

# SOUTHEAST COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT

May 2024

**COALITION TO SAVE**  
**Our Mental Health Centers**

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# EXECUTIVE SUMMARY

On November 8, 2022, 93% of residents in the Southeast neighborhoods of Chicago voted “Yes” on a referendum to raise their property taxes by a nominal amount to create the Southeast Expanded Mental Health Services Program (EMHSP). This approval set in motion the creation of a new center – to be funded and overseen by community members – which will serve all residents living in the program area, consisting of Kenwood, Hyde Park, Woodlawn, and South Shore.

To identify community priorities and inform the services to be provided by the Southeast EMHSP, staff from the Coalition to Save our Mental Health Centers conducted a mental health needs assessment with support from the Institute for Community Empowerment. The needs assessment involved reviewing existing data on socio-demographics and other key characteristics of the community, interviewing **28** “community leaders” representing a range of community interests (e.g. service providers, faith-based institutions, community-based organizations), and surveying **120** residents of Kenwood, Hyde Park, Woodlawn, and South Shore (“community members”).

The examination of socio-demographic characteristics of the community in comparison with the characteristics of the City of Chicago revealed:

- *Race*: Two-thirds of residents in the Southeast EMHSP self-identify as Black (non-Hispanic) (70.6%), versus 29.2% in the City of Chicago.
- *Age*: The age breakdown of the Southeast EMHSP generally mimics that of the City of Chicago, with the highest proportion of residents being aged 20-34 years (27.2%);
- *Income*: Approximately 34.5% of Southeast EMHSP residents earn less than \$25,000 per year, compared to 24.3% in the City of Chicago. The median income is notably higher in Hyde Park (\$58,518) compared to Woodlawn (\$28,794).
- *Unemployment*: The unemployment rate is 13.5% in the Southeast EMHSP (compared to 8.1% in the City of Chicago), ranging from 8.1% in Hyde Park to 18.5% in Woodlawn.
- *Single-parent households*: 11.3% of Southeast EMHSP households are single-parent households, compared to 9.1% in the City of Chicago. Woodlawn and South Shore had a considerably higher percentage of single-parent households (14.8%) compared to Hyde Park (4.0%).
- *Violent crime*: Between 2019 and 2021, all neighborhoods within the Southeast EMHSP experienced an increase in violent crime, with Woodlawn increasing by 2.5%, South Shore increasing by 20.6%, Kenwood increasing by 30.3%, and Hyde Park increasing by 40%.

Key findings from the **community leader interviews** are as follows:

- The *most significant mental health issues* in the community are depression and anxiety.
- The *most common stressors* experienced by community members are crime/abuse/domestic violence and financial difficulties.
- The *groups of people* most affected by the stressors include children, older adults, single parents, and re-entry populations.
- The *biggest effects that COVID-19 had on the community* were isolation and mental health issues.
- The *most desired services* to be offered at the new center were therapy/counseling/trauma support, followed by family support, medical/health programs, educational programs, and career services/skills training/financial literacy.
- Community leaders recommended *conducting outreach* through youth programming and public education.

Key findings from the **community member surveys** are as follows:

- A majority of residents (84%) were very likely to bring a friend/family member to the center and very interested in learning more about the services offered.
- The most common stressors by age group were as follows:
  - *Community at Large*: crime and quality of life
  - *Children (ages 12 and under)*: quality of life and family difficulties
  - *Teenagers (ages 13-19 years)*: social interactions and crime
  - *Young adults (ages 20-39 years)*: financial difficulties and quality of life
  - *Middle-aged adults (ages 40-64 years)*: financial difficulties and quality of life
  - *Older adults (ages 65+ years)*: health/healthcare and quality of life
- The most common mental health issues by age group were as follows:
  - *Children (ages 12 and under)*: attention-deficit/hyperactivity disorder (ADHD) and anxiety/depression
  - *Teenagers (ages 13-19 years)*: substance use
  - *Young adults (ages 20-39 years)*: substance use
  - *Middle-aged adults (ages 40-64 years)*: substance use
  - *Older adults (ages 65+ years)*: isolation
- The most important groups for the new center to provide services to were children and the homeless.
- The most desired services to be offered at the new center were basic counseling/therapy, followed by educational programs and trauma training.

# BACKGROUND

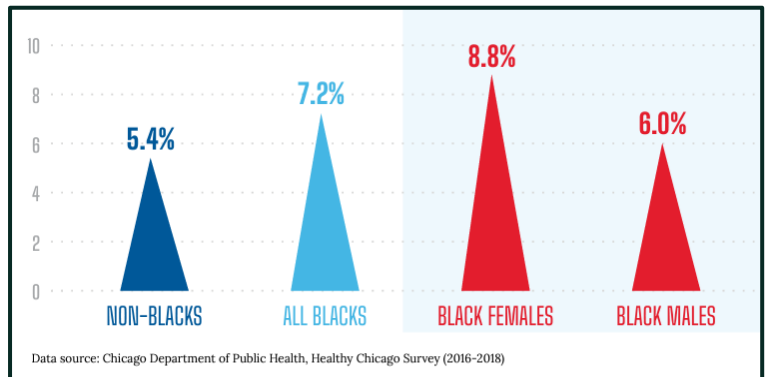
## Mental Health in Chicago

Mental health issues are a concern for all Chicago residents. Approximately 1 in every 6 adults in Illinois reports experiencing poor mental health for more than one week in a month, with the figure even higher among young adults (1 in 5).<sup>1</sup> Roughly 40% of adults in Illinois have reported symptoms of anxiety or depression, with almost a third of those unable to obtain any necessary therapy or counseling. For all adults in Illinois who do not receive mental health care, 1 in 3 identify cost as the main reason.<sup>2</sup>

The lack of access to mental health services in Chicago is not exclusive to adults, affecting all groups and ages of the population. Approximately half of all children ages 2-11 were reported to have an increase in at least one mental health symptom following the COVID-19 pandemic.<sup>3</sup> Similarly, 62% of Illinois residents ages 12-17 with depression reportedly fail to receive any mental health care annually. Vulnerable community members in the state are also impacted, with 1 in 5 homeless individuals in the state living with a serious mental health illness.<sup>4</sup> With almost 40% of all residents in Illinois living in communities with an insufficient number of mental health professionals, improving access to mental health care is pivotal.<sup>5</sup>

Addressing the mental health needs of Black residents in Chicago is of prime concern. A 2021 report highlighted a decrease of nine years in life expectancy for Black Chicagoans compared to non-Black Chicagoans, with chronic diseases, homicide, infant mortality, and substance abuse identified as some of the main drivers.<sup>6</sup> On a local level, a 2023 study found that out of all 228 zip codes in Cook County, the Kenwood zip code of 60615 ranked 14th in terms of highest rate of people with moderate to severe depression.<sup>7</sup>

**Figure 1:** Rates of serious psychological distress\* in Black vs. Non-Black Chicagoans (2018)



\*Refers to frequency of feeling nervous, hopeless, restless or fidgety, depressed, worthless, or that everything was an effort in the past 30 days

<sup>1</sup> Healthy Illinois 2021. Health Data: Core Indicators. University of Illinois Chicago & Illinois Department of Public Health.

<sup>2</sup> Mental Health in Illinois 2021 Fact Sheet. National Alliance on Mental Illness.

<sup>3</sup> Symptoms of Mental Health Illness Rising Among Chicago’s Young People During Pandemic 2021. Ann & Robert H. Lurie Children’s Hospital of Chicago.

<sup>4</sup> Mental Health in Illinois 2021 Fact Sheet. National Alliance on Mental Illness.

<sup>5</sup> Mental Health in Illinois 2021 Fact Sheet. National Alliance on Mental Illness.

<sup>6</sup> The State of Health for Blacks in Chicago. 2021 Data Brief. Chicago Department of Public Health.

<sup>7</sup> MHA Screening: A Local Approach in Cook County, Illinois 2023. Mental Health America.

## The Coalition to Save Our Mental Health Centers

The Chicago Coalition to Save Our Mental Health Centers works to ensure that all Chicago residents, especially the low-income and underinsured, have access to adequate and affordable community mental health services.

Founded in 1991, the Coalition to Save Our Mental Health Centers was formed as a response to the impending closures of Chicago's 19 city-run community mental health centers. These centers had been funded in part by the Community Mental Health Act of 1963 under President Kennedy. When the Act was rolled back in the '80s, however, Chicago began defunding and closing its public clinics. For over a decade, the Coalition organized mental health consumers, mental health professionals, faith leaders, and other Chicago residents to keep the centers open and funded.

In 2004, the Coalition began developing a new parallel model for mental healthcare delivery. Expanded Mental Health Services Programs (EMHSPs) would give communities the authority to approve, fund, and oversee their own mental health centers. In 2010-2011, the Coalition drafted and spearheaded the passage of the Community Expanded Mental Health Services Act (405 ILCS 22/), which provided the authorization for Chicago communities to create EMHSPs via binding referendums.

The first such program was approved by voters in the North River community in November of 2012 with 72% of the vote. A decade in the making, The Kedzie Center opened in October 2014. Serving an area of approximately 130,000 residents, The Kedzie Center became the first provider of new public mental health services in Chicago in over 20 years. Located on the West Side, the second EMHSP was approved in 2016 with 87% of the vote and opened as The Encompassing Center in October 2019. The third EMHSP was passed with 86% voter approval in 2018 from residents in Logan Square, Avondale, and Hermosa. The resulting center, LoSAH Center of Hope/Centro de Esperanza, opened in April of 2024. A fourth EMHSP was passed in November of 2020 with 88% of the vote in the Bronzeville community. The Bronzeville center is expected to open in 2025.

The fifth and sixth program areas were both passed in 2022. They are the West Town-Humboldt Park EMHSP, approved with 85% of the vote, and the Southeast EMHSP, which was approved with 93% of the vote (our highest approval rate yet). Both areas combined gathered approximately 20,000 signatures from residents over the summers of 2021 and 2022 to place their binding referenda on the ballot. EMHSPs are initiated, funded, and overseen by the community and for the community. These centers will serve all residents in the program area regardless of insurance, ability to pay, or legal status.

## Community Overview

The Southeast EMHSP area has a population of 126,968 residents, who reside in the following four areas: Kenwood, Hyde Park, Woodlawn, and South Shore (see Figure 2 for a map of the program area).

