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## **Supporting the Mental Health Needs of Impoverished Youth in the Rio Grande Valley**

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## Contents

[Overview](#)

[Introduction](#)

[Scope and Consequences](#)

[Social-ecological Model](#)

[Theories of Prevention](#)

[Diversity and Ethical Considerations](#)

[Advocacy](#)

[References](#)

[ScholarWorks Contributor Agreement](#)

## OVERVIEW

**Keywords:** Mental health, impoverished youth, poverty, child poverty, immigrants, Rio Grande Valley, access to care, intervention strategies, social-emotional learning, parenting programs.

**Supporting the Mental Health Needs of Impoverished Youth in the Rio Grande Valley**

**Goal Statement:** The goal of this project is to enhance access to culturally competent mental health services and support systems for impoverished youth in the Rio Grande Valley, thereby reducing barriers and improving overall mental health outcomes in this vulnerable population.

**Significant Findings:** In the Rio Grande Valley, impoverished youth face significant barriers to accessing mental health care, exacerbated by factors such as economic hardship, immigration-related stressors, and cultural stigma. Research highlights the prevalence of anxiety, depression, and trauma-related disorders among these youth, underscoring the urgent need for targeted interventions. Recommendations include integrating evidence-based practices into school-based mental health initiatives, fostering community partnerships to expand service reach, and advocating for policy changes that prioritize mental health funding and support for immigrant families.

**Objectives/Strategies/Interventions/Next Steps:** To address the mental health needs of impoverished youth in the Rio Grande Valley, key objectives and strategies have been identified. These include introducing social emotional learning programs to schools, using parenting strategies like the Triple P parenting programs. Additionally, using community outreach to reduce stigma and raise awareness of mental health resources through media and events. Advocating for increased funding in schools and government assistant programs, aims to reduce poverty and increase opportunities for impoverished youth. Lastly, advocacy efforts at the policy

level will collaborate with local policymakers and groups to prioritize mental health services for impoverished youth, securing funding through Texas State Legislature. By implementing these strategies with community partners, the project aims to create a supportive mental health environment for impoverished youth in the Rio Grande Valley.

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## INTRODUCTION

### Supporting the Mental Health Needs of Impoverished Youth in the Rio Grande Valley

Poverty, especially in childhood, remains a significant and widespread issue with far-reaching implications for psychological, physical, and educational well-being. In the Rio Grande Valley of South Texas, childhood poverty is alarmingly prevalent. This Social Change Portfolio takes a proactive preventative approach by implementing social-emotional learning programs for children and providing parental education and support. By comparing local prevalence rates to national trends, the portfolio sheds light on the severe impact of poverty on social dynamics, education, physical and mental health, as well as overall social well-being. It underscores the importance of launching targeted preventive initiatives to mitigate the adverse effects of childhood poverty. Through promoting healthy emotional development in children and fostering positive parental involvement, the portfolio aims to reduce the risk of mental health disorders in the Rio Grande Valley.

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## PART 1: SCOPE AND CONSEQUENCES

### Supporting the Mental Health Needs of Impoverished Youth in the Rio Grande Valley

This prevention program's target population is children living in poverty in the Rio Grande Valley. According to the 2022 American Community Survey, 37% of children in

Hidalgo County, Texas, live in poverty, compared to the national average of 16%. Although this represents an improvement from 2014, when 45.7% of children in Hidalgo and 23% nationwide lived in poverty, the current prevalence remains alarmingly high. Children in poverty are more likely to face various mental health issues due to trauma, chronic stress, and limited access to resources (Hair et al., 2015). Hodgkinson et al. (2017) noted that these children are also at risk for developmental delays, anxiety, depression, and PTSD. Additionally, research indicates that poverty affects brain development in children and adolescents, impacting cognitive processes such as language, executive functioning, social-emotional processing, and memory, which are essential for learning, communication, and academic success (Hair et al., 2015). Given that 32% of people under the age of 65 in Hidalgo County, Texas, lack health insurance (County Health Rankings & Roadmaps, 2024), it is essential to develop prevention programs that are both cost-free and easy to access. These programs aim to support and uplift families rather than add to their burdens.

