mental health programs, facilities, and professional services and to assess the accessibility, adequacy, and responsiveness of the mental health support systems. Ranking was likewise employed to identify the highest- and lowest-rated indicators within each dimension. The findings served as the basis for developing evidence-based recommendations aimed at strengthening the mental health support systems of the 9th Infantry Division, Philippine Army.

III. RESULTS

Demographic profile of soldiers in the Philippine Army's 9th Infantry Division

As presented in Table 1, Demographic Characteristics of Soldiers in the 9th Infantry Division, Philippine Army, the study involved 215 military officers and enlisted personnel. More than half of the respondents were between 31 and 40 years old, accounting for 51% of the sample. This was followed by soldiers aged 20–30 years at 25% and those aged 41–50 years at 23%. Only one respondent was above 50 years old. The findings indicate that the respondents were predominantly in early to middle adulthood, representing personnel who were likely to be actively engaged in military duties and organizational responsibilities.

The limited representation of soldiers above 50 years old also suggests that the findings primarily reflect the perceptions of younger and middle-aged personnel.

Table 1. *Demographic profile of the soldiers in the Philippine Army's 9th Infantry Division*

Demographic Variable	Category	Frequency	Percentage
Age	20–30 years	55	25%
	31–40 years	110	51%
	41–50 years	49	23%
	Above 50 years	1	1%
	Total	215	100%
Sex	Male	165	77%
	Female	47	22%
	Prefer not to say	3	1%
	Total	215	100%
Civil Status	Single	60	28%
	Married	153	71%
	Cohabitating	2	1%
	Total	215	100%
Educational Attainment	High school	62	29%
	Vocational	45	21%
	Bachelor's degree	97	45%
	Master's degree	10	4%
	Doctorate degree	1	1%
	Total	215	100%
Monthly Family Income	**Less than ₱20,000**	**13**	**6%**
	₱20,000–₱39,999	124	57%
	₱40,000–₱59,999	63	29%
	₱60,000–₱79,999	12	5%
	₱80,000–₱99,999	1	1%
	₱100,000–₱149,999	1	1%
	₱150,000 and above	1	1%
	Total	215	100%
Years of Service	1–5 years	45	21%
	6–10 years	56	26%
	11–15 years	36	17%
	16–20 years	41	19%

	Above 20 years	37	17%
	Total	215	100%

In terms of sex, 77% of the respondents were male, while 22% were female and 1% preferred not to disclose their sex. The predominance of male respondents reflects the largely male composition of the study population. However, the smaller proportion of female respondents means that the findings may not fully capture sex-specific experiences concerning mental health needs, stigma, workplace expectations, and help-seeking behavior. Future assessments may therefore consider examining whether male and female soldiers experience and utilize mental health support differently.

Regarding civil status, 71% of the respondents were married, 28% were single, and 1% were cohabitating. The high proportion of married soldiers suggests that family responsibilities and relationships may form an important part of their social support environment.

At the same time, married personnel may encounter additional pressures related to balancing military duties and family obligations. Mental health services may therefore benefit from recognizing how family circumstances affect soldiers' stress, coping practices, and willingness to seek assistance.

Almost half of the respondents, or 45%, had completed a bachelor's degree. High school graduates accounted for 29%, vocational graduates for 21%, master's degree holders for 4%, and doctorate degree holders for 1%.

This educational distribution indicates that the soldiers had varying levels of formal education. Consequently, mental health information and program materials should be presented in clear, practical, and accessible language to ensure that personnel from different educational backgrounds understand available services and referral procedures.

Most respondents reported a monthly family income between ₱20,000 and ₱39,999, representing 57% of the sample, while 29% earned between ₱40,000 and ₱59,999. Only a small proportion belonged to the highest income categories. Although military mental health programs are institutionally provided, income differences may still influence family-related stress, access to additional private care, transportation needs, and other socioeconomic concerns.

Mental health support should therefore remain available without imposing additional financial burdens on soldiers.

In terms of length of service, the largest group had served for 6–10 years, accounting for 26% of the respondents. This was followed by soldiers with 1–5 years of service at 21%, 16–20 years at 19%, and both 11–15 years and more than 20 years at 17%.

