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The Willingness of Military Members to Seek Help:
The Role of Social Involvement and Social Responsibility

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Abstract

Anchored in the social organization theory of action and change, we use data from a large sample of active duty Air Force members to examine the direct and indirect influence of social involvement and social responsibility on willingness to seek help in times of need via trust in formal systems and informal supports. Group comparisons are conducted between junior male, junior female, senior male, and senior female service members. The key mediational path in the model for all groups is the connection between social involvement and willingness to seek help via trust in formal systems. These results can inform both unit and community-level interventions intended to increase the likelihood that active-duty AF members will seek help in times of need.

Keywords: help-seeking, U.S. military, U.S. Air Force, formal systems, informal support, social involvement, social responsibility, community intervention

The Willingness of Military Members to Seek Help:

The Role of Social Involvement and Social Responsibility

Beginning in the 1990s, military leaders, policymakers, social service practitioners, and military and civilian researchers began to focus on the community as a system of social support for service members and their families (Bowen, Martin, Mancini, & Nelson, 2001; Van Laar, 1999). This focus on community as a leverage point for supporting service members and families was fueled by a shift in human service delivery systems toward outsourcing and privatization of traditional installation support functions, including an increase in the percentage of military families residing off-base and receiving services in the civilian community, and a related perception among military leaders about a loss in “sense of community” among its members and families (Hoshmand & Hoshmand, 2007; Martin & Sherman, 2009; U.S. Air Force, 1997). At the same time, research was demonstrating positive associations between community support, sense of community, and service member and family adaptation to the demands of military life (Bowen, Mancini, Martin, Ware, & Nelson, 2003).

From our perspective, the practice of community intervention in the military has outpaced the research literature that provides the foundation for community-based initiatives — what we call the science of community capacity building. This “science” includes both basic research that seeks to identify social antecedents and correlates of desired outcomes for service members and families, and evaluation research that examines the application and effectiveness of interventions targeted to influence these antecedents and correlates (Fraser & Galinsky, 2010). The current investigation focuses on the front end of this research sequence and, in part, represents a response to the call by Hoshmand and Hoshmand (2007) for community

psychologists “to engage in research, consultation, and program development and evaluation in supporting military families and communities” (p. 171).

Anchored in the social organization theory of action and change (Mancini & Bowen, 2013), this empirical analysis addresses a research question that has challenged community practitioners in the military—what modifiable mediators influence the willingness of military members to seek help when faced with personal and family life challenges. From an intervention research perspective (Fraser & Galinsky, 2010), modifiable mediators include those proximal social processes and behaviors that can be targeted for influence by community-level policy and program interventions.

The present focus on general help-seeking is broader than the majority of recent studies on this topic that have addressed treatment-seeking by military members, in particular, mental health treatment (Zinzow et al., 2013). In addition, as concluded by Zinzow et al., these studies have focused primarily on identifying need factors (e.g., mental health diagnosis) and barriers (e.g., stigma) to treatment seeking rather than factors that facilitate or promote positive help-seeking attitudes and behaviors. In a recent comprehensive review of mental health stigma in the military, Acosta et al. (2014) recommended that DoD expand current efforts targeting stigma directly to include other strategies to promote help-seeking, such as increasing peer support.

In the present investigation, we both model and empirically examine the influence of two potentially enabling social behaviors on the help-seeking attitudes among a sample of active-duty personnel in the United States Air Force (AF): social involvement, which involves active participation in the larger community, and social responsibility, which involves outreach and support to others. Both of these social behaviors are linked to the broader concept of social integration (Cohen, 2004). We examine the direct influence of these behaviors on help-seeking

attitudes, as well as their indirect influence on help-seeking attitudes through two social psychological variables: trust in formal systems and trust in informal supports. In addition, we examine this model in the context of two socio-demographic variables of interest to both military leaders and personnel policy makers: military pay grade (reflecting those who are led, as well as those who occupy various rank-based leadership roles) and gender (males and females). These two variables are used to create four groups for purposes of analysis: junior male (E1-E4), senior male (E5 and higher), junior female (E1-E4) and senior female (E5 and higher). The results have important implications for informing military community-based initiatives to promote positive help-seeking attitudes among active-duty military personnel.

The Context

The current generation of America's Armed Forces has experienced significant duty and military life challenges, as well as considerable stress associated with multiple operational deployments, and for some, significant combat exposures in the wars in Afghanistan and/or Iraq (MacDermid Wadsworth, 2010). The AF, as with the other service components, has also experienced significant behavioral health challenges during the past decade of war (Armed Forces Health Surveillance, 2011; Institute of Medicine (IOM), 2013). While rates of post-traumatic stress disorder (PTSD) and suicide statistics have dominated the news (Tanielian & Jaycox, 2008), other problem behaviors like substance abuse and various risk-taking behaviors have also increased (IOM, 2013; Martin & Sherman, 2009). In addition, as in the other service components, the AF continues to face the serious challenges of military sexual trauma (MST) and family maltreatment (Holland, Rabelo, & Cortina, 2014; Smith Slep, Foran, Heyman, & Snarr, 2010).

Help-Seeking Behavior among Active Duty Members

One of the common components of these challenging conditions and service member behaviors has been the reluctance among members to seek help when faced with personal and family challenges (Hoge et al., 2004; Sharp et al., 2015). Among the barriers to care in the face of these challenges are thought to be the stigma and shame associated with self-perceived weakness, as well as fear of the consequences that might entail if this weakness (and any associated secretive behaviors) became known to others (Kim et al., 2011; Visco, 2009).

