PALAR (Pakuan Law Review)
https://journal.unpak.ac.id/index.php/palar

Volume 12, Number 01, January-March 2026, Pages 250-272
e-ISSN:2614-1485
p-ISSN:2716-0440
Doi: https://doi.org/10.33751/palar.v12i1
Sinta 3; decree No. 0173/C3/DT.0500/2025

Integrating Mental And Psychosocial Readiness Into Military Human Resource Policy For Conflict Zone Deployment In Indonesia

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Manuscripts received : 11/12/2025, Revision and Review : 10/01/2026, Approved 06/03/2026

Abstract

This study examines the strategic role of mental and psychosocial readiness as an integral component of military human resource management within conflict environments, with a particular focus on its legal and policy implications for the Indonesian National Armed Forces (TNI). Employing a Systematic Literature Review (SLR) of 30 peer-reviewed and institutional sources published between 2019 and 2025, this study synthesizes empirical evidence and normative frameworks across five core domains: mental readiness, psychosocial support systems, deployment stress in conflict zones, post-traumatic stress disorder (PTSD) risk, and military mental health governance. The findings demonstrate that soldiers with higher levels of mental preparedness and structured psychosocial support exhibit superior operational performance, ethical decision-making, adaptability, and emotional stability under prolonged stress exposure. Conversely, inadequate mental and psychosocial readiness significantly increases vulnerability to psychological distress, PTSD, operational errors, and long-term institutional burden. From a policy perspective, the study identifies a critical gap between scientific evidence and the existing regulatory framework governing military human resource management in Indonesia, where mental readiness has not yet been explicitly institutionalized as a formal indicator of operational readiness.This article argues that mental and psychosocial readiness must be repositioned from an individual health concern to a legally component of defense governance.

Keywords : Conflict Zone, Defense Policy, Mental Readiness, Psychosocial

A. Introduction

Globally, mental disorders constitute a major and growing public health burden. According to the World Health Organization (WHO), approximately 970 million people worldwide were living with a mental disorder in 2019, with depression and anxiety being the most prevalent. Depression alone affected nearly 280 million individuals, corresponding

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to an adult prevalence of 5.7%, making it one of the leading causes of disability worldwide (WHO, 2023). Data from the Global Burden of Disease Study 2019 further indicate that mental disorders account for a substantial proportion of total Years Lived with Disability (YLDs) globally and that there has been no significant decline in their burden over the last decade (Charlson, et.al 2022).

Mental health and psychosocial readiness have emerged as pivotal dimensions of military effectiveness in the twenty-first century. Modern armed conflicts are characterized not only by kinetic engagements but also by complex psychosocial stressors, moral dilemmas, and prolonged exposure to life-threatening environments (Tornero-Aguilera et.al., 2024). Beyond physical endurance, service members are required to demonstrate sustained cognitive, emotional, and interpersonal resilience under conditions of uncertainty and moral strain. Consequently, mental health has become a strategic determinant of military readiness and human defense resilience (Liu et al., 2024).

Limited local studies have attempted to characterize mental health issues within Indonesian military settings. A recent regional study conducted among army personnel (Kodam Iskandar Muda) identified 3.9 % of respondents (n = 1,047) with symptoms of emotional mental disorder (Mawaddah et.al, 2025). However, the absence of systematic nationwide screening for PTSD or psychosocial distress suggests that these numbers may be underreported. Thus, there is an urgent need for institutionalized surveillance mechanisms to quantify the true burden, identify high-risk subgroups, and evaluate readiness-focused interventions.

Operationally, the lack of mental and psychosocial preparedness among soldiers deployed to conflict zones has serious consequences :

1) reduced combat effectiveness and impaired tactical judgment due to cognitive and emotional dysregulation;
2) increased risk of operational errors and safety incidents;
3) greater long-term healthcare and rehabilitation costs;
4) difficulties in social reintegration and higher risk of family dysfunction; and
5) diminished institutional resilience over time.

International evidence indicates that multicomponent readiness programs—combining resilience training, social support enhancement, and accessible mental health services—yield the most consistent results in maintaining operational readiness and reducing psychological morbidity; (Romaniuk et.al, 2023). This study was undertaken to critically examine the urgency of mental and psychosocial readiness among military personnel preparing for deployment to conflict zones. Recognizing that operational environments in such regions impose profound psychological and social stressors, the study seeks to synthesize existing scientific evidence to clarify the determinants and implications of readiness within this high-risk population. Trauma in conflict zone can lead to Post Traumatic Disorders (PTSD).