The distribution shows that the study included personnel at different stages of their military careers. Soldiers with fewer years of service may face adjustment and deployment-related concerns, whereas those with longer service may have accumulated repeated exposure to operational stressors. Mental health interventions should consequently be responsive to career stage and length of service.

Availability of mental health support systems in the 9th Infantry Division

As shown in Table 2, Availability of Mental Health Programs in the 9th Infantry Division, mental health programs obtained an overall mean of 4.18, interpreted as "Available."

This indicates that respondents generally recognized the presence of institutional programs designed to support their mental health and psychological resilience.

However, because the overall mean did not reach the "Always Available" category, the result also suggests that program exposure, implementation, or visibility may not be uniform across all personnel and units.

Table 2. Availability of mental health support systems in the 9th Infantry Division

Mental Health Program	Mean	Verbal Interpretation	Rank
Trauma Risk Management (TRiM)	4.45	Always Available	1
Mental Health Awareness Program	4.31	Always Available	2
Stress Management Program	4.23	Always Available	3
TROPA: Troop Resilience, Optimum Performance, and Awareness and Access	4.07	Available	4
CRSAFP Mental Wellness Program	4.06	Available	5
Philippine Army Comprehensive Mental Health Program (PACMHP)	3.96	Available	6
Overall Mean	4.18	Available	—

Trauma Risk Management received the highest mean of 4.45 and was interpreted as "Always Available." Its high rating suggests that TRiM is among the most visible and consistently implemented mental health initiatives within the Division.

This may be attributed to its direct relevance to soldiers who encounter potentially traumatic situations during military operations. Its strong availability indicates that the organization gives considerable attention to the early recognition and management of trauma-related concerns.

The Mental Health Awareness Program and Stress Management Program also received high ratings of 4.31 and 4.23, respectively, both interpreted as "Always Available." These results demonstrate that preventive education and stress-management activities are prominent components of the Division's mental health support system. Regular awareness initiatives can help personnel recognize signs of distress, understand available resources, and develop practical coping strategies before concerns become more severe.

In contrast, the Philippine Army Comprehensive Mental Health Program obtained the lowest mean of 3.96, although it remained within the "Available" category. TROPA and the CRSAFP Mental Wellness Program similarly received ratings of 4.07 and 4.06. Their comparatively lower scores do not necessarily indicate that the programs are ineffective. Rather, they may suggest differences in frequency of implementation, personnel awareness, program branding, unit-level dissemination, or opportunities for participation. The findings point to the need for stronger communication, integration, and monitoring so that all soldiers clearly understand the purpose, components, and access procedures of each program.

Overall, the results indicate that the Division has established several mental health initiatives covering trauma management, awareness, resilience, wellness, and stress reduction. Nevertheless, program availability should be evaluated not only according to whether a program formally exists but also according to how consistently it reaches personnel. Sustaining the highly rated initiatives while increasing the visibility and implementation of comparatively lower-rated programs would promote a more balanced mental health support system.

Availability of Facilities and Professional Services

Table 3, Availability of Mental Health Facilities and Professional Services, shows an overall mean of 4.24, interpreted as "Always Available." This finding indicates that respondents perceived the Division as having well-established mental health facilities and professional support mechanisms. The rating further suggests that the organizational response to mental health concerns extends beyond awareness programs and includes physical service points, trained teams, counseling, assessment, and referral arrangements.

Table 3. Availability of Mental Health Facilities and Professional Services

Facility or Professional Service	Mean	Verbal Interpretation	Rank
Mental Health Resiliency Center (MHRC)	4.40	Always Available	1
Mental Health Teams (MHTs)	4.38	Always Available	2
CEASH Mental Health Resiliency Desk/Chaplain Service	4.30	Always Available	3.5
Pre-deployment and post-deployment counseling	4.30	Always Available	3.5
Neuropsychiatric evaluations	4.16	Available	5
Behavioral Hygiene Hubs	4.13	Available	6
Victoriano Luna Medical Center (VLMC)	4.02	Available	7
Overall Mean	4.24	Always Available	—

The Mental Health Resiliency Center received the highest mean of 4.40, followed closely by Mental Health Teams with a mean of 4.38. Both were interpreted as "Always Available." These findings emphasize the central role of unit-based or institutionally connected mental health structures. The high ratings suggest that soldiers recognize these facilities and teams as visible sources of support. Their presence within the military environment may also reduce practical barriers associated with distance, unfamiliarity, and external referrals.