Through the introduction of social and emotional learning programs and the implementation of a program for parental education and support, this prevention initiative seeks to lower the risk of the aforementioned mental health disorders.

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## PART 2: SOCIAL-ECOLOGICAL MODEL

### Supporting the Mental Health Needs of Impoverished Youth in the Rio Grande Valley

The Rio Grande Valley faces significant socioeconomic challenges, including high child poverty rates. According to Eamon (2001), poverty impacts children's socioemotional development through various ecological systems, including the individual, familial/relationship, school, community, and societal levels. Therefore, addressing this issue requires analyzing the risk and protective factors at multiple levels.

Poverty affects adolescent mental health directly at the individual level, affecting social adjustment and quality of life (Wilkins et al., 2004, as cited in Dashiff et al., 2009). Adolescents who are aware of their families' economic difficulties may experience feelings of helplessness, shame, and inferiority; they are also at higher risk for suicide (Fergusson et al., 2000, cited in Dashiff et al., 2009). Furthermore, chronic poverty increases the risk of mental disorders like depression, as well as behavioral risks like substance abuse, early sexual maturity, and criminal activity (Dashiff et al., 2009). Protective factors at the individual level include programs that enhance resilience and teach coping strategies, which can help children manage stress and adversity. Providing accessible mental health services can address issues like depression and anxiety early on.

At the relationship level, the family is the most important setting for promoting adolescents' psychological well-being (Hoagwood et al., 2010, as cited in Guo et al., 2018). However, some of the risk factors associated with family relationships include parental depression, which can directly impair children's socioemotional functioning due to low levels of nurturing, uninvolved and inconsistent parenting, and harsh discipline (Eamon, 2001). Indirectly, it can lead to marital conflict, which also has a negative impact on children. Furthermore, high levels of parental stress and untreated mental health issues can have a negative impact on parenting quality (i.e., communication skills) and children's emotional well-being. Poor parental-child communication can lead to misunderstandings and insufficient emotional support (Eamon, 2001). Protective factors include strong family bonds, as positive and supportive relationships can buffer against poverty's adverse effects (Dashiff et al., 2009). Considering that parental support may be the most reliable indicator of mental health outcomes (Stewart & Suldo, 2011, as cited in Guo et al., 2018) and that parental and family resilience may also mitigate the negative

effects of poverty (Dashiff et al., 2009), programs that offer parenting education and support can enhance family dynamics and parenting styles (CDC, 2024), thereby lowering negative effects at the relationship level.

Among the risk factors at the school level are the higher likelihood of peer rejection, decreased popularity, and conflictual peer relationships (Bolger et al., 1995; Patterson et al., 1990, as cited in Eamon, 2001). Children may experience stigma and isolation as a result of their nonconformity and lack of involvement in peer activities. This decreases their chances of interacting with others and forming and sustaining peer relationships (Dodge et al., 1994, as cited in Eamon, 2001). Furthermore, children from low-income families often attend schools with limited resources, which leads to poorer academic performance and behavioral issues (National Research Council, 1993, as cited in Eamon, 2001). The social support network of adolescents, consisting of their family, school, and community, significantly impacts their psychological health (Quinn et al., 2014; Smokowski et al., 2014, as cited in Guo et al., 2018). Promoting inclusive and supportive school environments is one way to enhance protective factors and help children's socioemotional development. Implementing peer support programs can help mitigate the effects of social isolation. Ensuring adequate funding and resources for schools in low-income areas can improve the quality of education and extracurricular activities. Building strong, supportive relationships between teachers and students can enhance academic and emotional outcomes (CDC, 2024).