In 2011, the Uniformed Services University of the Health Sciences (USUHS) and the Defense Centers of Excellence (DCOE) sponsored a national forum to address *Stigma and Barriers to Care* (Ursano, Fullerton, & Brown, 2011). Forum participants noted the need for more research to “examine the mechanisms of fostering better connections with others as a factor in altering stigma and interpersonal barriers to care” (Ursano et al., p. 4). Sharp et al. (2015), in a recent systematic review and meta-analysis of studies published between 2001 and 2014 examining the prevalence and influence of stigma as a barrier to seeking mental health care among military personnel, also recommended more research on the “positive facilitators of help-seeking” and greater attention to the “role of social networks” in examining stigma and the help-seeking process. This investigation responds to these calls by addressing the relationship between social relationships and the help-seeking intentions of AF active-duty members. Though we do not directly examine stigma, we do explore these two essential mechanisms for potentially addressing stigma, namely facilitators of help-seeking and a primary vehicle for receiving help, informal network relationships.

Social Relationships

Social relationships represent a recognized component of health and well-being (Kawachi & Berkman, 2001; McGene, 2013). Research scholars have noted the positive benefits of both strong and weak ties to others (Fingerman, 2009; Granovetter, 1973). Positive engagement and connections with others promote trust, mutual responsibility, and reciprocal obligations in social relationships (Bowen, Martin, Mancini, & Nelson, 2000). Trust is foundational to Coleman's (1988) discussion of obligations and expectations as one form of social capital. We hypothesize that trust in formal systems and informal sources of social support, increases the likelihood that service members will turn to others (people in the military community, leaders in their unit, and support agencies and organizations) for help and assistance in times of need. In this respect, the perception of the availability of support in our life may be a more important factor in predicting help-seeking attitudes and behavior than actually receiving support (Reinhardt, Boerner, & Horowitz, 2006). In making the distinction between "received support" and "perceived support," Norris and Kaniasty (1996) note the positive influence of "perceived support" as a protective factor for mental health.

Support for this hypothesis is found in the literature addressing the willingness of active-duty personnel to seek mental health treatment. For example, in a qualitative study of mental health treatment seeking among active-duty Army personnel, Zinzow et al. (2013) identified the supportive role that leaders play in promoting the willingness of soldiers to seek help with mental health issues (trust in formal systems), as well as the positive influence of support and encouragement from family members and fellow unit members (trust in informal supports). In a sample of active-duty soldiers who had deployed to Afghanistan and Iraq, Kim et al. (2011) reported that lack of trust in formal service providers (mental health professionals) and

anticipated negative reactions from unit leaders and fellow unit members about receiving mental health counseling or services operated as barriers to receiving mental health care, especially among soldiers reporting mental health problems.

From an intervention research perspective, even if we assume that trust in formal systems and informal sources of social support promotes willingness to turn to others in times of need, a central question remains for helping professionals, including community practitioners: What are the leverage points (modifiable mediators) for fostering and sustaining trust in formal systems and informal supports? In the context of the social organization theory of action and change (Mancini & Bowen, 2013), which was developed as a conceptual anchor for informing military community-level prevention efforts in the AF, two leverage points are proposed: (a) the degree to which members are involved and participate in the larger community (social involvement), and (b) the extent to which members demonstrate genuine concern for others by reaching out to assist them when they need help or support (social responsibility). Social responsibility is a particularly active form of social integration, which rests on the conceptual foundation of generalized reciprocity (Moelker & van de Kloet, 2003). Molm, Collett, and Schaefer (2007) empirically demonstrated the particular importance of generalized indirect exchange (i.e., generalized reciprocity), as compared to reciprocal and negotiated direct exchange, to promoting social solidarity in groups, including trust.

Both of these leverage points are consistent with the concept of social resilience in the U.S. military, which focuses on the importance of “coordinated social activity and feeling of connectedness and ‘we-ness’” to personal well-being, adaptation, and growth (Cacioppo, Reis, & Zautra, 2011, p. 44). “Generosity,” “responsiveness to the needs of others,” “compassion for,” “group identity,” and “cohesiveness” are all components of social resilience (Cacioppo et al., p.

44). These leverage points are also related to being a good “wingman” in the AF (Chu, Dues, & Miller, 2010), and closely linked to the AF concept of social fitness: “the combined resources a person gets from his or her social world” (McGene, 2013, p. vii).

The importance of being a full participant in the community (i.e., social involvement) and serving others (i.e., social responsibility) is deeply rooted in the experiences and culture of our Armed Forces (Redmond et al., 2015). For active-duty military members, these social activities occur in their unit, on their base, in the local civilian community, as well as through numerous public and non-profit human service programs where military members are key participants. “Service to others” is a core military attribute and a valuable part of the culture of military service—a value ingrained in the spirit of the “citizen-soldier” (Cohen, 1985; Redmond et al., 2015).

Conceptual Model

The concept of “social organization” anchors the conceptual model examined here. Social organization is a comprehensive descriptor of the context in which individuals and families live: “Social organization is how people in a community interrelate, cooperate, and provide mutual support; it includes social norms, social controls that regulate behavior and interaction patterns, and networks that operate in a community” (Mancini & Bowen, 2013, p. 781). Formal systems, including military human services agencies and unit leaders; and informal networks, including support from extended family, fellow unit members, and neighbors; represent the key social organization dimensions in the generation of social capital and community capacity. They function as resources for individuals and families in achieving their desired goals and ambitions. Support for this theory is grounded in a growing body of empirical research (Bowen, Martin,

Mancini, & Swick, 2015), as well as applications of the theory to practice (Huebner, Mancini, Bowen, & Orthner, 2009).

Insert Figure 1 about here

Figure 1 illustrates the conceptual model that is tested in this investigation. Willingness to seek help is the focal construct in the model. Variation in willingness to seek help (as depicted in Figure 1) is influenced directly and positively by trust in formal systems, trust in informal supports, social involvement, and social responsibility. Social involvement and social responsibility are also depicted in Figure 1 as indirectly related to willingness to seek help through both trust in formal systems and trust in informal supports.