The CEASH Mental Health Resiliency Desk or Chaplain Service and pre-deployment and post-deployment counseling both received a mean of 4.30. Their high ratings indicate that mental health assistance is provided through multiple channels. Chaplain services may offer personnel an alternative or complementary source of psychosocial and spiritual support, while deployment-related counseling can help soldiers prepare for and process stressful operational experiences. Neuropsychiatric evaluations, Behavioral Hygiene Hubs, and the Victoriano Luna Medical Center received means of 4.16, 4.13, and 4.02, respectively, and were interpreted as "Available." The lower score of the Victoriano Luna Medical Center may be related to its location and function as a higher-level referral institution rather than an immediately accessible unit-based service. This difference highlights the importance of maintaining effective referral pathways between local mental health teams, military treatment facilities, and specialized institutions.

The overall findings demonstrate a comparatively strong mental health infrastructure. Nevertheless, service availability must be supported by sufficient staffing, clear procedures, confidentiality, continuity of care, and appropriate referral arrangements. Facilities may exist organizationally, but their effectiveness depends on whether personnel can use them promptly and without fear of stigma or negative career consequences.

Accessibility, Adequacy, and Responsiveness of Mental Health Support Systems

As presented in Table 4, Accessibility of Mental Health Support Systems, the overall mean was 4.12, interpreted as "Agree." This indicates that respondents generally regarded mental health support as accessible.

However, accessibility received a lower overall rating than adequacy and responsiveness, suggesting that certain barriers may remain even where services and facilities are available.

Table 4. Accessibility of Mental Health Support Systems

Accessibility Indicator	Mean	Verbal Interpretation	Rank
Mental health programs, facilities, and professional services are located within reachable distances or within the military organization.	4.32	Strongly Agree	1

Appointment waiting times are reasonable, and the process of accessing mental health services is simple.	4.13	Agree	2
Measures are implemented to ensure confidentiality and reduce the stigma associated with seeking mental health support.	4.10	Agree	3
Soldiers receive comprehensive training and information about mental health issues and available support options.	4.03	Agree	4.5
Mental health services are integrated into the overall healthcare and support framework, including peer support and leadership involvement.	4.03	Agree	4.5
Overall Mean	4.12	Agree	—

The highest-rated indicator was the location of mental health programs, facilities, and professional services within reachable distances or within the military organization, with a mean of 4.32. This result confirms that the physical or organizational placement of services facilitates access. Locating support mechanisms within military units can reduce travel requirements and allow personnel to obtain assistance within a familiar environment.

Reasonable appointment waiting times and simple access procedures obtained a mean of 4.13. Confidentiality and stigma-reduction measures received a mean of 4.10. These ratings indicate favorable perceptions but also reveal room for improvement. In a military setting, soldiers may hesitate to use mental health services when they are uncertain about confidentiality, possible judgment from peers, or perceived effects on their careers. Thus, accessibility involves more than proximity; it also includes psychological safety and confidence in the service process.

The lowest-rated indicators concerned comprehensive training and information about available support options and the integration of mental health services into the wider healthcare and support framework. Both obtained a mean of 4.03. Although interpreted as "Agree," these findings suggest that some soldiers may not receive sufficiently detailed or continuous information about mental health concerns, service locations, eligibility, confidentiality, and referral procedures.

The results imply that the Division has largely addressed physical access but should further strengthen informational and organizational access. Regular orientations, visible service directories, command-supported awareness activities, confidential self-referral options, peer support, and stronger coordination between mental health personnel, healthcare providers, commanders, and chaplains may improve overall accessibility.

