

MENTAL HEALTH AWARENESS AMONG AZERBAIJANI SOLDIERS AND IMPORTANCE OF MENTAL HEALTH SERVICES

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Abstract. The process of building an army in independent Azerbaijan reached a completely new stage under the leadership of President Ilham Aliyev. Through the unwavering attention and care of Commander-in-Chief, who successfully continued and enhanced the army-building policies initiated by the Great Leader Heydar Aliyev, significant progress has been made. This includes increasing the professionalism of military personnel, enhancing their morale and psychological preparedness, and equipping the Armed Forces with state-of-the-art weaponry and technology. These efforts have rapidly transformed Azerbaijan's Armed Forces into the most powerful army in the region. It is no coincidence that in a 2021 report by the prestigious "Global Fire Power" center, based on 55 indicators, the Azerbaijani Army was ranked first in the South Caucasus and among the top fifty armies globally (2021).

Azerbaijan is home to military high schools, academies, and universities where education, knowledge enhancement, and professional development are prioritized. The physical and mental well-being of soldiers is also a central focus of the state's military policy. Despite these advancements, there has been no systematic analysis of mental health services in the military, nor comprehensive studies assessing the impact of mental health challenges.

Objective: The objective of the study is to assess the prevalence and impact of stress among military personnel serving in specialized units within the Guard Regiment.

Design, setting and participants: This population-based descriptive study involved a cohort of 117 military personnel who completed the Perceived Stress Scale. The study was conducted in Baku between February and July 2024.

Main outcome: The study evaluated the prevalence of stress disorders (SD) and stress management skills among military personnel. Additionally, recommendations were provided for enhancing awareness and improving mental health literacy.

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Keywords: military service, mental health of soldiers, stress disorder, perceived stress, coping skills

LITERATURE REVIEW

Stress disorders (SD) and post-traumatic stress disorder (PTSD) among military personnel have been documented globally, particularly in regions where wars and military conflicts occur.

Soldiers and military personnel are among the most vulnerable populations for exposure to traumatic events and the subsequent development of stress-related disorders [Prigerson, Maciejewski, & Rosenheck, 2001; Schlenger et al., 2002]. Moreover, numerous studies have highlighted the emergence of a new generation of veterans experiencing elevated levels of stress, PTSD, and related mental health issues [Hoge, Auchterlonie, & Milliken, 2006; Hoge et al., 2004]. This underscores the urgent need to assess the mental health of soldiers and implement effective treatment programs for military-related stress disorders and potential PTSD.

One of the significant barriers to addressing mental health issues among military personnel is stigma. Stigma, coupled with organizational obstacles, often deters soldiers from seeking psychological support. A study by Paul Y. Kim and colleagues examined mental health issues among soldiers deployed to Afghanistan and Iraq.

The researchers explored factors such as stigma, organizational barriers, negative attitudes toward treatment, and the likelihood of seeking help for psychological problems. Their findings revealed that negative perceptions of mental health issues significantly influenced soldiers' reluctance to pursue treatment.

Litz observed that after years of operations in Afghanistan and Iraq, an increasing number of military personnel reported psychological problems following deployment. These symptoms often persisted and developed into chronic

conditions, contributing to the emergence of a new generation of veterans at risk of long-term mental health issues [Litz, 2007].

Common stressors reported by military personnel include being targeted in combat, killing an enemy, or witnessing human remains. Such experiences frequently lead to mental health problems [Hoge et al., 2004]. Studies show that soldiers often experience PTSD, major depression, or anxiety within three to six months after deployment [Hoge, Auchterlonie, & Milliken, 2006; Hoge et al.].

Reports suggest that the prevalence of these conditions tends to increase over time [Bliese, Wright, Adler, Thomas & Hoge, 2007; Kim, Thomas, Wilk, Castro & Hoge, 2010; Thomas et al., 2010]. Furthermore, behavioral health issues have been identified among the majority of soldiers, highlighting the need for focused interventions [Department of the Army, 2009].

Hoge et al. (2004) noted that only a small proportion of soldiers actively sought professional support or expressed a desire for help. Approximately 23-40% of those experiencing mental health issues reported receiving psychological assistance, while a study by Kim et al. (2010) indicated a lower range of 13-27%. [Kim et. al., 2010].