Table 1 provides a snapshot of key socio-demographic characteristics of the Southeast EMHSP, including a side-by-side comparison with the City of Chicago.<sup>8</sup> Key findings are as follows:

- Over two-thirds of residents in the Southeast EMHSP self-identify as Black (non-Hispanic) (70.6%). This proportion is more than twice as high as the City of Chicago’s (29.2%).
- The largest proportion of residents in the Southeast EMHSP fall in the 20-34-year-old age group (27.2%), followed by the 50-64, 35-49, and 5-19-year-old age groups. The Southeast EMHSP age breakdown generally mimics that of the City of Chicago. Notably, the Southeast EMHSP has a larger proportion of residents in the 65-74-year-old category (9.2%) versus the City of Chicago (7.2%).
- Compared to other income groups, the highest proportion of Southeast EMHSP residents fall in the income bracket of earning less than \$25,000 per year (34.5%); this proportion is notably higher in comparison to the City of Chicago (24.3%).
- The unemployment rate in the Southeast EMHSP is 13.5%, which is higher than in the City of Chicago (8.1%).
- 11.3% of households in the Southeast EMHSP area are single-parent households compared to 9.1% of households in the City of Chicago.

**Figure 2:** Map of Southeast Expanded Mental Health Program



<sup>8</sup> Data presented in the table are drawn from Chicago Metropolitan Council's Community Data Snapshots: <https://www.cmap.illinois.gov/data/community-snapshots>

**Table 1:** Side-by-side comparison of socio-demographic characteristics for the Southeast Expanded Mental Health Services Program (EMHSP) and the City of Chicago

	<b>Southeast EMHSP</b>	<b>City of Chicago</b>
<b>Population</b>	141,946	2,746,388
<b>Race (%)</b>		
White (Non-Hispanic)	17.0	33.3
Hispanic or Latino (of any race)	3.7	28.8
Black (Non-Hispanic)	70.6	29.2
Asian (Non-Hispanic)	5.0	6.5
Other/Multiple Races (Non-Hispanic)	3.7	2.2
<b>Age (%)</b>		
Under 5	5.4	6.3
5-19	16.9	17.1
20-34	27.2	27.3
35-49	17.5	20.2
50-64	18.5	16.7
65-74	9.2	7.2
75-84	3.6	3.7
85 and Over	1.7	1.5
<b>Household Income (%)</b>		
Less than 25,000	34.5	24.3
\$25-49,999	20.9	19.9
\$50-74,999	15.9	15.1
\$75-99,999	9.2	11.2
100-149,999	9.7	13.8
150 and over	9.8	15.7
<b>Unemployment Status (%)</b>	13.5	8.1
<b>Single Parent with Child (%)</b>	11.3	9.1

Table 2 describes the population and socio-demographic characteristics of the 4 community areas that encompass the Southeast EMHSP program area.<sup>9</sup> Key findings are as follows:

- The community areas with the highest populations are South Shore (53,971 residents) and Hyde Park (29,456 residents).
- In the Woodlawn and South Shore areas, over 80% of residents describe themselves as Black (Non-Hispanic). The Hyde Park and Kenwood areas include a mixture of Black (Non-Hispanic), White (Non-Hispanic), and Asian (Non-Hispanic) residents, among other races.
- The median age of residents is highest in Kenwood (39.3 years) and lowest in Hyde Park (30.8 years), Woodlawn (33.9 years), and South Shore (36.9 years).
- Median income is notably highest in Hyde Park (\$58,518) and Kenwood (\$54,320), while ranging between \$28,794 in Woodlawn and \$38,020 in South Shore.
- The unemployment level is lowest in Hyde Park (8.1%) and Kenwood (10.3%) and highest in Woodlawn (18.5%) and South Shore (15.3%).
- The proportion of households with a single parent with child is lowest in Hyde Park (4.0%) and Kenwood (8.5%) while ranging between 14.7% and 14.8% in Woodlawn and South shore.
- Finally, between 2019 and 2021, all areas in the Southeast EMHSP experienced an increase in violent crime. Woodlawn experienced <5% increase, while increases were 20.6% in South Shore, 30.3% in Kenwood, and 40.0% in Hyde Park.

**Table 2:** Socio-demographic characteristics of the four community areas of the Southeast Expanded Mental Health Services Program (EMHSP)

	Kenwood	Hyde Park	Woodlawn	South Shore
<b>Population</b>	19,116	29,456	24,425	53,971
<b>Race (%)</b>				
White (Non-Hispanic)	21.0	46.7	9.6	2.8
Hispanic or Latino (of any race)	3.0	6.8	2.5	2.8
Black (Non-Hispanic)	66.1	25.2	80.1	92.6
Asian (Non-Hispanic)	5.7	14.1	3.5	0.5
Other/Multiple Races (Non-Hispanic)	4.3	7.1	4.4	1.4

<sup>9</sup> Data presented in the table are drawn from Chicago Metropolitan Council's Community Data Snapshots: <https://www.cmap.illinois.gov/data/community-snapshots>

**Table 2 (continued):** Socio-demographic characteristics of the four community areas of the Southeast Expanded Mental Health Services Program (EMHSP)

	Kenwood	Hyde Park	Woodlawn	South Shore
<b>Age (%)</b>				
Under 5	6.2	2.8	5.4	6.6
5-19	14.0	15.2	21.0	17.0
20-34	22.7	38.8	25.1	23.5
35-49	18.3	14.9	16.9	18.8
50-64	20.0	14.1	19.8	19.8
65-74	12.5	8.3	7.6	9.1
75-84	4.0	4.2	3.0	3.4
85 and Over	2.4	1.8	1.1	1.7
<b>Median Age (years)</b>	39.3	30.8	33.9	36.9
<b>Household Income (%)</b>				
Less than 25,000	28.9	25.8	46.4	35.9
\$25-49,999	18.5	18.6	20.3	23.2
\$50-74,999	13.4	14.3	13.0	19.0
\$75-99,999	10.6	9.5	8.2	9.1
\$100-149,999	10.8	13.4	8.3	7.9
\$150 and over	17.9	18.4	3.9	5.0
<b>Median Income (\$)</b>	54,320	58,518	28,794	38,020
<b>Unemployment Status (%)</b>	10.3	8.1	18.5	15.3
<b>Single Parent with Child (%)</b>	8.5	4.0	14.7	14.8
<b>Change in Violent Crime between 2019-2021 (%)<sup>10</sup></b>	+30.3	+40.0	+2.5	+20.6

<sup>10</sup>“CHICAGO'S 2021 VIOLENT CRIME STATS BY NEIGHBORHOOD.” AXIOS. DECEMBER 2021. [HTTPS://WWW.AXIOS.COM/LOCAL/CHICAGO/2021/12/20/CHICAGO-VIOLENT-CRIME-GUN-VIOLENCE-STATISTICS-2021](https://www.axios.com/local/chicago/2021/12/20/chicago-violent-crime-gun-violence-statistics-2021)

# METHODS

## Methodological Approach

This needs assessment was conducted by drawing on a community-based participatory research (CBPR) approach,<sup>11</sup> which emphasizes the equitable involvement of diverse stakeholders. Core CBPR principles include a commitment to building on community strengths and resources to engender co-learning and capacity-building and to pursue both research and action for the mutual benefit of all partners.<sup>12</sup> CBPR is recognized as a particularly useful strategy for acknowledging distrust of research within communities of color and addressing health disparities of communities involved.<sup>13</sup> CBPR principles lie at the heart of the work of the Coalition to Save Our Mental Health Centers, reflecting the belief that efforts to improve community welfare must be led by those who live and work in the community itself. As such, this needs assessment sought to engage community members in every step of the research process.

In its previous needs assessments, the Coalition to Save Our Mental Health Centers trained community members from the EMHSP catchment area to carry out the data collection and support with data analyses. For the Southeast EMHSP, interviews and surveys were administered by Coalition staff who had been instrumental in conducting community outreach throughout the Southeast area between 2022 and 2024.

## Study Design

This needs assessment used a mixed-methods study design, incorporating both quantitative data from closed-ended survey questions and qualitative data from open-ended interview and survey questions. Data were collected in the following ways from two groups of stakeholders:

- Interviews with community leaders, including representatives from community-based organizations located in the EMHSP catchment area, service providers, and individuals associated with faith institutions; and,
- Surveys with community members, including residents living in the EMHSP catchment area.

Community leader interviews were hosted between December 2022, and February 2023. Community member surveys were conducted between April and May 2024. Interviews and surveys began with questions about the respondents' background characteristics, followed by a series of questions to understand the most common and most important stressors and mental health issues

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<sup>11</sup> Hacker, K. (2013). Community-based participatory research. Sage publications.

<sup>12</sup> Israel, B., et al. (2010). Community-based participatory research: A capacity-building approach for policy advocacy aimed at eliminating health disparities. *American Journal of Public Health*. 100(11): 2094-2102.

<sup>13</sup> *ibid*

in the community, those most affected, how often respondents interact with someone facing mental health problems (for Community Leaders), and the types of services which should be offered by a community mental health center. Community member surveys differed from the community leader interviews in asking about stressors and mental health issues affecting specific age groups, including: children (ages 12 years and under), teenagers (ages 13-19 years), young adults (ages 20-39 years), middle-aged adults (ages 40-65 years), and older adults (ages 65+ years). Open-ended questions were largely used to elicit responses directly from those surveyed. Respondents were given the following definitions to inform their responses:

- Stressor: an event, experience, activity, or anything else that causes stress;
- Mental health issues: the concerns, difficulties, and needs regarding psychological and emotional wellbeing;
- Community: includes Kenwood, Hyde Park, Woodlawn, and South Shore.

See Appendices A and B for the interview and survey questions administered.

## Procedures

Community leaders were purposely selected for interviews based on their role within the community. Interviews were conducted in person at a location convenient to the community leader, over the phone, or using Zoom. Interviews lasted about 30 minutes.

Surveys of community members were conducted by going door-to-door, with an effort made to achieve diverse geographic representation from across the catchment area. Surveys tended to last between 10 and 15 minutes.

## Analysis

The research team selected a portion of community leader interviews to present in the form of *Voices from the Community*. These snapshots are intended to offer a rich description of the needs in the community.

Quantitative data were summarized using counts and percentages. Participants' open-ended responses regarding stressors and mental health issues were categorized using a codebook developed by the Coalition. These codes and their subcodes are presented in Appendix C. Other open-ended responses regarding services and outreach were thematically coded and described in the text.

# VOICES FROM THE COMMUNITY

## DARLENE LEWIS

Certified Grief Counselor, Apostolic Church of God

### ON THE COVID-19 IMPACT

Being a grief counselor was very impactful during COVID-19. There were calls that the church received from people contracting the virus. Being unable to visit your loved ones in the nursing home or hospital, and sometimes even losing a loved one would make a person feel helpless and unable to handle all of the changes that were taking place.



### ON WHO ARE MOST AFFECTED BY STRESSORS

Our young adults and children are being overlooked! I would like more attention to be paid to the children who are suffering from the same issues as adults are. I would like to see them get the help that they need because they are innocent and unable to express how they're feeling. They also don't have a say in what goes on at home or in the community.