Table 5, Adequacy of Mental Health Support Systems, presents an overall mean of 4.26, interpreted as "Strongly Agree."

This indicates that respondents generally believed that the mental health support system was sufficient and appropriate for addressing soldiers' needs.

The result is positive because adequacy concerns not only the presence of services but also whether those services provide meaningful support to the population they are intended to serve.

Table 5. *Adequacy of Mental Health Support Systems*

Accessibility Indicator	Mean	Verbal Interpretation	Rank
Soldiers are regularly educated about mental health issues and available support resources.	4.50	Strongly Agree	1
Mental health support services effectively reduce the stigma associated with seeking mental health assistance.	4.32	Strongly Agree	2

Mental health support services provide timely access to professional assistance for soldiers in need.	4.16	Agree	3.5
Sufficient mental health services are available to address the diverse needs of soldiers.	4.16	Agree	3.5
Soldiers feel comfortable and confident in using the available mental health support resources.	4.15	Agree	5
Overall Mean	4.26	Strongly Agree	—

The highest-rated indicator was the regular education of soldiers about mental health issues and available resources, with a mean of 4.50. This finding suggests that the Division has made mental health education a significant component of its support system. Regular education may improve mental health literacy, help personnel recognize warning signs, and encourage early help-seeking.

The effectiveness of services in reducing stigma received a mean of 4.32, interpreted as "Strongly Agree." This indicates that respondents generally recognized efforts to normalize mental health support. Nevertheless, the rating should not be interpreted as showing the complete absence of stigma. Military personnel may still face concerns about appearing weak, losing the trust of colleagues, or experiencing career consequences. Continued leadership support and confidentiality protection are therefore necessary.

Timely access to professional assistance and the sufficiency of services for soldiers' diverse needs both obtained a mean of 4.16. Soldiers' comfort and confidence in using mental health resources received the lowest mean of 4.15. Although all three indicators were rated positively, their lower means suggest that service capacity and actual utilization require continued attention.

The difference between the high rating for education and the lower rating for comfort in using services is particularly important. Soldiers may understand mental health issues and know that services exist but still hesitate to seek assistance. Knowledge alone does not automatically result in service utilization. Trust, confidentiality, leadership attitudes, peer norms, and perceived career implications can all affect help-seeking behavior.

The findings therefore suggest that the support system is generally adequate but should continue developing services for varying levels of need, including preventive education, counseling, crisis intervention, trauma support, family-related concerns, and specialized psychiatric care. The Division should also monitor demand and utilization to determine whether the number and distribution of professionals remain sufficient.

As shown in Table 6, Responsiveness of Mental Health Support Systems, the overall mean was 4.33, interpreted as "Strongly Agree." Responsiveness obtained the highest overall assessment among the dimensions examined. This indicates that respondents generally perceived the system as capable of reacting promptly and appropriately when soldiers required mental health support.

Timely access to care received the highest mean of 4.48. This finding suggests that soldiers who seek assistance generally receive attention without excessive delay. Timeliness is essential in mental health services because delayed intervention can allow stress, trauma, depression, anxiety, or other concerns to intensify and affect occupational functioning and personal well-being.

Soldiers' comfort and encouragement to seek assistance received a mean of 4.42. This high rating indicates a generally supportive environment for help-seeking. It may reflect the combined influence of awareness programs, commanders, mental health teams, peers, healthcare personnel, and chaplain services. However, this result should be considered together with the lower adequacy rating for confidence in utilizing resources. The difference suggests that

soldiers may perceive organizational encouragement while still experiencing some personal hesitation.

Personalized and culturally sensitive care obtained a mean of 4.32, while clear and efficient procedures received a mean of 4.28. These findings suggest that services are not only prompt but are also perceived as responsive to individual circumstances. Personalized care is especially important in military populations because soldiers differ in rank, assignment, deployment exposure, family circumstances, culture, religion, and willingness to disclose personal concerns.

The lowest-rated indicator concerned adequate staffing and service availability during periods of increased demand, with a mean of 4.15. Although interpreted as "Agree," this result identifies a possible capacity issue. Operational deployments, critical incidents, disasters, unit transitions, and other stressful events may cause sudden increases in demand. Without sufficient personnel, even a normally responsive system may experience delays or reduced continuity during peak periods.