Although not shown in Figure 1, marital status (1 = married) and deployment in the past 12 months (1 = yes) are included as covariates in the model. In the context of the literature, being married is hypothesized as having a direct and positive influence on the willingness to seek help (Blais & Renshaw, 2013); on the other hand, deployment in the past 12 months is hypothesized as having a direct and negative influence on willingness to seek help—service members who report mental health problems (more likely among those who have recently deployed) are more likely to report negative attitudes toward help-seeking than their counterparts (Hoge et al., 2004; Kim et al., 2011). In the present analysis, we were interested in controlling rather than exploiting the influence of these variables to examine the focal paths in the conceptual model.

The measurement and structural components of the model are examined in the context of four pay grade and gender groups: junior male, junior female, senior male, and senior female. Pay grade and gender are often used in military studies, both singly and in combination, to examine the potential for group differences in the pattern of results (Bowen et al., 2003; Spera, Matto, & Travis, 2015; Welsh, Olson, Perkins, Travis, & Ormsby, 2015). Compared to their

more senior counterparts (both senior enlisted and officers), junior enlisted members (E1 through E4) have less influence over the nature of their assignments and job responsibilities and less supervisory responsibilities for others (Hamaoka et al., 2014). Many junior enlisted members struggle with the demands associated with new marriages and young children in the context of military policies that actually promote becoming married and having children at a young age (Lundquist & Xu, 2014). And, although the proportion of women has significantly increased in the military services, women still occupy a minority status in both actual numbers and in the proportion of women in leadership positions (Hamaoka et al.). In a study of 200 postdeployment active-duty AF members, Visco (2009) reported that a higher proportion of females than males that reported the need for mental health services actually accessed services. Although these findings in combination suggest the importance of both pay grade and gender in analyses involving military members, they do not form the basis for developing explicit research hypotheses in the present analysis. Consequently, we do not offer any specific hypotheses about potential differences between the four pay grade/gender subgroups in either the measurement or structural components of the model.

Methods

Source of Data

Data were collected from a non-probability sample of AF members (Active and Reserve Component members) and AF civilian employees (N = 59,094) who completed the Support and Resiliency Inventory (SRI) between November 4, 2011 and January 7, 2014 (Bowen & Martin, 2011). Formerly sponsored by two offices within the Headquarters of the Department of the Air Force (HQ USAF)—the AF Airman and Family Services and the AF Resiliency Office—information from the SRI was intended to inform the design, delivery, and evaluation of program

and services across a wide variety of AF agencies and community support functions. AF members voluntarily and anonymously completed the SRI, which was administered online as either a unit-based survey (i.e., group administration) or a “portal-based” self-administration (i.e., respondents accessed the SRI as a free-standing survey). Respondents were able to download a graphical summary of their responses at the end of the survey. A web-based worksheet provided respondents with an opportunity to develop an individual plan of action for increasing their success in adapting to life challenges and meeting military life and duty responsibilities. The reliability and validity of the SRI have been demonstrated in prior analyses (Bowen & Martin, 2012).

Sample Profile

The present analysis focuses on the 48,215 respondents from the larger sample who reported that they were currently serving on active duty (regular component). Civilian employees and members of the AF Reserve and Air National Guard were not included in the present analysis—these employees and members face a rather unique set of occupational circumstances and challenges (Redmond et al., 2015). Respondents represented all of the major commands in the AF (with the exception of the AF Reserve Command).

Table 1 includes a profile description of the full sample, as well as profile descriptions for the four analysis subgroups: junior male, junior female, senior male, and senior female. Overall, respondents approximated the profile of the AF active duty population (Department of Defense, Office of the Deputy Assistant Secretary of Defense (Military Community and Family Policy, 2012). The modal respondent was male (80.9%), married (60.1%), and in the senior pay grade profile group, which included mid- and senior enlisted members and officers (67.9%).

Insert Table 1 about here

Measures

Twenty items were used to assess the five constructs in the empirical model: willingness to seek help (3 items), social involvement (3 items), social responsibility (6 items), trust in formal systems (4 items), and trust in informal supports (4 items). Table 2 presents the items that corresponded to each construct. Modeled after Cantril's (1965) self-anchoring ladder scale, each item was assessed on the same 11-point scale from 0 (*not at all*) to 10 (*completely*). Table 3 presents correlations and descriptive statistics (means, standard deviations) for these measures, including the two single-item covariates: marital status (1=married; 0=not married) and deployed in the last 12 months (1= yes; 0 = no). The alpha coefficients for the summary measures ranged from a low of .76 (trust in informal supports) to a high of .92 (social responsibility).

Insert Tables 2 & 3 about here

Data Analysis

To assess the direct and indirect associations between our constructs of interest, we used structural equation modeling (SEM) in Mplus 7.11 (Geiser, 2013). Because we were interested in measurement and structural model differences between junior male, junior female, senior male, and senior female respondents, we employed invariance testing procedures (Kline, 2011). Preliminary and descriptive analyses were conducted in Stata 13.0. There were no issues with data multicollinearity as indicated by a preliminary assessment of variance inflation factor scores. Also, the time at which the survey was completed was not significantly associated with participant responses across gender and pay grade groups.

Missing data were handled with a Full-Information Maximum Likelihood technique that used all available data to estimate missing parameters and minimize missing data bias (Enders and Bandalos, 2001). Because military pay grade and gender were used to create our four

comparison groups, individuals with missing data on those two variables ($N = 523$, 1.1% of total sample) were automatically omitted from the analysis. Further, missing data theory does not apply to observed exogenous variables (Geiser, 2013); we had two such variables (i.e., marital status and deployment in last 12 months) serving as covariates in our model. Thus, cases with missing data on covariates were excluded from the analysis ($N = 196$, 0.4% of total sample).