### ON COMMUNITY OUTREACH

People are experiencing trauma from everyday life. They experience it at home, work, and in the community. It creates fear when a person is going about their everyday life. From walking to school to walking to your car, people are traumatized from what's going on around them.

## DONALD PIETERS

Chicago Symphony Orchestra

### ON ISOLATION

Sometimes people feel like “no one knows what I’m going through.” There are people who talk about this stuff on TV and this could be a reflection of me, but they are just actors. They are people who made it, and they don’t understand the struggle I’ve gone through because everyone’s story isn’t the same or goes the right way. The people that you see on TV are the success stories, but there are many people who haven’t made it and they just end up crumbling, especially if things are going on in the home. They might not speak to anyone out of fear of being judged, and they don’t get the help they need.



### ON YOUTH MENTAL HEALTH ISSUES

Anxiety and depression are mental health issues that I see youth dealing with on a regular basis, especially in school. Living up to expectations is a massive one. People are becoming stressed because they didn’t get accepted into the school they wanted or didn’t get the grade they were expecting. It causes depression when you see the people around you are doing better than you are. It’s like, “man, I wish I had their skill, confidence, and stuff like that.”

### ON TRAUMA COUNSELING

I am in trauma counseling because of a lot of things I went through growing up that kept me up at night for a long time. Being able to talk about and address some of that trauma is helpful, especially to have a safe space with a complete mediator and simply talk from one person to another.

## PASTOR EDWARD MORRIS SR.

Pastor, Parkway Gardens Christian Church (Disciples of Christ)

### ON COVID-19

I believe that because of the lack of understanding, even to this date of the downturn of the pandemic, the people are still not as educated as they should be about the virus. Some people have closed off their mind to being informed about the virus out of fear. People ignore the information because of this, which results in them struggling with the reality of the facts about the virus. This is often due to misinformation.

### ON MENTAL HEALTH ISSUES IN THE COMMUNITY

Overall stress leading to generalized anxiety, this is due to our area being a high crime area. Many of our people don't feel safe even in their own homes anymore because of the shootings and things that occur regularly. We had a couple of members from our congregation who have lost loved ones due to the violence in our community, and our seniors have been stressed as well because of the violence in the community. Having bullets flying through your apartment leads to feelings of hopelessness and depression.

### ON SERVICES OFFERED

I would like to see family counseling offered at this center, a way to help them work out family issues. It will also provide a way to help them access resources to alleviate the stressors causing them to act abusive and harsh. I would also like to see support and resources for domestic violence victims.



## ANNE MCCALL

Vicar, First Emanuel Lutheran Church

### ON ISSUES DURING COVID-19

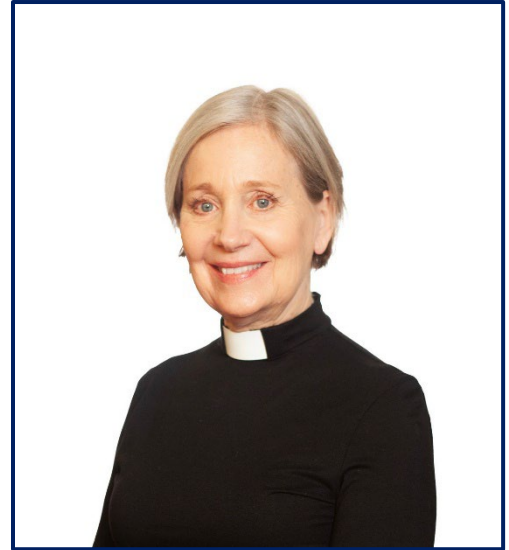
People ran into financial issues; people are more isolated due to the fear of contracting the virus from others. Younger people are more willing to engage with one another, but there's hesitation from the older generation due to health reasons and the loss of loved ones. I believe there should be more services for seniors because they're the most isolated and also can carry the economic impact of COVID with rising prices on everything.

### ON VIOLENCE

People think that because they don't hear about gun violence in certain communities (Wicker Park, Bucktown, etc.), it's deemed safe. I feel that our communities (Kenwood, Hyde Park, Woodlawn, and South Shore) get a lot of bad press because you only hear about the negative but there's a lot of good going on in the community as well.

### ON FREE COUNSELING

There are a lot of barriers when it comes to people seeking therapy and counseling. One of those is money. But once that barrier is removed, then it becomes easier to address certain issues, even if counseling is done by Zoom.



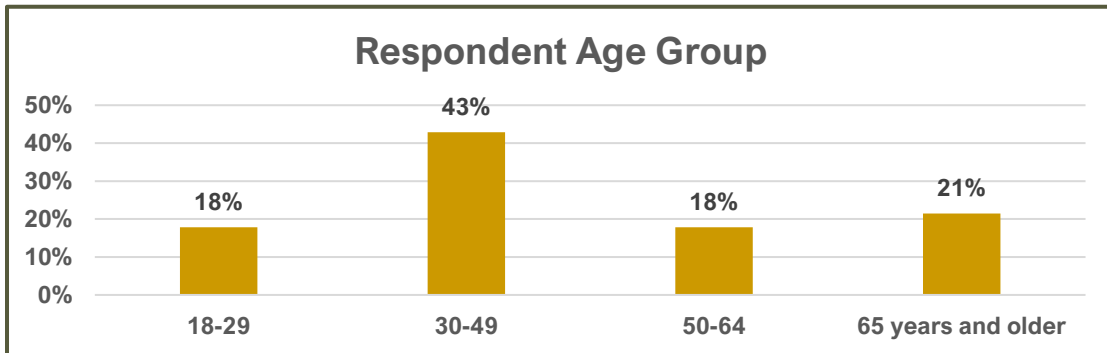
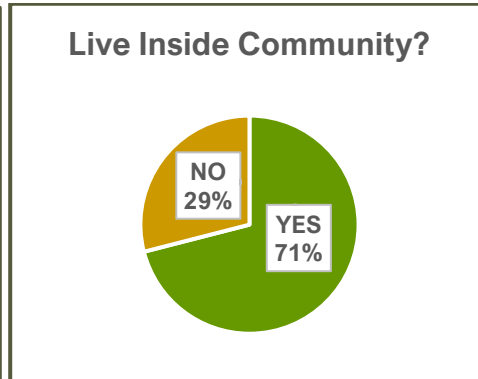
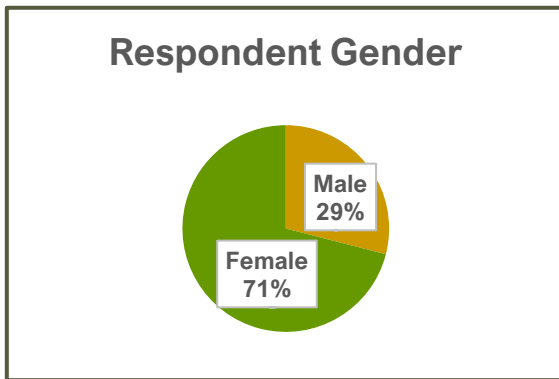
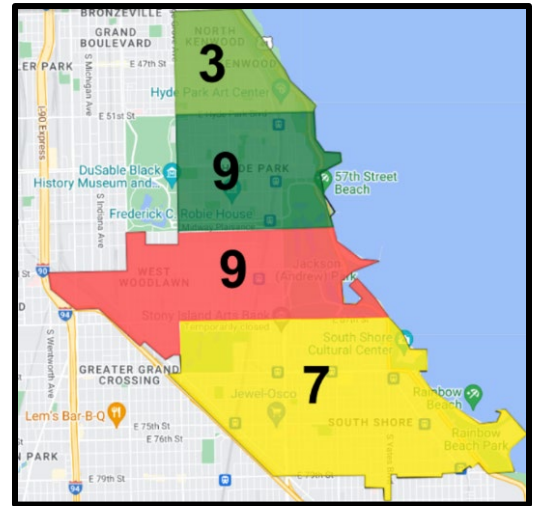
# COMMUNITY LEADER INTERVIEW RESULTS

The Coalition’s research team conducted 28 interviews with community leaders within the Southeast EMHSP area. Figure 3 presents the number of interviews hosted in each neighborhood.

## Characteristics of Community Leaders

Of community leaders interviewed, 71% of respondents identified as female with 29% identifying as male. The largest proportion were aged 30-49 years (43%), followed by 65 years and older (21%), 18-29 years (18%), and 50-64 years (18%). Over two-thirds of respondents (71%) reside in the EMHSP area. The community leaders represented a range of local community organizations, businesses, and institutions in the EMHSP catchment area, with churches (30%), schools (26%), and local community organizations (e.g., community centers) (22%) being the top three groups represented.

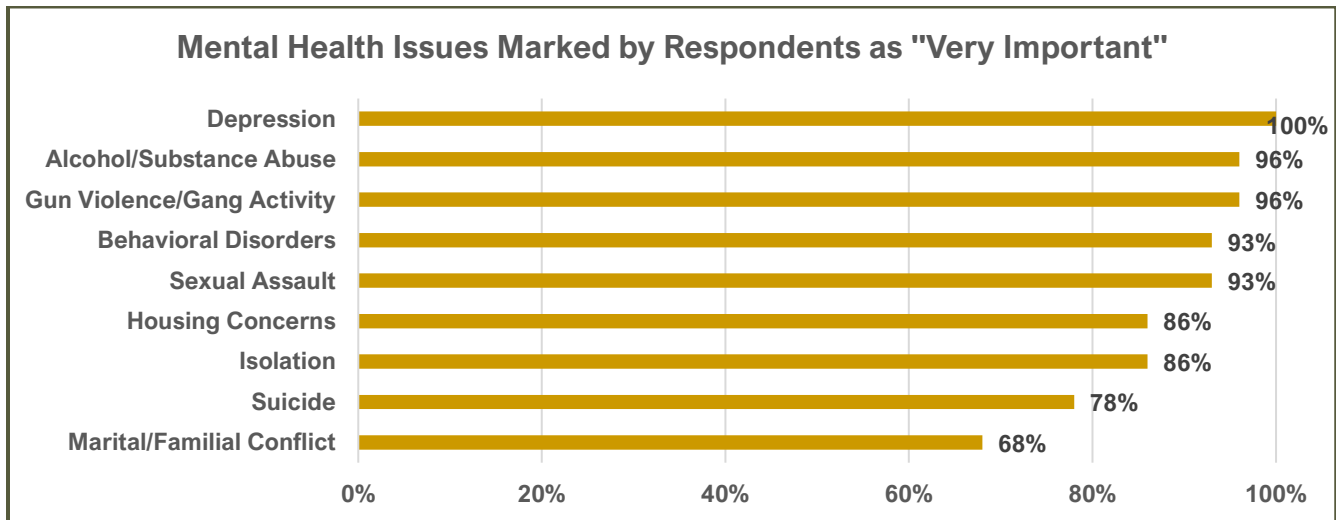
**Figure 3:** Number of Community Leader surveys conducted per area