In the community, 25% of households in Hidalgo County struggle with housing issues, overcrowding, high housing costs, and a lack of kitchen or plumbing facilities. 32% of Hidalgo County residents are also uninsured and have limited access to healthcare services, which can result in untreated physical and mental health problems. This is evidenced by the fact that 18%



of adults report having poor mental health, and 31% of adults believe they are in poor health (County Health Rankings & Roadmaps, 2024). Children who live in poverty are most vulnerable to also living in food-insecure homes and experiencing hunger (Francis, 2018), in Hidalgo county 19% of individuals report experiencing food insecurity (County Health Rankings & Roadmaps, 2024). Finally, despite their greater need, individuals with low income receive less material and social support (Eamon, 2001). Creating community centers with mental health, educational, and recreational programs to give kids a safe haven and enhancing housing circumstances to give kids a more stable and healthy environment are examples of protective factors. Furthermore, schools can collaborate with workforce development programs to promote pathways out of poverty and provide better support to families. A further protective factor may be increasing the availability of school-based child nutrition programs, such as school breakfasts, summer nutrition, and after-school meals (Texas Medical Center News, 2017).

At the societal level, high levels of economic inequality contribute to persistent poverty and limited social mobility. Systemic discrimination based on race, ethnicity, or immigration status can limit opportunities for children and their families (Francis, 2018). Racism and discrimination, both overt and subtle, further compound mental health issues (American Psychiatric Association, n.d.). Additionally, the lack of robust social safety nets can leave families without the necessary support during times of need (Francis, 2018). Encouraging policies that tackle economic inequality, like raising the minimum wage and extending social safety nets like Temporary Assistance for Needy Families (TANF), are examples of protective factors that can help lower child poverty. Implementing policies that provide free, high-quality prekindergarten education can ensure all children have a strong start in life (County Health Rankings, 2024).

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## PART 3: THEORIES OF PREVENTION

### Supporting the Mental Health Needs of Impoverished Youth in the Rio Grande Valley

To effectively address the issue of child poverty and its impact on mental health in the Rio Grande Valley, it is crucial to apply prevention theories that can guide the development and implementation of interventions. The Resilience and Social Cognitive Theory are relevant theories for this context. The Triple P Parenting Program and The Zones of Regulation Program are two interventions we can utilize for the children of the RGV.

#### **Resilience Theory**

Resilience Theory is a strengths-based approach that helps to understand development and informs intervention design (Zimmerman & Brenner, 2010, cited in Zimmerman, 2013). This theory is particularly relevant for addressing the mental health issues associated with child poverty, as it emphasizes strengthening protective factors and reducing risk factors. Children in poverty often face multiple issues, including financial distress, increased exposure to physical stressors like noise, adverse social environments, and inadequate access to resources like proper housing (Enns et al., 2019). By fostering resilience, interventions can help these children develop coping strategies, self-efficacy, and social support networks that mitigate the negative impacts of poverty on their mental health.

Masten et al. (2007), as cited in Zimmerman (2013), present resilience theory as a framework for exploring and comprehending how some young individuals achieve healthy adulthood despite exposure to risks. It directs attention toward positive contextual, social, and personal factors that deviate from the usual developmental paths and cause mental discomfort, poor health outcomes, and problem behaviors. These positive variables, known as promotive factors, work in opposition to risk factors to help youth overcome the negative effects of risk exposure and promote healthy development (Fergus & Zimmerman, 2005, cited in Zimmerman,

2013). According to Zimmerman (2013), promotional factors are divided into resources and assets. Self-efficacy and self-esteem are examples of positive factors within individuals referred to as assets. When it comes to the prevention project, outside variables can also serve as resources. Adult mentors, parental support, and youth programs that offer chances for skill development and practice were a few examples of these (Zimmerman, 2013).

Research has shown that resilience can significantly buffer the adverse effects of poverty on mental health. Masten (2001, as cited in Zimmerman, 2013) highlights that resilience is a common phenomenon arising from ordinary adaptive processes. Studies indicate that interventions to enhance resilience, such as building supportive relationships, teaching problem-solving skills, and promoting positive self-concepts, can improve mental health outcomes in children facing economic hardships (Fergus & Zimmerman, 2005, as cited in Zimmerman, 2013). These interventions highlight the value of developing a child's personal assets and outside resources to build a strong support network.

