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Effects of Poverty on Children's Mental Health in Orlando, FL

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

Social Change Portfolio

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OVERVIEW

Keywords: Poverty, People of Color, Children of Color, Families, Barriers, Prevention

Effects of Poverty on Children's Mental Health in Orlando, FL

Goal Statement: To strengthen the relationships and well-being of children and families of color, improve engagement, and promote awareness of barriers associated with mental health.

Significant Findings:

Poverty significantly impacts children's mental, physical, and cognitive development, especially during the first five years of life. Children of color living in poverty face higher risk factors, impeded self-regulation abilities, prejudice, and discrimination associated with seeking and obtaining mental health treatment. The stigma and obstacles in accessing treatment, particularly for underrepresented groups, are significant issues in Orlando, FL. Prevention starts with utilizing theories such as the Health Belief Model (HBM) and Social Cognitive Theory (SCT), which deepen the understanding of how personal, environmental, and human behavior influence each other in an ongoing process. Collaboration and advocacy efforts between mental health professionals, schools, and local community organizations are necessary to address treatment-related bias and discrimination. Culturally appropriate evidence-based programs, such as the Tripple P (Positive Parenting Program) system, aim to de-stigmatize asking for parenting advice, empower parents, and validate positive parenting concepts. It is a hybrid approach combining universal and customized components, beneficial in diverse cultures. Adopting it can reduce child maltreatment and minimize stigma (Baumann et al., 2016; Foster et al., 2008; Prinz et al., 2016).

Objectives/Strategies/Interventions/Next Steps:

The objective is to prevent mental health illnesses associated with poverty by providing interventions that will strengthen the relationships and well-being of children and families of color, improve engagement, and promote awareness of barriers associated with mental health. Raising awareness and eradicating stigma requires an understanding of the stigma associated with mental health concerns among children of color living in poverty. The Health Belief Model (HBM) can assist in recognizing and addressing personal perspectives regarding health risks, the advantages of avoiding them, and the variables that influence decision-making (National Cancer Institute, 2005). If parents feel that their actions will significantly impact, are easily affected, and be worth the expense, they might be more inclined to take action. Potential change strategies include defining danger levels, adjusting culturally sensitive information, evaluating mental health risks, outlining mitigation strategies, offering rewards for reassurance, clearing up misconceptions, teaching, setting incremental goals, encouraging verbally, and modeling desired behaviors (National Cancer Institute, 2005). Social Cognitive Theory (SCT) helps us understand how social environments interact and impact interpersonal relationships. High self-efficacy can lead to change in health practices, allowing individuals to think they have control over their environment. Strategies for change include mastery learning, modeling healthy behavior, small steps, and self-initiated rewards (National Cancer Institute, 2005). Community organizing addresses health issues by combining personal, environmental, and human behavior concerns with ecological perspectives. Recognizing ethnic or cultural diversity is crucial for empowering positive mental health initiatives. To increase the cultural relevance of preventive programs, this population needs culturally appropriate and competent services in advocacy, prevention, and outreach (Ofenedu et al., 2017; Reese & Vera, 2007). Therefore, the next step of this process is

advocacy. It seeks to educate and raise awareness among people to enable them to utilize their voices to confront systemic barriers. The intention is to lessen prejudice and support families in order to assist children in overcoming mental health challenges. Counselors need to be aware of their clients' worldviews and cultural backgrounds in order to comprehend the impact of obstacles to receiving mental health care. According to the Multicultural and Social Justice Counseling Competencies (MSJCC), 2015, and the ACA Advocacy Competencies, 2018, advocacy can be seen at the institutional, community, and public policy levels. At the micro, meso, and macro levels, the Center of Excellence Infant & Early Childhood Mental Consultation can assist in overcoming these obstacles through education (IECMHC, n.d.). The goal is to increase access to evidence-based mental health consultation to support the next generation (SAMHSA, n.d.). As a result, knowledge has power, and community representation is paramount.