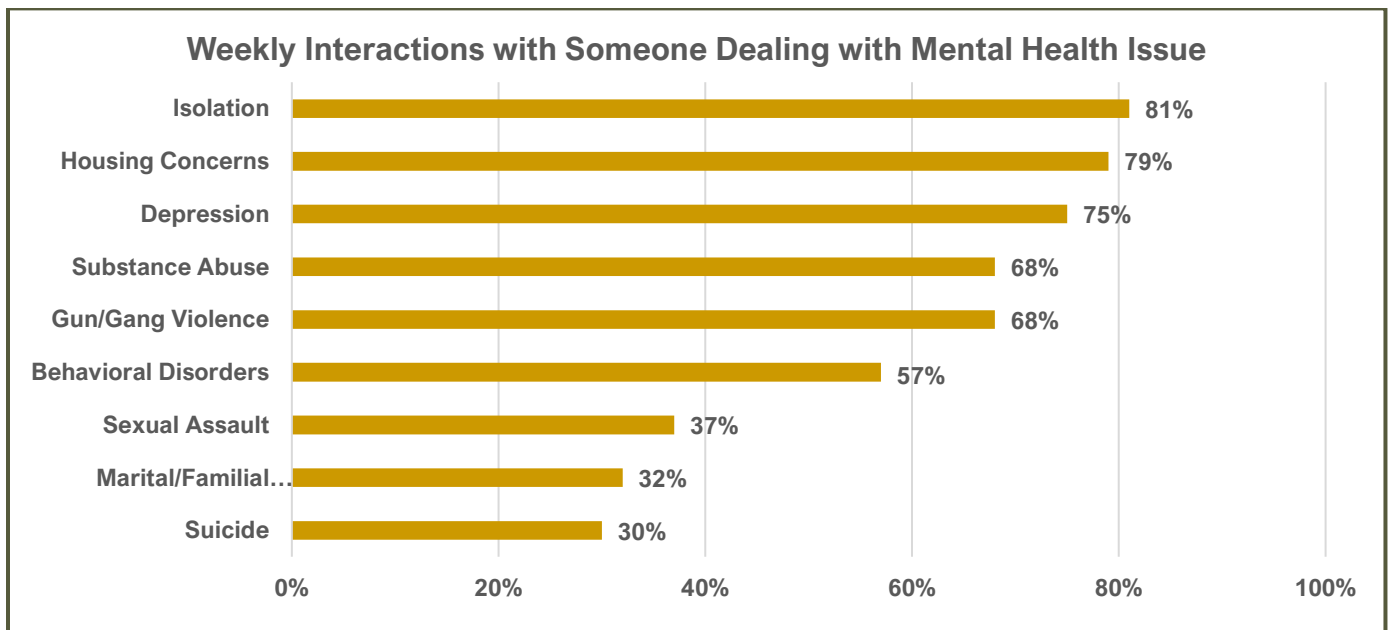
## Mental Health Issues and Stressors

### *Mental Health Issues*

A majority of the community leaders surveyed described the following mental health issues as “very important”: depression (100%), alcohol/substance abuse (96%), gun violence/gang activity (96%), behavioral disorders (93%), sexual assault (93%), housing concerns (86%), isolation (86%), suicide (78%), and marital/familial conflict (68%).

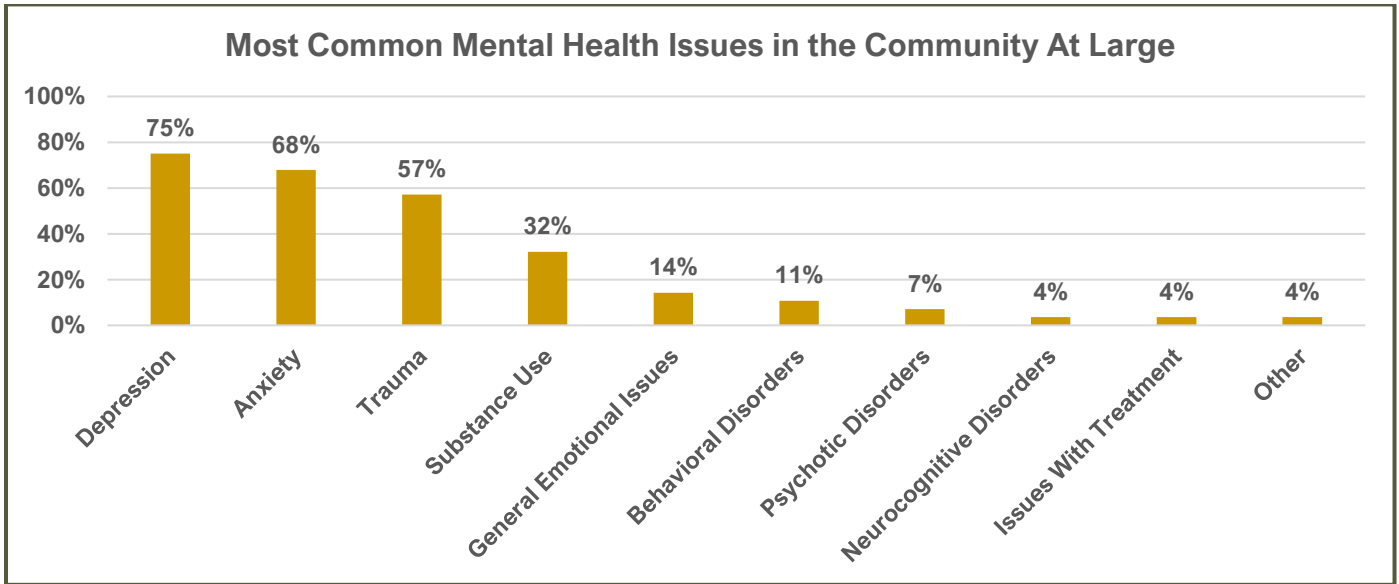


Most community leaders reported interacting with someone dealing with the following mental health issues at least once a week: isolation (81%), housing concerns (79%), depression (75%), alcohol/substance abuse (68%), gun violence/gang activity (68%), behavioral disorders (57%), sexual assault (37%), marital/familial conflict (32%), and suicide (30%).

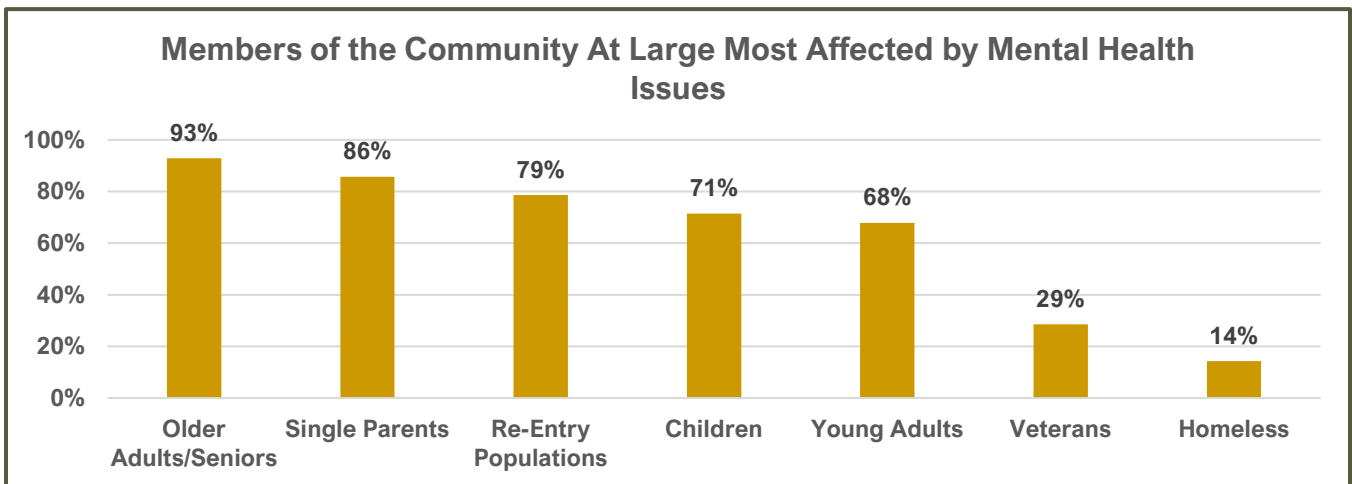


**Mental Health Issues – Community At Large**

In the open-ended segment of the interview, community leaders were able to dive further into the most common mental health issues experienced by the community at large, identifying depression (75%), anxiety (68%), and trauma (57%) as the most prevalent. Some of the respondents (32%) also identified substance use, with a few community leaders also noting general emotional issues (14%), behavioral disorders (11%), psychotic disorders (7%), neurocognitive disorders (4%), issues with treatment (4%), and other issues (4%).

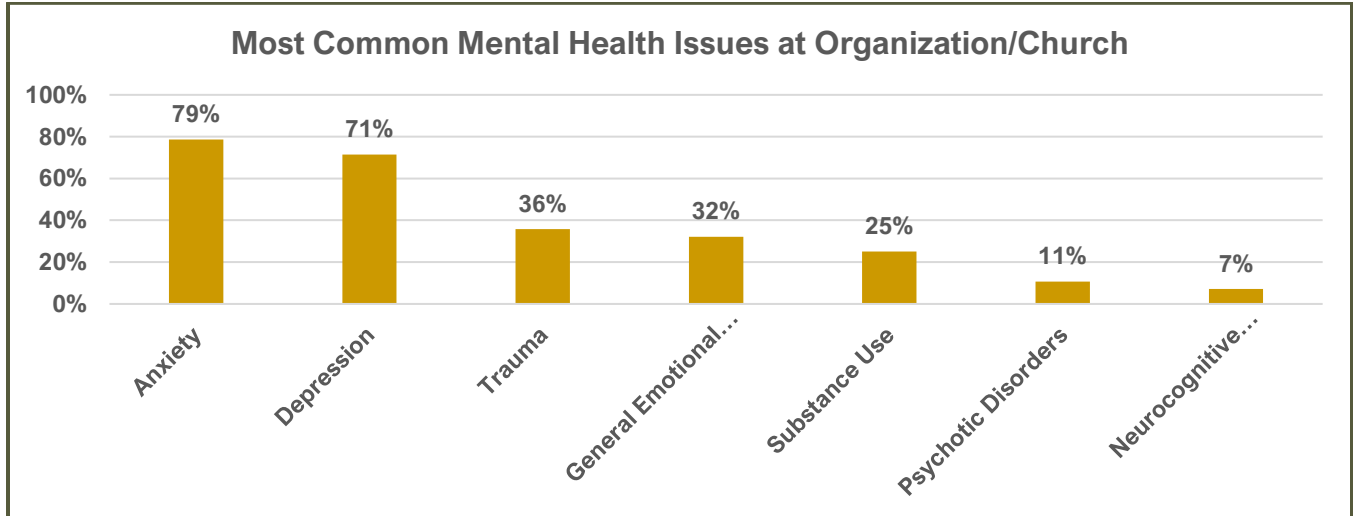


Community leaders identified older adults/seniors (93%) as the group of community members most affected by these mental health issues, closely followed by single parents (86%), re-entry populations (79%), Children (71%), and young adults (68%). A few other respondents noted veterans (29%) and homeless individuals (14%).