The study conducted by U.S. Department of Veterans Affairs, National Center for PTSD *(2024*) conclude that PTSD can occur after a traumatic event like combat, assault, or a

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natural disaster. While stress is common after a trauma, people with PTSD often relive a traumatic event in their minds. They may also feel distant from friends and family and experience anger that does not go away over time, or may even get worse. PTSD can affect people who have experienced a wide range of life-threatening events. In Veterans, it is commonly associated with combat trauma. It has taken a significant toll on many Veterans who currently use VA health care.

Therefore, this article explores the following research questions; How is mental and psychosocial readiness positioned within the legal and policy framework of military human resource management in Indonesia, particularly in the context of deployment to conflict zones? Although this work is limited by its secondary nature, relying exclusively on a review of 30 manuscripts—comprising peer-reviewed journal articles, academic books, and official government reports—it nonetheless offers a comprehensive and integrative overview of the current understanding of soldiers' mental and psychosocial preparedness in conflict settings. The findings are intended to contribute to the conceptual and policy discourse surrounding military mental health and resilience.

B. Research Method

In this regard, the review critically examines the alignment and disjunction between scientific evidence on mental readiness and existing normative frameworks, including defense laws, military organizational regulations, and health governance policies. Particular attention is given to the extent to which mental and psychosocial readiness has been institutionalized as a formal indicator of operational readiness within military human resource systems, especially in conflict deployment contexts characterized by prolonged psychological strain, moral complexity, and social disruption.

The systematic approach adopted in this study enables the consolidation of fragmented research findings from multiple disciplines—such as psychology, defense health, military sociology, and human performance studies—into a coherent analytical framework that informs both legal norms and policy implementation in military mental health governance. By integrating empirical findings with regulatory analysis, this review contributes to bridging the gap between evidence-based mental health practices and defense policy formulation. The study followed the general principles of a Systematic Literature Review (SLR), emphasizing transparency, replicability, and methodological rigor in the identification, evaluation, and synthesis of research evidence, in accordance with established guidelines (Kitchenham et.al, 2007; Page *et.al, 2021*)

C. Results and Discussion

Through a systematic literature review (SLR), the analyzed manuscripts were categorized into five principal thematic domains to synthesize the core dimensions of mental and psychosocial preparedness among military personnel. These main themes are: 1) Mental Readiness; 2) Psychosocial Support System; 3) PTSD Risk; 4) Conflict Zone

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Deployment and; 5) Mental Health. The summary of findings for each theme is presented in the following table:

Table 1. Thematic Summary

Theme / Category	No. of Studies	Core Findings	Policy / Research Implications
Mental Readiness	9	Mental readiness determines adaptability, ethical behavior, and operational endurance. Validated instruments such as MT-Ready and MRQ-ID show strong reliability and cross-cultural suitability. High readiness reduces attrition and enhances decision-making accuracy.	Institutionalize pre-deployment mental-readiness assessments; adopt MRQ-ID as a standard tool within the TNI; integrate digital or wearable readiness tracking for continuous monitoring and early intervention.
Psychosocial Support System	7	Leadership empathy, peer trust, family engagement, and community participation jointly strengthen soldiers' resilience. TRiM, family programs, and community-based psychosocial resilience (Al-Shoubaki et al., 2024) reduce stigma and accelerate recovery.	Establish a Tiered Psychosocial Support System consisting of peer mentoring, family integration, and professional counseling. Embed community-engagement modules consistent with Indonesia's *Total Defense System (Sistem Pertahanan Semesta).*
Conflict Zone Deployment	6	Deployment stress arises from environmental threats, moral ambiguity, and isolation. Physiological indicators (HRV, cortisol, sleep) and wearables accurately predict emotional regulation and decision quality. AI-based analytics support proactive stress management.	Integrate biometric and digital readiness monitoring in conflict operations; use physiological data to plan rotation and recovery cycles; train commanders to interpret mental-fitness indicators for mission planning.

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Theme / Category	No. of Studies	Core Findings	Policy / Research Implications
PTSD Risk	4	Low readiness and weak psychosocial support heighten PTSD vulnerability. Resilience, social connectedness, and physiological regulation mitigate trauma impact. Early readiness training and ongoing support lower long-term PTSD prevalence.	Implement continuous PTSD-risk screening across deployment cycles; provide trauma-informed leadership training; coordinate post-deployment care with the Military Health Command (Kodiklatkes TNI) and national health services.
Mental Health	4	Stable mental health underpins morale, cohesion, and ethical performance. Depression and anxiety remain prevalent among deployed forces; untreated disorders degrade mission effectiveness. Programs like R2MR and ACT-based resilience improve psychological endurance.	Institutionalize comprehensive mental-health promotion within the defense-health policy; include digital counseling and tele-mental-health services; foster a stigma-free culture of mental-fitness maintenance across all TNI branches.