The literature underscores stigma as a critical factor contributing to the underutilization of mental health services by military personnel. It remains the primary reason many soldiers avoid seeking treatment, perpetuating the prevalence of untreated psychological conditions within the armed forces.

What is stigma? - The American Psychiatric Association (APA) defines stigma as a negative attitude or belief often stemming from a lack of understanding or fear. Stigma not only directly affects individuals suffering from mental health

issues but also extends to their family members and relatives. Inaccurate or misleading information further exacerbates this issue. A comprehensive review of studies on stigma highlights that, despite numerous reports and studies emphasizing the importance of mental health treatment and rehabilitation programs, many people still hold negative perceptions about individuals with mental illnesses (Corrigan et al., 2014). Moreover, racial and ethnic diversity can act as additional barriers for individuals seeking mental health services [American Psychiatric Association, 2024]. For instance, in certain Asian cultures, values emphasizing strong family bonds, emotional restraint, and the avoidance of shame contribute to hesitation in seeking psychological help. Distrust of the mental healthcare system is another factor that deters some groups from accessing the necessary care.

Research has found that self-stigma—the internalization of societal stigma—negatively impacts recovery among individuals diagnosed with severe mental illnesses. These effects include reduced hope, lowered self-esteem, difficulties in social relationships (leading to isolation), workplace challenges, and increased psychiatric symptoms [American Psychiatric Association, 2024].

Corrigan and colleagues explored stigma within military personnel, highlighting how it manifests through public beliefs, prejudices, and stereotypes that damage self-esteem and discourage treatment-seeking behavior [Corrigan, 2004; Corrigan & Watson, 2002; Link, Struening, Nesse-Todd, Asmussen, & Phelan, 2001]. Their findings revealed that stigma often associates cognitive impairment with incompetence and generalizes negative stereotypes of "badness" [Corrigan et al., 2000; Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000;

Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999; Signorelli, 1989].

Over the years, various researchers have noted the challenges soldiers face due to the stigma surrounding psychological difficulties (Britt, 2000; Greene-Shortridge, Britt, & Castro, 2007; Porter & Johnson, 1994). Britt's research demonstrated a strong correlation between stigma and its detrimental effect on psychological care.

During the survey, soldiers were asked about seeking treatment, and the majority reported concerns such as, "It would be too embarrassing," or "I am afraid of being seen as weak" (Hoge et al., 2004). A study by Kim and colleagues found that stigma scores among active-duty soldiers were higher than those of National Guard soldiers, with active-duty personnel more likely to refuse professional psychological support [Kim et al., 2010].

Another significant barrier to accessing psychological services is organizational challenges within the military [Britt et al., 2008; Wright et al., 2009]. These challenges include difficulties with securing appointments, getting time off for treatment, and the cost of mental health care [Hoge et al., 2004; Kim et al., 2010]. Similar to stigma, organizational barriers negatively affect soldiers' quality of life and discourage them from seeking professional psychological care. Britt et al. (2008) noted that such barriers can contribute to depression among soldiers.

A study by Fikretoglu, Guay, Pedlar, and Brunet (2008) examined organizational barriers among Canadian Forces members, with other researchers corroborating similar findings. For example, Stecker, Fortney, Hamilton, and Ajzen (2007) discovered that the belief that one "ought to handle it on my own" was the most commonly cited barrier to mental health care among soldiers returning

from Iraq. These studies further revealed that some soldiers held negative attitudes toward mental health services, doubting their effectiveness [Hoge et al., 2004].

In this study, we explore perceived stress as one of the key mental health challenges faced by soldiers. During the survey, participants were also asked additional questions regarding their attitudes toward mental health services and their willingness to seek such support. Findings from previous literature and related studies were used as reference points to support our analysis.

Finally, this study examines the attitudes of Azerbaijani soldiers toward psychological care services.

METHOD

Data and Procedures: Data were collected from 117 soldiers serving in various active-duty units through multiple sessions conducted between February and July 2024.

Participants were provided with a general description of the study, which included information about ethical guidelines, such as the anonymity of their responses and the confidentiality of the data. After obtaining informed consent, individual soldiers completed the questionnaires.

