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## **The Sunnyside Movement Towards Mental Health Prevention and Resiliency**

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

**Social Change Portfolio**

Eva Williams

## Contents

Below are the titles for each section of the Social Change Portfolio. To navigate directly to a particular section, hold down <ctrl> and click on the desired section below.

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[Scholar Works Contributor Agreement](#)

## OVERVIEW

**Keywords:** Mental Health, Prevention, Resiliency, Sunnyside, Houston, Texas, awareness, education, Health Belief Model, Stages of Change Model, Adults, LGBTQ Population, Advocacy, Social Ecological Model, Boots on the ground, Barriers, Risk Factors, Protective Factors, Existing Evidence-Based Program.

**Goal Statement:** To increase Mental Health awareness and resources among adults with untreated mental disorders in the Sunnyside community (Understanding Houston, 2023).

**Significant Findings:** 18,6004 residents reside in Sunnyside. Nearly half (48%) were between 20 and 64 years of age, 18% were 65 or older, and many out of this group have untreated mental disorders or have been hospitalized for mental health symptoms (Sunnyside Survey Shows Neighborhood's Social Fabric Is Strong, 2019). These findings include the LGBTQ community, which accounts for about 40% of people who reported experiencing mental illness in the last year (Kolanek, 2020). The target problem in the Sunnyside community is the high rate of untreated mental disorders in adults (Understanding Houston, 2023). Moreover, a lack of awareness about mental health disorders and resources poses health barriers (County Health Rankings & Roadmaps, 2018). Also, this community has less than half the access to Mental Health providers than the national average poses another barrier (Understanding Houston, 2023). **Objectives/Strategies/Interventions/Next Steps:** Objectives, Strategies, and Interventions for Counselors to apply: 1) Two theories that apply to the Sunnyside Prevention Program are the Health Belief Approach and the Stages of Change Approach (National Cancer Institute, 2005). These approaches will assist the Counselor in addressing the inadequacy of awareness about mental health disorders and the lack of resources that poses a health barrier in

the Sunnyside community. 2) Three mechanisms to increase cultural relevance are Working (Boots on the ground interaction), Actively listening, and making local connections. These three components build trust and acceptance and cultivate extrinsic community motivation regarding implementing a mental health prevention tool in their community (Reese & Vera, 2007). 3) Partner with National Alliance on Mental Illness (NAMI) to increase mental health awareness and prevention via the National Night Out (National Night Out, 2023). 4) Applying an Existing Evidence-Based Program, the Social Decision-Making Problem-Solving program implements readiness for social and decision-making skills to shift the community's mindset toward mental health awareness and prevention (Promising Practices Network, 2014). 5) Utilizing the Multicultural and Social Justice Counseling Competencies offers counselors a framework to increase counselor self-awareness, client worldview, counseling relationship, and social justice components (Multicultural and Social Justice Counseling Competencies, 2015).

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## INTRODUCTION

### The Sunnyside Movement Towards Mental Health Prevention and Resiliency

I want to implement the Sunnyside Movement Towards Mental Health Prevention and Resiliency Social Change Project that promotes culturally sensitive mental health prevention to help adults with mental health issues cope with personal, environmental, and behavioral factors to reduce the staggering rate of untreated mental disorders in this community (Walden University, 2018). The Sunnyside Community is located in Houston, Texas. Various social and cultural factors challenge this area (Sunnyside Survey Shows Neighborhood's Social Fabric Is Strong, 2019). Sunnyside was established in 1915 and was offered exclusively for ex-slaves and

their descendants. There are 18,6004 residents in Sunnyside, with an average age of about 32. 48.6% are males, and 51.41% are females. 88.63% are US-born citizens, and 2.45% or non-us foreign citizens (Sunnyside Survey Shows Neighborhood's Social Fabric Is Strong, 2019).

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## **PART 1: SCOPE AND CONSEQUENCES**

### **The Sunnyside Movement Towards Mental Health Prevention and Resiliency**

#### **Target Problem**

The target problem in the Sunnyside community is the high rate of untreated mental disorders among its adults (Understanding Houston, 2023). Untreated mental health among adults is related to many negative factors in the Sunnyside community. Moreover, a lack of awareness about mental health disorders and resources poses a health barrier in this neighborhood (County Health Rankings & Roadmaps, 2018).