### **Social Cognitive Theory**

Social Cognitive Theory (SCT), developed by Albert Bandura, emphasizes the role of observational learning, social experiences, and self-efficacy in behavior change. For children living in poverty, SCT can guide interventions by focusing on modeling positive behaviors, enhancing self-efficacy, and creating supportive environments that promote healthy mental development.

According to Bandura's SCT, social and internal factors influence human self-regulation, emphasizing the close relationship between an individual and their environment (Luszczynska & Schwarzer, 2020). It is critical to recognize that children raised in poverty frequently grow up in more challenging environments. The theory's main strength is its focus on self-efficacy and

outcome expectations, both of which are critical for changing various behavioral outcomes (Luszczynska & Schwarzer, 2020). Goals are one of many personal factors that influence an individual's behavior; for this reason, it can be especially helpful to encourage goal setting in low-income children. In addition, environmental factors, skills, and symbolic needs shape it (Lin & Hsu, 2013; Chen et al., 2018, as cited in Luszczynska & Schwarzer, 2020). According to Hastings and Domegan (2013) as cited in Luszczynska & Schwarzer (2020), the environment in SCT is separated into two categories: social context, which encompasses customs, sociocultural norms, and structural and economic conditions, and immediate connections, such as friends, family, and acquaintances. Identifying positive influences within the community and school can strengthen relationships and provide better opportunities for success. SCT also emphasizes that self-influence strongly motivates and regulates human behavior, with self-regulation subdivided and evaluated against personal standards. Utilizing this knowledge along with the SEL program can help elicit higher self-regulation and thus benefit children in this community. Environmental determinants and their effects directly impact an individual's actions, involving aspects of morality and self-realization (Bandura, 1991, as cited in Luszczynska & Schwarzer, 2020). Understanding this interdependency of cause and effect reveals the complexity of the factors of judgment and the social influences that shape them.

Numerous fields of research, such as psychology, education, and public health, have provided strong support for SCT. Elevating self-efficacy can lead to better behavior, as Bandura (1997) showed that beliefs about one's own abilities have a major impact on people's decisions, efforts, and perseverance when faced with challenges (Luszczynska & Schwarzer, 2020). Research has shown that interventions based on social cognitive theory (SCT), like skill-building workshops and mentoring programs, can improve children's and adolescents' mental health by

strengthening their sense of self-efficacy, which in turn strengthens relationships and social behavior (Schunk & Pajares, 2002, as cited in Luszczynska & Schwarzer, 2020). Two strategies for increasing self-efficacy in children are to cultivate a reflective mindset in them and provide them with positive role models (Luszczynska & Schwarzer, 2020).

### **Triple P - Positive Parenting Program**

The Triple P- Positive Parenting Program is a multi-tiered parenting and family support system designed to prevent and treat emotional and behavioral issues in kids. The program has been shown to reduce child behavior problems and improve parenting practices in a variety of cultural and socioeconomic settings (Sanders, 2023).

In the RGV community, this program would have to adapt to a primarily Hispanic population and the complexity of diverse families. The Triple P aims to enhance the wellbeing of children and families through a parental support system; It emphasizes parental self-regulation, which will foster healthier parent-child interactions and align with prevention goals in the RGV (Sanders, 2023). Additionally, it incorporates a life span perspective within a population health framework, which will aid in navigating the complexities of each stage of life and how to target it (Sanders, 2023). The objective of this intervention is to prevent child maltreatment and lessen behavioral, emotional, and social issues in children and adolescents (Doyle et al., 2022; WHO, 2022, as cited in Sanders, 2023). Triple P emphasizes nurturing relationships and positive parent-child interactions because these lay the groundwork for producing healthy, well-adjusted kids who have the life skills they need to succeed (Sanders, 2023). Several studies and meta-analyses have demonstrated how the program enhances parental well-being, parenting abilities, and child outcomes (Jeong et al., 2021; Sanders, 2023).

