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Veteran Suicide Prevention in Central Florida

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COUN 6785: Social Change in Action:

Prevention, Consultation, and Advocacy

Social Change Portfolio - Veteran suicide prevention, Central Florida

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Contents

OVERVIEW

Keywords: Veteran suicide prevention, Central Florida

Veteran Suicide Prevention in Central Florida

Goal Statement: The goal of this project is to reduce suicide rates among veterans in Central Florida by strengthening protective factors, increasing access to culturally competent, trauma-informed care, and fostering community-based resilience networks that connect veterans, families, and local agencies.

Significant Findings: Veteran suicide remains a critical public health concern in Florida, which continues to rank among the states with the highest veteran suicide rates (Florida Department of Health, 2025). Research indicates that approximately 17 veterans die by suicide each day nationwide (U.S. Department of Veterans Affairs [VA], 2022). Key risk factors include post-traumatic stress disorder (PTSD), depression, chronic pain, and substance misuse (Pietrzak et al., 2023). Social isolation and difficulty transitioning to civilian life further compound risk. Hispanic and Latino veterans in Central Florida face additional challenges due to language barriers, stigma, and limited access to culturally competent services (Benuto et al., 2019; Montano et al., 2022). Evidence supports trauma-informed prevention models and community-based peer interventions as effective strategies for reducing suicide risk (Comtois et al., 2019; Reger et al., 2022).

Objectives/Strategies/Interventions/Next Steps:

1. Implement a bilingual Caring Contacts program within the Orlando VA Health Care System and community partner clinics to maintain post-discharge connection and reduce suicide risk (Comtois et al., 2019).
2. Establish the Orange–Volusia Veteran Suicide Prevention Coalition in partnership with SMA Healthcare, VA coordinators, the 988/Veterans Crisis Line, and Hispanic-serving community organizations.
3. Expand culturally competent counseling services by recruiting bilingual counselors and peer mentors trained in trauma-informed care and veteran-specific issues.
4. Integrate resilience-building programs such as mindfulness, peer mentoring, and family support workshops to strengthen protective factors and social connection (Schafer, 2024).
5. Advocate for sustainable county and state funding to support peer specialist reimbursement, bilingual crisis response, and community-based prevention initiatives in alignment with the Governor's Challenge framework (Florida Department of Veterans' Affairs, n.d.).

INTRODUCTION

Veteran Suicide Prevention in Central Florida

This Social Change Portfolio focuses on the urgent issue of veteran suicide in Central Florida, a region with a significant veteran population facing high mental health needs. Many veterans struggle with post-traumatic stress disorder (PTSD), depression, substance use, and difficulties transitioning to civilian life, which can increase suicide risk (U.S. Department of Veterans Affairs [VA], 2022). Florida continues to rank among the states with the highest rates of veteran suicides, underscoring the importance of prevention efforts tailored to this population (Florida Department of Health, 2025). Grounded in the Behavioral Health Continuum of Care Model, this project emphasizes prevention strategies, including

peer mentoring, resilience workshops, and trauma-informed support systems (Parents Lead, n.d.). By combining public health approaches with counseling practices, this portfolio aims to strengthen protective factors, reduce stigma, and foster community resilience among veterans.

PART 1: SCOPE AND CONSEQUENCES

Addressing Veteran Suicide Prevention in Central Florida

The identified problem in Central Florida is the high rate of suicide among military veterans. According to the VA (2022), Florida ranks among the top states for veteran suicide deaths, with rates significantly higher than the national average. Local trends show that while overall suicide rates in Florida have fluctuated, veteran suicides have remained persistently high, reflecting ongoing challenges related to PTSD, substance use, and reintegration stressors (Florida Department of Health, 2025). Nationally, suicide among veterans remains a leading cause of death according to Fink et al. (2022), with approximately 17 veteran lives lost to suicide each day according to VA estimates. These statistics underscore the magnitude of the crisis and the pressing need for preventive-focused interventions.

