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Suicide Prevention Through the Reduction of Counseling Stigma in Fort Riley, Kansas

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COUN 6785: Social Change in Action: 
Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Keywords: Suicide Prevention, Counseling, Stigma, Military, Veterans, Kansas, KS, social change

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Goal Statement: The goal of this social change portfolio is to decrease the stigma of seeking mental help through addressing culture, norms, or systems within Fort Riley, Kansas, that contribute to stigma and suicide risk while using preventative measures to reduce suicide ideation and risk.

Significant Findings: This project focuses on reducing counseling stigma to prevent suicide among military personnel and veterans at Fort Riley, Kansas. Despite available mental health services, 44% of soldiers report fearing career impacts if they seek help, highlighting the need for cultural and systemic change (Irwin Army Community Hospital, 2024). Using the Social-Ecological Model and Social Cognitive Theory, the project identifies risk factors such as isolation, deployment stress, and military cultural norms, while emphasizing protective factors like peer support and confidential counseling. Evidence-based programs such as Ending Self-Stigma for PTSD (ESS-P) demonstrate how increasing self-efficacy and modeling help-seeking behaviors can reduce stigma (Drapalski et al., 2021). Recommendations include leadership training, expanded embedded behavioral health services, culturally responsive interventions for at-risk groups, and advocacy across institutional, community, and policy levels to foster a culture where seeking help is recognized as a sign of strength (Britt et al., 2020).

Objectives/Strategies/Interventions/Next Steps: This project outlines five key objectives to guide professionals in reducing counseling stigma and preventing suicide among service members and veterans at Fort Riley, Kansas. First, promote leadership engagement through stigma-reduction workshops emphasizing mental health advocacy and model help-seeking behaviors. Second, expand confidential and embedded behavioral health services by partnering with Irwin Army Community Hospital and the VA to ensure accessible, stigma-free care. Third, implement the evidence-based Ending Self-Stigma for PTSD (ESS-P) program to enhance self-efficacy and reduce internalized stigma. Fourth, collaborate with the Military Family Life Counselors Program and local mental health agencies to foster connection and awareness and develop community-based peer support and outreach initiatives. Finally, advocate for policy reform to strengthen confidentiality protections and improve Department of Defense–Veteran Affairs care coordination. These objectives provide a comprehensive, multi-level strategy for sustainable cultural and systemic change.

INTRODUCTION

Suicide Prevention Through the Reduction of Counseling Stigma in Fort Riley, Kansas

Fort Riley is a military installation located in Riley County within north central Kansas with a population of about 67,000 (U.S. Army, n.d.). Fort Riley is a small rural area with overcrowding, income inequality, and a higher binge drinking percentage than other locations within Kansas (County Health Rankings & Roadmaps, 2025; Kansas Department of Health and Environment, 2024). These challenges can often increase feelings of isolation and loneliness amongst individuals within the community, especially towards military soldiers and their

families, since these individuals frequently have a small support system due to frequent relocations and transitions of friends and family (Nassif et al., 2025).

Mental health services are provided within the installations to assist with such feelings. However, these services typically have limited counselors and are heavily stigmatized due to fears of complications within their careers, feelings of inadequacy, access and awareness, and cultural factors (Irwin Army Community Hospital, 2024). Because of this stigma, some soldiers and family members do not seek help, or when seeking assistance, they tend to withhold information to avoid potential consequences or complications within their careers. Through combating stigmatization in seeking mental health services within Fort Riley, Kansas, we can create social change by reducing stigmatization in seeking mental health treatment and preventing suicide and suicidal ideation.

PART 1: SCOPE AND CONSEQUENCES

Suicide Prevention Through the Reduction of Counseling Stigma in Fort Riley, Kansas

In the United States, there were 14.2 deaths by suicide per 100,000 individuals in 2022, compared to Riley County, which had 13 deaths per 100,000 individuals, which is about one less than the national average, making it the second leading cause of death amongst soldiers within the military (U.S. CDC, 2025; Irwin Army Community Hospital, 2024). When examining Active-Duty Soldiers' suicide ideation versus their suicide attempts, in 2021, 152 soldiers experienced suicidal ideation while 23 attempted suicide, with this figure doubling in 2022, with 46 soldiers attempting suicide (Irwin Army Community Hospital, 2024). With suicide attempts rising, there is a significant need for preventative care through mental health counseling; however, stigmatization is still a substantial obstacle to this concern. In a community survey of

711 participants within Fort Riley, 44% expressed concern that seeking mental health services could negatively impact their career (Irwin Army Community Hospital, 2024). Without reducing stigma regarding receiving mental health care, these figures will continue to rise.