The Division should therefore develop contingency arrangements for increased demand. These may include surge staffing, trained peer supporters, strengthened referral networks, tele-mental-health options where appropriate, and coordination with other military medical facilities. Maintaining responsiveness requires not only efficient existing services but also the capacity to adjust when operational conditions change.

As shown in Table 6, Responsiveness of Mental Health Support Systems, the overall mean was 4.33, interpreted as "Strongly Agree."

Responsiveness obtained the highest overall assessment among the dimensions examined. This indicates that respondents generally perceived the system as capable of reacting promptly and appropriately when soldiers required mental health support.

Table 6. *Responsive of Mental Health Support Systems*

Accessibility Indicator	Mean	Verbal Interpretation	Rank
Mental health support services provide timely access to care for soldiers in need.	4.48	Strongly Agree	1
Soldiers feel comfortable and encouraged to seek assistance through the mental health support services.	4.42	Strongly Agree	2
Mental health support services provide personalized and culturally sensitive care.	4.32	Strongly Agree	3
Clear and efficient procedures are available for soldiers requesting mental health support.	4.28	Strongly Agree	4
Mental health services are adequately staffed and available during periods of increased demand.	4.15	Agree	5
Overall Mean	4.33	Strongly Agree	—

Timely access to care received the highest mean of 4.48. This finding suggests that soldiers who seek assistance generally receive attention without excessive delay. Timeliness is essential in mental health services because delayed intervention can allow stress, trauma, depression, anxiety, or other concerns to intensify and affect occupational functioning and personal well-being.

Soldiers' comfort and encouragement to seek assistance received a mean of 4.42. This high rating indicates a generally supportive environment for help-seeking. It may reflect the combined influence of awareness programs, commanders, mental health

teams, peers, healthcare personnel, and chaplain services. However, this result should be considered together with the lower adequacy rating for confidence in utilizing resources. The difference suggests that soldiers may perceive organizational encouragement while still experiencing some personal hesitation.

Personalized and culturally sensitive care obtained a mean of 4.32, while clear and efficient procedures received a mean of 4.28. These findings suggest that services are not only prompt but are also perceived as responsive to individual circumstances. Personalized care is especially important in military populations because soldiers differ in rank, assignment, deployment exposure, family circumstances, culture, religion, and willingness to disclose personal concerns.

The lowest-rated indicator concerned adequate staffing and service availability during periods of increased demand, with a mean of 4.15. Although interpreted as "Agree," this result identifies a possible capacity issue. Operational deployments, critical incidents, disasters, unit transitions, and other stressful events may cause sudden increases in demand. Without sufficient personnel, even a normally responsive system may experience delays or reduced continuity during peak periods.

The Division should therefore develop contingency arrangements for increased demand. These may include surge staffing, trained peer supporters, strengthened referral networks, tele-mental-health options where appropriate, and coordination with other military medical facilities. Maintaining responsiveness requires not only efficient existing services but also the capacity to adjust when operational conditions change.

Evidence-Based Recommendations

As summarized in Table 8, Proposed Measures to Strengthen the Mental Health Support Systems, the recommendations are anchored in the indicators that received the comparatively lowest ratings.

The Philippine Army Comprehensive Mental Health Program, with a mean of 3.96, requires stronger visibility, dissemination, integration, and implementation monitoring. Soldiers should receive clear information regarding the program's objectives, components, schedule, responsible offices, and access procedures.

Table 8. *Proposed evidence-based recommendations to strengthen the mental health support systems in the 9th Infantry Division of the Philippine Army*

Priority Area	Supporting Finding	Proposed Measure	Intended Outcome
PACMHP implementation and visibility	PACMHP received the lowest program-availability rating, with a mean of 3.96.	Strengthen program dissemination, orientation, integration with existing initiatives, and regular implementation monitoring.	Increased awareness, visibility, participation, and utilization of PACMHP services.
Training and information dissemination	Training and information about mental health services received a mean of 4.03.	Conduct continuous mental health education, unit-level orientations, information campaigns, and periodic service briefings.	Improved knowledge of available services and clearer pathways for accessing assistance.
Integration of mental health support	Integration into the overall healthcare and support framework received a mean of 4.03.	Strengthen coordination among commanders, healthcare personnel, Mental Health Teams, peer-support groups, and chaplain services.	More coordinated, comprehensive, and accessible support for soldiers.