The consequences of veteran suicide are profound and multi-dimensional. Physically, untreated mental health conditions such as PTSD and depression often contribute to chronic illnesses, substance misuse, and self-harm. Psychologically, the burden of trauma, hopelessness, and stigma surrounding mental health treatment exacerbates vulnerability to suicidal ideation. Socially, suicide devastates families, disrupts support systems, and weakens community stability, while mental health challenges may undermine educational and employment outcomes for veterans. Economically, the costs include lost productivity, increased demand for emergency and mental health services, and long-term financial strain on families and public resources (Carroll, Kearney, & Miller, 2020).

The goal of this Social Change Portfolio is to reduce suicide risk among veterans in Central Florida by strengthening protective factors, improving access to trauma-informed prevention programs, and fostering resilience through community-based support.

PART 2: SOCIAL-ECOLOGICAL MODEL

Veteran Suicide Prevention in Central Florida

The social-ecological model is a powerful lens for understanding and responding to the complex factors contributing to veteran suicide. It recognizes that individuals do not exist in isolation; rather, they are influenced by, and influence, the relationships, communities, and societies around them.

Individual Level

At the core, veterans face personal struggles that place them at heightened risk. Conditions such as PTSD, depression, chronic pain, and substance use disorders are common and directly tied to suicidal thoughts and behaviors (Pietrzak et al., 2023). For many, military service involves exposure to trauma that continues long after discharge, eroding emotional health and coping capacity. Protective factors, however, can offset these risks. Veterans who engage in mindfulness practices, resilience training, or who cultivate a renewed sense of purpose often demonstrate lower suicide risk (Schafer, 2024). Expanding access to trauma-informed care and resilience-building interventions is therefore vital at this level.

Relationship Level

Relationships can either buffer veterans from risk or intensify it. Social isolation, strained marriages, disrupted parenting roles, and loss of military camaraderie are frequent stressors that heighten vulnerability to suicide. Conversely, strong, supportive ties with family, friends, and

peers can protect against despair. Peer mentoring and veteran-to-veteran support programs, in particular, are highly effective because they provide understanding and validation that few outside the military community can offer (SAMHSA, 2019). Programs that help families communicate about mental health, rebuild trust, and stay engaged in veterans' recovery are equally essential.

Community Level

Communities play a central role in shaping opportunities for health and wellbeing. In Central Florida, many veterans face unemployment, unstable housing, and limited access to culturally competent mental health services, factors that are strongly associated with increased suicide risk. Yet communities also hold solutions, local nonprofits, universities, VA clinics, and veteran service organizations can provide supportive networks, counseling, and employment opportunities. Community-based prevention efforts, such as resilience workshops or outreach events in high-need neighborhoods, help create belonging and reduce stigma (CDC, 2024; Saar et al., 2025). Empowering communities to identify needs through neighborhood-level data collection ensures that resources reach the veterans who need them most.

Societal Level

At the broadest level, policies, cultural values, and systemic inequities shape the environment in which veterans live. Societal stigma surrounding mental health treatment continues to discourage veterans from seeking help, while gaps in healthcare coverage, geographic inaccessibility, and underfunded VA services create systemic barriers. Advocacy at this level is essential, pushing for laws and policies that expand access to trauma-informed care, fund veteran mental health initiatives, and reduce barriers such as cost or distance (SAMHSA,

2019). Public campaigns that challenge stigma and promote resilience also help shift cultural attitudes, ensuring that suicide prevention becomes a shared responsibility across society.

This model is grounded in respected frameworks like CDC's Social-Ecological Model for Prevention (CDC, 2024) and SAMHSA's Risk and Protective Factors structure (SAMHSA, 2019), underscoring that effective prevention must operate across multiple levels simultaneously. Furthermore, applying Bronfenbrenner's Ecological Systems Theory emphasizes how nested environmental contexts from intimate relationships to societal norms interact to influence behavior and wellbeing (Guy-Evans, 2020).

This multi-layered perspective makes clear that no single intervention is sufficient. Prevention must occur at every level of the social-ecological model, from helping individuals build coping skills, to strengthening families, mobilizing community resources, and advocating for systemic change (CDC, 2024). In practice, this means offering trauma-informed therapy, developing peer support groups, funding community outreach, and lobbying for policy reform, all working together to build a resilient ecosystem of care for veterans in Central Florida.