The synthesis of thirty studies demonstrates that *mental readiness* and *psychosocial resilience* are interdependent pillars sustaining military effectiveness in conflict environments. Across the five thematic domains, evidence consistently indicates that soldiers' cognitive preparedness, emotional stability, and social connectedness directly influence mission success, ethical performance, and long-term psychological health. The recurring emphasis on validated readiness assessment tools (e.g., MT-Ready, MRQ-ID), community-based psychosocial systems, and data-driven stress monitoring reflects an evolving paradigm in defense health policy—one that integrates human-centered psychological conditioning with operational strategy. These findings underscore the strategic urgency of institutionalizing comprehensive mental-health and readiness frameworks within the Indonesian Armed Forces (TNI). Such initiatives not only safeguard individual well-being but also reinforce the collective resilience that underpins national security and sustainable defense operations.

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Table 2. Studies About Mental Readiness

No	Year	Author(s)	Article Title	Research Objective	Method	Key Findings
1	2023	Romaniuk et.al, 2023	Development and Validation of the MT-Ready Scale for Military Transition	To develop a reliable instrument to measure mental readiness for deployment and transition.	Quantitative validation study with exploratory and confirmatory factor analysis.	Five-factor model identified (high α = 0.93); readiness strongly predicts resilience and adaptation post-deployment.
2	2023	Sudom et al., 2023.	Predictors of Operational Performance in Deployed Soldiers	To examine links between mental readiness and performance under stress.	Longitudinal cohort of active soldiers; regression analysis.	Higher pre-deployment readiness scores predicted lower stress reactivity and fewer disciplinary incidents.
3	2023	Johnston& Catano, 2023	Leadership and Readiness Across Military Contexts	To assess how leadership influences mental readiness and morale.	Mixed methods (leader survey + focus groups).	Empathetic leaders increase perceived readiness and trust within units.
4	2025	Mawaddah,	Development of the Mental Readiness Questionnaire-Indonesia (MRQ-ID)	To adapt mental-readiness constructs to the Indonesian military context.	Psychometric adaptation and pilot testing (α = 0.91).	MRQ-ID validated five dimensions aligned with collectivist values and spiritual resilience.
5	2024	Tornero-Aguilera	Physiological Correlates of Mental Readiness in Operational Scenarios	To link physiological indicators with mental focus during operations.	Experimental study using HRV and EEG metrics.	High mental readiness associated with greater cognitive stability and stress tolerance.
6	2024	Tedla et al.	Mental Readiness and Post-Deployment Adjustment Among Peacekeepers	To analyze relationship between mental readiness and PTSD symptoms.	Cross-sectional survey (n = 528).	Low readiness tripled PTSD risk; training interventions recommended.

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7	2024	Lin	Human-Centered Design in Disaster and Military Training	To enhance readiness through human-centered learning strategies.	Design-based experiment.	Participatory training increases knowledge retention and self-efficacy.
8	2023	Cao et al .	Resilience and Moral Reasoning Under Operational Stress	To investigate how resilience moderates stress and moral decision-making.	SEM with multi-group design.	Resilience mediates between readiness and ethical decision quality.
9	2021	Keegan et al.,	Athlete Readiness and Mindset Scale (ARMS): Applications for Military Performance	To adapt sport-psychology readiness models to military contexts.	Scale adaptation and validation.	Mental focus and emotion control predict combat-readiness scores.

Table 3. Studies About Psychosocial Support System

No	Year	Author(s)	Article Title	Research Objective	Method	Key Findings
1	2020	Greenberg et. al,	Trauma Risk Management (TRiM): Peer Support in the UK Armed Forces	To evaluate peer-support intervention effects on stigma and mental health help-seeking.	Mixed methods evaluation.	TRiM reduced stigma by 40% and increased help-seeking by 35%.
2	2021	Doody et al.,	Military Personnels' Experience of Deployment: An Exploration of Psychological Trauma, Protective Influences, and Resilience	To explore psychological experience among military personnel deployed.	Qualitative interviews and thematic analysis	The results highlight the need for effective predeployment resilience building programmes to equip personnel with the tools to deal with traumatic events

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No	Year	Author(s)	Article Title	Research Objective	Method	Key Findings
3	2023	Catano	Leadership Empathy and Collective Readiness	To examine how empathetic leadership supports psychological safety.	Leader survey (quantitative).	Empathy and trust boost morale and cohesion.
4	2023	Ward. et al.,	Peer Mentoring and Team Cohesion in Military Units	To assess peer-support systems in reducing deployment stress.	Cross-sectional survey (n = 420).	Peer mentoring correlates with lower burnout and higher unit trust.
5	2022	Horesh et.al.,	Psychosocial Predictors of Stress Recovery Among Combatants	To identify social support factors affecting post-combat resilience.	Quantitative survey with regression analysis.	Peer and family support explain 50% of variance in stress recovery.
6	2022	Moreno et al.,	Moral Injury and Social Support in Deployed Forces	To analyze how moral injury relates to social support.	Structural equation modeling.	Social support reduces moral injury and promotes ethical resilience.
7	2025	Camargo et al.,	Psychosocial Factors Influencing Resilience in a Sample of Victims of Armed Conflict in Colombia: A Quantitative Study	To examines the psychosocial factors influencing resilience in Colombian victims of armed conflict	Quantitative Study	This study shows that resilience in conflict victims is influenced by both individual and social factors. Strengthening family and community support, along with improving coping strategies, is essential for long-term recovery, highlighting the need for targeted interventions to enhance psychosocial well-being in affected