#### **Scope of The Problem**

Untreated mental illness plagues the Sunnyside Community in Houston, Texas, due to having less than half the access to Mental Health providers than the national average and the fact that Texas is last in access to mental health treatment (Understanding Houston, 2023). One out of thirteen adults in Texas, which includes the Sunnyside, Texas community, experiences a major depressive episode. Mental Health Disorders are average in the United States. About 21 percent of US adults (52.8 million) had a mental illness in 2020 (SAMHSA, Center for Behavioral Health Statistics and Quality, 2020). Mental health disorders were higher among women (25.8%) than men (15.8%).

Young adults aged 18–25 had a higher prevalence of mental illness (30.6%) than older adults (19.5%). White adults are more likely to report mental health issues than people of color (SAMHSA, Center for Behavioral Health Statistics and Quality, 2020).

### **Consequences of The Problem**

However, the consequences of mental illness in people of color may be more persistent, meaning that even though they might have lower rates, they are less likely to seek treatment. Their mental health conditions might not improve over time (County Health Rankings & Roadmaps, 2018). Residents in the Sunnyside, Texas, and the Houston region report increased mental distress frequently. Research shows that mentally unhealthy days are due to significant stress, depression, or other emotional distress affecting the quality of life (Jia et al., 2004). Moreover, data has shown that it is a reliable estimate of an individual's current health condition and a predictor of future adverse health events.

Counties with more unhealthy days were likely to have related negative factors like higher unemployment, poverty, undesirable educational deficits, adverse health outcomes, and disease patterns than counties with fewer unhealthy days (US National Library of Medicine, 2019). Harris County, Texas, which includes the Sunnyside community, is ranked 34 out of 244 cities related to health factors or preventative measures to improve residents' longevity and wellness (County Health Rankings & Roadmaps, 2018). Mental and physical health are equally pertinent to one's well-being. It helps in the functioning of everyday lives regarding our psychological, emotional, and social well-being. Good mental health regulates a person's thoughts and behaviors, helps them maintain meaningful relationships, gives them coping abilities to deal with change and adversity, and gives them the proficiency to contribute to

society (Jia et al., 2004). Research shows that mental health is also closely connected with human physical health. Depression and anxiety, for example, may affect the ability to maintain health-promoting behaviors. Furthermore, chronic diseases or conditions can exacerbate a person's mental health (County Health Rankings & Roadmaps, 2018).

### **Goal Statement**

To increase Mental Health awareness and resources for adults with untreated mental disorders in the Sunnyside community. (Understanding Houston, 2023).

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## **PART 1: SCOPE AND CONSEQUENCES**

### **The Sunnyside Movement Towards Mental Health Prevention and Resiliency**

The Social Ecological model consists of various factors: the individual, the family, the peer group, and the community. Furthermore, it allows individuals to comprehend the factors that put people at risk for an issue or protect them from experiencing issues (CDC, n.d.). The model shows how factors at one level influence factors at another level. Furthermore, it illustrates that to prevent an issue, all model levels must be interconnected to produce prevention and impact in the designated area of society (CDC, n.d.). Moreover, regarding the issue of creating preventative measures for adults with untreated mental health disorders in the Sunnyside community, the model should include the factors from each level, such as the individual, the family, the peer group, and the community. Hence, all four factors should be comprised to create the appropriate prevention methodology in the Sunnyside community.

Marginalized communities like the Sunnyside community in Houston, Texas, experience more mental health burdens due to many negative factors like having less than half the access to



Mental Health providers than the national average and the fact that Texas is last in access to mental health treatment (Understanding Houston, 2023). This community may involve adults, which include persons from various marginalized communities (Public Health Preparedness, 2023). Problems related to poor coping, depression, and anxiety are common mental health problems (Public Health Preparedness, 2023). Many factors influence a person's chance of developing a mental disorder. Efficient prevention focuses on reducing those risk factors and strengthening protective factors most closely related to the problem being addressed (Risk and Protective Factors, 2023).

