

**Leadership and Advocacy for Addressing Mental Health Inequities
in Marginalized Communities**

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Mental health inequity remains one of the most pervasive social issues impacting communities across the United States. In my local area, the disparity in access to mental health services among marginalized populations, particularly racial minorities, low-income individuals, and immigrants, continues to widen due to systemic barriers, social stigma, and limited culturally responsive care. As a counselor educator and emerging leader, it is critical to examine this inequity not only as a social problem but also as an ethical imperative that requires informed leadership and advocacy.

This paper identifies mental health inequity as a major social issue affecting my community and analyzes its effects on counseling practice. It then integrates research-based leadership and advocacy theories to propose culturally relevant, ethical, and practical strategies for addressing this issue. The proposed plan aligns with CACREP Standards 6.B.5.h–m, emphasizing ethical, social justice–oriented leadership that drives positive and sustainable community change.

Social Problem: Mental Health Inequity in the Community

In my community, socioeconomic and racial inequities significantly limit access to quality mental health care. Individuals from marginalized groups are less likely to receive adequate treatment, more likely to experience misdiagnosis, and often encounter systemic discrimination within healthcare systems (Woods-Jaeger et al., 2024). Barriers include lack of insurance coverage, transportation, cultural stigma, and a shortage of bilingual or culturally competent counselors.

According to data from the local health department, the rates of depression and anxiety

among Black and Hispanic residents have risen dramatically since the COVID-19 pandemic, while the availability of counseling services has not proportionally increased. Many counseling agencies report lengthy waitlists, staff burnout, and insufficient funding for outreach or prevention programs. This inequity reflects broader social determinants of mental health, where structural racism, economic instability, and limited educational access exacerbate psychological distress (Middleton et al., 2023).

How Mental Health Inequity Affects Counseling Practice

Mental health inequity affects every level of counseling practice, clinical, educational, and systemic.

1. Clinical Impacts:

Counselors encounter clients whose mental health challenges are deeply rooted in systemic oppression. Many clients express mistrust of mental health systems due to historical mistreatment or cultural insensitivity (Wilson, 2022). Clinicians must therefore engage in culturally informed assessment and intervention while advocating for systemic reforms that promote inclusion.

2. Educational Impacts:

Counselor education programs must evolve to train future practitioners in culturally responsive approaches and advocacy competencies. Without this emphasis, graduates risk perpetuating inequitable practices. Counselor educators play a crucial role in modeling advocacy and leadership behaviors that students can apply in practice (Branco, 2023).

3. Systemic Impacts:

Agencies serving underrepresented populations often operate with limited funding and overburdened staff. Counselors working in these contexts face moral distress when unable to

meet client needs due to structural barriers. As Middleton et al. (2023) argue, ethical leadership requires confronting these inequities through collective advocacy and institutional accountability.

Thus, addressing mental health inequity demands that counselor educators and practitioners adopt both leadership and advocacy roles that extend beyond the therapy room.

Applying a Personal Theory of Leadership

My personal leadership theory combines transformational leadership and ethical leadership, emphasizing empowerment, authenticity, and integrity. Transformational leadership, first conceptualized by Burns and expanded by Bass, focuses on inspiring followers toward shared goals and moral commitment (Northouse, 2022). Ethical leadership emphasizes justice, fairness, and care for others, aligning closely with the values of the counseling profession.

Applied to the issue of mental health inequity, this leadership approach fosters collaboration among stakeholders, counselors, educators, policymakers, and community members, to challenge systemic barriers. As a counselor educator, I would use transformational leadership to motivate students and colleagues toward a shared vision of equitable mental health access. Ethical leadership would guide my decision-making to ensure advocacy efforts remain grounded in professional integrity and respect for cultural diversity.

For example, counselor education programs can integrate service-learning projects in marginalized neighborhoods, pairing students with community leaders to co-develop wellness initiatives. Such initiatives not only model transformational leadership but also strengthen community trust and engagement.

Advocacy Theories Relevant to Addressing Inequity

Effective advocacy requires theoretical grounding to ensure actions are both systematic and culturally responsive. Two key advocacy frameworks are particularly relevant:

1. Socially Just and Culturally Responsive Counseling Leadership Model

(SJCRCCLM):

Branco (2023) emphasizes that advocacy must be “actionable” and situated within sociocultural contexts. The SJCRCCLM framework promotes self-reflection, social responsibility, and active engagement in systems-level change. This model encourages counselor educators to guide students through critical reflection on privilege and power while developing practical advocacy skills.

2. Multicultural and Social Justice Counseling Competencies (MSJCC):

Ratts et al. (2016) provide a widely recognized model emphasizing advocacy at the micro (individual), meso (community), and macro (policy) levels. The MSJCC encourages counselors to challenge inequities within organizational systems while empowering clients and communities.