PART 3: THEORIES OF PREVENTION

Veteran Suicide Prevention in Central Florida

Applicable Theories

Two prevention theories particularly relevant to veteran suicide are the Behavioral Health Continuum of Care Model and Resilience Theory.

Behavioral Health Continuum of Care Model

This model views prevention and treatment as existing along a spectrum, beginning with universal prevention for all individuals, selective prevention for at-risk groups, and indicated prevention

for those already showing warning signs (Parents Lead, n.d.). It is highly applicable to veteran suicide because it allows for multiple intervention points, ranging from community-wide stigma reduction campaigns to targeted outreach for veterans with PTSD or depression.

Resilience Theory

This theory focuses on strengthening protective factors such as emotional regulation, coping skills, and social connectedness to buffer against risk factors (Pietrzak et al., 2023). Veterans often face unique risk factors due to trauma exposure, but resilience can be built through intentional interventions such as peer mentoring, mindfulness practices, and opportunities to develop a renewed sense of purpose.

Research Support

Research supports the use of both theories in suicide prevention among veterans. The Behavioral Health Continuum of Care Model is widely recognized by public health agencies such as SAMHSA (2019) for addressing both risk and protective factors, making it a flexible framework for prevention. Studies of resilience in veterans show that protective traits, such as optimism, mindfulness, and strong social ties, are directly linked to lower suicide risk (Schafer, 2024; Pietrzak et al., 2023). Furthermore, blending these theories allows interventions to address immediate risk while simultaneously fostering long-term protective factors.

Evidence-Based Program

One evidence-based program that aligns with these theories is Caring Contacts, a suicide prevention strategy recognized by the Department of Veterans Affairs. Caring Contacts involves sending brief, non-demanding messages of care and concern to at-risk individuals over time. Research shows that this approach significantly reduces suicide attempts and ideation by increasing a sense of connection and belonging (Luxton et al., 2019). For veterans in Central Florida, Caring Contacts can be integrated into existing VA services, peer networks, and community-based organizations, offering a low-cost, scalable, and research-backed prevention method.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

Veteran Suicide Prevention in Central Florida

Unique Impact on Hispanic/Latino Veterans

Veteran suicide affects many groups, but specific populations are impacted at higher rates and in unique ways. Among these, Hispanic and Latino veterans in Central Florida face distinct cultural, social, and systemic challenges that elevate their risk. Research shows that Latino veterans often experience higher rates of mental health stigma and lower utilization of counseling services compared to White veterans (Benuto et al., 2019). Language barriers and limited access to culturally competent providers further reduce treatment engagement, increasing vulnerability to suicide (Garcia et al., 2014). Compared to the broader veteran population, Hispanic and Latino veterans often underreport symptoms of PTSD or depression due to cultural values that prioritize family over individual needs and discourage emotional disclosure. These cultural dynamics can delay help-seeking and contribute to worsened outcomes.

Increasing Cultural Relevance of Prevention Programs

To ensure that prevention programs are meaningful and effective for Hispanic and Latino veterans, several culturally relevant strategies can be implemented. Outreach should be tailored by incorporating bilingual materials, Spanish-speaking counselors, and peer mentors who share cultural and military backgrounds. Prevention strategies should also involve family members in education and support, aligning with the cultural values while reinforcing protective networks. Additionally, collaborating with Hispanic-serving community organizations and faith-based groups can increase accessibility and provide familiar, trusted spaces for outreach. These approaches not only respect cultural values but also strengthen protective supports that are central to resilience and suicide prevention. Florida-specific public health data also reveals disparities in suicide risk factors among minority groups, including economic instability and lack of healthcare access (Florida Department of Health, 2025).

Ethical Considerations in Prevention Programming

Prevention efforts must also be grounded in ethical practice. Key considerations include stakeholder collaboration, where veterans, families, and community partners work together to ensure prevention strategies reflect real needs. Informed consent must be clear and culturally sensitive, enabling veterans to understand their participation, potential benefits, and associated limitations. Confidentiality is another critical concern, as counselors must balance the obligation to protect client privacy with the duty to intervene when a veteran is at imminent risk of suicide. The American Counseling Association's Code of Ethics emphasizes the protection of client dignity, respect for autonomy, and the principle of beneficence in such situations (ACA, 2014). By integrating cultural responsiveness with ethical responsibility, suicide prevention programs in Central Florida can more effectively reach Hispanic and Latino veterans and reduce disparities in mental health outcomes.