To begin, we constructed a baseline SEM in which hypothesized associations between exogenous constructs, endogenous constructs, and covariates were estimated freely for all four groups (i.e., no measurement or structural invariance assumed). Configural invariance was indicated across all four groups. In a typical measurement invariance analysis, measurement parameters (factor loadings, intercept means, and error variances) are constrained to be equal across groups in an iterative fashion such that metric, scalar, and strict invariance can be assessed (N. Bowen & Guo, 2012). If one set of constraints worsens model fit (compared to the baseline model, or subsequent models with appropriate parameter constraints) as indicated by chi-square differences tests, these parameters are unconstrained before testing additional parameter constraints. Conversely, constraints that do not worsen model fit are retained prior to constraining additional parameters to be equal across groups. Invariance tests were conducted on one latent construct at a time. As reported in the results section, measurement invariance at the metric level was not indicated for any of the factors across subgroups. Thus, we were unjustified in conducting scalar, strict, and structural invariance tests. The final model fit indices were $\chi^2(744) = 35,909.528$, $p < .001$, CFI = .95, RMSEA = .06 (upper bound of 90% confidence interval: .06), indicating adequate model fit (Kline, 2011).

Based on preliminary calculations, we concluded that the measurement model, structural model, and overall combined model were over-identified and sufficiently powered (N. Bowen &

Guo, 2012; MacCallum, Browne, & Sugawara, 1996). Some error correlations were specified among indicators of the same constructs due to similar item wording and phrasing (N. Bowen & Guo, 2012). These specifications are omitted from the summary figure (Figure 2) to improve visual clarity.

Results

Measurement Model

Results from measurement invariance tests indicated that the measurement parameters of each latent construct (beginning and ending with factor loadings) could not be constrained to equality between the four groups (junior male, junior female, senior male, and senior female participants) without significantly worsening model fit. Thus, we concluded that the latent constructs captured variance in their respective observed indicators in significantly different ways, yet in practically similar ways with respect to the magnitude of standardized factor loadings. Overall, factor loadings indicated adequate construct validity for each latent construct among all four groups. A table summarizing these results is available from the senior author.

Structural Model

Direct effects. Figure 2 displays unstandardized path coefficients, standardized correlation coefficients, and R-square estimates for endogenous constructs. Across the four subgroups, the explained variance in willingness to seek help, trust in formal systems, and trust in informal supports ranged between 76-78%, 44-48%, and 25-36%, respectively. All substantive structural parameters were significant at the $p < .001$ level for all four subgroups.

The structural paths in the model varied in magnitude by subgroup rather than the direction of association or statistical significance. Greater social involvement was associated with an increase in the willingness of participants to seek help (ranging from 0.139 for senior

females to 0.195 for junior males). Greater social responsibility was also associated with an increase in the willingness of participants to seek help (ranging from 0.102 for senior females to 0.209 for junior males). A higher level of social involvement was associated with greater trust in formal systems (ranging from 0.457 for junior females to 0.545 for senior females) and greater trust in informal supports (ranging from 0.169 for junior females to 0.263 for senior males). Greater social responsibility was associated with an increase in trust in both formal systems (ranging from 0.340 for junior females to 0.429 for junior males) and informal supports (ranging from 0.163 for junior females to 0.274 for junior males). The standardized correlation between trust in formal systems and trust in informal supports ranged from 0.687 to 0.730 across the four groups; the standardized correlation between social involvement and social responsibility ranged from 0.531 and 0.652.

In terms of the covariates in the model, being married (vs. not) and deployment in the last 12 months (vs. not) were significantly, yet marginally, associated with willingness to seek help only among senior male participants ($b = -0.062, p < .01$ and $b = .047, p < .05$, respectively). Married senior male participants were less willing to seek help than their non-married counterparts; those deployed in the last 12 months were more willing to seek help. Both results were counter to our expectations.

Insert Figure 2 about here

Indirect effects. Table 4 displays a decomposition table in which total, total indirect, and specific indirect effects are reported for the associations between social involvement/social responsibility and willingness to seek help via trust in formal systems and trust in informal supports (we note that our use of the term “effect” is meant to match the terminology often associated with mediation analysis, not to suggest causal associations). Results indicated that

across the four groups, over half of the unstandardized total effect of social involvement on willingness to seek help (range from 0.431 to 0.469) was indirect via trust in formal systems and informal supports; trust in formal systems was the stronger mediator, as specific unstandardized indirect effects were 0.203, 0.217, 0.247, and 0.252 for junior male, junior female, senior male, and senior female participants, respectively. Similarly, across the four groups, around half of the unstandardized total effect of social responsibility on willingness to seek help (range from 0.307 to 0.453) was indirect via trust in formal systems and informal supports. Again, trust in formal systems was the stronger mediator, as the specific unstandardized indirect effect was 0.190, 0.161, 0.184, and 0.168 for junior male, junior female, senior male, and senior female participants, respectively.

Insert Table 4 about here

Conclusion and Discussion

Overall, social involvement and social responsibility had substantial positive influences on the willingness of respondents to seek help across all four groups, both directly and indirectly through trust in formal systems and trust in informal supports. As a supplemental analysis, and consistent with best practice (N. Bowen & Guo, 2012), we tested an alternative model in which the influence of social involvement and social responsibility on willingness to seek help was *fully* mediated via trust in formal systems and trust in informal supports. The fully mediated model yielded significantly worse model fit than the original partially mediated model. Thus, the original model was retained.

The key mediational paths in our model were the connections between social involvement/social responsibility and willingness to seek help via trust in formal systems. Note that this difference results largely from the greater direct effect of trust in formal systems on

willingness than the effect for informal supports. In part, this may be tied to the fact that two of the three items comprising the willingness measure reflect formal system resources: unit leaders and support agencies and organizations. Future research may want to explore willingness to seek help from formal systems and willingness to seek help from informal supports as separate constructs, although no justification for this dichotomy was found in the present analysis.