INTRODUCTION

Effects of Poverty on Children's Mental Health in Orlando, FL

Orlando is the fourth largest city in central Florida and is located in Orange County, and over 316,081 people call it home (United States Census Bureau, 2022). However, nine communities (zip codes 32808, 32805, 32839, 32811, 32818, 32810, 32801, 32822, and 32703) in Orlando have the most significant rates of children in poverty, juvenile arrests and detention, dependency involvement, abuse, and neglect reports, low 3rd grade FSA reading scores, low performing schools, teen pregnancies, and infant mortalities (Orange County Family Services Department, 2018; County Health Rankings and Roadmaps, n.d.). Within that rate, 28% of children are Black/African American, 23% Hispanic, 54% are American Indian & Alaska

Native, and 9% are White (County Health Rankings, n.d.). According to research, early childhood is the origin of many inequities in overall health and well-being, and those who experience poverty as young children are more susceptible to physical and mental health illnesses and low quality of life (Robinson et al., 2017). Moreover, research indicates that children of color suffer more negative consequences of welfare reform, such as frequent sanctioning, insurance coverage gaps, and healthcare access (Pac et al., 2017). Currently, Orange County provides programs such as Early Head Start, the Orange County Community Action programs, and the Wraparound Orange Project, which provide parenting support, promoting self-sufficiency to eliminate the causes and consequences of poverty, and mental health services for children and families (Orange County Government Florida, (n.d.)). However, the gap in service is a significant issue. This social change portfolio aims to identify the risk and protective factors associated with the cycle of poverty that people of color experience, such as systemic racism, discrimination, and mental health stigma, and advocate for more evidence-based preventative measures that are family-focused. Evidence-based parenting-focused programs can be utilized as prevention for children early in life to lower the risk of mental illness connected with poverty and its consequences on children (SAMHSA, n.d.; Dawson-McClure et al., 2017).

PART 1: SCOPE AND CONSEQUENCES

Effects of Poverty on Children's Mental Health in Orlando, FL

The mental health topic addressed in this prevention portfolio is how childhood poverty affects children's mental health, with a focus on the people of color population of Orlando, Florida, as the targeted demographic. Because poverty significantly predicts cognitive development, psychosocial development, and health throughout life, specifically in the first five

years of a child's life, as a mental health counselor, it is vital to address and be aware of how systemic barriers can impact mental health care for marginalized populations such as people of color (Brody et al., 2020; Pac et al., 2017).

The prevalence rate of children in poverty is 20% compared to the national average of 17% (County Health Rankings, n.d.). Even at its peak of 27% of children living in poverty in 2012, Orange County, according to County Health Rankings, was higher than the national average of 23%, and the data shows that the situation for children living in poverty continues to worsen. Income disparity, residential segregation, and exorbitant housing costs are socioeconomic risk factors that cause 18% of households to spend half or more of their income on housing, adding to the persistent prevalence of poverty (County Health Rankings, n.d.). For example, according to the United States Health and Human Services (HHS) federal poverty guidelines, to receive federal and state assistance, a family of four cannot make over \$30,000 per year (Orange County, Florida, n.d.). Florida's minimum wage is only \$11.00 per hour (\$21,120 per year), with an expected increase to \$12 per hour (\$23,040 per year) on September 30, 2023, increasing yearly till \$15 per hour (\$25,800 per year) is reached by 2026 (US Department of Labor, 2023). Depending on the family's circumstances, raising a child out of poverty with the existing and future minimum wage is still impossible at this pace, much alone feasible.

The effect and influence these circumstances have on a child's physical and mental health, let alone the family's, is enormous, and it contributes significantly to the perpetuation of intergenerational poverty and strife. These health disparities begin at birth, and children who experience poverty have greater rates of externalizing behavior issues, such as aggressiveness, inattention, and hyperactivity, and higher rates of internalizing symptoms, such as anxiety and depression, as well as experience increased levels of social isolation, low-quality caregiver

interaction, and restrictions to child activities specifically in ethnic minority children (Herberle & Carter, 2015; Hostinar, & Miller, 2019; Kia-Keating et al., 2018). Because of the family and community risk factors children of color in poverty confront, this can impede the development of self-regulation abilities (Kia-Keating et al., 2018). Since early self-regulation longitudinally predicts both mental health and academic success, identifying this gap early can significantly affect preparedness for school and peer interactions (Kia-Keating et al., 2018). Low childhood SES is connected to more significant morbidity and mortality rates from many illnesses across their life spans; however, early prevention and intervention effects can have promising results (Hostinar & Miller, 2019).