Confidence in seeking assistance	Soldiers' comfort and confidence in using mental health services received a mean of 4.15.	Reinforce confidentiality safeguards, anti-stigma campaigns, peer-support mechanisms, and leadership endorsement of help-seeking.	Reduced stigma and greater willingness to seek professional support.
Timely professional assistance	Timely access to professional assistance under adequacy received a mean of 4.16.	Review referral procedures, appointment systems, and deployment of mental health professionals across units.	Faster access to appropriate professional assistance.
Service sufficiency	Sufficiency of services for soldiers' diverse needs received a mean of 4.16.	Regularly assess service demand, personnel needs, specialized interventions, and resource requirements.	Services that are better aligned with varying mental health needs.
Staffing during increased demand	Staffing during peak-demand periods received the lowest responsiveness rating, with a mean of 4.15.	Establish surge staffing arrangements, deploy additional professionals when needed, and train qualified support personnel.	Sustained service responsiveness during operational or crisis-related demand.
Maintenance of high-performing services	TRiM, mental health education, timely access, MHRCs, and MHTs received high ratings.	Continue funding, monitoring, evaluation, and institutional support for well-performing programs and services.	Preservation of existing strengths and continuous quality improvement.

Training, information dissemination, and integration into the broader healthcare and support system both received a mean of 4.03 under accessibility. These findings support the implementation of continuous mental health orientations rather than one-time awareness activities. Information should be communicated through unit briefings, command channels, printed and digital materials, peer-support networks, healthcare facilities, and chaplain services.

Comfort and confidence in using mental health resources received a mean of 4.15 under adequacy. This supports the need to reinforce confidentiality, normalize help-seeking, communicate non-discrimination protections, and ensure that commanders model supportive attitudes. Personnel may be more willing to seek assistance when they see that mental health care is treated as a normal component of readiness and professional well-being.

Staffing during periods of increased demand also received a mean of 4.15. The Division should periodically assess caseloads, service demand, staffing patterns, referral delays, and operational requirements. Surge arrangements and partnerships with other military health facilities may help ensure continuity during deployments, emergencies, and other periods of heightened stress.

At the same time, highly rated programs and services should be sustained. TRiM, the Mental Health Resiliency Center, Mental Health Teams, mental health education, and timely access to care represent notable strengths. Continuous monitoring, personnel development, resource allocation, and evaluation are necessary to prevent deterioration in their implementation.

Overall, the findings indicate that the Division should follow a dual strategy: maintain the well-performing components of its mental health support system and target comparatively lower-rated areas for improvement. Such an approach can strengthen service availability, reduce barriers to utilization, improve system capacity, and support the psychological well-being and operational readiness of military personnel.

IV. CONCLUSION & RECOMMENDATION

The study concludes that the mental health support systems of the Philippine Army's 9th Infantry Division are generally well established and positively perceived by soldiers in terms of availability, accessibility, adequacy, and responsiveness. Mental health programs, facilities, professional services, education initiatives, and trauma-related interventions were reported to be available, while the system was viewed as particularly strong in providing timely, personalized, and responsive care. The Mental Health Resiliency Center, Mental Health Teams, Trauma Risk Management, mental health awareness activities, and stress management programs emerged as notable strengths. However, accessibility received the lowest overall assessment, indicating that challenges may remain in information dissemination, service integration, confidentiality assurance, stigma reduction, and the ease with which personnel can navigate and utilize available services. Comparatively lower ratings for the Philippine Army Comprehensive Mental Health Program, soldiers' confidence in using mental health resources, service sufficiency, and staffing during periods of increased demand further suggest that the system requires continuous improvement. Overall, the findings show that the Division has a functional and responsive mental health support framework, but its effectiveness can be enhanced by ensuring that services are consistently visible, adequately staffed, fully integrated, and psychologically safe for all personnel.