Risk factors adversely impact a person's mental health, while protective factors strengthen a person's mental health and work to improve a person's ability to cope with difficult circumstances. All areas of life influence risk and protective factors from an Individual, Family, Peer Group, and community perspective (Risk and Protective Factors, 2023).

### **Individual**

The first level identifies the individual, the biological, psychological, and personal history factors that increase the likelihood of having an untreated mental disorder. Some of these factors are Genetic Predisposition and stressful life events. The Protective Factors may include personal attributes, including coping with stress and facing adversity and problem-solving skills (Kilanowski, 2017). Prevention strategies at this level promote attitudes, beliefs, and behaviors that promote mental health awareness and treatment. Specific approaches may include Community collaboration for Mental Health Awareness and Prevention Resources (Kilanowski, 2017).

## **Family**

The second level examines close familial relationships that may increase the risk of experiencing a mental disorder. A person's closest family members may influence family conflict, family dysfunction, or disorganization that contributes to their experience. The Protective Factors may include Parental and Family Cohesion and support. Preventative action plans at this level may include parenting or family-focused prevention programs and mentoring and peer programs designed to strengthen parent-child communication and promote problem-solving skills and healthy relationships (Aiamswp, n.d.).

## **Peer Group**

The third level examines a person's closest social circle-peers and partners, which could include alcohol and substance abuse as risk factors for mental disorders. The Protective Factors may include Positive Peer Support, Social support, and physical health. Preventative action plans at this level focus on improving the environment by creating a place where positive peer relations can be created and nurtured. They are, moreover, addressing other conditions that give rise to mental health risk factors in the Sunnyside community, like neighborhood poverty, instability, and the high density of alcohol outlets (*About Mental Health Issues*, n.d.).

## **Community**

The fourth level looks at the community risk factors that help create a climate in which untreated mental health disorders and mental health stigma thrive. These Risk factors include stigma, discrimination, racial injustice, homelessness, and unemployment (Kilanowski, 2017). The Protective factors include Sunnyside's strong cultural identity and the health, economic,

educational, and social policies currently implemented to maintain economic or social justice and equality between groups in society regarding mental health awareness, prevention, and access (Kilanowski, 2017). Prevention strategies at this level include efforts to promote community mental health awareness and prevention through visualization of the importance of mental health Prevention and Resiliency by implementing Monthly Townhall meetings that provide culturally sensitive mental health awareness education and resources to improve the Sunnyside Community's well-being and quality of life in Houston, Texas (Understanding Sunnyside, 2023).

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## **PART 3: THEORIES OF PREVENTION**

### **The Sunnyside Movement Towards Mental Health Prevention and Resiliency**

The implementation of prevention requires that people and institutions change to bring about enhanced protections and reduced risks to health and psychological well-being (National Cancer Institute, 2005). Theories that focus on how people and institutions change are fundamental in explaining processes that bring about such change. Especially when the evidence base is small, advocates of one approach or another can be challenged to address the mechanisms by which a program is expected to impact (National Cancer Institute, 2005). By specifying these alternative pathways to change, program evaluations can be developed to ensure that improvements in knowledge, program design, and implementation will occur regardless of the outcome (National Cancer Institute, 2005).

#### **Two Appropriate Theories**

Two theories that can apply to the Sunnyside Movement Towards Mental Health Prevention and Resiliency Program are the Health Belief Model and the Five Stages of Change

Model (National Cancer Institute, 2005). The Health Belief Model (HBM) was one of the first health behavior theories and is widely recognized in the field. It was developed in the 1950s by a group of US Public Health Service social psychologists who wanted to explain why so few people favored programs that prevent and detect disease (National Cancer Institute, 2005). Furthermore, the Stage of Change theoretical model, which Prochaska and DiClemente developed, was created amid studies concerning smokers' cessation. The model is based on the fact that behavior change is a process, not an event (National Cancer Institute, 2005). When individuals attempt to change a behavior, they move through five stages: pre-contemplation, contemplation, preparation, action, and maintenance (National Cancer Institute, 2005).