By synthesizing these models, counselor educators can cultivate advocacy competencies that prepare students to intervene across systems. Applying these theories in practice might include partnering with community agencies to address policy gaps, developing multicultural workshops, or participating in legislative advocacy for equitable mental health funding.

Ethical and Culturally Relevant Actions

Ethical leadership requires that counselor educators and practitioners uphold professional codes while addressing the systemic roots of mental health inequity. The ACA Code of Ethics (2014) mandates advocacy for clients and the profession (Sections A.7 and C.6.e), obligating counselors to promote social justice and equity.

Ethical Actions

Counselor educators must ensure advocacy initiatives adhere to ethical principles of beneficence, nonmaleficence, and justice. Ethical actions may include:

- Promoting equitable access to services through grant writing or institutional partnerships.
- Advocating for inclusive policy reform at local and state levels.
- Ensuring that counselor education curricula explicitly address power, privilege, and systemic bias (Middleton et al., 2023).

Ethical decision-making also involves continuous self-reflection and accountability. Leaders must examine how their own biases and institutional affiliations may perpetuate inequities and commit to transparent, participatory leadership practices.

Culturally Relevant Actions

Culturally responsive leadership prioritizes inclusivity and respect for diverse worldviews. Woods-Jaeger et al. (2024) stress that addressing social determinants of mental health requires understanding community-specific needs and historical contexts. Counselor educators can promote culturally sustaining practices by collaborating with cultural organizations, faith-based groups, and bilingual service providers to bridge access gaps.

A key culturally relevant strategy involves co-creating mental health initiatives with marginalized groups rather than imposing solutions. This approach embodies both servant and participatory leadership principles, where community members share in decision-making.

Proposed Action Plan for Driving Positive Social Change

Phase 1: Community Assessment and Coalition Building

The first step involves conducting a community-based participatory assessment to identify barriers to mental health access. This would include focus groups with residents,

community leaders, and local health professionals. Findings would guide the formation of a coalition of counselor educators, social workers, and advocacy organizations dedicated to equitable mental health policy reform.

Phase 2: Advocacy Training and Leadership Development

Counselor education programs should implement advocacy-focused curricula using Branco's (2023) SJCRCCLM. Doctoral students can lead workshops on legislative advocacy, grant writing, and cross-cultural communication. This phase also involves mentorship initiatives pairing experienced professionals with emerging leaders from underrepresented backgrounds.

Phase 3: Policy and Economic Advocacy

Using evidence from Phase 1, the coalition will advocate for increased funding for culturally competent community mental health services. Counselors can engage in political advocacy by testifying at city council meetings, writing policy briefs, or supporting mental health parity legislation. As Wilson (2022) notes, addressing systemic bias requires sustained engagement with policymakers and the public to dismantle institutional barriers.

Phase 4: Evaluation and Sustainability

The coalition will evaluate outcomes through measurable indicators such as increased client utilization rates, reduced stigma, and improved counselor preparedness. Sustainability will be ensured through ongoing funding partnerships and integration of advocacy into professional development programs for counselors and educators.

Through this plan, counselor educators serve as moral and ethical leaders who not only educate future professionals but also model systemic advocacy as a core counseling competency.

Driving Positive Social Change

The proposed action plan represents a holistic approach to leadership and advocacy that aligns with CACREP's emphasis on culturally sustaining practices. Transformational and ethical leadership guide the initiative's vision, while the SJCRCLM and MSJCC frameworks provide structure for practical application.

By engaging community members, influencing policy, and embedding advocacy training within counselor education, this initiative promotes equity, inclusivity, and empowerment—core tenets of social justice leadership. Over time, these efforts can shift community norms, reduce disparities in access, and foster collective ownership of mental health solutions.

Positive social change emerges not merely from policy outcomes but from sustained ethical engagement and cultural humility. As counselor educators model these values, they cultivate a new generation of professionals who see leadership as service, advocacy as moral responsibility, and equity as nonnegotiable.

Conclusion

Mental health inequity continues to undermine the well-being of marginalized populations and the integrity of the counseling profession. Addressing this social problem demands that counselor educators embrace roles as ethical leaders and advocates who act with compassion, integrity, and cultural awareness. Through transformational leadership, advocacy frameworks like the SJCRCLM and MSJCC, and community-driven action, it is possible to reduce systemic disparities and foster lasting change.

As counselor educators, our ethical duty extends beyond the classroom; it encompasses creating environments where every individual, regardless of background, has equitable access to care and the opportunity for mental wellness. When advocacy and leadership unite under a

shared vision of justice, the counseling profession becomes not only a source of healing but also a force for social transformation.

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