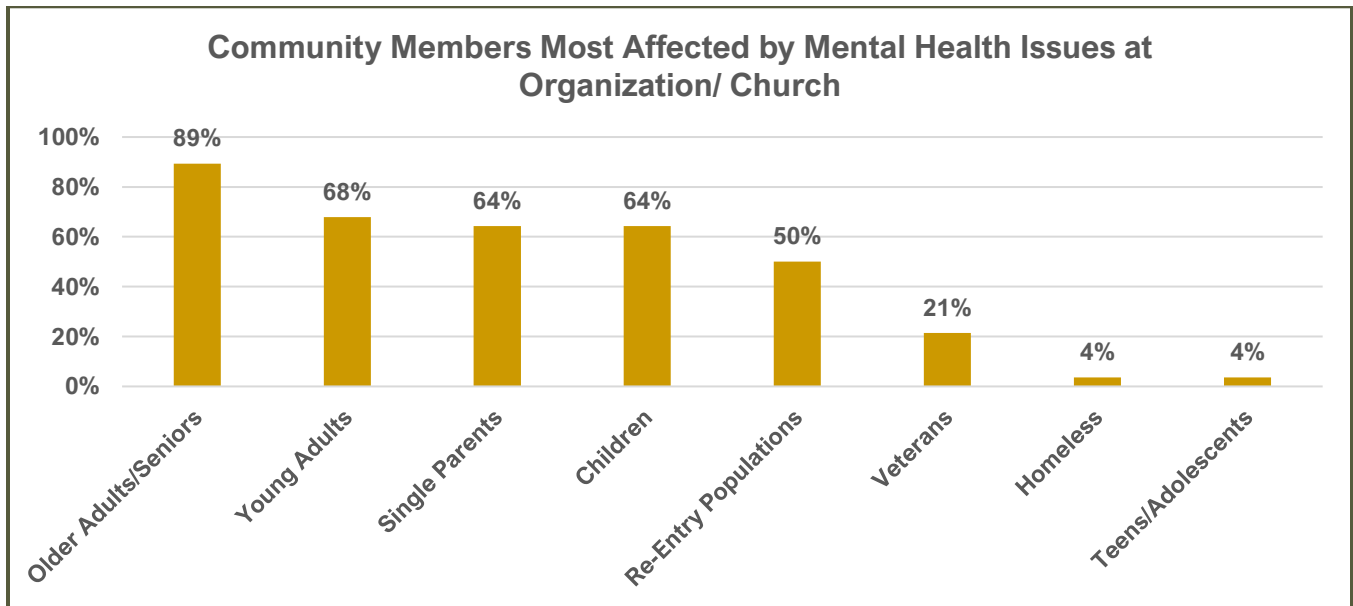


**Mental Health Issues – Organization or Church**

When asked what the most common mental health issues are at their organization or church, a majority of community leaders identified anxiety (79%) and depression (71%). Community leaders also noted trauma (36%), general emotional issues (32%), such as isolation, stress and grief, followed by substance use (25%), psychotic disorders (11%), and neurocognitive disorders (7%).

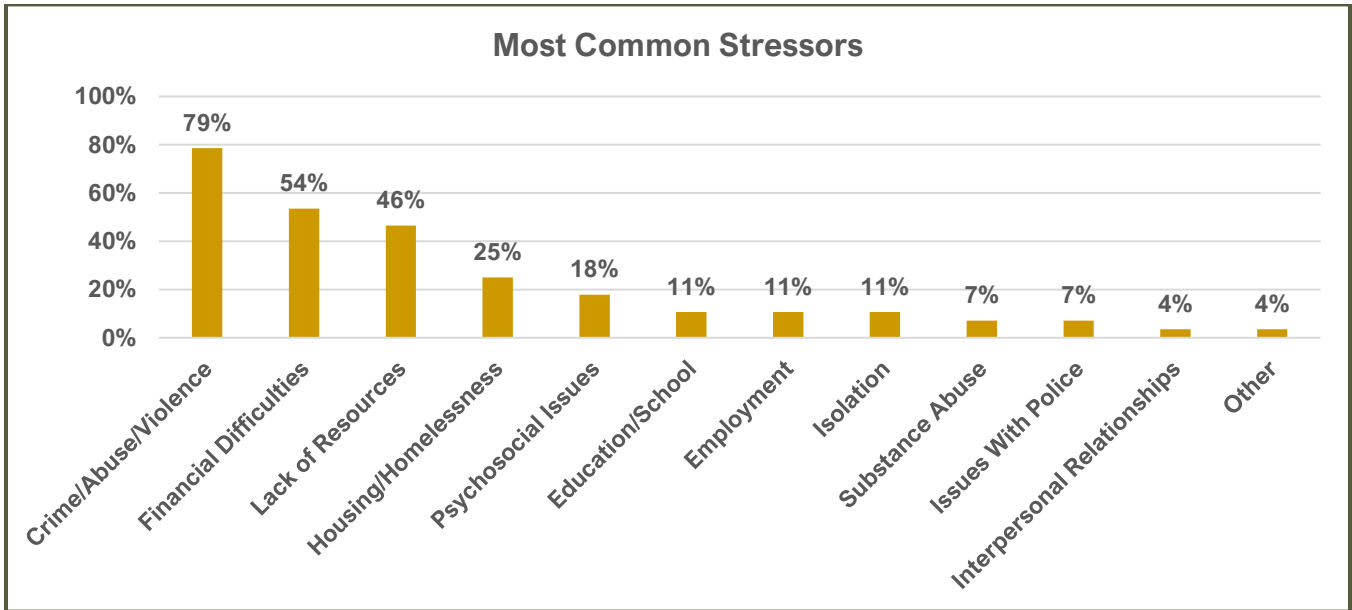


Older adults/seniors (89%) were reported to be the community members most affected by mental health issues at the community leaders’ organizations and churches, followed by young adults (68%), single parents (64%), children (64%), and re-entry populations (50%). Some respondents also noted veterans (21%), homeless individuals (4%), and teens/adolescents (4%).

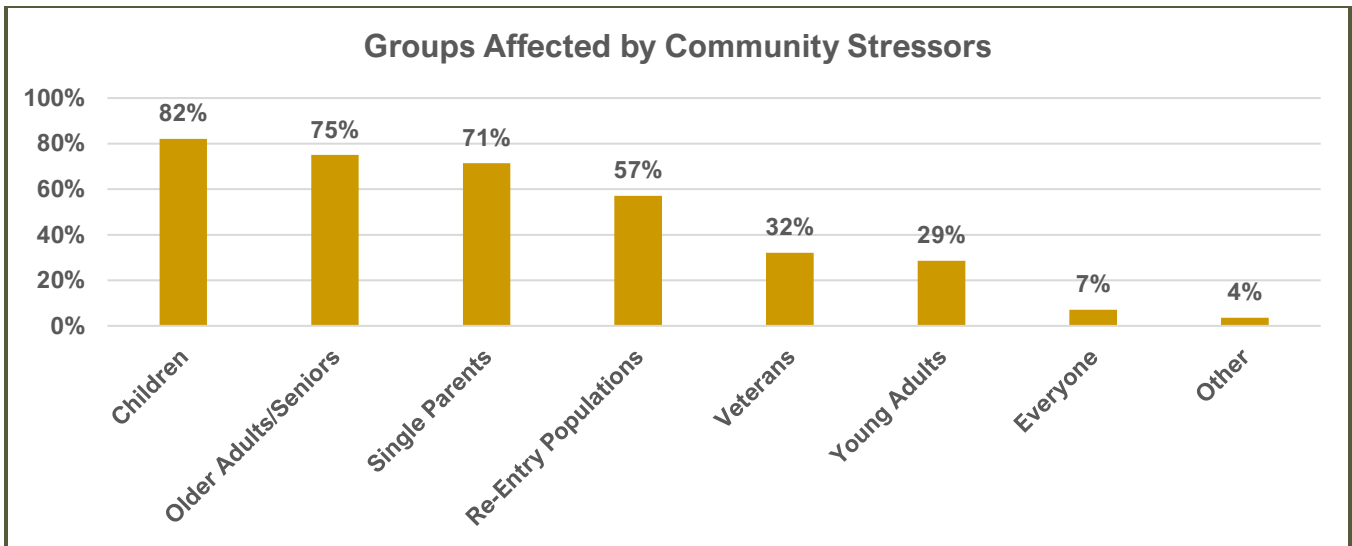


**Community Stressors**

Community leaders described several stressors affecting the community at large, with crime/abuse (79%) being the most common. The next most identified stressors included financial difficulties (54%), lack of resources (46%), such as food and transportation, housing/homelessness (25%), and psychosocial issues (18%). A few community leaders also noted education/school (11%), employment (11%), isolation (11%), substance abuse (7%), issues with police (7%), interpersonal relationships (4%), and other stressors (4%).