Applying Triple P to alleviate the mental health impacts of poverty on children involves leveraging its structured, evidence-based approach to enhance parental support and education in low-income communities. The adaptability of Triple P allows it to be tailored to various cultural contexts, making it suitable for diverse populations, including those in low- and middle-income countries (Turner et al., 2020, as cited in Sanders, 2023). By focusing on strengthening family relationships, promoting positive parenting practices, and improving parental self-efficacy, Triple P can mitigate the adverse effects of poverty on children's mental health (Solomon et al., 2017, as cited in Sanders, 2023). This systematic approach underscores the critical role of evidence-based parenting support in fostering resilience and positive development in children affected by poverty.

### **Zones of Regulation Program**

Social-emotional learning (SEL) programs are necessary to help children learn to manage and cope with their emotions. Certain programs have begun to be implemented in schools with the hopes of developing social competencies, decision-making skills, empathy, and emotion regulation (Calhoun et al., 2020). These programs are made to assist kids with a range of behavioral, social, and learning needs—including those from low-income families—in acquiring these skills so they can avoid future problems like behavioral problems, substance abuse, and academic failure (Calhoun et al., 2020). SEL programs aim to equip children with the necessary skills to navigate their social environments and establish healthy relationships, thereby assisting RGV children in better understanding and managing their emotions, preventing mental health issues in the future, and fostering peer relationships (Calhoun et al., 2020).

The Zones of Regulation program is a proactive teaching approach designed to help children understand and manage their emotions and behaviors (Zones of Regulation, n.d.).

Initially developed to address students' social and emotional needs, it equips children with tools and strategies for communication, coping, and wellness, which are critical for those in poverty who often face heightened emotional and behavioral challenges (Zones of Regulation, n.d.). By fostering a safe learning environment, the program aims to reduce disciplinary and exclusionary measures, offering positive and proactive instruction to help students understand their feelings and find adaptive tools for regulation (Zones of Regulation, n.d.). This approach aligns well with improving the mental health of children in poverty by teaching them to recognize and manage their emotions effectively.

The program emphasizes that all emotional states are valid and that the focus should be on understanding and managing these states rather than achieving compliance (Zones of Regulation, n.d.). The Zones are based on feelings, not behaviors, and aim to create awareness of these feelings, providing a common language for communication and practice with tools to manage emotions (Zones of Regulation, n.d.). By implementing The Zones of Regulation in settings with children in poverty, we can support their emotional well-being and mental health by validating their feelings, providing a safe space for expression, and helping them develop self-regulation skills. This comprehensive, empathetic approach ensures that all feelings are acknowledged and children are given the tools to manage their emotions in a supportive environment, promoting healthier developmental outcomes.

## **Conclusion**

Applying the Resilience Theory and Social Cognitive Theory to prevention programs in the Rio Grande Valley can provide a robust framework for addressing the mental health issues associated with child poverty. The Triple P- Positive Parenting Program and the Zones of Regulation Program, supported by extensive research evidence, exemplify effective

interventions that aligns with these theories. By fostering resilience and leveraging social learning processes, such programs can create supportive environments that promote the mental well-being of children living in poverty.

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## **PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS**

### **Supporting the Mental Health Needs of Impoverished Youth in the Rio Grande Valley**

Conducting a literature review and analyzing local public health data reveal that the mental health of children in poverty is a critical issue in our community. These children face multiple adversities that can significantly impact their mental health and overall well-being. This issue disproportionately affects specific subgroups within this population, particularly children and adults from immigrant families. The Rio Grande Valley, located just 30 minutes from the Mexico border, has a long immigration history. The World Population Review (2023) estimates that 25.32 percent of Hidalgo's county's population is foreign-born, and that of all Texas children with immigrant parents, half live with at least one parent who is not a U.S. citizen (this includes parents who are legally authorized) (Tingle et. al, 2017). These demographics contribute to unique challenges and higher rates of mental health problems among children and adults in poverty.