This social change portfolio aims to strengthen the relationships and well-being of racial/ethnic minority children and families, improve engagement, and promote awareness of barriers associated with mental health.

PART 2: SOCIAL-ECOLOGICAL MODEL

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Prevention involves knowledge of the risk and protective factors connected to an individual, their relationships, community, and societal influence, according to the Centers for Disease Control (CDC) (n.d.) Social Ecological Model (SEM). Furthermore, Bronfenbrenner's Ecological Systems Theory is founded on the notion that the immediate family, the school setting, and broader cultural norms, rules, and practices all play a role in the multilayered system of interactions that make up a child's development (Guy-Evans, 2020). Reviewing both perspectives, it is clear that we need to look at the child, their relationships, community, and

societal factors that contribute significantly to their likelihood of distress and the negative consequences of poverty on their general well-being.

Addressing how these risk and protective factors influence a child, especially children of color, is crucial to prevention because disorders affecting their physical or mental health are more likely to emerge in children with multiple risk factors than in those with multiple protective factors (SAMHSA, n.d.). Using the SEM, the first approach identifies individual risk factors for poverty, such as single-parent households, which account for 27% in Orange County as opposed to 25% in the US, income inequality (4.5%), unemployment (5.2%), food insecurity (13%), pay gap; the second, factors in their relationships, parent-child relationships, the mental illness of the parent or caregiver, abuse, neglect; substance abuse, and insufficient supervision; the third, community factors, residential segregation such (index of 53 for black and white residents), child care burdens (31%) neighborhood violence, lack of affordable housing (20%); housing cost burdens(18%) and the fourth, societal factors, such as social and cultural norms, social inequalities, and racism (CDC, n.d.; County Health Rankings, n.d.; Hostinar & Miller, 2019; SAMHSA, n.d.). Although racial and ethnic minority children who grow up in poverty may exhibit differences in their mental and physical health, protective factors that decrease the chance of adverse outcomes in that setting can help them stay healthy despite the odds (Hostinar & Miller,2019; SAMHSA, n.d). Protective factors such as self-regulation, food security, parental involvement, effective parenting, mental health resources, and positive physical and social environments can prevent children's physical and mental health instability, reducing the risk (Bates et al., 2021; Hostinar & Miller,2019; SAMHSA, n.d.). Acting on all of the SEM factors that govern how poverty affects children's mental health at once will increase the likelihood that preventative interventions will be sustained over time and have an effect at the population level

(CDC, n.d.). Prevention methods that focus on a group of risk or protective factors have the potential to have a positive impact across a variety of domains (SAMHSA, n.d.).

The Centers for Disease Control (CDC) Social Ecological Model (SEM) places a significant emphasis on identifying risk and protective factors linked with poverty to understand better how poverty affects children's mental health. When theoretical perspectives like Bronfenbrenner's Ecological Systems Theory are applied, it becomes clearer how a child's development is impacted by multiple levels of influence, including their immediate relationships (microsystem) with self, parents/caregivers, siblings, teachers, and school peers and how these relationships are interconnected (mesosystem), as well as informal and formal social structures (exosystem), that indirectly influence the child, such as the community they live in, one's culture (macrosystem), and all environmental changes (chronosystem) that influence development over a lifetime aid in our understanding of the complex dynamics that contribute to a child's growth and mental well-being (CDC, n.d.; Guy-Evans, 2020; Bates et al., 2021; Hostinar & Miller, 2019). Thus, prioritizing a family-focused preventative program that is family-focused can aid in preventing mental distress in children living in poverty.

PART 3: THEORIES OF PREVENTION

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This section analyzes prevention theory to understand the influence of poverty on children's mental health, emphasizing the relevance of an ecological perspective by focusing on intrapersonal, interpersonal, and communal aspects to identify successful reduction and prevention initiatives. Prevention theories provide a framework for investigating problems that affect our communities and the world, designing suitable actions, and assessing their

effectiveness (National Cancer Institute, 2005). Theories such as the Health Belief Model (HBM) and Social Cognitive Theory (SCT), in conjunction with community organizing, can help create a deeper understanding and impact on what the community is facing. A study done in 2018 that examined the Orange County Funded Children's Programs and Services revealed issues that the community is still experiencing related to mental health, which are fragmentation in mental health services, large and scattered population, families not fully engaged as partners in mental health, low level of community awareness, and high level of stigma (Orange County Family Services Department, 2018; Orange County Government Florida, n.d.). Therefore, utilizing theories that focus on interpersonal/intrapersonal and community levels may be beneficial in promoting and administrating evidence-based programs that reduce stigma, engage others, and create partnerships with other community organizations to help cover areas of gaps in service.