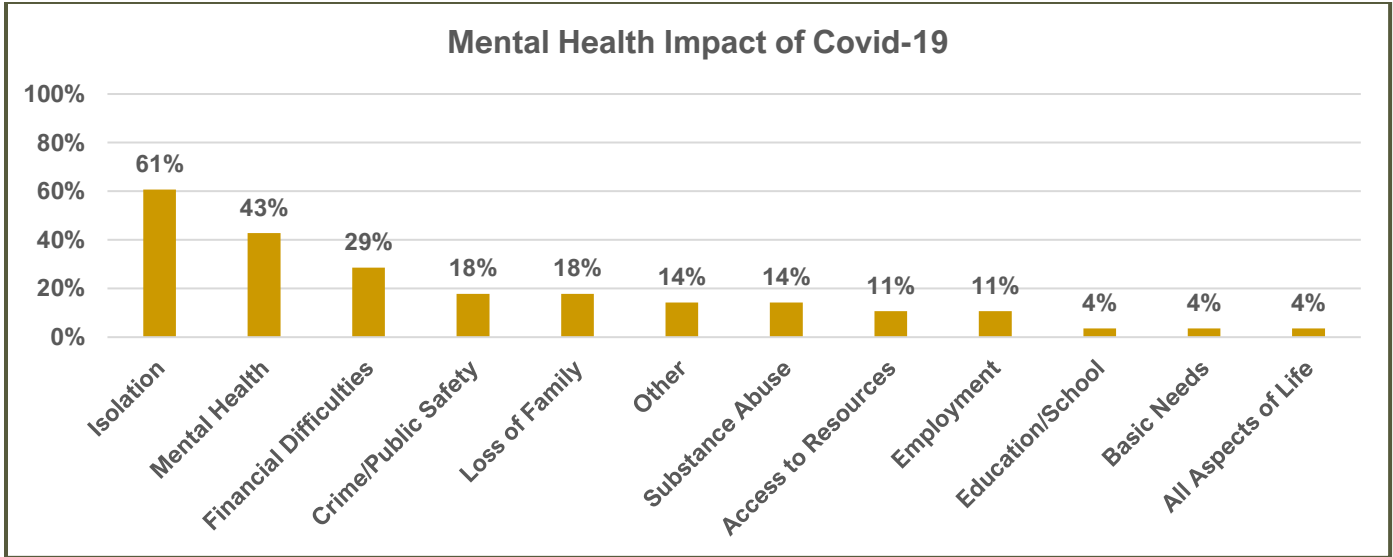


Community leaders identified children (82%) as the group most affected by community stressors, followed by older adults/seniors (75%), single parents (71%), and re-entry populations (57%). Some respondents also noted veterans (32%), young adults (29%), “everyone” in general (7%), and other groups (4%).

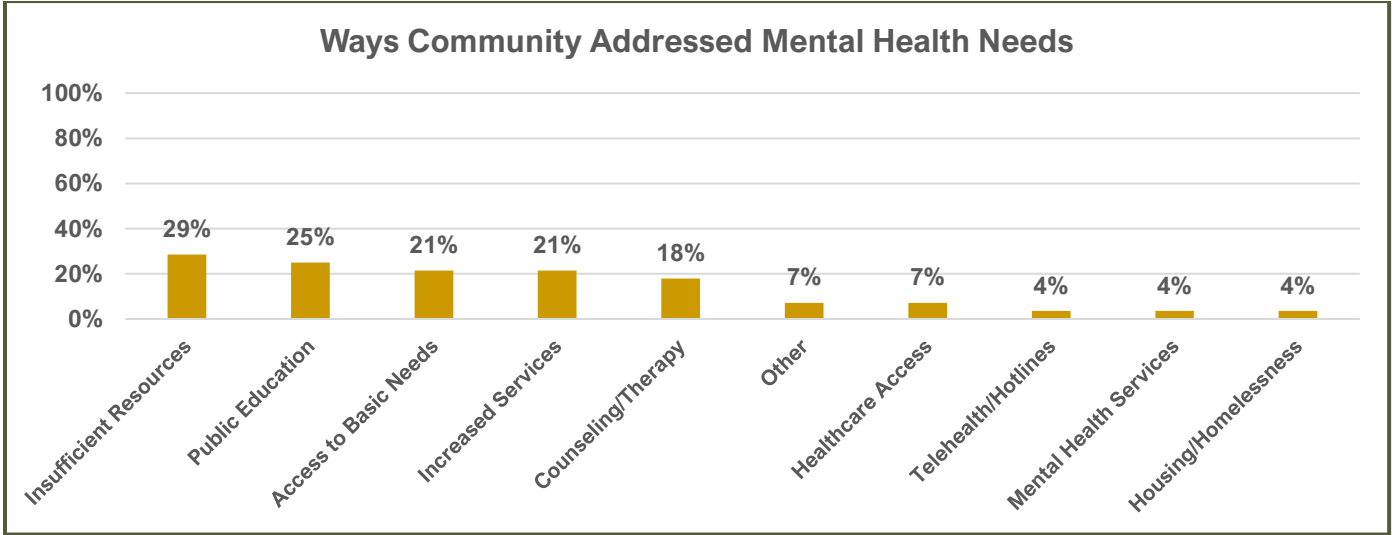


### Effects of COVID-19 on the Community

Community leaders noted several ways COVID-19 has impacted the Southeast EMHSP area. The single biggest effect of COVID-19, according to interviewees, was isolation (61%), followed by mental health issues (e.g., depression, anxiety) (43%), financial difficulties (29%), crime/public safety (18%), and loss of family (18%). Additional ways that were identified included “other” (14%) effects, such as suicide and lack of healthcare, followed by substance abuse (14%), closures/access to resources (11%), employment (11%), education/school (4%), basic needs (i.e. good) (4%), and all aspects of life (4%).



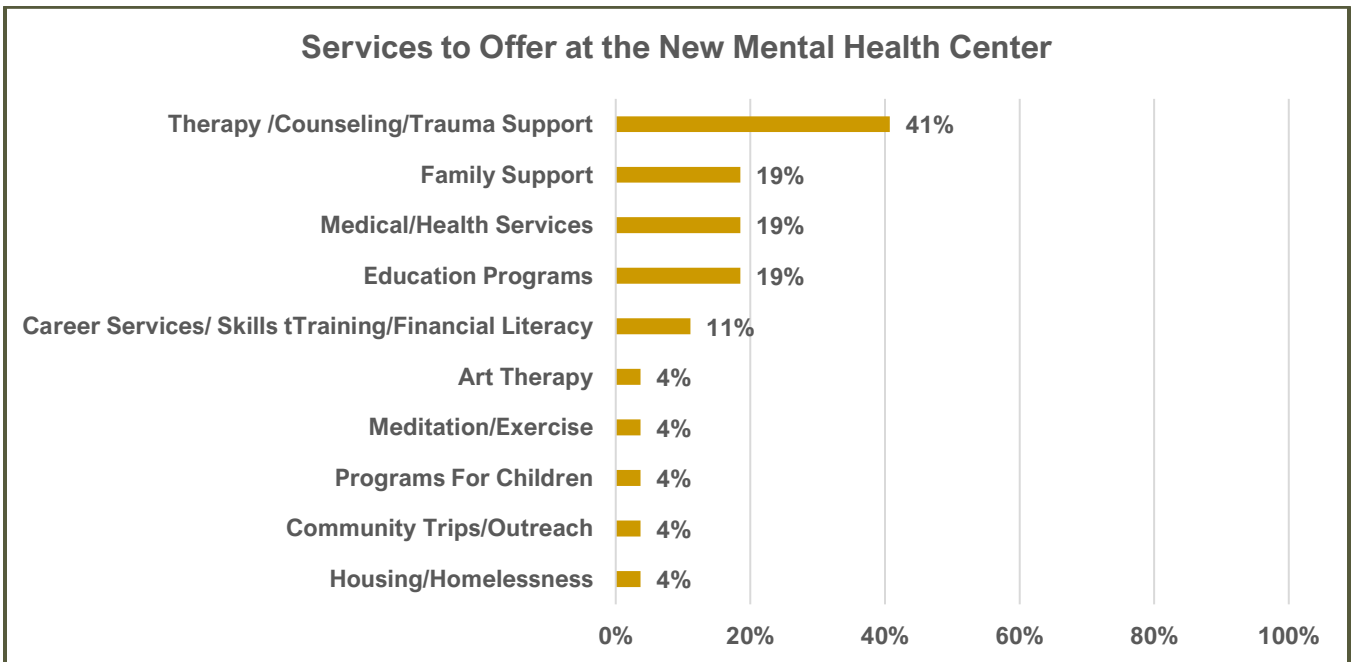
When community leaders were asked to identify steps taken by the community to help with the mental health needs locally in the wake of Covid-19, many felt that there were insufficient services and resources (29%). Community leaders that identified ways the community addressed local mental health needs included public education (25%), access to basic needs (i.e., food) (21%), increased services (i.e., family, seniors, veterans) (21%), and counseling, social work, and therapy (18%). A few respondents also noted other ways (7%), healthcare access (7%), telehealth/hotlines (4%), mental health services (4%), and housing/homelessness services (4%).



### Services and Community Outreach at the New Mental Health Center

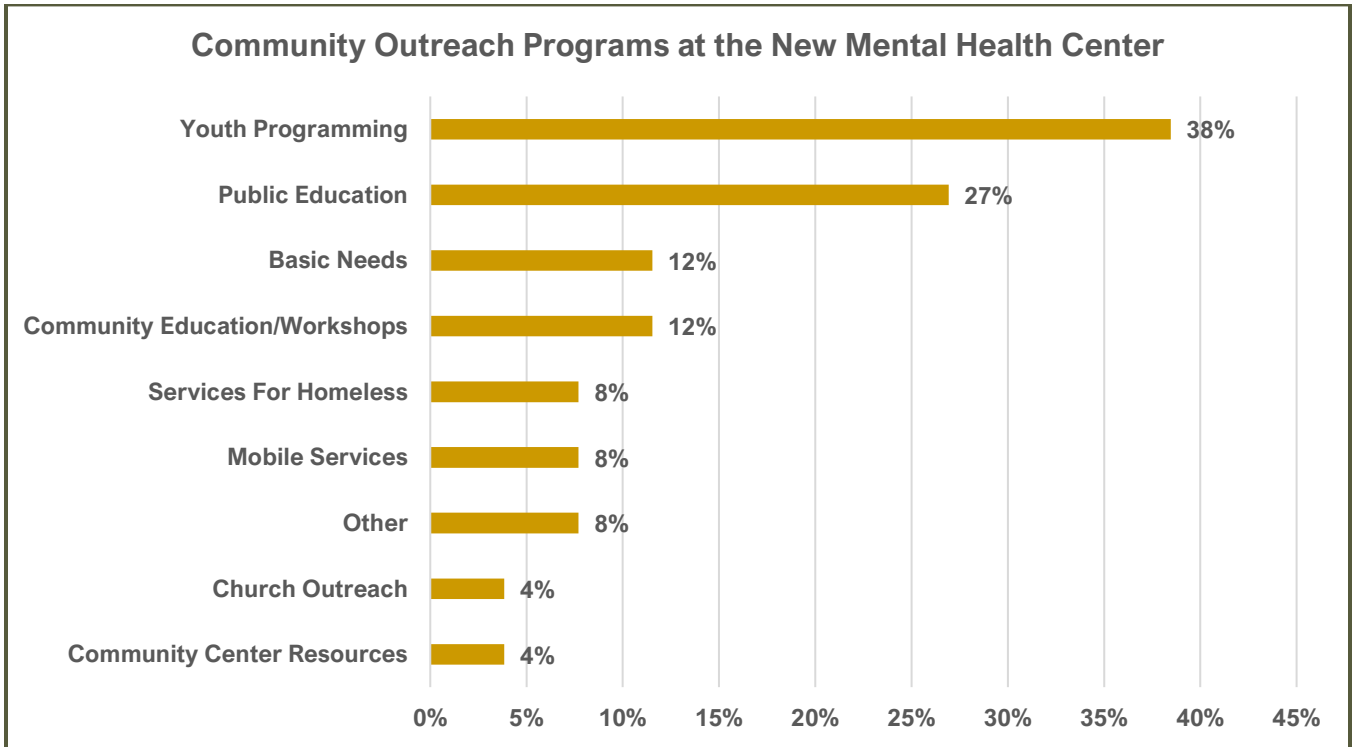
#### Services

In open-ended responses, community leaders interviewed indicated that therapy, counseling, and trauma support (41%) should be the highest prioritized services to offer at the new mental health center. The next most noted services included family support (19%), medical/health programs and services (19%), education programs (19%), and career services, skills training, and financial literacy (11%). A few respondents also noted art therapy (4%), meditation/exercises (4%), programs for children (i.e. camps, outdoor activities) (4%), community trips and outreach (4%), and housing/homelessness services (4%).