Within gender groups, the total associations between social involvement/social responsibility and willingness to seek help were largest among junior and senior males compared to junior and senior females. These differences were most apparent in the total association between social responsibility and willingness to seek help. Overall, active participation in the community and greater outreach and support for others had more positive consequences for the help-seeking orientations of males as compared to their female counterparts. This finding is broadly consistent with Belle's (1987) description of the "support gap" in the civilian literature; in general, the research literature suggests that men derive more benefits and fewer costs than women from their social relationships (Turner, Turner, & Hale, 2014). Future research is needed to understand the basis of these gender differences among military personnel, including attention to social inequalities tied to gender and variations in cultural and normative prescriptions for men and women serving in the U.S. military (Archer, 2012).

The direct influence of trust in formal systems and informal supports on willingness to seek help was substantively similar across all four groups. The influence of social responsibility on trust in formal systems and informal supports was stronger for male participants than female participants, suggesting that males may derive more social psychological benefit than females from their positive engagement with others. The influence of social involvement on trust in formal systems and informal supports was also stronger for senior participants than junior

participants. Compared to their junior counterparts, senior participants may have greater opportunities to play instrumental roles in their social involvements (e.g., planning, implementing, and leading), especially in the military community, which allows them to experience greater generalized reciprocity in their exchanges with others. Such exchanges are particularly promotive to the development of social solidarity and trust (Molm et al., 2007).

Of particular note were the strong zero-order relationships between social involvement and social responsibility (ranging from 0.531 to 0.652 across subgroups) and trust in formal systems and informal supports (ranging from 0.687 to 0.730 across subgroups) in the model. As components of the broader concept of social integration, the relatively high correlation between social involvement and social responsibility is not surprising (Cohen, 2004). From an intervention perspective, this finding suggests that efforts to influence one component of social integration are likely to have positive implications for the other. In part, the relatively high correlation between the two trust components is possibly a measurement artifact of the similar wording of the root stems for these items and co-location of these items on the survey.

Although we had predicted that being married would have positive implications for help-seeking attitudes, being married versus not married was marginally significant for senior males, and the association was negative. This finding is not particularly surprising in the context of the civilian literature that indicates that married men rely more heavily on their spouses for social support than married women; therefore, they are less likely than women to turn to others for support when they need help or assistance (Turner, Turner, & Hale, 2014).

Further, the influence of deployment in the last 12 months on the willingness of respondents to seek help was marginally and positively significant only among senior males. No significant influence was found for the other subgroups. Comparatively, a higher proportion of

senior males had experienced a deployment in the past 12 months (28.5%) than their senior female counterparts (18.5%), as well as their junior male (20.4%) and female (13.7%) subordinates. Although we have no way of knowing from these data, it is likely that these differences are associated with male/female distributions within and across occupational specialties, especially specialties likely to be deployed. Importantly, deployment does not necessarily mean that participants were engaged in combat operations; military members are deployed for training missions, as well as for noncombat related missions. Even in a war zone, deployment experiences vary widely. Unfortunately, the current version of the SRI does not inquire about the purpose of a deployment or the nature of experiences during the deployment.

Our findings should be interpreted in the context of several limitations. First, although our sample was large, our data were drawn from a non-probability sample, limiting the external validity of our results. Second, our data were cross-sectional, rendering the temporal order of variables inconclusive; however, our use of theory and past research informed the sequencing of variables and the direction of paths in our model. Third, data were collected over an extended period of time, leaving open the possibility that some participants were uniquely subjected to history effects or other influences that may have been linked to survey responses (Shadish, Cook, & Campbell, 2002). We contend that our measures were robust with respect to the timing of data collection, and supplemental analyses indicated that time did not significantly influence our results. Fourth, we did not have an explicit measure of stigma in our models—a potentially relevant construct based on previous research and theory. In the context of recent research by Welsh et al. (2015) that reported social support as a buffer of negative deployment experiences on depressive symptoms among a large sample of active duty Air Force members, we encourage researchers to incorporate perceived or experienced stigma as a potential moderator in future

research that examines the role of social involvement and social responsibility on the willingness of military members to seek help.

Implications for Practice

Despite study limitations, our results have important implications for informing unit and military community-level interventions. As “modifiable mediators,” both social involvement and social responsibility are behaviors that can be influenced by targeted interventions and the results reported here indicate that successful interventions are likely to further complement current AF efforts to promote the willingness of active-duty members to pursue help in times of need.

The AF has implemented a number of unit-based and military community-level activities that seem to offer promise in the context of these findings. Initiatives like *Wingman*, *Caring for People* forums, *Bystander Intervention*, and other broadly defined unit and/or military community-based civic and social events seem on target. For example, AF Instruction (AFI) 90-501 (15 October 2013), which outlines requirements for the Community Action Information Board (CAIB) and Integrated Delivery System (IDS) at each installation, requires installations to hold *Caring for People* forums, where Airmen and family members can identify and develop actions to address community issues. From an intervention research perspective, it is important to examine both the implementation process as well as the member/spouse participation in such activities. It is also necessary to rigorously assess the associated influence of these interventions on both social involvement and social responsibility among AF members, which is a critical step in the intervention research sequence (Fraser & Galinsky, 2010). Importantly, in the context of the present findings, interventionists need to consider potential differences between active duty men and women in targeting modifiable mediators for increasing their willingness to seek help.

The association between social involvement and social responsibility and help-seeking orientation was stronger for men than women respondents.

In earlier reports for senior AF leaders and local AF installation leaders, we have emphasized the role social relationships and experiences, especially those that are unit-based, have in promoting the core components of quality of life in the military (Bowen, Martin, & Mancini, 1999). These social relationships and unit-based experiences are both a part and a consequence of what we describe as community capacity, which is represented by a sense of *shared responsibility* among and between community members for one another and for the welfare of the community and members' *collective competence* in meeting important community goals and challenges (Bowen et al. 2000). These two elements of community capacity reflect the sentiment to make a difference in the community, as well as the action associated with making actual differences.