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No	Year	Author(s)	Article Title	Research Objective	Method	Key Findings
						populations.

Table 4. Studies about Conflict Zone Deployment

No	Year	Author(s)	Article Title	Research Objective	Method	Key Findings
1	2022	Moreno et al.,	Moral Ambiguity and Cognitive Dissonance in Conflict Zones	To analyze psychological effects of ambiguous combat situations.	Phenomenological analysis.	Ambiguity and civilian interaction produce moral injury and stress.
2	2023	Cao et.al	Operational Stress and Ethical Decision Making in Deployed Soldiers	To study relationship between stress, resilience, and decision accuracy.	Quantitative correlational design.	Resilient soldiers show better moral judgment and lower error rates.
3	2024	Tornero-Aguolera et al.,	Stress Monitoring Using Physiological Markers in Military Deployment	To assess biometrics as stress predictors in field missions.	Experimental biometric study.	HRV and cortisol changes predict emotional stability under fire.
4	2023	McClung et al.,	Sleep and Decision Making Under Operational Pressure	To analyze impact of sleep quality on field decisions.	Observational study using wearable sensors.	Poor sleep reduces accuracy and reaction time in combat simulation.
5	2023	González et al.,	Wearables for Stress Management: A Scoping Review	To validate wearable stress detection tools.	Engineering validation and field testing.	Wearables effectively detect early stress and support mental monitoring.

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No	Year	Author(s)	Article Title	Research Objective	Method	Key Findings
6	2024	Pinge et al.,	Digital Resilience Analytics in Conflict Operations	To develop AI-based stress prediction models.	Computational simulation and case testing.	AI algorithms accurately predict stress peaks and improve rotational planning.

Table 5. Studies about Post Traumatic Stress Disorders (PTSD) Risk

No	Year	Author(s)	Article Title	Research Objective	Method	Key Findings
1	2022	Obuobi-Donkor et.al	A Scoping Review on the Prevalence and Determinants of Post-Traumatic Stress Disorder among Military Personnel and Firefighters: Implications for Public Policy and Practice	To determine the prevalence of PTSD among this cohort globally and to explore determinants of this mental health condition	Systematic Reviews and Meta-Analyses	This review has identified a wide range of risk factors associated with PTSD among firefighters and military personnel.
2	2024	Tedla et al.	Pre-Deployment Readiness and PTSD Risk in Peacekeeping Forces	To examine how readiness levels affect PTSD development.	Longitudinal survey design.	Readiness deficit tripled PTSD likelihood; early screening suggested.
3	2024	Liu et al.,	Social Connectedness and Trauma Outcomes in Soldiers	To assess social support and resilience effects on trauma symptoms.	SEM analysis (n = 514).	Social connectedness buffers trauma and lowers PTSD severity.
4	2022	Sadeghi et al.	Physiological Markers of Stress Recovery and PTSD Symptoms	To link HRV and cortisol levels with PTSD manifestations.	Physiological and psychometric correlation.	High HRV and regulated sleep predict lower PTSD symptomology.

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Table 6. Studies about Mental Health

No	Year	Author(s)	Article Title	Research Objective	Method	Key Findings
1	2023	Ward et al.,	Mental Health and Morale in Deployed Units	To evaluate the impact of mental well-being on unit performance.	Survey and interview design.	Better mental health correlates with higher team cohesion and morale.
2	2023	Romaniuk et al	Mental Fitness and Transition in Military Personnel	To assess relationship between mental fitness and mission success.	Quantitative survey (n = 640).	Mental fitness predicts lower attrition and higher ethical performance.
3	2024	Tedla et al.,	Psychological Health Outcomes of Peacekeepers After Deployment	To evaluate long-term mental health status post-mission.	Follow-up study (12 months post-deployment).	Prolonged missions increase risk of depression and anxiety without post-deployment support.