As previously discussed, numerous risk and protective factors influence behavior and cause significant mental distress in children living in poverty. To assist in eliminating stigma and raising awareness, understanding why there is a stigma in the first place is critical. On an individual level, the HBM can help to identify and address the individual's views of the threat provided by a health problem (susceptibility, severity), the advantages of avoiding the threat, and variables influencing the decision to act (barriers, cues to action, and self-efficacy) (National Cancer Institute, 2005). According to the six primary constructs that influence people's decisions about whether to take action to prevent, become aware of, and control an illness, in the case of preventing mental health issues in children, parents may be ready to act if they believe they are easily affected, have serious consequences, believe taking action would reduce their susceptibility or severity, believe the benefits outweigh the costs of taking action, are exposed to cues that prompt action, and are confident in their ability to act (National Cancer Institute, 2005).

Identifying programs that can help parents understand why children are susceptible to mental health issues related to poverty can help their willingness to act. Potential change strategies suggested by the National Cancer Institute's Guide for Health Promotion Practice (2005) include defining danger levels, customizing culturally sensitive information, assessing mental health risks, explaining mitigation measures, providing reassurance rewards, correcting misconceptions, teaching, incremental goal-setting, verbal encouragement, and demonstrating desired actions.

The SCT is similar to the HBM but focuses on and helps to comprehend how one's social environment interacts and impacts each other on an interpersonal level. Self-efficacy, objectives, and expected outcomes impact people's chances of changing their health practices. Individuals with high levels of self-efficacy can change their behavior despite obstacles because they think they have control, and developing new habits impacts the individual and their environment (National Cancer Institute, 2005). Potential change strategies suggested by the National Cancer Institute's Guide for Health Promotion Practice (2005) include promoting mastery learning through skills training, becoming the change and model healthy behavior, approaching change in small steps, and promoting self-initiated rewards and incentives. Community organizing tackles health issues on several levels, combining personal, environmental, and human behavior concerns with ecological perspectives and supporting solutions for sustainable development (National Cancer Institute, 2005). Therefore, recognizing the distinctive features of ethnically or culturally diverse groups is critical for empowering positive mental health initiatives.

Community organizing assists in identifying shared problems, mobilizing resources, and developing tactics for collective goals; initiatives that begin with community aims are more likely to succeed (National Cancer Institute, 2005).

Assessing evidence-based programs concentrating on children's mental well-being that are currently in place in Orlando is vital to gaining a deeper understanding of the current issues the community is still facing. Orange County's Mental Health and Homeless Issues Division guarantees that people and families, including children and adults, get high-quality mental health services. Wraparound Orange, a nationally acclaimed initiative, provides intense care coordination and management for children, adolescents, and young adults suffering from behavioral, emotional, mental health, or substance abuse issues. The program aims to assist families, youth, and organizations in becoming equal participants in mental health decision-making, engaging them in appropriate services, integrating systems, and advocating for mental health literacy with the primary goal of ensuring a safe environment so that the family stays together (Orange County, Florida, n.d.). However, it appears their primary focus is on children who have been referred to the Department of Justice. The biggest concern, however, is around the stigma of seeking mental health assistance. According to the Orange County Funded Children's Programs and Services study conducted in 2018, Orange County ranks poorly in mental health initiatives, with 9.1% of caregivers indicating that their child's mental health is fair or poor. Parents/caregivers in Central Florida have the most difficulty accessing mental health assistance, with African-American children disproportionately represented, and while the whole state of Florida has poor access to care for youth regarding mental health access, with 10.1% of private insurance children not receiving mental health services (Review of Florida Children's Services Council & Orange County Funded Children's Programs and Services, 2018). Even though our county government is seeing and making tremendous effective strides in our community, implementing evidence-based programs that focus on strengthening families and eliminating stigma and gaps is much needed.