### **Justification of Theories**

These two Theoretical models are appropriate to address the inadequacy of awareness about mental health disorders and the lack of resources that poses a health barrier in the Sunnyside community. The Health Belief Model theorizes that a person's beliefs about whether or not they are susceptible to disease, and their perceptions of the benefits of trying to avoid it, influence their readiness to act (National Cancer Institute, 2005). Six primary constructs prompt an individual's decisions to take action to prevent, screen for, and control illness. The constructs argue that individuals are more prone to action if they: believe they are susceptible to the condition (perceived susceptibility), believe the condition has serious consequences (perceived severity), believe taking action would minimize their susceptibility to the condition or its severity (perceived benefits), believe the benefits outweigh costs of taking action (perceived barriers), exposed to factors that prompt action (cue to action), or confidence in their ability to act (self-efficacy) successfully. Since health motivation is its central focus, the HBM is a good fit for addressing problem behaviors that evoke health concerns such as mental health disorders.

Together, the six constructs of the HBM provide a valuable framework for designing both short-term and long-term behavior change strategies (National Cancer Institute, 2005). The Health Belief Model is appropriate for addressing this problem because the model allows the Counselor to address the Sunnyside community's personal beliefs about whether or not they feel they are susceptible to issues with mental disorders as well as addressing their perceptions of the benefits of trying to avoid the mental health issue in their community. This model also addresses influences that cultivate their readiness to act concerning learning more about the high rate of mental health disorders in their community in adults as well as the lack of resources which has posed a barrier in their community and prevention programs that can reduce the impact (Understanding Houston, 2023). The Stage of Change theoretical model has been applied to a plethora of individual behaviors as well as to organizational change, which makes it suitable for the Sunnyside prevention program because it will address both individual and organizational or community change as it relates to going from being unaware of mental health disorders to creating awareness as well as contribute resources for mental health disorders in this community (National Cancer Institute, 2005). Moreover, the change process will be individual and community-related once the program is initiated or introduced to this community.

Each stage cultivates the total organizational change of this community (National Cancer Institute, 2005). This theory also considers that amid the change process, individuals can relapse back to an earlier stage and have to begin the stage all over again (National Cancer Institute, 2005). It is possible when it comes to having persons in the Sunnyside community shift their paradigm from not being aware to aware; they will be motivated to make the necessary changes to help promote the prevention of persons going without treatment for mental health services in

the future as well as address the ones that are currently diagnosed with untreated mental health disorders in this community.

These two theories are appropriately aligned to tackle this targeted problem in this community and open the door for prevention initiatives. One main reason is that in comparing the Health Belief Model and the Stages of Change Model, they both have a component that motivates action in a community.

The HBM promotes "Cues to Action," addressing factors that activate readiness to change, and then provides information on promoting awareness and employee reminder systems (National Cancer Institute, 2003). Furthermore, the Stages of Change Model has an action component as well. It measures a changed behavior for under six months with a strategy that helps with feedback, problem-solving, social support, and reinforcement (National Cancer Institute, 2003). Furthermore, working together, these two active components can create a stronger foundation for change with prevention in this community. In lay terms, combining the two theory's action components can influence a greater level of change related to awareness and prevention in the Sunnyside community.

### **Theoretical Research Summary**

With The Stages of Change, the Theoretical Model development of change, when paired with their appropriate stages of change counterparts, provides the best support for change (Raihan & Cogburn, 2023). Furthermore, the Health Belief Model's research data demonstrates superiority regarding questions regarding access, health promotion services, and disease (Rawlett, 2011). The model also leads a path for future research, practice, and ethical and policy analysis. Research states that this model can also hypothesize a relationship between access to

healthcare, use of health promotion services, and disease state in vulnerable populations (Rawlett, 2011).

### **Existing Evidence-Based Program For The Target Problem**

The Social Decision-Making Problem-Solving Program is an evidence-based program appropriate for the Sunnyside community's target problem of large amounts of untreated mental health disorders in adults and the lack of awareness and resources. This program was developed in 1979 to improve social awareness and problem-solving (Promising Practices Network, 2014). The outcomes addressed are behavior problems, mental health issues, physical health, and substance use independence. The evidence level of this model is promising (Promising Practices Network, 2014). The program can also be utilized with children in grades Kindergarten through eighth grades (Promising Practices Network, 2014).