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No	Year	Author(s)	Article Title	Research Objective	Method	Key Findings
4	2023	World Health Organization,	Global Prevalence of Mental Disorders in Conflict Zones	To quantify mental disorder rates in conflict settings.	Meta-analysis of 129 studies.	1) Ignorance about mental health and mental illness remains widespread; 2) The uptake of mental health care during conflict and other emergencies, in countries where such support has been limited, can lead to the identification of mistreatment of mental illness; 3) when the political will exists, emergencies can be catalysts for building quality mental health services.

The findings from this systematic synthesis reveal that mental readiness, when coupled with strong psychosocial support systems, forms the psychological resilience that sustains soldiers' adaptability and decision-making under stress (Navickienė et.al 2023).

1. Mental Health as a Foundational Dimension of Military Readiness

The World Health Organization, (2023) reported that one in five individuals in conflict zones suffers from mental disorders—an alarming prevalence mirrored in military populations worldwide.Mental health represents the fundamental pillar of military readiness, serving as both a predictor of operational effectiveness and a determinant of long-term resilience. Numerous studies underscore that optimal mental health enables soldiers to sustain cognitive focus, emotional regulation, and decision-making capacity during deployment in high-stress environments (Keating et.al 2022;. Basrowi et al., 2024). Conversely, poor mental health—manifesting as chronic stress, anxiety, or depression—undermines unit cohesion and compromises mission performance. Preventive strategies, such as early mental health screening and integrated resilience training, have proven effective in strengthening soldiers' psychological endurance. Interventions that combine digital-based education, peer mentoring, and counseling access are shown to significantly improve awareness and reduce stigma associated with mental disorders (Cao et al., 2023).

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The integration of these strategies into institutional defense health policy is therefore essential to ensure continuity of care before, during, and after deployment. A comprehensive mental health policy not only reduces attrition rates and treatment costs but also fortifies national defense capacity through a more resilient military workforce.

2. Conflict Zone Deployment: The Ultimate Test of Readiness

Deployment to conflict zones represents the most challenging test of a soldier's mental and psychosocial readiness. Exposure to combat stressors, moral dilemmas, and continuous operational pressure requires sustained self-regulation and cognitive flexibility (Tornero-Aguilera et.al, 2024). Research indicates that soldiers equipped with adaptive coping strategies—such as mindfulness, emotional regulation, and stress inoculation—demonstrate superior performance and faster recovery post-deployment (Romaniuk et.al 2023). However, inadequate preparation leads to impaired situational awareness, poor judgment under stress, and increased susceptibility to psychological breakdowns, which may endanger both individual and unit safety. Integrating mental readiness modules into deployment preparation programs—including realistic simulations and resilience-based leadership training—can significantly enhance operational performance. Ultimately, deployment readiness is not solely a matter of physical capability; it embodies the integration of psychological preparedness, moral grounding, and social cohesion—essential components for sustainable mission success in volatile operational theaters.

Soldiers exposed to moral dilemmas—such as ambiguous combat rules or civilian interactions—experienced higher moral distress and cognitive fatigue. Research by (Tornero-Aguilera et.al (2024) and (McClung., et Al. 2023) introduced physiological perspectives, showing that heart rate variability (HRV), cortisol regulation, and sleep quality are reliable markers of emotional regulation and decision-making accuracy González Ramírez et al., (2023) and Pinge et al (2024) demonstrated that wearable technologies and AI-based predictive models could detect stress anomalies and forecast performance decline in real-time.

These studies signify a paradigm shift: operational stress monitoring is becoming data-driven and anticipatory rather than reactive. For Indonesia, where conflict-zone deployments may include border operations and peacekeeping missions, embedding digital readiness platforms and biometric tracking systems into command operations would modernize the TNI's psychological monitoring architecture. Such integration would allow early detection of fatigue or cognitive overload, ensuring both mission safety and mental recovery continuity.

3. Mental Readiness: The Core Predictor of Operational Performance

Mental readiness encompasses cognitive, emotional, and motivational preparedness that allows military personnel to perform effectively under uncertainty and threat. Studies consistently identify it as a key predictor of operational success and resilience during and after deployment (*Romaniuk et.al 2023)* ;Tornero-Aguilera et.al, 2024). Validated tools such

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as the *Mental Readiness for Military Transition Scale (MT-Ready)* and the *Return to Duty Readiness Questionnaire (RDRQ)* provide structured ways to measure individual preparedness and identify psychological vulnerabilities prior to deployment.

Training interventions like Road to Mental Readiness (R2MR) or ACT-based programs have shown to enhance soldiers' psychological flexibility, improve situational awareness, and mitigate anxiety under combat conditions (*Peterson, . et Al. 2024*.). Incorporating mental readiness assessments into pre-deployment evaluations ensures that only psychologically fit personnel are assigned to conflict areas, reducing mission risks and improving team performance. Ultimately, mental readiness serves as the *psychological armor* of modern soldiers—protecting them not only from the immediate impact of combat but also from long-term psychological sequelae.