#### **Child Immigrants and Impacts**

Immigrant children face numerous obstacles that have a substantial impact on their mental health. Stress related to acculturation, prejudice, fear of deportation, language barriers, and financial hardships is common in this group and has been linked to higher rates of anxiety and depression (Caballero et al., 2017). According to Caballero et al. (2017), these kids frequently face obstacles when attempting to access mental health services, such as language barriers and insufficient insurance. As adults, they face obstacles such as fear and mistrust in the



US legal system and healthcare services (American Psychiatric Association, n.d.). The experience of migration trauma, acculturative stress, and discrimination in both adults and children has been connected to several mental health conditions, including depression, anxiety, panic attacks, ADHD, conduct disorder, and PTSD (Caballero et al., 2017). Moreover, US-born and foreign-born Latino children exhibit higher rates of fearfulness and separation anxiety compared to their non-Hispanic white counterparts (Santiago et al., 2020). These results demonstrate the intricate interactions between sociocultural factors that affect immigrant children's mental health outcomes in the US; additional factors to take into account are trauma exposure, cultural stigma, and systemic barriers unique to this population.

### **Adult Immigrants and Impacts**

Due to stress and trauma experienced during the migration process, adult immigrants affected by poverty face serious mental health challenges (American Psychiatric Association, n.d.). Prior to leaving, they face threats, political oppression, violence, and financial hardship. They experience family separation, violence, and environmental dangers while migrating. Following their arrival, they experience worsening mental health due to conflict, scarce resources, and fear of deportation (American Psychiatric Association, n.d.). Due to inadequate treatment, verbal and physical abuse, and systemic marginalization in many contexts, immigrants experience fear, anxiety, loneliness, and a weakened sense of self (American Psychiatric Association, n.d.). As with children, unstable living conditions, frequent moves, and socioeconomic disparities that limit access to healthcare and education exacerbate their mental health issues (American Psychiatric Association, n.d.). Thus, there is a significant risk of depression, PTSD, and substance use disorders among undocumented immigrants, particularly those who have experienced violent trauma (American Psychiatric Association, n.d.). Cultural

stress, social marginalization, and intergenerational conflicts raise the risk of psychological disorders, including the lifetime prevalence of depression and suicidal ideation (Breslau et al., 2005, as cited in Benito & Flores, 2020). These risk factors also have cascade effects that impact the family system, putting parents at risk of negative parenting practices that may ultimately harm their children's development (Benito & Flores, 2020). As a result, this vulnerable population requires comprehensive mental health support at both young and adult ages.

### **Mechanisms to Increase Cultural Relevance**

To effectively address the unique needs of immigrant minority children living in poverty, prevention programs must incorporate culturally relevant strategies (Benito-Gomez & Flores Rojas, 2020). These tactics can be integrated into interventions like the Triple P parenting program to enhance their efficacy. For example, family reframing—seeing obstacles as opportunities and having faith in the family's ability to overcome them—has been linked to decreased internalizing and depressive symptoms (Gilman et al., 2006, as cited in Santiago et al., 2020). Similarly, family problem-solving, where families discuss potential solutions, has reduced internalizing and externalizing symptoms while promoting resilience and positive family dynamics in stressful situations (Santiago & Wadsworth, 2011, as cited in Santiago et al., 2020). Instead of promoting passive evaluation, active coping techniques like problem-solving and asking for assistance can help kids get over depressing feelings and lower their risk of developing depression (McCubbin et al., 1998, as cited in Santiago et al., 2020). The Triple P parenting program can be more effective for all its participants—not just immigrants—by implementing these strategies.