It is a preventative measure to implement readiness for social and decision-making skills. This EBP can be applied in the schools in the Sunnyside community as an early prevention tool to begin to increase awareness of the untreated mental illness in adults in their community as well as educate the students on where to obtain resources or where to go should they be experiencing some Mental Health issue. It also supports the family because the child can bring home much-needed information about resources that the family or the community can obtain should they need it. This evidence-based program is taught in the classroom in three developmental phases. The program is quasi-experimental in design.

It is found to have significant reductions in depression. Furthermore, it increases emotional and behavioral control and minimizes violent behavior and conduct problems in children before adulthood (Promising et al., 2014).

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## PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

### The Sunnyside Movement Towards Mental Health Prevention and Resiliency

As counselors, when implementing prevention programs in communities, we are responsible for ensuring that the program is culturally competent and ethically sound (Kempf et al., 2012). In order to develop culturally relevant and ethical prevention programs, it must start with identifying the diverse populations that the target problem may impact. Cultural relevance is the depth to which interventions are consistent with a particular community's values, beliefs, and desired outcomes (Kempf et al., 2012). Before launching a preventative tool into a community, we must consider the importance of understanding the needs and characteristics of these communities and populations to develop collective and relevant cultural mechanisms (Reese & Vera, 2007).

#### **Subgroup Impacted**

In the Houston area, which includes the Sunnyside community, about 40% of people who identify as LGBTQ have reported experiencing mental illness in the last year, compared to 20% in the general population (Kolanek, 2020). Members of gender and sexual minority populations, including all LGBTQ members, continue to face discrimination, marginalization, and disenfranchisement in the United States. The increased likelihood of comorbid conditions varies across groups of LGBTQ people, with cisgender women more likely to report mood and anxiety disorders, cisgender men more likely to report suicidal ideation and substance abuse, and people of color and transgender people reporting a higher incidence of all conditions (Moe et al., 2018).



## **Unique Impact**

Although substantial gains have been realized because of Advocacy at society's micro- and macro levels, research on mental and physical health shows that gender and sexual minority people are at increased risk for mental disorders and suicidality (Moe et al., 2018). That is, counselors working with LGBTQ people who accept the role of minority stress in their clients' lives need to be aware of barriers to care that their clients are facing, whether discrimination, lack of financial resources, and the need to cope with comorbid conditions such as depression, anxiety, suicidality, and substance abuse which exacerbate increased risk for conditions such as chronic stress, heart disease, cancer, resulting in increased morbidity or early death (County Health Rankings & Roadmaps, 2018). The experience of mental disorders or substance abuse can be a barrier to care when individuals experience physical health difficulties and vice versa (Moe et al., 2018).

## **Mechanisms to Increase the cultural relevance**

Tailoring programs to make them more culturally relevant is essential in prevention science. In addition to the ethical rationale for such tailoring, participant acceptance of prevention programs can also influence retention and attrition rates, which can often be significant confounds to overall understanding (Reese & Vera, 2007). The three appropriate mechanisms that have been selected to increase the cultural relevance of the Sunnyside Prevention Program are Working (Boots on the ground interaction) with Sunnyside, actively listening to the Sunnyside citizen's needs and concerns, and making local connections in the community. These three components build trust and acceptance and cultivate extrinsic

community motivation regarding implementing a mental health prevention tool in their community (Reese & Vera, 2007).

### **Working with Communities**

Organizations must engage community stakeholders to appropriately identify and incorporate cultural beliefs and values. It is crucial to devote dedicated staff time and resources to community engagement and to treat community stakeholders with patience and respect (SAMHSHA, n.d.). While community engagement is the first step, it should be continued throughout the process to stay connected (SAMHSA, n.d.). Active Listening is paramount in increasing cultural relevance in any community. People want their needs to be heard and validated.

The Sunnyside community does not need just another prevention program; they need stakeholders who care about the program's implementation and the people (Sirolli, 2012). The Sunnyside Prevention program will facilitate the Enterprise Facilitation mechanism. It is created to allow the facilitator to take a back seat, never initiating anything or attempting to motivate others. However, the facilitators and stakeholders become servants to the local passion and local people who dream of becoming better people (Sirolli, 2012). In response, learn just to be quiet, listen, and observe.