Regularly and consistently, poverty may raise the risk of stress in the family, strain parent-child connections, and amplify problem behaviors (Kia-Keating et al., 2018). The complexities of stigma related to a multicultural perspective on mental health create service impediments, influenced by familial experience, a lack of awareness about mental illness, and personal attitudes about mental health illness that lead to isolation and denial (Misra et al., 2021). Therefore, a culturally adapted evidence-based program to reduce the risk of stigma and promote positive parenting is critical to prevention (Baumann et al., 2015). In reviewing *Social Programs That Work* (2018), the Triple P (Positive Parenting Program) System is a cost-effective parenting program for children aged 0 to 8 to strengthen parental skills and prevent dysfunctional parenting. It focuses on five basic principles: creating a secure atmosphere, encouraging positive learning, employing forceful discipline, keeping realistic expectations, and practicing self-care. Triple P can be delivered in many different settings, and it provides parents with the tools they need to become problem solvers and confidently manage their challenges independently; it helps to de-stigmatize parenting support and encourages self-regulation and self-sufficiency (Tripple P, n.d.). For example, utilizing Tripple P in a culturally adaptable group session allows time to discuss the social and political context for parenting, develop trust, slow the pace of presentation, and share personal stories (Baumann et al., 2015). According to Foster et al. (2008), Triple P is intended to provide parents with parenting tips and strategies. However, it is also intended to de-stigmatize seeking parenting information, empower parents to engage in self-regulation and problem-solving, and validate positive parenting concepts for both parents and providers. Foster et al. (2008) also note that The Triple P system is not a universal program but a hybrid approach combining universal and customized components. Although Triple P has been studied and proven beneficial in many culturally and ethnically diverse cultures worldwide, adopting it to

assist people of color can help minimize stigma and mental health inequalities in children and reduce child maltreatment (Baumann et al., 2016; Foster et al., 2008; Prinz et al., 2016).

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

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Poverty affects 20% of children in Orange County, Florida. Within that rate, 28% of children are Black/African American, 23% Hispanic, 54% are American Indian & Alaska Native, and 9% are White (County Health Rankings, n.d.). When discussing diversity and ethical considerations regarding the effects of poverty on children's mental health and well-being, we must aim to understand their cultural values, beliefs, and worldviews and identify barriers such as stigma and lack of treatment engagement to apply culturally appropriate preventive interventions when assisting disadvantaged people of color (Acri et al., 2016; Association for Multicultural Counseling & Development Multicultural Counseling Competencies, 1996; Reese & Vera, 2007; Ofenedu et al., 2017). Unfortunately, ethnic/racial minorities are less likely to initiate treatment and frequently receive poorer mental health care than their White counterparts; therefore, to increase the cultural relevance of preventive programs, this population needs culturally appropriate and competent services in advocacy, prevention, and outreach (Ofenedu et al., 2017; Reese & Vera, 2007).

To enhance the cultural relevance of a preventive program for racial/ethnic minority children and their families experiencing mental distress, we must understand the impact of barriers and then incorporate cultural knowledge. According to Reese and Vera (2007), cultural relevance refers to preventions consistent with a specific community's values, beliefs, and desired goals. For preventative measures to work, a congruent program can influence retention