It is recommended that the 9th Infantry Division sustain and strengthen its existing mental health programs, facilities, and professional services through regular monitoring, adequate resource allocation, and continuous personnel development. Greater emphasis should be placed on improving the visibility and implementation of the Philippine Army Comprehensive Mental Health Program, conducting continuous unit-level mental health education, and providing soldiers with clear information on available services, confidentiality safeguards, referral procedures, and access points. The Division should reinforce anti-stigma initiatives, leadership support, peer-assistance mechanisms, and confidential self-referral options to increase soldiers' comfort and confidence in seeking help. Coordination among commanders, Mental Health Teams, healthcare personnel, chaplain services, peer-support groups, and specialized military treatment facilities should also be strengthened to ensure a more integrated system of care. In addition, periodic assessments of staffing, caseloads, service utilization, and operational demand should be conducted, with surge staffing and referral arrangements established for deployments, emergencies, and other periods of increased need. Future studies may also examine differences in mental health service experiences according to age, sex, civil status, educational attainment, income, and years of service to support the development of more targeted and inclusive interventions.

REFERENCES

[1] Assasahegn Tedla, A., Asnakew, S., Legas, G., Munie, B. M., Tareke, M., & Beka, M. (2024). Post-traumatic stress disorder among military personnel admitted at the Northwest Command Level Three Military Hospital, Bahir Dar, Ethiopia, 2022: An institution-based cross-sectional study. Frontiers in Psychiatry, 15, Article 1410630. https://doi.org/10.3389/fpsyt.2024.1410630

[2] Biwang, M. S. (2023). Bangsamoro identity: Its role in the Mindanao conflict and the current peace process—The impact of religion and ethnicity as collective and social identity [Master's thesis]. MF Norwegian School of Theology, Religion and Society. https://mfopen.mf.no/mf-xmlui/handle/11250/3097218

[3] Cao, F., Li, J., Xin, W., Yang, Z., & Wu, D. (2023). The impact of resilience on the mental health of military personnel during the COVID-19 pandemic: Coping styles and regulatory focus. Frontiers in Public Health, 11, Article 1240047. https://doi.org/10.3389/fpubh.2023.1240047

[4] Carpiniello, B. (2023). The mental health costs of armed conflicts: A review of systematic reviews conducted on refugees, asylum-seekers, and people living in war zones. International Journal of Environmental Research and Public Health, 20(4), Article 2840. https://doi.org/10.3390/ijerph20042840

[5] Craddock, T. B., & Telesco, G. (2022). Police stress and deleterious outcomes: Efforts toward improving police mental health. Journal of Police and Criminal Psychology, 37(1), 173–182. https://doi.org/10.1007/s11896-021-09488-1

[6] Frueh, B. C., Madan, A., Fowler, J. C., Stomberg, S., Bradshaw, M., Kelly, K., Weinstein, B., Luttrell, M., Danner, S. G., & Beidel, D. C. (2020). "Operator syndrome": A unique constellation of medical and behavioral health-care needs of military special operation forces. The International Journal of Psychiatry in Medicine, 55(4), 281–295. https://doi.org/10.1177/0091217420906659

[7] Gammad, R. A. B. (2024). Mental health stigma and mental health help-seeking intention in the Philippine Army. AIDE Interdisciplinary Research Journal, 8(1), 95–114. https://doi.org/10.56648/aide-irj.v8i1.113

[8] Hastuti, R., & Timming, A. R. (2021). An interdisciplinary review of the literature on mental illness disclosure in the workplace: Implications for human resource management. The International Journal of Human Resource Management, 32(15), 3302–3338. https://doi.org/10.1080/09585192.2021.1875494

[9] Kanapeckaitė, R., & Bagdžiūnienė, D. (2024). Relationships between team characteristics and soldiers' organizational commitment and well-being: The mediating role of psychological resilience. Frontiers in Psychology, 15, Article 1353793. https://doi.org/10.3389/fpsyg.2024.1353793