Suicide and suicidal ideation are serious concerns among both military soldiers and veterans. Suppose there are no changes to the view of mental health counseling. In that case, the consequences can impact everyone across the entire community, leading to an increased risk of suicide, thus leading to more grief, morale issues, and mission disruption within the whole unit. Since service members have a high exposure to deployment, combat stress, and family separation, untreated symptoms of isolation, depression, and anxiety can worsen, leading to reduced focus at work and a diminished quality of life (Yurgil et al., 2021). These challenges also strain relationships with family and friends, which may increase the risk of domestic violence, financial difficulties, and divorce (Anderson, 2021). Together, these factors place a significant burden on both soldiers' mental health and their overall well-being. The goal of this social change portfolio is to decrease the stigma of seeking mental help through addressing culture, norms, or systems within Fort Riley, Kansas, that contribute to stigma and suicide risk while using preventative measures to reduce suicide ideation and risk.

PART 2: SOCIAL-ECOLOGICAL MODEL

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The social-ecological model consists of four levels that can assist with understanding risk and protective factors and the impact of preventative strategies (CDC, 2024). These four levels are: individual, relationship, community, and societal, with each level potentially influencing others. The individual level focuses on an individual's biological and personal history factors,

such as their knowledge, attitudes, and behaviors. The relationship level views their close relationships that influence their behavior. The community level focuses on a person's settings and environment of their relationships and how they impact their characteristics; the societal level views the larger cultural values, policies, systems, and structures that shape their community and individual perspectives. Understanding the risk and protective factors through the social-ecological model can uncover potential areas of need within military populations and create a significant impact by identifying future development in public health and preventative strategies (Ullman et al., 2021).

At the individual level, risk factors regarding suicide prevention and stigma are mental illness, such as PTSD, substance use, and a history of prior suicide attempts or ideation (Ullman et al., 2021), since these are all factors that can increase a soldier's and veteran's risk for suicidal intent. Protective factors would include coping and resilience skills, positive attitude towards mental health, access to confidential counseling, and knowledge of suicidal warning signs and resources (Weber et al., 2025; Thayler, 2021). These protective factors are crucial since they allow individuals to effectively recognize suicidal warning signs and combat these feelings through learned skills, and encourage a more help-seeking behavior towards others.

Relational risk factors include a lack of social support, such as frequent relocations due to change of duty stations and deployment, marital and family conflicts, and negative peer influences such as bullying within the military (Ullman et al., 2021). These factors can contribute to feelings of isolation and sadness, leading to increased feelings of depression and suicidal ideation. Protective factors are strong support systems, peer and family encouragement to seek help, and trust and cohesion within one's unit (Weber et al., 2025; Kinney, 2022), which is

significant since these factors allow an individual to feel supported and encourage a help-seeking environment.

At a community level, risk factors include limited staff for behavioral health services, long wait times for counseling, and the potential lack of privacy within small communities (Tanielian et al., 2016). These factors can significantly impair one's potential to receive mental health services since there would not be enough personnel to provide such services or allow service members and veterans to receive care during times of need, or discourage individuals from receiving care due to potentially seeing others who may know the individual. In contrast, protective factors include unit cohesiveness, prevention programs, chaplain services, and embedded services on installations (Curtis et al., 2021). These factors foster social connections through effective communication amongst the community and provide a vast opportunity for services when resources are available.

At the societal level, risk factors are an army culture that seeks a "tough it out" attitude that can correspond to seeking help as a sign of weakness, policy concerns that could potentially impact a soldier's career, and shortages of mental health providers (Tanielian et al., 2016). These societal factors can continue to feed into military norms, thus increasing stigma and preventing soldiers from reaching out for help. Protective factors include policies that protect confidentiality within counseling, suicide prevention campaigns, cultural shifts reframing counseling as "readiness," and annual suicide prevention training (Curtis et al., 2021; Weber et al., 2025; Thayler, 2021). These factors can help remove potential barriers soldiers and veterans face within their societal norms and allow expression of shared feelings of support and unison that can foster a help-seeking attitude and behavior that can reduce suicidality.

PART 3: THEORIES OF PREVENTION

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A theory provides a structured framework for understanding behavior and allows one to consider the bigger issue by examining information from a different perspective (National Cancer Institute, 2005). Social Cognitive Theory (SCT) provides the most appropriate framework for addressing the stigma surrounding mental health counseling in military populations, especially regarding suicide prevention. SCT is an ongoing process where personal factors, environmental factors, and human behaviors are all influenced within one another with three predominant factors: self-efficacy, goals, and outcome expectancies, serving as the basis for change within an individual's behavior (National Cancer Institute, 2005). Self-efficacy is key to an individual's motivation to change, and once that process begins, it can impact both the individual and their environment.