In other words, be quiet and listen to their needs and concerns empathically (Sirolli, 2012). This approach will create trust and cohesiveness between the facilitators and the Sunnyside community.

### **Make Local Connections**

To ensure that the mechanisms are developmentally appropriate for the Sunnyside population, local connections should be made to scrutinize the components to determine which components need to be adjusted (Sirolli, 2012). Furthermore, identify the intervention components related to initial engagement between consumers and providers, direct intervention through clinical work, and separation through termination. Develop modifications, and seek input from providers, community members, and consumer representatives to identify which modifications they believe would be necessary and practical. Moreover, preliminary trial tests in the community would be necessary for cultural modifications to determine consumers' clinical and cultural needs. Moreover, finally obtaining feedback about the benefits and challenges of cultural modification to determine the tool's effectiveness before the actual prevention campaign (Sirolli, 2012).

### **Core Ethical Considerations**

Regarding core ethical considerations for the Sunnyside Prevention Program, Section A of the American Counseling Association's Code of Ethics regarding the Counseling Relationship is appropriate because it facilitates client growth and development in ways that foster clients' interest and welfare and promote healthy relationships (American Counseling Association, 2014). Trust is vital to the counseling relationship, and counselors are responsible for respecting and safeguarding the client's right to privacy and confidentiality. Furthermore, we as Counselors must actively attempt to understand the diverse cultural backgrounds of their clients (American Counseling Association, 2014). Counselors must also explore their cultural identities and how they affect their values and beliefs. Moreover, counselors are motivated to share with the community professional service for little or no financial return (American Counseling Association, 2014).

It includes sections A.1, A.2, A.3, and A.4. The section is client and community-centered, putting the client's needs first. It is geared toward the client's welfare; it is service-oriented and promotes healthy relationships between the Counselor, the client, and the stakeholders. They are keeping in mind client confidentiality and cultural humility (American Counseling Association, 2022).

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## PART 5: ADVOCACY

### The Sunnyside Movement Towards Mental Health Prevention and Resiliency

Advocacy is increasingly important and central to counseling (Murray & Crowe, 2016). This section of the portfolio considers Advocacy as it relates to addressing the Sunnyside community's target problem regarding untreated mental health in adults in this community. The Multicultural and Social Justice Counseling Competencies offers counselors a framework to implement multicultural and social justice competencies into counseling theories, practices, and research (Multicultural and Social Justice Counseling Competencies, 2015). The Developmental components display various layers that lead to multicultural and social justice competence, such as counselor self-awareness, client worldview, counseling relationship, and counseling and models of Advocacy (Multicultural and Social Justice Counseling Competencies, 2015). This component will provide counseling and social Advocacy for implementing the Sunnyside Movement Towards Mental Health Prevention and Resiliency Program. Privileged and marginalized counselors will intervene with, and on behalf, of clients at the institutional, community, and public policy levels (Multicultural and Social Justice Counseling Competencies, 2015).

### **Institutional Level Barriers**

An Institutional Barrier is a discriminatory law, humanitarian policy, or guideline that systematically discriminates or disadvantages certain groups of people (Multicultural and Social Justice Counseling Competencies, 2015). Lack of Mental Health Awareness and Prevention in the Sunnyside Community is an Institutional barrier for this community. Thirty-Nine Percent of adults in the Sunnyside community reported that they did not think mental health treatment was necessary. Nevertheless, seven Percent of the residents indicated that someone in their household needed mental health treatment or counseling but did not receive it. The most common reason for not receiving mental health care was the cost at approximately thirty-five Percent (Center For Health and BioSciences, 2019).

### **Community Level Barrier**

Community Barriers are the conditions, policies, or attitudes that prevent or make difficult the use of services, practices, and information, as well as those personal and social hurdles many people have to deal with daily (Multicultural and Social Justice Counseling Competencies, 2015). The lack of Mental Health Prevention Resources for the Sunnyside Community is a Community Barrier. The socioeconomic conditions divide the Sunnyside Community due to financial and geographic disparities; some neighborhoods are affluent with resources, and others lack necessities. Furthermore, neighborhoods like Sunnyside that face the most severe economic hardships are more often than not the same neighborhoods that have significant health challenges. In cities across the US, including Houston, the distribution of resources and the quality of environments, public spaces, and neighborhoods are unequal

(Community Design Resource Center University of Houston & Community Transformation Initiative through the Houston Department of Health and Human Services, 2013).