4. Psychosocial Support System: Strengthening Collective Resilience

A well-functioning psychosocial support system is vital for sustaining morale and mental stability in operational units deployed to conflict environments. Such systems encompass peer support, leadership engagement, family involvement, and unit cohesion mechanisms—all of which contribute to emotional safety and trust among personnel (Johnston et.al, 2023.). Evidence shows that strong peer and family networks mitigate the negative impact of combat stress and enhance adaptive coping. Moreover, leaders who model psychological openness and empathy foster climates where soldiers feel safer to seek help, thereby reducing stigma surrounding mental health (Rogers, H., et.Al. 2025.). Institutionalizing structured psychosocial support—through on-site counseling teams, digital communication with families, and integrated resilience workshops—strengthens both individual and collective resilience. Within the Indonesian context, embedding such systems in military operations would bridge the gap between mental readiness and sustained field performance, ensuring that soldiers remain psychologically stable despite prolonged exposure to uncertainty and danger.

Seven studies address the critical role of psychosocial ecosystems in sustaining soldiers' emotional balance and social functioning during deployment. Greenberg et al. (2020) established the Trauma Risk Management (TRiM) framework as an effective peer-support model, reducing stigma by 40% and increasing help-seeking by 35%. (Doody et al., 2021) and Ward et al. (2023) further demonstrated that family engagement, peer mentoring, and empathetic leadership significantly improve morale and reduce burnout. Leadership empathy, as explored by (Catano, 2023b), was found to directly influence unit cohesion and psychological safety, while (Horesh, D., 2022) revealed that peer and family networks account for nearly half the variance in stress recovery outcomes. In parallel, Moreno-Chaparro, et Al. *(2022*) stated that social support mitigates moral injury, and contributed a novel regional perspective: community-based psychosocial resilience strengthens reintegration and trust in post-conflict environments. . Latest study from (Camargo et al., 2025) shows that resilience in conflict victims is influenced by both individual and social factors. Strengthening family and community support, along with improving coping

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strategies, is essential for long-term recovery, highlighting the need for targeted interventions to enhance psychosocial well-being in affected populations.

Collectively, these studies reposition psychosocial support from a remedial concept to a strategic readiness enabler. Within the Indonesian defense context—where the *Total Defense System (Sistem Pertahanan Semesta)* depends on civilian-military integration—building a Tiered Psychosocial Support System across all TNI branches would enhance both individual well-being and national resilience. This system should include peer mentoring, family outreach, professional psychological services, and structured community collaboration in deployment zones.

5. Post Traumatic Stress Disorder (PTSD) Risk and Its Association with Psychological Preparedness

Among all mental health outcomes, post-traumatic stress disorder (PTSD) remains one of the most prevalent and debilitating conditions affecting soldiers returning from conflict zones. Multiple systematic reviews indicate that PTSD prevalence ranges between 13–29% among combat-exposed personnel (Tedla, A., et.al 2024), with higher rates observed in those lacking pre-deployment psychological preparation or adequate social support. Mental readiness acts as a *protective factor* that buffers individuals against trauma exposure by enhancing coping capacity, emotional control, and meaning-making (*Adler et.al 2019*). Conversely, low readiness is correlated with increased emotional dysregulation, avoidance behaviors, and maladaptive coping mechanisms such as substance misuse (Litz et.al, 2025).

Preventive frameworks—combining resilience training, trauma-informed leadership, and routine post-deployment mental health screenings—are critical to mitigating PTSD onset and facilitating recovery. The implementation of systematic psychological debriefings after deployment has also been shown to reduce long-term PTSD risk while promoting healthy reintegration into civilian or base life (Sudom, et.al, 2023). Study conducted by Obuobi-Donkor (2022) reveals that the prevalence rates of PTSD among military personnel and firefighters are high compared to reported rates in the general population. Early interventions are vital in preventing PTSD among firefighters and military personnel.

6. The Critical Role of Mental and Psychosocial Readiness in Supporting Military Personnel Operating in Conflict Environments

Military personnel are uniquely positioned within the social structure of national defense systems: they are expected to be ready to operate anywhere, at any time, and under any conditions, including hostile, uncertain, and morally complex environments. Such readiness extends far beyond physical fitness or tactical competence. Soldiers must possess the mental and psychosocial capacity to confront death, destruction, and ethical ambiguity—circumstances that challenge not only endurance but also identity, morality, and emotional stability (Tornero-Aguilera et.al, 2024; Lit et.al 2022). The unpredictable and volatile nature of conflict zones demands sustained adaptability, psychological flexibility,

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and emotional regulation, making mental and psychosocial readiness indispensable to mission success and survival.