The study utilized the Perceived Stress Scale (PSS) to assess the stress levels of participants. The PSS is a widely used psychological tool designed to measure the perception of stress. It evaluates the extent to which individuals perceive situations in their lives as unpredictable, uncontrollable, or overwhelming. The items on the scale are structured to capture respondents' subjective experiences of stress in their daily lives.

The Perceived Stress Scale (PSS), originally developed in 1983, continues to be a widely used tool for understanding how various situations

asks respondents about their feelings and thoughts over the past month, with each item prompting them to indicate how often they experienced a particular emotion or thought. While some questions may seem similar, each should be treated as distinct, and participants are encouraged to respond quickly, providing an estimate rather than counting exact instances of a feeling.

The items are straightforward, and the response options are simple to understand. Additionally, the questions are general in nature, making the scale applicable to a broad range of populations without being specific to any one group. The PSS measures how frequently participants felt certain ways over the last month.

Individual scores on the PSS can range from 0 to 40, with higher scores indicating greater perceived stress [Cohen, 1988; APA, 2021].

► Scores from 0-13 are considered low stress.

► Scores from 14-26 are considered moderate stress.

► Scores from 27-40 are considered high perceived stress.

LIMITATION

The study has several limitations. Firstly, the sample size was relatively small, as it consisted of a limited group of soldiers who were members of the same unit. Secondly, the study focuses solely on the survey results regarding the soldiers' perceived stress symptoms. Other psychological issues and additional mental health challenges, were not addressed and can be explored in future research.

RESULTS AND CONCLUSION

As it mentioned the participants included 117 soldiers. However, upon analyzing the survey results, 3 respons-

es were deemed invalid, leaving 114 survey materials for examination and entry into the SPSS (Statistical Package for the Social Sciences) program. Each of the 10 items, along with the total score, was analyzed as both scale

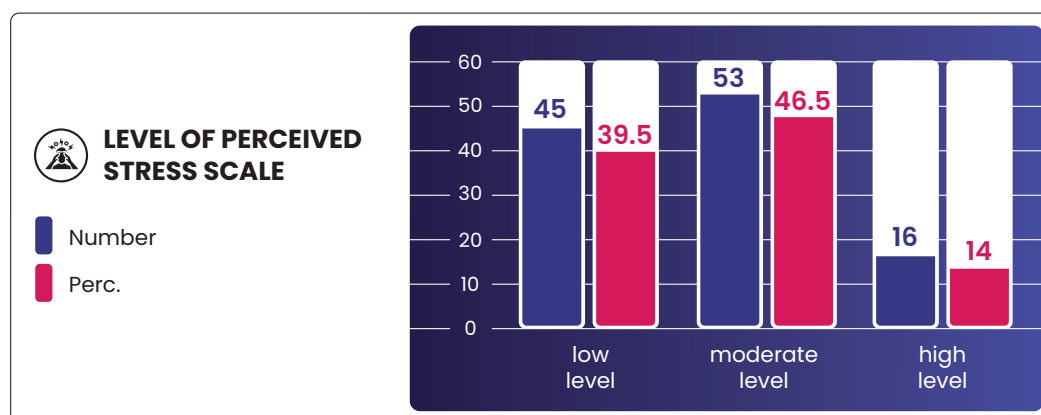
and ordinal measures. The total scores ranged from 0 to 37 (Mean \pm SD: 14.7 \pm 8.4). These scores represented levels of perceived stress symptoms, ranging from low to high. The results are presented in the following table.

Table 1. Distribution of PSS results

N	114
Missing	0
Mean	14,7807
Median	14,0000
Mode	17,00
Std. Deviation	8,14553
Skewness	0,516
Std. Error of Skewness	0,226
Kurtosis	-0,123
Std. Error of Kurtosis	0,449
Minimum	0,00
Maximum	37,00

When described according to the level of perceived stress, 46.5% of participants exhibited moderate levels of stress symptoms. The results are shown in the bar chart.