**Community Outreach**

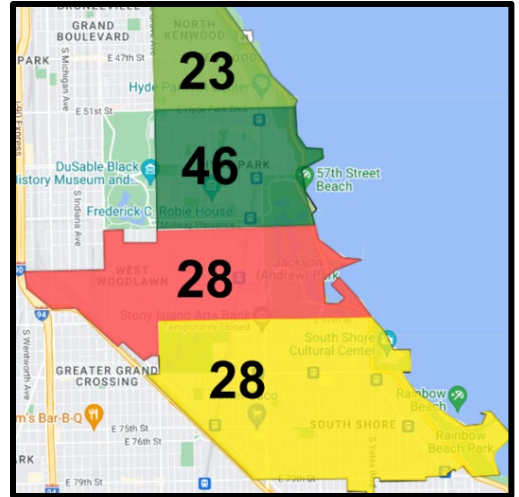
In open-ended responses, community leaders identified youth programming (i.e. in-school, after school, mentorship) (38%) as the program they would most like to see provided at the new mental health center. Other key programs noted were public education (27%), basic needs (i.e., food) (12%), community education and workshops (12%), services for homeless individuals (8%), mobile services (i.e. medical, therapy) (8%), other programs (8%), church outreach (4%), and community center resources (4%).



# COMMUNITY MEMBER SURVEY RESULTS

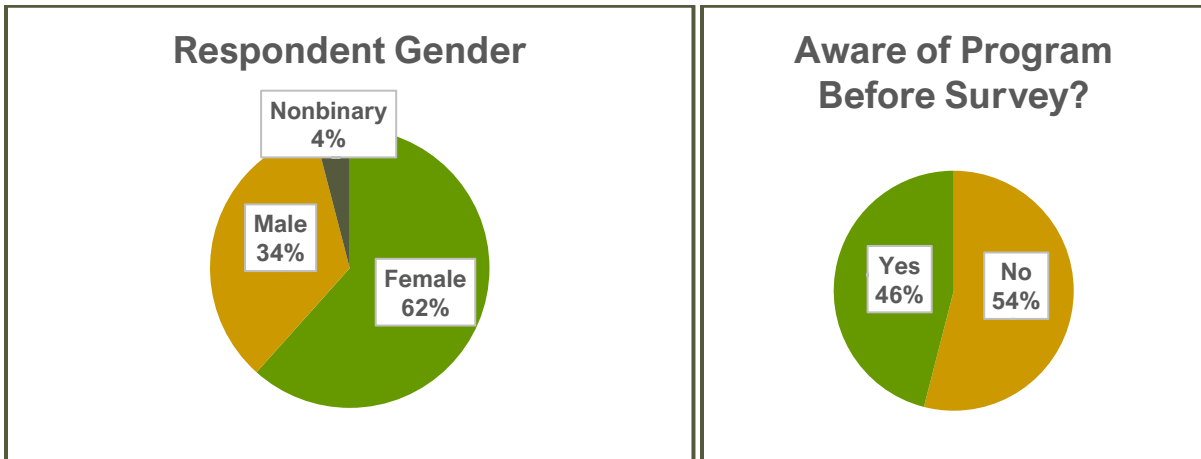
The Coalition’s research team administered 120 surveys to community members residing within the Southeast EMHSP area. Figure 4 presents the number of surveys administered in each of the four community areas.

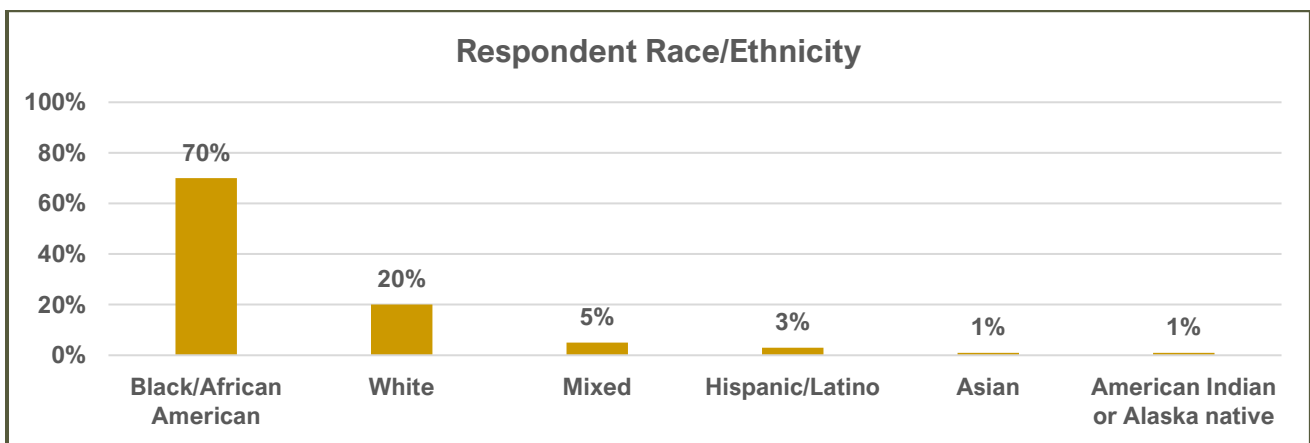
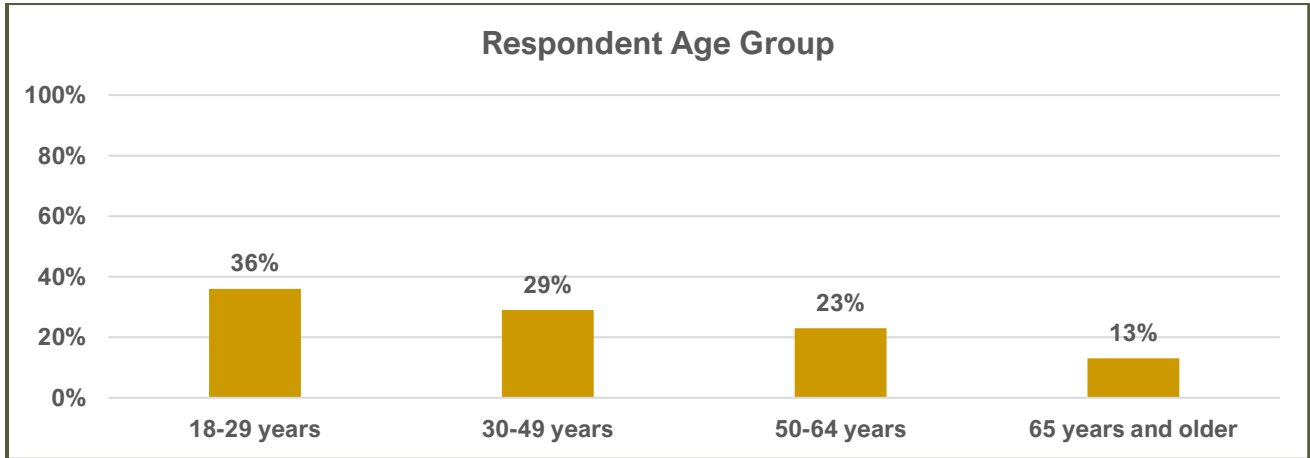
**Figure 4:** Number of Community Member surveys conducted per