a. The Urgency of Mental and Psychosocial Readiness

Mental readiness represents the psychological armor that protects service members from cognitive overload, stress-induced errors, and emotional collapse in (Romaniuk, et. al 2023)high-threat environments. It encompasses cognitive preparedness, emotional resilience, motivation, and moral grounding that enable soldiers to make effective decisions under extreme pressure (Romaniuk et.al, 2023). Meanwhile, psychosocial readiness reflects the supportive social ecosystem—peer trust, leadership cohesion, and family stability—that reinforces an individual's ability to endure prolonged exposure to combat stress (Johnston et.al 2023). When integrated, these two dimensions cultivate a state of *psychological hardiness*—the ability to interpret adversity as challenge rather than threat (Peterson, et Al. 2024).

In modern warfare, soldiers are frequently deployed across multidimensional operational theaters—ranging from peacekeeping and humanitarian missions to active combat and counterinsurgency. Each environment presents distinct psychosocial demands: moral dilemmas, separation from family, and exposure to traumatic scenes. Evidence indicates that soldiers with high levels of mental and psychosocial preparedness not only perform more effectively in these contexts but also show faster psychological recovery post-deployment (Cao et al., 2023). Conversely, unprepared personnel exhibit early signs of emotional exhaustion, withdrawal, and diminished confidence, which compromise both personal safety and unit cohesion (Adler et.al, 2019).

For nations like Indonesia, whose defense strategy is rooted in *universal people's defense* and frequent involvement in humanitarian and peacekeeping missions, enhancing mental and psychosocial readiness is not merely a health concern—it is a strategic defense imperative. The readiness of each soldier directly translates into the resilience of the nation's defense system.

b. Consequences of Insufficient Mental and Psychosocial Readiness

The absence of adequate mental and psychosocial readiness poses multidimensional risks. On an individual level, soldiers without proper mental preparation are significantly more susceptible to acute stress reactions, impaired judgment, and emotional dysregulation during operations (*Sudom et.al, 2023*). The inability to regulate fear, guilt, or grief may lead to maladaptive coping behaviors, including aggression, avoidance, or substance misuse (Litz & Walker, 2025). Over time, chronic exposure without sufficient psychosocial buffering can culminate in Post-Traumatic Stress Disorder (PTSD)—a debilitating mental health condition characterized by intrusive memories, hyperarousal, and emotional detachment (Tedla et.al 2024).

The development of PTSD among military personnel has been consistently linked to inadequate pre-deployment preparation and insufficient post-deployment

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p-ISSN:2716-0440
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support systems (Horesh, et Al. 2022). Longitudinal data suggest that soldiers who lack emotional readiness or social connectedness before deployment are more likely to exhibit delayed-onset PTSD symptoms months or years after returning home. Beyond the individual, the repercussions ripple outward: increased attrition, family disintegration, and long-term healthcare burdens on military and civilian systems (Rogers., et Al, 2025).

Institutionally, unaddressed psychological distress among soldiers erodes organizational trust and effectiveness. Units with low psychosocial cohesion experience greater rates of disciplinary violations, operational mistakes, and mission failure (Defense Health Agency, 2024). Strategically, the cumulative impact weakens national defense capability, as psychological injuries—though invisible—can diminish the functional strength of the armed forces more profoundly than physical casualties.

c. Toward a Holistic Readiness Framework

Addressing these challenges requires a comprehensive and proactive framework that integrates mental and psychosocial readiness into every stage of the military life cycle: recruitment, training, deployment, and reintegration. Evidence-based interventions—such as resilience-building curricula, peer-support systems, trauma-informed leadership, and family-centered reintegration programs—should be institutionalized as core components of defense health policy (Romaniuk et al., 2023;Tornero-Aguilera et al., 2024). Regular psychological screening and post-deployment follow-up are equally critical to detect early signs of distress and provide timely intervention.

Ultimately, the strength of a nation's military is not determined solely by its weaponry or logistics, but by the psychological readiness and social resilience of its people in uniform. Soldiers who are mentally prepared and psychosocially supported not only perform more effectively under fire but also return home as healthier, more resilient citizens—ensuring that the human foundation of national defense remains strong, sustainable, and ready for future challenges.

d. Normative level (Das Sollen) review

From a normative legal perspective, Indonesian defense law has implicitly recognized the importance of human resources as the backbone of national defense, yet it has not explicitly institutionalized mental and psychosocial readiness as a formal component of military operational readiness. Law Number 3 of 2002 on National Defense (Undang-Undang Nomor 3 Tahun 2002 Tentang Pertahanan Negara) establishes the Total Defense System (Sistem Pertahanan Semesta), positioning the Indonesian National Armed Forces (TNI) as the main defense component. Within this framework, the quality of military personnel is a decisive factor in determining defense effectiveness. Furthermore, Law Number 34 of 2004 on the Indonesian National Armed Forces (Undang-Undang Nomor 34 Tahun 2004 Tentang Tentara Nasional Indonesia) mandates continuous personnel development, encompassing readiness, welfare, professionalism, and capability enhancement. At the sectoral policy level, Peraturan Presiden Nomor 107 Tahun 2013 (Presidential Regulation Number 107 of 2013)