and attrition rates (Reese & Vera, 2007). Barriers that interfere with ethnic minority family's initial treatment engagement are stigma, low levels of understanding and expectations for treatment, parental socioeconomic disadvantage, mistrust, racism, discrimination, single-parent households, parental mental health issues and timely access to therapy (Acri et al., 2016; Kia-Keating et al., 2018; Misra et al., 2021; Ofenedu et al., 2017; Orange County Family Services Department, 2018.; Reese & Vera, 2007). According to Reese & Vera (2007), three crucial strategies for eliminating disparities are (a) lowering the barriers that prevent people of color from seeking traditional counseling services, (b) lowering the conditions that lead to mental health problems for people of color, and (c) changing our service delivery methods so that they are more accessible to underserved communities. A study conducted by Acri et al., 2016, found that 80% of children and adolescents in need of treatment who live in impoverished metropolitan settings never receive mental health care, and 50% of those who do receive treatment drop out prematurely. However, to enhance cultural relevance, Ofenedu et al. (2017) noted that the initial mental health treatment engagement process should consist of three stages: (1) recognizing that the child has a mental health problem by caregivers or other individuals in the child's life, (2) linking the child and family to a mental health treatment agency, and (3) bringing the child to the mental health agency to obtain treatment and failure to negotiate the process effectively can cause significant problems to initiating treatment. Because healthcare professionals are involved in the first assessment of the child's mental health requirements, they should also consider offering culturally sensitive feedback to parents that increases awareness of the child's treatment needs (Ofenedu et al., 2017; Reese & Vera, 2007). Offering culturally sensitive feedback will consist of offering a dialogue free from judgment. An example by Ofenedu et al. (2017) stated that diagnostic labels like attention deficit hyperactivity disorder and post-traumatic stress

syndrome could be stigmatizing, providing the parents/caregivers education about the benefits of early diagnosis, answering all questions they may have and being patient with them if they do not understand is culturally sensitive (Ofenedu et al., 2017). Instead of using words they have never heard of, using simple language so that they can understand can also help. As a result, to be culturally relevant in integrating prevention strategies, we must interact with the community to develop and implement programs valued by the community for acceptability, because their participation and engagement are critical to the mental health and well-being of their children.

Stakeholder participation, informed consent, and confidentiality are all essential ethical considerations in preventative programming for people of color. According to the ACA Code of Ethics, A.1.d, (2014), counselors recognize that support networks have different meanings in clients' lives, and enlisting the support, understanding, and involvement of others that positively impact their lives is vital in the therapeutic process. However, we must be open to understanding how parents who face social adversity, such as poverty, homelessness, racism, or even mental health distress, frequently have limited resources and social support to cope with their children's behavior problems (Ofenedu et al., 2017). Because of the impact of adversity, parents must also be informed at all times that they have the freedom to choose whether to enter into or remain in a counseling relationship (ACA Code of Ethics, 2014). Therefore, participation from community stakeholders who provide services in more welcoming settings for some ethnic minority communities, such as community centers, schools, and places of worship, can improve engagement and trust (Reese & Vera, 2007). Culturally relevant care and communication can boost parents' motivation and engagement in treatment and improve treatment quality and results (SAMHSA, n.d.; African American Behavioral Health, 2023). As a result, children's mental health treatments should use a two-generation approach, assisting children, parents, and family's

parents in addressing the child's mental health (African American Behavioral Health, 2023). However, the goal is to minimize stigma and enhance involvement by providing services to disadvantaged people of color that are culturally sensitive, relevant, and competent.

PART 5: ADVOCACY

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Advocacy is essential in serving our clients, and its influence can significantly impact awareness of the effects of poverty on children's mental health in Orlando, FL. The goal of advocacy initiatives for disadvantaged people of color is to overcome systemic barriers, decrease discrimination, and boost engagement in family strengthening to help children overcome mental health distress associated with poverty. Therefore, in identifying barriers to addressing poverty's effects on children of color, counselors must act with the clients to understand their worldview and gain cultural knowledge on the effects of barriers to receiving mental health assistance. Comprehending how barriers such as discrimination, oppression, and systemic racism can cause mental distress, the influence of these factors must be viewed based on the three levels of intervention: institutional, community, and public policy (ACA Advocacy Competencies, 2018; Multicultural and Social Justice Counseling Competencies (MSJCC), 2015). Only then can advocacy broaden the impact of counseling by raising the possibility that environmental stresses and impediments can be less prominent in clients' lives (Toporek et al., 2009). An advocacy action such as the Center of Excellence Infant & Early Childhood Mental Consultation can help address the barriers at the three levels of intervention and can assist in determining why each action could be effective. Advocacy aims to enhance clients' power and promote environmental changes that reflect their needs (Toporek et al., 2009). To achieve this, systemic barriers, such as fragmentation in the mental health service system, lack of community awareness, and unreported

or delayed treatment, have been identified in Orlando (Orange County Family Services Department, 2018). Counselors' cultural awareness and competency are crucial, especially for the racial/ethnic minority population experiencing significant mental distress. Empowering, supporting, connecting, addressing community norms, and collaborating with individuals and their communities can support advocacy initiatives. The ACA Advocacy Competencies (2018) recommend three levels of intervention: micro (client/student), meso (school/community), and macro (public arena). Therefore, examining each intervention about the issues faced within the community of Orlando can shed some light on how to reduce barriers that people of color face.