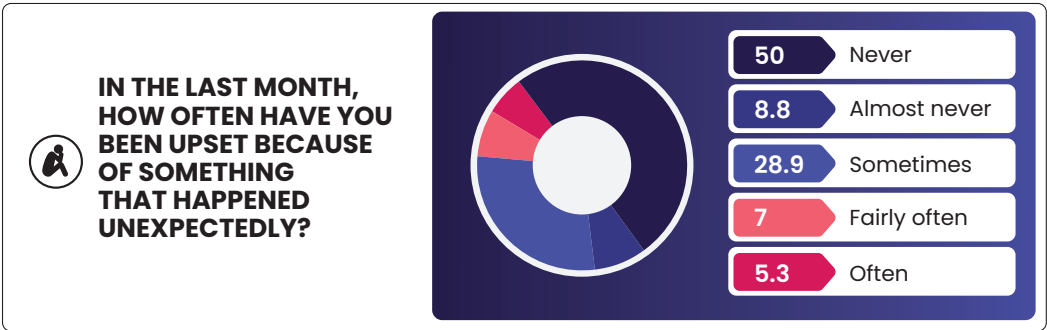
Figure 1.



According to SPS questionnaire each of the questions results were examined and described in the following charts.

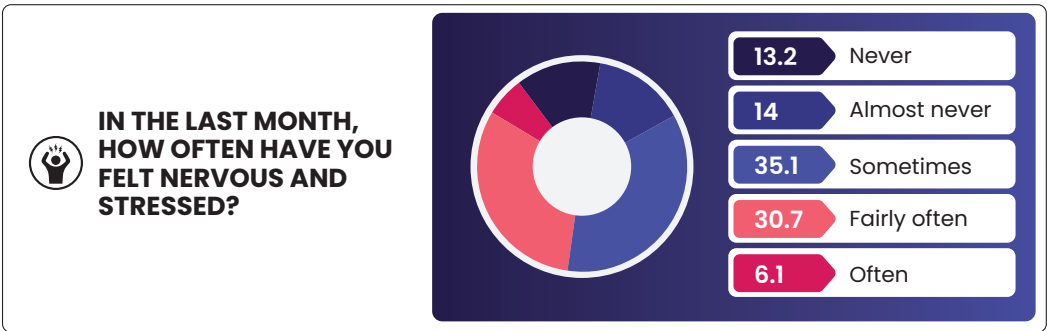
The first question is "In the last month, how often have you been upset because of something that happened unexpectedly?". Half of the participants (50%) reported that it had never happened to them, while 12,3% of the soldiers noted that it happened fairly often or often.

Figure 2.



The third question relates to feelings of nervousness and stress, and the results are described in the following bar chart. Analyzing the figures, a total of 27.2% of respondents said that they never or hardly ever felt nervous or stressed in the past month. However, the majority, 35.1% and 30.7% respectively, indicated that these feelings occurred sometimes or often in their daily lives.

Figure 3.