It is crucial to address language barriers, recruitment, retention, trust-building, and cultural integration in order to increase cultural relevance for Latino immigrant parents of young

children (Benito-Gomez & Flores Rojas, 2020). Given that 72.24% of people in Hidalgo County speak Spanish (World Population Review, 2023), removing language barriers is crucial to enhancing Spanish-speaking children's access to mental health services. According to Benito-Gomez and Flores Rojas (2020), offering services in multiple languages and hiring bilingual providers can also promote greater participation, trust, and engagement in initiatives like the Triple P parenting program and the Zones of Regulation. Furthermore, incorporating Latino cultural values and offering resources in Spanish into interventions creates a supportive atmosphere, aids in overcoming communication barriers, and increases involvement, all of which improve family outcomes (Benito-Gomez & Flores Rojas, 2020). Face-to-face interactions and community referral/s are more effective in recruiting, and providing childcare, transportation, and culturally appropriate activities will increase retention (Benito-Gomez & Flores Rojas, 2020).

### **Ethical Considerations**

Implementing prevention programs for these subgroups requires addressing ethical considerations related to developmental and cultural sensitivity. Counselors must communicate information appropriate to the client's developmental stage and cultural background; this includes using clear language during discussions about informed consent and arranging for interpreters or translators to facilitate understanding among clients with language barriers (ACA Code of Ethics, 2014, Section A.2.c). Additionally, obtaining informed consent is crucial, mainly when working with minors and vulnerable populations, to ensure participants and guardians comprehend the program's nature, benefits, and risks (ACA Code of Ethics, 2014, Sections A.2.a & B.5.a). Lastly, maintaining confidentiality is essential to safeguarding participant privacy and is a determinant of successful recruitment and retention in parenting interventions (Benito-

Gomez & Flores Rojas, 2020). Confidentiality involves secure data storage and limited access to information, ensuring no disclosure occurs without explicit consent (ACA Code of Ethics, 2014, Section B.1.c).

## **Conclusion**

Addressing the mental health needs of immigrant children in poverty requires a multifaceted approach that incorporates cultural relevance and ethical considerations. By understanding the unique impacts and stressors faced by children and adults from immigrant families and incorporating culturally relevant mechanisms and ethical considerations, prevention programs can be more effective in addressing the mental health needs of this vulnerable population.

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## **PART 5: ADVOCACY**

### **Supporting the Mental Health Needs of Impoverished Youth in the Rio Grande Valley**

Barriers to addressing child poverty in the Rio Grande Valley (RGV) manifest at the institutional, community, and public policy levels, with significant implications for children's health. Inadequate educational resources, economic disparities, and insufficient public assistance programs exacerbate these challenges, emphasizing the critical importance of targeted interventions and advocacy efforts to alleviate poverty's effects on marginalized families.

#### **Institutional Level**

As economically disadvantaged children grow into adults, initial disparities frequently manifest as poor health, academic achievement, and lower employment rates (Dornan & Woodhead, 2015, cited in Smeeding & Thévenot, 2016). Poor educational resources and school support services can impede underprivileged children's academic and personal development. Research by the Organization for Economic Cooperation and Development also shows that

children from families with limited resources and lower socioeconomic statuses achieve the lowest educational attainment (Smeeding & Thévenot, 2016). Unfortunately, in Hidalgo County, Texas, per-pupil spending across school districts fell an average of \$22,135 short of the presumed value needed for students to achieve typical US test scores (County Health Rankings & Roadmaps, 2024), raising concerns about children's ability to effectively engage in their educational pursuits given the inadequacy of funding levels.