PART 5: ADVOCACY

Veteran Suicide Prevention in Central Florida

Target problem and MSJCC frame

This section applies the MSJCC domain IV counseling and advocacy interventions to prevent veteran suicide in Central Florida. The domain calls for multilevel action at the institutional, community, and public policy levels to remove systemic barriers and improve equitable access to care (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015). Florida reports a veteran suicide death rate of 40.4 per 100,000, at least 2.6 times the general population rate, which underscores the need for coordinated action across systems (Florida Department of Health, 2025).

Barriers

Institutional

Counseling and medical settings that serve veterans often show gaps in consistent suicide risk screening and post-discharge follow-up, limited integration of peer specialists, and insufficient bilingual capacity for Spanish-speaking veterans and families. The MSJCC specifies that counselors should

collaborate with institutions to address power, privilege, and access inequities and to remove systemic barriers within those settings (Ratts et al., 2015).

Community

Referral pathways among VA services, 988/Veterans Crisis Line, county behavioral health providers, veteran service organizations, and faith-based groups are fragmented. Community norms and stigma can suppress help-seeking, especially when outreach is not culturally and linguistically matched. The MSJCC directs counselors to use community-level advocacy to address norms, values, and regulations that impede client development and service access (Ratts et al., 2015).

Public policy

Funding and reimbursement for evidence-based prevention and for certified peer specialists remain inconsistent across local and state programs. Cross-system coordination between VA and state partners depends on variable local policy commitments. The MSJCC advocates for policies that shape laws to ensure equitable access to healthcare (Ratts et al., 2015). Florida's Governor's Challenge framework demonstrates a state mechanism for aligning partners; however, it relies on sustained policy and funding commitments (Florida Department of Veterans' Affairs, n.d.).

Advocacy actions

Institutional-level action

Implement a bilingual Caring Contacts program across the Orlando VA Health Care System and its partner clinics, with a written protocol for enrollment at discharge, a standardized message callback for 12 months, Spanish and English templates, and tracking of contact completion and re-engagement outcomes. Caring Contacts is an evidence-based post-acute suicide prevention intervention associated with reduced odds of suicide attempts in military populations and feasible within veteran systems, and it strengthens connections during high-risk transitions (Comtois et al., 2019; Reger et al., 2022). This action aligns with MSJCC institutional interventions to remove access barriers inside institutions and to balance individual counseling with systems-level change (Ratts et al., 2015).

Community-level action

Establish a bilingual Orange–Volusia Veteran Suicide Prevention coalition under a formal MOU that includes VA suicide prevention coordinators, SMA Healthcare, 988/Veterans Crisis Line, Hispanic-serving community and faith organizations, county health departments, and veteran service organizations. The coalition will publish a shared referral and warm handoff protocol, maintain a real-time directory of Spanish-speaking providers, and run quarterly family-inclusive outreach events. ACA advocacy competencies emphasize community collaboration and public information strategies to transform local systems, and the See the Triumph campaign provides practical lessons for sustaining community advocacy partnerships (Toporek, Lewis, & Crethar, 2009; Murray & Crowe, 2016). Florida's Governor's Challenge provides a ready state platform to align training and data sharing for this coalition.

Public policy level action

Advocate to county commissions and the Florida Department of Health to designate recurring funds that reimburse certified peer specialists and 988 capacity for Spanish-language response, and to include Caring Contacts and post-discharge follow-up metrics in local behavioral health contracts. SAMHSA guidance emphasizes the importance of prevention infrastructure and the dissemination of evidence-based practices; aligning county and state funding with these standards makes the intervention more sustainable and scalable (SAMHSA, 2023; SAMHSA Evidence-Based Practices Resource Center). This action operationalizes the MSJCC public policy role to advance equitable access to care through local and state policy change (Ratts et al., 2015).

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