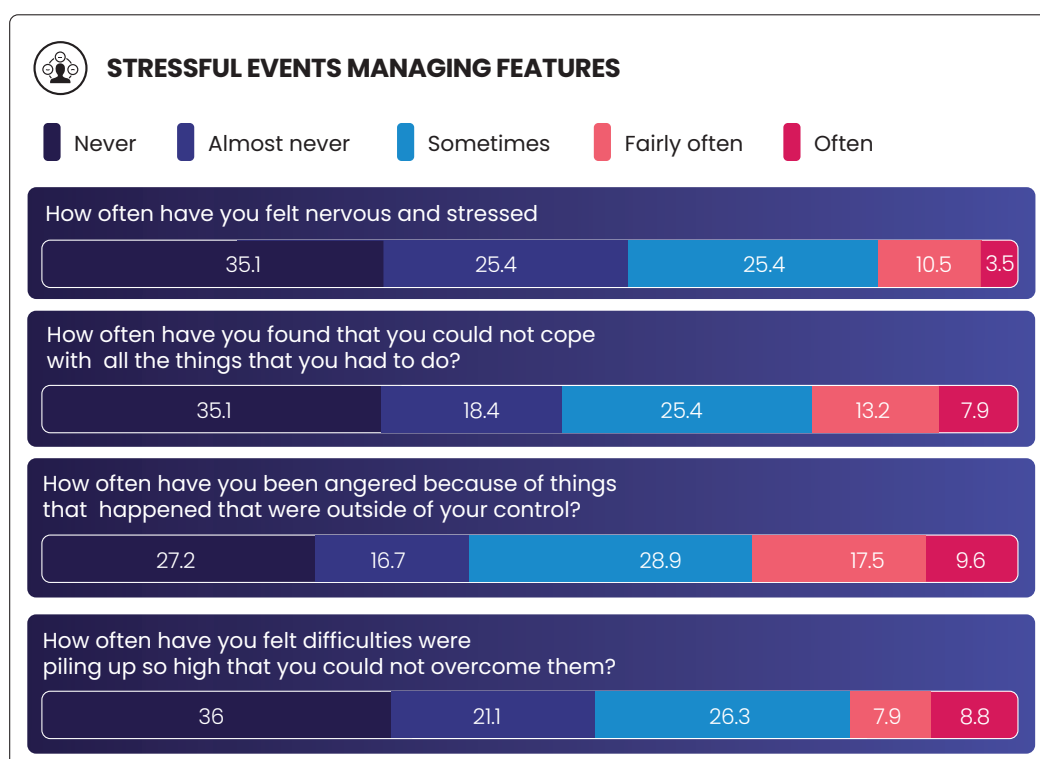
Some of the items (2, 6, 9, 10) explored the participants' approaches to managing stressful events in their lives and their difficulties in coping. The results are shown in the following visuals.

2. In the past month, how often have you felt that you were unable to control the important things in your life?

6. In the past month, how often have you found that you could not cope with all the things that you had to do?

9. In the past month, how often have you been angered because of things that happened outside of your control?

10. In the past month, how often have you felt difficulties were piling up so high that you could not overcome them? (According to Sh. Cohen)

Figure 4.

The next questions, numbers 4, 5, 7, and 8, are revised items designed to help psychologists assess the participants' approaches to similar situations from an opposing perspective. These questions focus on the participants' success in handling stressful situations, their ability to control circumstances, and their coping skills.

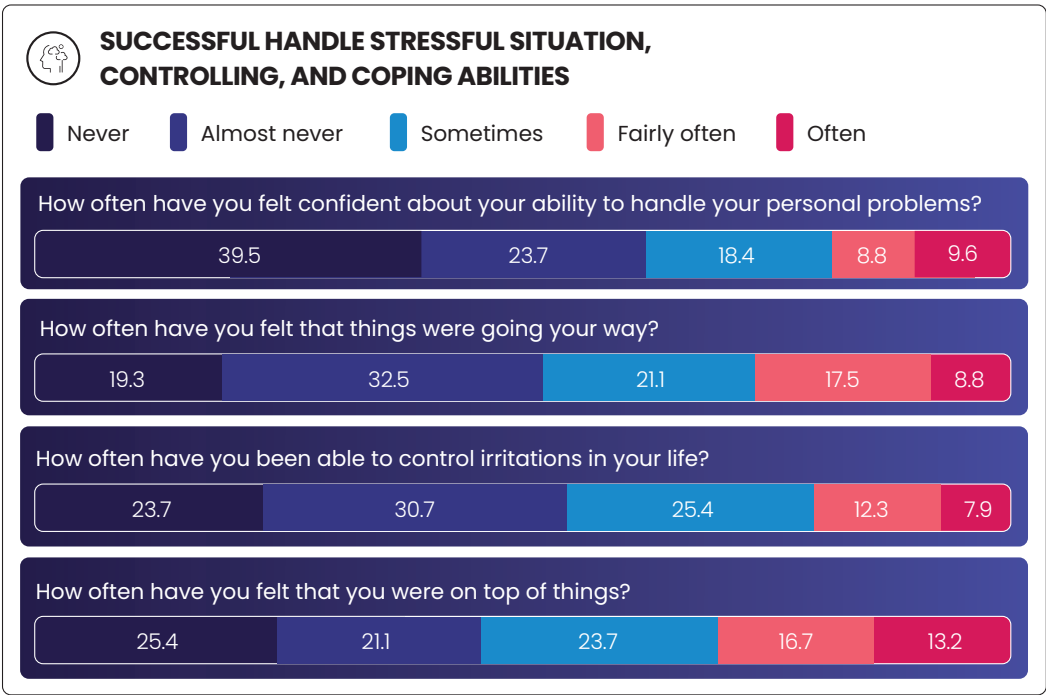
4. In the past month, how often have you felt confident about your ability to handle your personal problems?