[10] Khan, A. F., & Kamili, S. W. M. (2020). Documenting violence against the children of Jammu and Kashmir amid armed conflict: A review of reports. Social Work Bulletin, 1, 50–62. https://socialwork.uok.edu.in/Files/f45bcdab-5a41-4b9b-8c18-9df1f163f480/Journal/9a24aeb1-2f3f-4503-bfde-04a76abeced4.pdf

[11] Kumar, A. (2020). Mental health of army personnel: Impact of training and lifestyle. International Journal of Psychosocial Law, 1(2). https://ijpsl.in/wp-content/uploads/2020/12/Mental-Health-of-the-Army-Personnel-Impact-of-Training-and-Lifestyle_Alankrita-Kumar.pdf

[12] Rahman, M., Ahmed, R., Moitra, M., Damschroder, L., Brownson, R., Chorpita, B., & Kumar, M. (2021). Mental distress and human rights violations during COVID-19: A rapid review of the evidence informing rights, mental health needs, and public policy around vulnerable populations. Frontiers in Psychiatry, 11, Article 603875. https://doi.org/10.3389/fpsyt.2020.603875

[13] Republic Act No. 10173. (2012). Data Privacy Act of 2012. Official Gazette of the Republic of the Philippines.

[14] Republic Act No. 11036. (2018). Mental Health Act. Official Gazette of the Republic of the Philippines.

[15] Republic Act No. 9163. (2002). National Service Training Program Act of 2001. Official Gazette of the Republic of the Philippines.

[16] Reyes, V., Bogumil, E., & Welch, L. E. (2024). The living codebook: Documenting the process of qualitative data analysis. Sociological Methods & Research, 53(1), 89–120. https://doi.org/10.1177/0049124120986185

[17] Rhead, R., MacManus, D., Jones, M., Greenberg, N., Fear, N. T., & Goodwin, L. (2022). Mental health disorders and alcohol misuse among UK military veterans and the general population: A comparison study. Psychological Medicine, 52(2), 292–302. https://doi.org/10.1017/S0033291720001944

[18] Salazar, M. A. (2021). Syndromic surveillance for governance in health emergencies and disaster risk management in the Philippines [Doctoral dissertation, Heidelberg University]. https://archiv.ub.uni-heidelberg.de/volltextserver/29975/

[19] Sefidan, S., Pramstaller, M., La Marca, R., Wyss, T., Sadeghi-Bahmani, D., Annen, H., & Brand, S. (2021). Resilience as a protective factor in basic military training: A longitudinal study of the Swiss Armed Forces. International Journal of Environmental Research and Public Health, 18(11), Article 6077. https://doi.org/10.3390/ijerph18116077

[20] Seleznova, V., Pinchuk, I., Feldman, I., Virchenko, V., Wang, B., & Skokauskas, N. (2023). The battle for mental well-being in Ukraine: Mental health

crisis and economic aspects of mental health services in wartime. International Journal of Mental Health Systems, 17(1), Article 28. https://doi.org/10.1186/s13033-023-00598-3

[21] Skrypachenko, T., Lytvynenko, L., Prokofieva, O., Shevelieva, Y., Apelt, H., & Yurtsenyuk, O. (2023). Mental health of the individual in the conditions of martial law. BRAIN: Broad Research in Artificial Intelligence and Neuroscience, 14(1), 220–230. https://www.edusoft.ro/brain/index.php/brain/article/view/1366

[22] Vaudreuil, R., Langston, D. G., Magee, W. L., Betts, D., Kass, S., & Levy, C. (2022). Implementing music therapy through telehealth: Considerations for military populations. Disability and Rehabilitation: Assistive Technology, 17(2), 201–210. https://doi.org/10.1080/17483107.2020.1775312

[23] Wada, Y. H., Rajwani, L., Anyam, E., Karikari, E., Njikizana, M., Srour, L., & Khalid, G. M. (2021). Mental health in Nigeria: A neglected issue in public health. Public Health in Practice, 2, Article 100166. https://doi.org/10.1016/j.puhip.2021.100166