For most military members and their families, the foundation of military identity is anchored in the experience and relationships that occur and develop within the small unit social structure of the military environment (Bowen, 1998). In the AF it is the Airman's "flight" (the smallest official organizational unit in the Air Force usually ranging from a dozen people to over a hundred Airmen) and the "squadron" (considered the basic organizational unit in the AF and typically consisting of several flights and a total of a few hundred people). This is the Airmen's social address and the foundation for their social involvement and the demonstration of social responsibility.

Unit-based interventions, such as the community readiness consultant model in the AF (Bowen, Martin, Liston, & Nelson, 2009), represent an important opportunity to further promote help-seeking behavior among Airmen experiencing need. In this case, leadership support,

especially from small unit leaders, comes from policies and practices that enhance Airmen opportunity for social involvement in the life of the unit, as well as opportunities for engagement in the life of the installation and local community.

AF installation leadership can support unit leader efforts to promote social involvement and social responsibility among unit members by outreach to units that offer airmen meaningful and practical opportunities for civic engagement. These need not be major undertakings. Practical activities range from support for Red Cross blood drives to chaperoning a junior high dance; from serving as an advisor in a chapel youth program to volunteering at a local community food bank; from helping at a community park spring cleanup event to visiting an elderly Veteran at a local long-term nursing facility. In the end, social involvement and social responsibility center on showing up, being present, and engaging in selfless service to others. A focus on these types of civic behaviors is likely to complement and support current efforts to reduce stigma in the willingness of active-duty members to pursue help in times of need.

Implications for Research

Structural equation modeling is a powerful statistical tool for testing models with strong theoretical and empirical support. In the present analysis, although the focus on social involvement and social responsibility is consistent with current efforts to promote social resilience and fitness, the path of influence of these variables was more theoretically than empirically derived. The current findings are merely consistent with the data. In the context of the cross-sectional data, the model-estimated coefficients highlighted associational relationships between constructs—causal inferences in this context are untenable. In addition, other variables are likely to be at work, including individual characteristics, personal assets and resources, interpersonal competencies and skills, and larger contextual influences that may influence the

nature and strength of the relationships between variables. While some of these influences are beyond the reach of our data, like the experience of living in the civilian community rather than on the installation, these characteristics such as community safety, may influence opportunities for social involvement and social responsibility and how these opportunities play out to influence the help-seeking orientations of AF members (Meadows, Miller, Miles, Gonzalez, & Dues, 2013).

In the context of the literature on stigma and attitudes about turning to others, it is recommended that future research examine the model in the context of mental health risk. For example, a multiple group analysis could be conducted to examine if the model differs for active-duty members depending on whether they report current mental health problems or not. In a similar analysis, the model could be examined for members reporting high and low resilience in the context of demands and risks; however, Cohen (2004) suggests that unlike social support, measures of social integration operate as main effects rather than buffers of stress in models of social relationships and health.

In the present investigation, we used a non-probability sample. To the extent possible, future investigations should incorporate representative samples of AF members to increase the ability to generalize findings. The current sample was also restricted to only active-duty AF members serving in the regular component and excluded those serving in the Air Reserve Component or as AF civilian employees. Future research should examine the model for these and other population subgroups, including the civilian spouses and intimate partners of AF members. Including National Guard and Reserve Component members in future studies, as well as including civilian government employees, will further the requirement that housing location (and civilian community membership) be considered in analyses. Longitudinal designs are also

particularly attractive for future research studies and will help in better understanding variations in help-seeking attitudes in the context of a dynamic set of structural and social-psychological variables.

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Table 1. Sample Profile by Junior Male, Junior Female, Senior Male, and Senior Female

Profile Characteristic	Junior Male		Junior Female		Senior Male		Senior Female		Total	
	n	%	n	%	n	%	n	%	n	%
Age										
Under 26	10,399	82.93%	2,479	85.13%	3,174	12.00%	946	15.01%	16,998	35.25%
26-35 years	2,114	16.86%	420	14.42%	14,240	53.82%	3,457	54.86%	20,231	41.96%
36-45 years	8	0.06%	3	0.10%	7,920	29.93%	1,638	25.99%	9,569	19.85%
46-55 years	2	0.02%	2	0.07%	1,010	3.82%	219	3.48%	1,233	2.56%
Over 55 years	10	0.08%	6	0.21%	87	0.33%	33	0.52%	136	0.28%
Missing	7	0.06%	2	0.07%	30	0.11%	9	0.14%	48	0.10%
Pay Grade										
E1 to E4	12,540	100.00%	2,912	100.00%	0	0.00%	0	0.00%	15,452	32.05%
E5 to E6	0	0.00%	0	0.00%	14,330	54.16%	3,450	54.74%	17,780	36.88%
E7 to E9	0	0.00%	0	0.00%	5,097	19.26%	1,021	16.20%	6,118	12.69%
O1 to O3	0	0.00%	0	0.00%	3,933	14.86%	1,184	18.79%	5,117	10.61%
O4 to O10	0	0.00%	0	0.00%	3,101	11.72%	647	10.27%	3,748	7.77%
Married	4,554	36.32%	971	33.34%	19,801	74.83%	3,665	58.16%	28,991	60.13%
Single: Engaged or seriously involved (FS4)	2,226	17.75%	779	26.75%	2,504	9.46%	984	15.61%	6,493	13.47%
Parent or Stepparent	2,434	19.41%	563	19.33%	17,195	64.98%	3,585	56.89%	23,777	49.31%
Deployed in past 12 months	2,552	20.35%	398	13.67%	7,530	28.46%	1,168	18.53%	11,648	24.16%
	<i>N</i>	12,540	2,912		26,461		6,302		48,215	