5. In the past month, how often have you felt that things were going your way?

7. In the past month, how often have you been able to control irritations in your life?

8. In the past month, how often have you felt that you were on top of things?
(According to Sh. Cohen)

Figure 5.



When comparing the statistics with similar content, a contradiction was observed. 7.9% of participants stated that they couldn't cope with difficult situations (question 6), indicating that this often happened in their lives, while 35.1% reported that it never happened. However, for the same content, 39.5% of participants said they never felt confident in handling personal problems, while only 9.6% thought they often handled their personal issues (question 4). Additionally, 54.4% mentioned that they never or almost never were able to control irritation in their lives (question 7).

There is positive correlation between the items related to being upset, being unable to control situations and feeling nervous and stressed ($r=0,595^{**}$; $r=0,372^{**}$, $r=0,240^{**}$, $p=0,000$). A further positive correlation was found among coping difficulties, things being outside of their control, and problems piling up ($r=0,367^{**}$; $r=0,335^{**}$,

$r=0,484^{**}$, $p=0,000$).

According to literature review and PSS results, stress symptoms can significantly disrupt interpersonal and occupational skills, affecting psychological, emotional, and cognitive aspects. Exposure to various traumatizing situations, often occurring unpredictably, influences soldiers' coping abilities and their capacity to manage events effectively.

Pharmacotherapy, non-pharmacological therapy, combination therapies can be employed as treatment programs. According to Marlyn J. Moore, treatment for PTSD should begin promptly after diagnosis when symptoms persist for at least four weeks, although many patients present with symptoms months or even years later. First-line treatment typically involves psychotherapy, while medications can serve as a reasonable alternative or adjunctive strategy based on patient pref-

erence or when psychotherapy is not readily accessible [Marlyn J.M. et al., 2023]. The authors emphasized that effective PTSD psychotherapies include exposure therapy, cognitive processing therapy (CPT), trauma-focused cognitive behavioral therapy (TF-CBT), and eye movement desensitization and re-processing (EMDR).

These intervention programs should involve the patient, and when appropriate, family members can be included as

part of the treatment team in later sessions. Social support from family members is essential for the recovery process, and incorporating them into the treatment program can lead to better outcomes for soldiers.

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REFERENCE:

1. Bray, R. M., Pemberton, M. R., Hourani, L. L., Witt, M., Olmsted, K. R., & Brown, J. M. (2009). 2008
2. Britt, T. W., Adler, A. B., Bliese, P. D., & Moore, D. (2013). Morale as a moderator of the combat exposure-PTSD symptom relationship. *Journal of Traumatic Stress*, 26(1), 94-101.
3. Cohen, S. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The social psychology of health* (pp. 31-67). Sage Publications, Inc. APA, 2021.
4. Corrigan, P. W., Mittal, D., Reaves, C. M., Haynes, T. F., Han, X., Morris, S., & Sullivan, G. (2014). Mental health stigma and primary health care decisions. *Psychiatry research*, 218(1-2), 35-38.
5. Department of Defense survey of health related behaviors among active duty military personnel. Report prepared for TRICARE Management Activity, Office of the Assistant Secretary of Defense (Health Affairs) and US Coast Guard.
6. Hoge, C. W., Auchterlonie, J. L., & Milliken, C. S. (2006). Mental health problems, use of mental health services, and attrition from military service after returning from deployment to Iraq or Afghanistan. *Jama*, 295(9), 1023-1032.
7. Fikretoglu, D., Guay, S., Pedlar, D., & Brunet, A. (2008). Twelve month use of mental health services in a nationally representative, active military sample. *Medical care*, 46(2), 217-223.
8. Kim, P. Y., Thomas, J. L., Wilk, J. E., Castro, C. A., & Hoge, C. W. (2010). Stigma, barriers to care, and use of mental health services among active duty and National Guard soldiers after combat. *Psychiatric Services*, 61(6), 582-588.
9. Kim, P. Y., Britt, T. W., Klocko, R. P., Riviere, L. A., & Adler, A. B. (2011). Stigma, negative attitudes about treatment, and utilization of mental health care among soldiers. *Military psychology*, 23 (1), 65-81.
10. Litz, B. T., Engel, C. C., Bryant, R. A., & Papa, A. (2007). A randomized, controlled proof-of-concept trial of an Internet-based, therapist-assisted self-management treatment for posttraumatic stress disorder. *American journal of psychiatry*, 164(11), 1676-1684.