Prevention activities educate and support individuals and communities to avoid developing mental health issues in children, as mental illnesses can interfere with a person's capacity to work (attend school), connect with family, and perform other daily responsibilities (SAMHSA, n.d.). Therefore, reviewing the three levels of intervention can help advance advocacy competencies. One advocacy action that can help strengthen families to help prevent mental health disparities is The Center of Excellence for Infant and Early Childhood Mental Consultation (CoE for IECMHC) (n.d.). IECMHC is a national center that provides technical assistance to programs, communities, states, territories, and tribal communities and professional development to individual mental health consultants to increase nationwide access to high-quality mental health consultation. The goal is to increase access to evidence-based infant and early childhood mental health consulting to help communities support the achievement of the next generation (SAMHSA, n.d.)

Client/Student Level of Intervention. Client/student empowerment and advocacy can be used to address systemic issues effectively. Identifying external constraints and improving self-advocacy skills are two aspects of empowerment (Toporek et al., 2009). Through IECMH,

consultants can empower parents to build self-regulation skills to strengthen and support children's healthy social and emotional development (IECMHC, n.d.). Another example would be facilitating the client's ability to identify personal stigma of mental health as a source of stress to mental well-being and then devising methods to address the stigma through education (Toporek et al., 2009). Assisting the client in creating an action strategy, developing allies, and carrying out the plan can be empowering (Toporek et al., 2009).

School/Community Level of Intervention. Community collaboration entails counselors and client communities working together to solve concerns and establish advocacy initiatives, and systems advocacy identifies systemic problems, obtains insights, and enacts system-level remedies (Toporek et al., 2009). Working with Orange County community partners to increase community partnerships in supporting systemic change associated with fragmentation in the mental health service system and gaining information and insight from those most affected are ways to promote action (Orange County Government, n.d; Toporek et al., 2009). Partnerships for effective collaborations are essential for the success of advocacy activities and future advocacy strategies (Toporek et al., 2009). The IECMHC (n.d.) supports collaboration and partnerships among diverse service providers within a state, tribe, or community. These collaborations enable IECMHC to access cross-sector data, enhance referral routes, promote family participation, inform policy choices, and even help secure funding for the program (IECMHC, n.d.). As a result, advocating at the community level for a program that might help avoid mental disparities in children and strengthen the family unit could be extremely useful.

Public Arena Level of Intervention Counselors works with client communities to improve public awareness of human dignity concerns, developing large-scale communication initiatives (Toporek et al., 2009). According to the Orange County Government Wraparound

Orange Project (n.d.), education is a strategy to promote mental health and wellness; however, low awareness and stigma constrain growth. Collaborating with other community partners in increasing awareness of barriers to mental health in Orlando through a social media campaign that targets these issues using community representation, cultural humility, and relevance, such as a campaign focusing on the stigma of seeking mental health therapy for ethnic minorities and their families can be effective. According to Murray and Crowe (2016), using social media platforms to deliver health information can engage targeted audiences in community-building, create interactive discussions, and assist individuals in making safe and healthy life choices. Concentrate on social/political activism, identifying when issues necessitate policy or legislative involvement to alleviate structural injustice.

An example will be for the counselor to bring these issues to the forefront by contacting elected local government representatives to help advocate for the cause. Another example of implementing and advocating a change model in promoting strengthening families to policymakers is how the IECMHC program uses data to acquire information on the success of their services and supports, as well as to ensure that services are offered throughout the spectrum of need (promotion, prevention, intervention/treatment) (IECMHC, n.d.). To address inequities, it is critical to gather data on expulsions and suspensions of children participating in IECMHC programs and to disaggregate the data by race, age, and gender. This information will assist in developing internal policy and raising awareness of the IECMHC methodology and will be of significant use to policy and legislative constituents. However, with all that has been addressed and identified, people of color must be seen and heard for relevance and advocacy initiatives to work.

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