Table 2. SRI Measures and Items

Measures	Items
Dependent Measure	
Willingness To Seek Help	If I need it, I am willing to turn to (a) People in my community for help or assistance; (b) Leaders in my unit for help or assistance; and (c) Support agencies and organizations for help or assistance.
Independent Measures	
Social Involvement	(a) I take part in unit-sponsored events and activities; (b) I take part in base or community-sponsored events and activities; and (c) I take part in efforts to improve my community.
Social Responsibility	(a) I praise others for a job well done; (b) I offer constructive feedback to others, when they request it; (c) I encourage others to “aim high” to do their very best, (d) I demonstrate genuine concern for the needs of others, (e) I reach out to assist others in need of support or help, and (f) I help others to connect with resources, opportunities, and supports when they need support or help.
Trust in Formal Systems	If I need it, I can depend on support from (a) leaders in my unit; (b) base or installation leaders; (c) representatives from military community support agencies at this base/installation, and (d) representatives from civilian community support agencies in my community.
Trust in Informal Supports	If I need it, I can depend on support from (a) one or more extended family members; (b) one or more friends; (c) one or more members in my unit (or place of work), and (d) one or more neighbors or individuals who live in my dorm or barracks.

Table 3. Alphas, Means, Standard Deviations, and Bivariate Correlations for Key Constructs and Covariates

Measures	α	M	SD	Correlation Matrix						
				1	2	3	4	5	6	
Endogenous Construct										
1. Willingness To Seek Help	0.87	6.09	2.74							
Exogenous Constructs										
2. Social Involvement	0.87	6.17	2.56	0.60 *						
3. Social Responsibility	0.92	8.36	1.58	0.49 *	0.54 *					
Mediating Constructs										
4. Trust in Formal Systems	0.86	5.44	2.86	0.72 *	0.51 *	0.40 *				
5. Trust in Informal Supports	0.76	6.49	2.44	0.60 *	0.44 *	0.38 *	0.65 *			
Covariates										
6. Marital Status		0.60	0.49	0.06 *	0.09 *	0.13 *	0.09 *	0.04 *		
7. Deployed in last 12 months		0.24	0.43	-0.01 *	-0.03 *	0.00	-0.01 *	-0.01 *	0.03 *	

Note: * $p < .05$. Results are based on non-missing data. All dimensions of endogenous and exogenous variables range from 0 (Not At All) to 10 (Completely); composite scales are used for these analyses. Marital status is binary, with 1 = married, 0 = not married. Deployed in last 12 months is binary, with 1 = Yes, 0 = No.

Table 4. Decomposition Table of Unstandardized Total Effects, Total Indirect Effect, and Specific Indirect Effects

	Junior Male	Junior Female	Senior Male	Senior Female
Social Involvement > Willingness to Seek Help				
Total	0.440 ***	0.431 ***	0.469 ***	0.437 ***
Total Indirect	0.244 ***	0.249 ***	0.294 ***	0.297 ***
Specific Indirect				
Social Involvement > Trust in Formal Systems > Willingness to Seek Help	0.203 ***	0.217 ***	0.247 ***	0.252 ***
Social Involvement > Trust in Informal Supports > Willingness to Seek Help	0.041 ***	0.032 ***	0.047 ***	0.045 ***
Social Responsibility > Willingness to Seek Help				
Total	0.453 ***	0.338 ***	0.399 ***	0.307 ***
Total indirect	0.244 ***	0.193 ***	0.227 ***	0.205 ***
Specific Indirect				
Social Responsibility > Trust in Formal Systems > Willingness to Seek Help	0.190 ***	0.161 ***	0.184 ***	0.168 ***
Social Responsibility > Trust in Informal Supports > Willingness to Seek Help	0.054 ***	0.031 ***	0.043 ***	0.037 ***

Note: *** $p < .001$.