The objective of advocating at the institutional level would be to increase funding and resources for schools and to implement thorough training programs for school personnel. Multicultural and Social Justice Counseling Competencies (MSJCC) state that working with social institutions to address privilege, power, and oppression that affect marginalized clients entails using social advocacy to remove systemic barriers for marginalized clients and working with schools to address injustices. Lobbying for more funding allows schools to improve educational resources, hire more support staff, and develop programs that benefit children from low-income families. Balancing individual counseling with system-level social advocacy, such as implementing training programs and improving school resources, addresses inequities that impede human growth and development (MSJCC, 2015; Trisi & Saenz, 2021). This approach improves educational outcomes and creates a stable environment for students by giving them the resources and tools they need to succeed, allowing them to pursue higher education and better-paying careers, and breaking the cycle of poverty. Furthermore, training school personnel can create a safe space where students feel comfortable discussing their issues, leading to early detection and intervention (DePaoli & McCombs, 2023).

### **Community Level**

Elevated levels of economic disparity and unemployment characterize community barriers at the community level. Within the Rio Grande Valley (RGV), noteworthy economic inequalities exist, as evidenced by a 6.5% unemployment rate in contrast to the national average of 3.7% (County Health Rankings & Roadmaps, 2024). Such economic fluctuations limit opportunities for upward mobility and contribute to the widespread problem of child poverty.

The marginalized client's norms, values, and regulations should be utilized to shape the privileged client's community norms, values, and regulations (MSJCC, 2015). I would launch a community awareness campaign and support groups. Creating and promoting campaigns that educate the community about the realities of poverty can help reduce stigma and increase community support (Ford Foundation, 2004). These campaigns can encourage more open discussions and promote using available resources.

### **Public Policy Level**

Inadequate public assistance programs and funding significantly limit the ability to meet the needs of impoverished children. In terms of enrollment rates for early childhood education, the United States ranks 32nd out of 39 (Adema et al., 2014), indicating a critical gap in educational support. Additionally, in 2021, 215,371 people in Hidalgo County relied on SNAP benefits, illustrating the extensive dependence on assistance programs (FRED, 2023). Despite this need, only one in every four eligible families with children receives public assistance due to a lack of funding (Trisi & Saenz, 2021). Because of ongoing underfunding and administrative obstacles, programs like food stamps, housing assistance, and healthcare find it challenging to provide adequate support to vulnerable populations, especially children living in poverty. These shortcomings highlight the need for increased funding and streamlined processes in public

assistance initiatives to ensure they can effectively meet the diverse and critical needs of those they serve.

Engaging in social action to change local, state, and federal laws and policies can ensure that they are equitable to privileged and marginalized clients, resulting in a more supportive environment for child poverty reduction (MSJCC, 2015). Advocating for policy changes and increased funding for public assistance programs and Title I education grants is critical to helping this population (Trisi & Saenz, 2021). Lobbying for policy changes to improve access to public assistance programs and increasing funding can help ensure that these programs effectively meet the needs of low-income children and families (Trisi & Saenz, 2021). This can provide immediate relief to impoverished families while promoting long-term health, education, and well-being improvements.

### **Intrapersonal and Interpersonal Levels**

At the intrapersonal level, empowerment-based theories assist clients in understanding their situation within an oppressive societal context, allowing them to unlearn internalized privilege or oppression (MSJCC, 2015). This enables clients to assert control over their situations and develop self-advocacy skills essential for promoting social justice and multiculturalism, facilitating effective navigation, and challenging systemic barriers (MSJCC, 2015). Additionally, helping clients build communication skills to honestly address matters of privilege, power, and oppression in relationships with family, peers, and the community fosters understanding and support on an interpersonal level. Reducing feelings of loneliness and enhancing communication strengthens these connections and makes people more resilient to the adverse effects of poverty (MSJCC, 2015).

### **Conclusion**

Child poverty in the Rio Grande Valley must be addressed through comprehensive institutional, community, and public policy strategies. We can make the environment more equitable by improving educational resources and support services in schools, raising community awareness and support through campaigns and initiatives, advocating for policy changes, and increasing funding for public assistance programs. Individuals and communities benefit significantly from empowerment-based counseling approaches that address internalized oppression and develop practical communication skills. Together, these integrated efforts seek to alleviate immediate hardships while establishing long-term pathways to economic stability and educational success, thereby breaking the cycle of poverty for future generations.

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