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provides the legal basis for health services related to military operational activities, while Minister of Health Regulation Number 29 of 2022 (Peraturan Menteri Kesehatan Nomor 29 Tahun 2022 Tentang Pedoman Pemeriksaan Kesehatan Jiwa Untuk Kepentingan Pekerjaan Dan Jabatan Tertentu) establishes guidelines for mental health examinations for specific occupations or positions. Normatively, these regulations offer a legitimate entry point for integrating mental health assessment into pre-deployment processes.

However, these legal instruments remain fragmented. They do not yet form a coherent normative architecture that systematically links mental health assessment, defense risk management, and deployment decision-making. As a result, mental and psychosocial readiness remains positioned as a supporting medical function rather than a legally recognized indicator of operational readiness.

e. Operational Level (Das Sein)

Operationally, military human resource management in Indonesia continues to exhibit a physical-centric orientation. Pre-deployment readiness assessments focus primarily on physical endurance, medical fitness, and technical proficiency. Psychological screening, where conducted, is often limited in scope and not systematically integrated into operational planning. Empirical evidence suggests that this pattern is common in defense systems that remain conventionally oriented (Liu et al., 2024). Consequently, mental health disorders such as chronic operational stress and post-traumatic stress disorder (PTSD) are frequently detected only after personnel return from deployment, when individual, familial, and institutional impacts have already intensified.

Moreover, psychosocial support at the unit level varies significantly depending on leadership approach. Units led by empathetic commanders tend to foster healthier psychological climates, whereas others still experience strong stigma surrounding mental health issues (Catano, 2023). This disparity illustrates the absence of standardized operational mechanisms for protecting soldiers' mental readiness.

D. Conclusions and Recommendations

This study underscores that mental and psychosocial readiness is not a peripheral aspect of military training but a strategic necessity that directly determines the effectiveness, endurance, and integrity of military personnel operating in conflict environments (Adler et.al, 2019; Catano, 2023). Soldiers are required to serve anywhere and under any circumstances—ranging from humanitarian crises to high-intensity combat—often with minimal preparation time and prolonged separation from familial and social supports (Basrowi et.al, 2024;Tedla et al., 2024a). Such demanding contexts test not only their physical endurance but also their psychological resilience and moral stability (Litz et.al, 2022 ; Ward et al., 2023).

The findings from this systematic synthesis reveal that mental readiness, when coupled with strong psychosocial support systems, forms the psychological infrastructure that sustains soldiers' adaptability and decision-making under stress (Cao et al., 2023). Conversely, insufficient mental and psychosocial preparedness leads to deteriorating mental health, impaired operational performance, and long-term consequences such as post-

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traumatic stress disorder (PTSD), depression, and social dysfunction. Empirical evidence consistently shows that these outcomes not only reduce individual well-being but also undermine collective cohesion, increase attrition rates, and impose enduring costs on defense institutions and society at large.

For Indonesia, where the Total Defense System (Sistem Pertahanan Semesta) relies on human resilience as its core, the development of structured programs that cultivate mental readiness and psychosocial stability is of paramount importance. Institutionalizing psychological screening resilience-based leadership, and family-integrated support mechanisms within the defense health framework would ensure that soldiers are mentally prepared for diverse and unpredictable missions. Furthermore, ongoing post-deployment monitoring and rehabilitation programs are essential to prevent chronic trauma-related disorders and to promote sustainable reintegration into civilian life (Forchuk et al., 2025).

In conclusion, strengthening the mental and psychosocial preparedness of military personnel represents an investment in the long-term sustainability of national defense. By embedding evidence-based psychological training, proactive psychosocial interventions, and trauma-informed policies into the fabric of military readiness (Keegan et al., 2021; Flood, A., et Al. 2022). , defense institutions can foster a culture of resilience—one that protects not only the operational integrity of the armed forces but also the human spirit that underpins national security. Future research should build upon these findings through field-based, longitudinal studies employing validated readiness and mental health assessment tools such as the MT-Ready, RDRQ, and MRQ-ID, thereby bridging the gap between theoretical understanding and actionable policy within Indonesia's defense ecosystem (Mawaddah, 2025; Basrowi et al., 2024). Health assessment tools, thereby bridging the gap between theoretical understanding and actionable policy within Indonesia's defense ecosystem.

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