Primary constructs within this theory are reciprocal determinism, behavioral capability, expectations, self-efficacy, observational learning, and reinforcements. Reciprocal determinism helps correlate how different factors, such as behavior, individual factors, and environment, affect one another. Behavioral capability means that if an individual wishes to accomplish a task or behavior, they must know what to do and how to do it. Expectations are the anticipated consequences of an individual's behavior. Observational learning is when individuals learn through seeing others rather than performing that task or behavior themselves, and reinforcements are factors that can determine if an individual will repeat a behavior or not. Cultural norms, peer influence, and leadership modeling strongly shape stigma within the military (Britt et al., 2020). Through SCT, prevention programs can reduce stigma through

strategies such as peer role modeling, leadership endorsement, and fostering self-efficacy in help-seeking behaviors. This strategy is critical given evidence that soldiers and veterans often avoid counseling due to fear of judgment, confidentiality concerns, and perceived career consequences (Hoge et al., 2004; Britt et al., 2020). Thus, SCT aligns well with the unique cultural and social dynamics of the military, making it a practical theoretical foundation for reducing stigma and ultimately decreasing suicide risk among soldiers and veterans.

An existing program that targets this issue is The Ending Self-Stigma for Posttraumatic Stress Disorder (ESS-P) program, which is a group-based program that the Veteran's Affairs/Mental Illness Research, Education, and Clinical Center (VA/MIRECC) uses to assist veterans with combating their own self-stigma regarding mental health for PTSD (Drapalski et al, 2021). This program takes place over nine sessions that provide veterans with different techniques to help them cope with internal and external stigma (U.S. Department of Veterans Affairs, 2024). This program focuses on educating individuals about stigma and common misconceptions related to PTSD, using cognitive-behavioral techniques to challenge stigmatizing thoughts, strengthen personal resilience, and build skills to foster social connections and effectively handle stigma or discrimination. Through the skills taught within the program, veterans have shown a decrease in self-stigma and depression while providing an excellent support network.

The ESS-P program is excellent since it implements constructs from SCT, such as observational learning, since it provides the individuals with examples of others who openly discuss PTSD, challenge stigma, and model adaptive coping strategies (Drapalski et al, 2021). They assist with increasing veterans' self-efficacy through emphasizing skill building, which boosts their confidence to engage in mental health and avoid self-stigma. They also implement

social determinism by providing coping strategies that change their personal beliefs, reduce secrecy, and contribute to openness within groups. These factors can significantly impact the individual's outcome expectancy since ESS-P emphasizes the benefits of challenging stigma and seeking help while reinforcing that counseling and being open to these experiences can lead to positive outcomes.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

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Suicide and suicidal ideation show no discrimination; any population can fall victim; however, some populations may be more vulnerable than others. Different factors can significantly increase an individual's risk of suicide, such as being a minority, due to the lack of resources, discrimination, and marginalization (Reese & Vera, 2007). A minority group within the military that is particularly at risk for suicide and suicidal ideation is the lesbian, gay, bisexual, transgender, queer, questioning, and asexual population (LGBTQ+).

Factors that significantly increase this population's risk of suicide include: minority stress, rejection, homophobia, harassment, and internal stigma, since these factors can increase their chances of developing mental disorders, thus impacting their suicide risk (Hilgeman et al., 2024). One study found that people in same-sex partnerships had a suicide mortality rate three to four times higher than that of heterosexual individuals who were married (Qin et al., 2003, as cited in Matarazzo et al., 2014). All of the factors can contribute to a rapid decline in their mental health, causing conflict within themselves and their working environment. Considering how this population can also be hesitant to share their struggles with others due to the fear of judgment

from "outing" themselves or discrimination, this hesitation to share their conflicts can lead to further psychological distress.

To combat these issues and increase the cultural relevance of a prevention program targeting LGBTQ+ service members, mechanisms such as affirming spaces for disclosure can reduce suicidal ideation by creating a safe space for service members to disclose issues regarding their sexual orientation. This mechanism can assist with increasing their feelings of support within the individual and provide social cohesion within their unit (Matarazzo et al., 2014). This mechanism can build trust and participation by openly discussing identity-related issues and support their psychosocial development by reinforcing authenticity, belonging, and self-efficacy. Another beneficial mechanism is integrating education on minority stress and resilience, which the PRIDE in All Who Served program demonstrates by providing LGBTQ+ veterans with affirmative care (Hilgeman et al., 2024). Through the psychoeducation this program offers, it can help validate the service members' lived experiences while strengthening their adaptive coping and self-efficacy skills, while also fostering their development through integration of their identity, increasing their sense of belonging and self-actualization, while addressing the unique stressors that can contribute to mental health stigma and suicide risk within this population.