### **Public Policy Level Barrier**

Public Policy Barriers prevent progress toward stated policy goals and exist throughout the policy process and in various dimensions, including social, financial, cultural, and institutional (Multicultural and Social Justice Counseling Competencies, 2015). Lack of Mental Health Access to Prevention and Treatment is a Public Policy Barrier for the Sunnyside Community. Texas is ranked 35 for mental health access for adults and lower at 46 for access for people under 18 years old. (County Health Rankings & Roadmaps, 2013).

### **Institutional Advocacy Level**

Institutional Advocacy represents social institutions such as schools, churches, and community organizations. Institutional Interventions utilize privileged and marginalized counselors to address inequities at the institutional level (Multicultural and Social Justice Counseling Competencies, 2015). The Counselor collaborates with social institutions to address power, privilege, and oppression impacting clients (Multicultural and Social Justice Counseling Competencies, 2015). In Institutional Advocacy, there are times while advocating for a client when it becomes apparent that the individual worker they are dealing with is powerless to put in place the actions or outcomes needed to increase a client's safety because of the restraints of the policies or systems of the agency or organizations they work for (Multicultural and Social Justice Counseling Competencies, 2015). The Counselor's role is to challenge these systems or policies in a relevant and effective way.

It can be done in several ways, such as by offering training, attending agency staff meetings to discuss a specific system, or meeting with the policymakers of a particular organization to negotiate changes (Toporek et al., 2009). Furthermore, collaborating with the Sunnyside community local churches, schools, libraries, and community centers for Mental Health Awareness and Prevention Townhall meetings to increase awareness and actively listen to the Mental Health needs of the Sunnyside citizens (Sirolli, 2012).

### **Community Advocacy Level**

Community Advocacy as a whole represents the spoken and unspoken norms, values, and regulations that are embedded in society. A community's norms, values, and regulations may empower or oppress human growth and development. Community Interventions are effective when privileged and marginalized stakeholders address community norms, values, and regulations that impede the development of individuals, groups, and communities (Multicultural and Social Justice Counseling Competencies, 2015). At this level, it is also possible to intervene preventatively, before the onset of mental health symptoms in some cases, through strategies targeting people at clinically defined increased risk of developing mental health disorders (Gronholm et al., 2017). Administering qualitative and quantitative research to evaluate the degree to which community norms, values, and regulations influence privileged and marginalized clients in this community is essential (Multicultural and Social Justice Counseling Competencies, 2015).

Conducting research will identify and address unspoken norms, values, and regulations about mental health awareness and social stigma embedded in the Sunnyside community. Moreover, at the community level, the Counselor could collaborate with other community

organizations like the Sunnyside Multi-Purpose Health Center, National Alliance for Mental Illness, or other systems advocacy entities (Multicultural and Social Justice Counseling Competencies, 2015).

### **Public Policy Advocacy Level**

Public Policy Advocacy reflects the local, state, and federal laws and policies that regulate or influence client human growth and development. Public Policy Interventions comprise privileged and marginalized counselors who address public policy issues that impede client development with and on behalf of clients (Multicultural and Social Justice Counseling Competencies, 2015). It focuses on recognizing when a client or client community's problem must be addressed at a policy or legislative level and advocating for change within those areas (Toporek et al., 2009). Texas Senate Bill 26. Legislative Session: 88(R) relates to local mental health and local behavioral health authorities' audits and mental and behavioral health reporting, services, and programs. Texas is scheduled to invest in mental health by expanding the state's facilities and services.

This state initiative will be implemented through local contracts and the construction of new facilities, with this bill serving as a roadmap for other Mental Health Funding programs (Contributor, 2023). Advocating on a state level for a similar Texas Mental Health Initiative like the Senate Bill 26 design to expand facilities and services could provide the Sunnyside community with funding for Awareness and Prevention programs as well as funding for new Community-Based Mental Health facilities in their neighborhood (Contributor, 2023).

<https://www.washingtonexaminer.com/news/texas-senate-unanimously-passes-sweeping-mental-health-bill>

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