Figure 1. Hypothesized Model

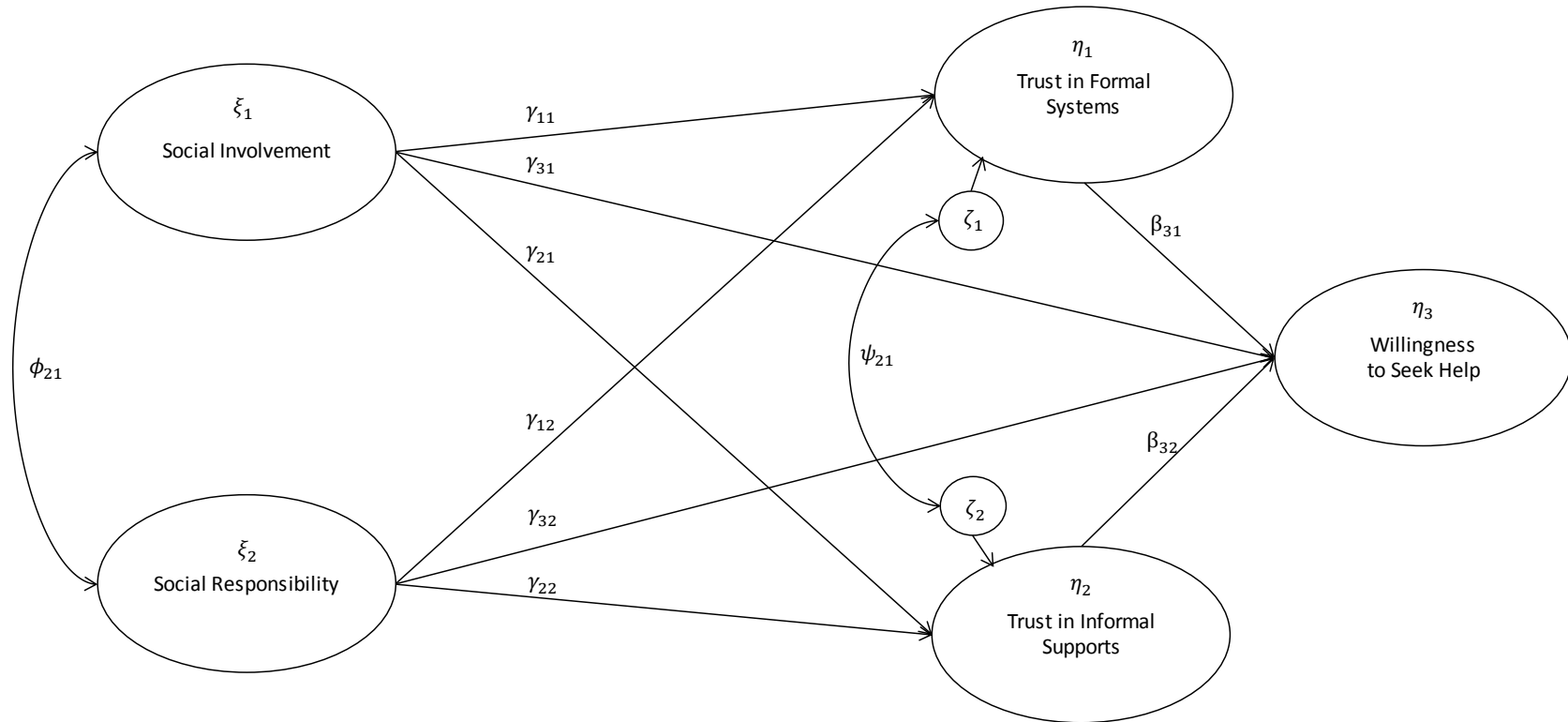
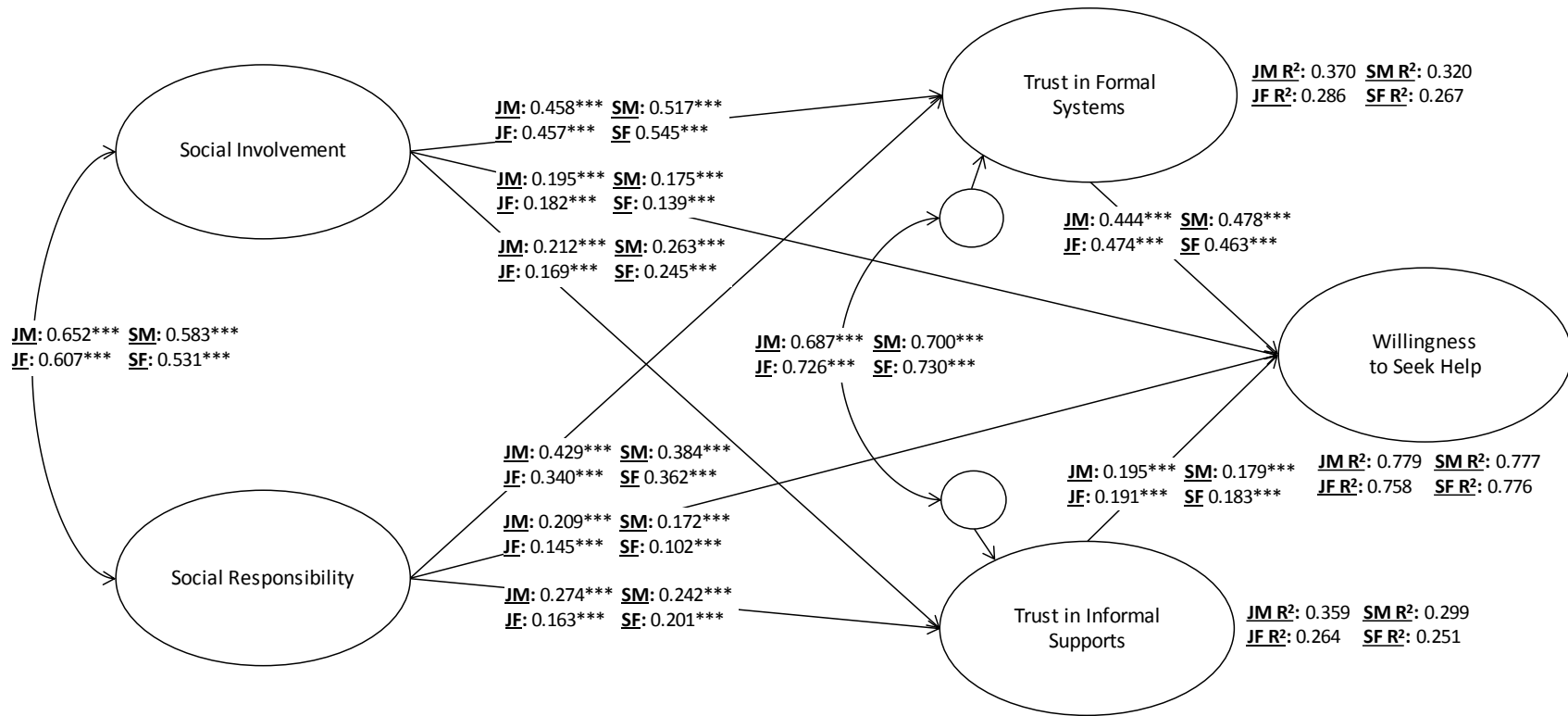


Figure 2. Final Structural Equation Model



Note: *** $p < .001$. JM = Junior Male ($N = 12,540$), JF = Junior Female ($N = 2,912$), SM = Senior Male ($N = 26,461$), SF = Senior Female ($N = 6,302$). Total $N = 48,215$. Path coefficients are unstandardized. Correlation coefficients are standardized. Final model fit indices: $\chi^2(732) = 35,887.357$, $p < .001$, CFI = .95, RMSEA = .06. Covariates are marital status and deployment in the past 12 months; these variables, along with observed indicators and error variances/covariances are not shown to improve visual clarity.