Some core ethical considerations in prevention programming for military service members would be respect for confidentiality, protecting clients, informed consent, supportive network involvement, and advocacy, amongst many others (American Counseling Association, 2014). Respect for confidentiality (ACA, 2014, §B.1.c.) entails that clients must protect the information of their clients and only disclose information to the appropriate parties when necessary; this principle is crucial within the military setting since many service members are hesitant to seek counseling due to potential negative impacts on their careers. This concept also

coincides with protecting clients (ACA, 2014, §A.9.b.) since counselors must take precautions to protect their clients from physical, emotional, or psychological distress. Through informed consent (ACA, 2014, §A. 2. a.), counselors ensure that clients can participate or terminate counseling as they wish, provide them with appropriate information regarding the process of counseling, and their rights and responsibilities, which can allow service members control within their decision-making and determine how counseling can benefit them.

Support systems are crucial within the military since unit cohesion and family are central support systems that can promote a sense of belonging, connection, and role balance, making the involvement of support networks imperative since this ethic recognizes the meaning it can have within the client through different types of positive resources (ACA, 2014, §A.1.d.). Since there can be much underrepresentation within this population out of fear and stigma, advocacy (ACA, 2014, §A.7.a.) is critical since it requires counselors to take action to support changes in clients' lives and environments when those changes help promote the clients' growth and well-being while removing barriers that may limit their development and advocate for policies, programs, and practices that can improve access to needed services. Overall, understanding the client's worldview through learning their culture, understanding how it impacts their mental health, and listening to their needs rather than injecting what one thinks is best for them (SAMHSA, n.d.; Reese & Vera, 2007; Sirolli, 2012), are all critical components that can significantly make a difference within their life and further assist to contribute substantially to prevention programs that help with reducing suicide and suicidal ideation.

PART 5: ADVOCACY

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Advocacy is integral to the counseling profession since it allows the counselor to empower their clients through taking action to help change their environment to their clients' needs and foster greater social change within their lives (Murray & Crowe, 2016; Toporek et al., 2009). To further assist with advocacy, counselors can use the Multicultural and Social Justice Counseling Competencies (MSJCC) as a conceptual framework and a guide to integrate multicultural and social justice principles across counseling theories, practices, and research (Multicultural and Social Justice Counseling Competencies, 2015). This framework includes different domains that lead to multicultural and social justice competence: counselor self-awareness, client worldview, and counseling and advocacy interventions, with the latter allowing counselors to advocate for clients within the intrapersonal, interpersonal, institutional, community, public policy, and international/global levels. However, one may face many barriers impacting advocacy at each level.

At the institutional level, counselors advocate within social institutions, such as schools and businesses, to address inequities within policies, practices, and cultures (Multicultural and Social Justice Counseling Competencies, 2015). At this level, potential barriers would include military culture that emphasizes a toughness, self-reliance, and emotional control that could view seeking mental help services as a weakness, potential impacts towards one's military career, and limited accessibility to health care due to insufficient counseling staff, long wait times, high deployment rates, or limited resources (Tanielian et al., 2016). To combat these barriers, a counselor must be able to work with military and veteran systems to change policies that could cause adverse impacts on their careers, and increase training within leadership to promote help-

seeking behaviors and empathy towards seeking care; these solutions could also increase the demand for mental health care, thus creating more of a demand to hire appropriate personnel.

At the community level, counselors work outside of institutions and in the environments where soldiers and veterans live, to change local norms and values, increase access, and support collective action (Multicultural and Social Justice Counseling Competencies, 2015). Potential difficulties that could interfere with advocacy at this level would be social isolation when soldiers transition outside of the military, due to the loss of structure from military life, a lack of understanding of military life from civilians, which could lead to misunderstandings and judgement, and limited community support systems that can address the unique culture, language, and stressors of veterans (Lewis et al., 2024). To overcome these barriers, one must organize veteran support groups that provide safe spaces within communities, facilitate community workshops that can provide public education to reduce stigma, and create partnerships between military/veteran groups and civilian mental health providers to improve understanding and culturally appropriate care.

Lastly, at the public policy level, counselors work with local, state, and federal laws that impact many institutions and communities, which require counselors to engage in activities such as campaigning, working with policymakers, and influencing legislation (Multicultural and Social Justice Counseling Competencies, 2015). Barriers at this level include gaps within the Department of Defense (DoD), Veterans Affairs (VA), and civilian healthcare systems that could lead to potential loss of continuity of care during transitions, underfunding of resources, and stigma within public views, such as stereotyping all veterans as incapable due to PTSD-related concerns. Counselors may need to work with legislators to draft policies to potentially increase funding for veteran mental health services and continuity of care between the DoD and VA,

testify in state or federal hearings regarding military/veteran's mental health needs, especially regarding barriers associated with stigma or policies, advocate for laws protecting confidentiality of mental health records, and to push for changes within the legal system that can potentially remove systemic barriers; some military installations have already begun allowing counselors not to document counseling sessions to avoid adverse impacts. All of these actions require significant effort; however, change is a process in which time and patience are tremendous factors to accomplish what is needed.

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DATE: 10/20/2025

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