11. Moore, M. J., Shawler, E., Jordan, C. H., & Jackson, C. A. Veteran and Military Mental Health Issues., 2023
12. "Perceived stress scale". - <https://www.mindgarden.com/documents/PerceivedStressScale.pdf>
13. Prigerson, H. G., Maciejewski, P. K., & Rosenheck, R. A. (2002). Population attributable fractions of psychiatric disorders and behavioral outcomes associated with combat exposure among US men. American journal of public health, 92(1), 59-63.
14. Smith, A. M., Floerke, V. A., & Thomas, A. K. (2016). Retrieval practice protects memory against acute stress. Science, 354(6315), 1046-1048.
15. Silverman, J. J., Galanter, M., Jackson-Triche, M., Jacobs, D. G., Lomax, J. W., Riba, M. B., ... & Yager, J. (2015). The American Psychiatric Association practice guidelines for the psychiatric evaluation of adults. American Journal of Psychiatry, 172(8), 798-802.
16. Stecker, T., Fortney, J. C., Hamilton, F., & Ajzen, I. (2007). An assessment of beliefs about mental health care among veterans who served in Iraq. Psychiatric services, 58(10), 1358-1361.
17. Wright, K. M., Britt, T. W., Bliese, P. D., Adler, A. B., Picchioni, D., & Moore, D. (2011). Insomnia as predictor versus outcome of PTSD and depression among Iraq combat veterans. Journal of clinical psychology, 67(12), 1240-1258.

Gülşən Əliyeva

ƏSGƏRLƏRİN PSIXİ SAĞLAMLIĞA DAİR MƏLUMATLILIQI VƏ PSIXİ SAĞLAMLIQ XİDMƏTİNİN ƏHƏMİYYƏTİ

Xülasə

Azərbaycanda hərbi liseylər, hərbi akademiya, ali məktəblər fəaliyyət göstərir. Hərbi məktəblərdə təhsilə, biliklərin artırılmasına, maarifləndirməyə daim diqqət yetirilir. Əsgərlərin fiziki və mənəvi sağlamlığı dövlətin diqqət mərkəzindədir.

Bu tədqiqatın məqsədi Mühafizə alayının xüsusi bölmələrində xidmət edən əsgərlərin stress faktorunu ölçməkdir. Tədqiqat 117 əsgərin nəticələrinin təhlili üzərində aparılıb və 2024-cü ilin fevral-iyul ayları arasında Bakıda həyata keçirilib.

Açar sözlər: hərbi xidmət, əsgərlərin psixi sağlamlığı, stress pozuntusu, qazanılmış stress, mübarizə bacarıqları

Гюльшан Алиева

**ОСВЕДОМЛЕННОСТЬ СОЛДАТ О ПСИХИЧЕСКОМ ЗДОРОВЬЕ И
ВАЖНОСТЬ СЛУЖБ ПСИХОЛОГИЧЕСКОЙ ПОДДЕРЖКИ****Резюме**

В стране функционируют военные вузы, академии и университеты, где особое внимание уделяется образованию и профессиональной подготовке. Физическое и психологическое здоровье солдат также находится в центре внимания государства.

Целью данного исследования является измерение уровня стресса у военнослужащих, проходящих службу в специальных подразделениях гвардейского полка. В исследовании приняли участие 117 солдат, сбор данных проводился в Баку в период с февраля по июль 2024 года.

Ключевые слова: военная служба, психическое здоровье военнослужащих, стрессовое расстройство, навыки совладания