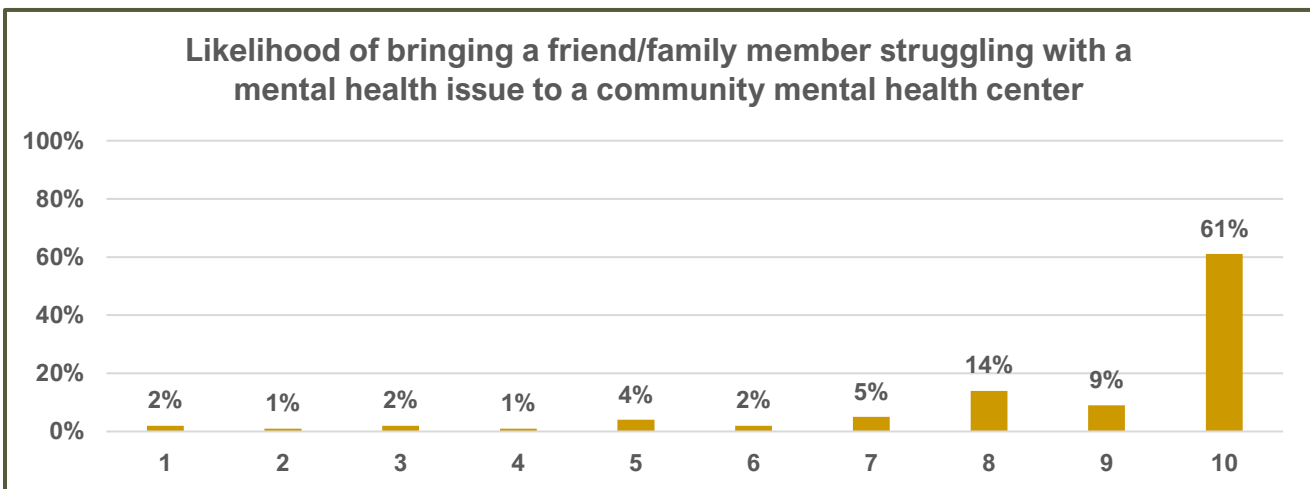
## Characteristics of Community Members

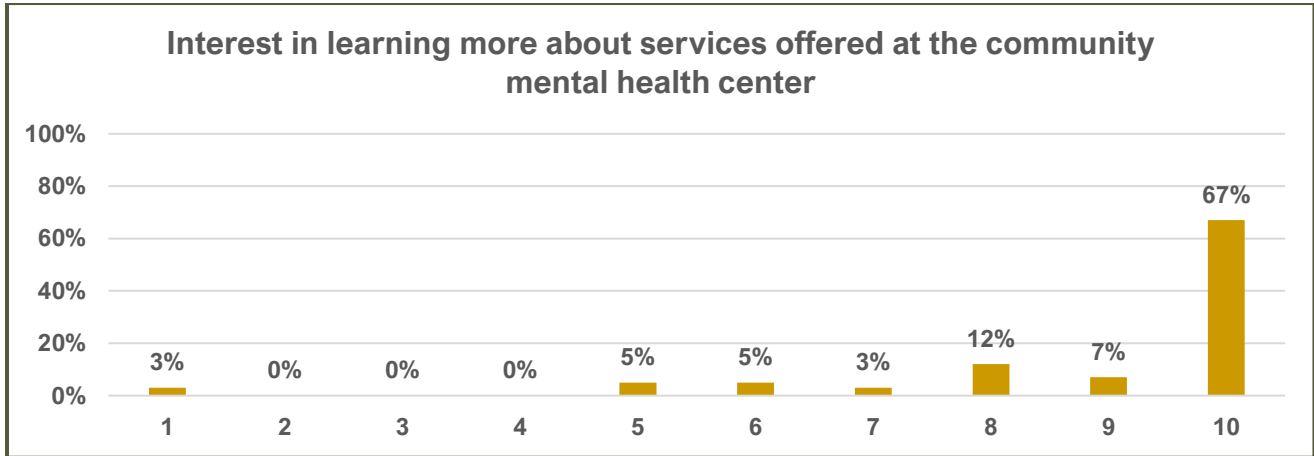
Respondents were composed of more females than males completing the survey (61% versus 34%), with the remainder identifying as nonbinary/gender non-conforming (4%). The largest proportion of respondents were aged 18-29 years (36%), followed by 30-49 years (29%), 50-64 years (23%) and 65 years and older (13%). Over two-thirds (70%) of respondents identified as black/African American, and almost half (46%) were aware of the efforts to create a community mental health center in the Southeast area before the date of the survey.





Over half of respondents (61%) said that they were “extremely likely” to bring a friend or family member to a community mental health center if he/she was struggling with a mental health issue. A small minority (2%) said they were unlikely to do so. Over two-thirds of respondents (67%) were “extremely interested” in learning more about the services offered at a mental health center specific to residents in the Southeast area. A few respondents (3%) were uninterested.

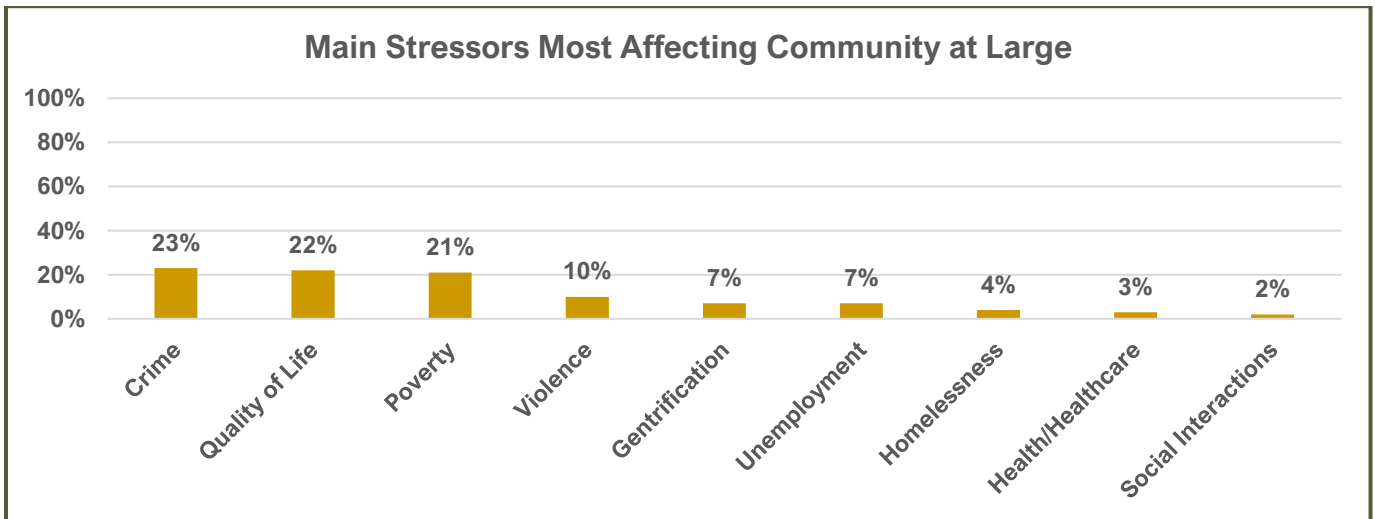




### Stressors and Mental Health Issues by Age Group

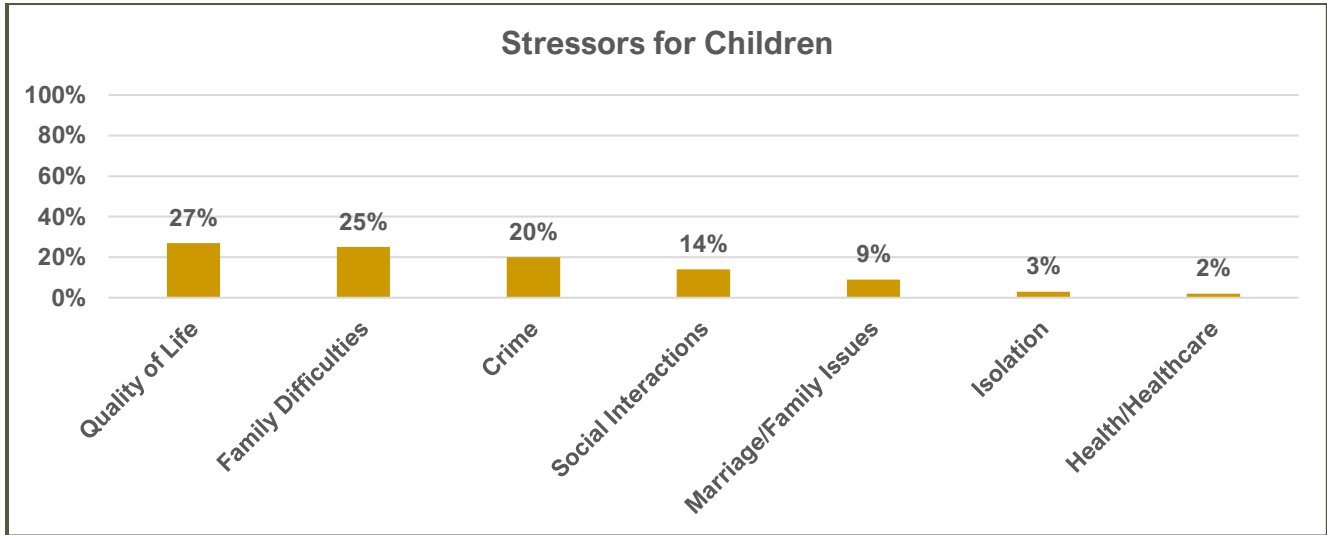
#### Community at Large

Community members identified the main stressors affecting the community at large to be crime (22%), quality of life (22%), and poverty (21%). A smaller portion of community members also noted violence (10%), gentrification (7%), unemployment (7%), homelessness (4%), health/healthcare (3%), and social interactions (2%).

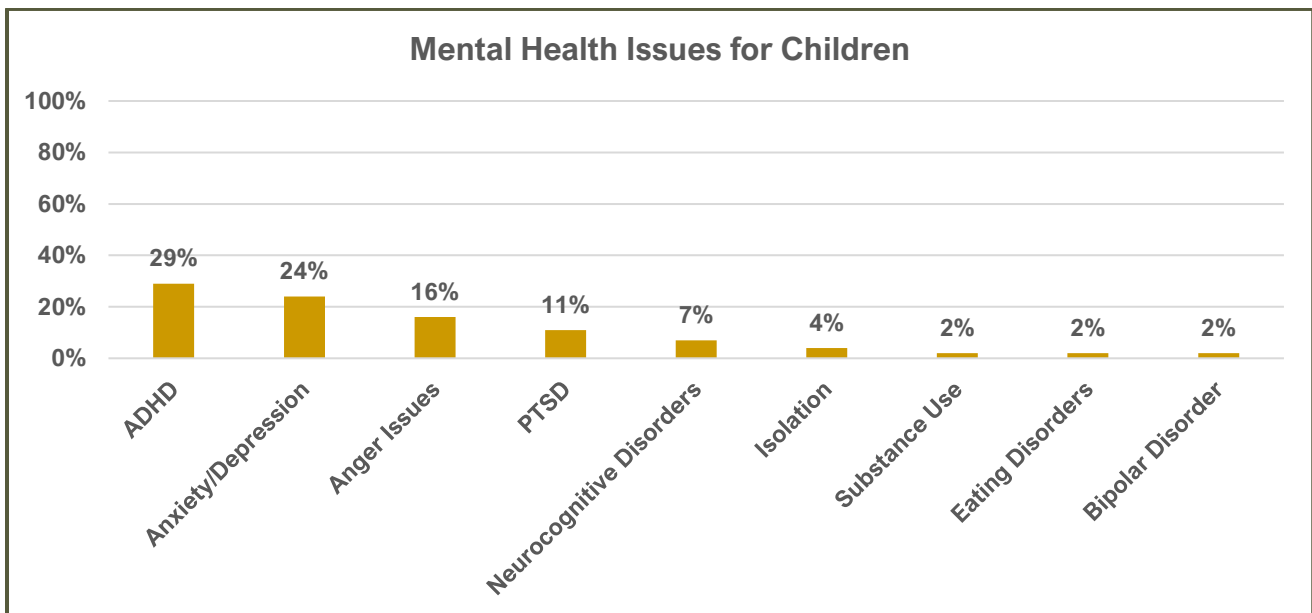


#### Children

According to the community members surveyed, the biggest stressors affecting children (ages 12 and under) in the community include those relating to quality of life (resources, housing, education) (27%) and family difficulties (25%), followed by crime (20%) and social interactions (14%). A small proportion of respondents indicated marriage/family issues (9%), isolation (3%), and health/healthcare (2%) as the biggest stressors for children.

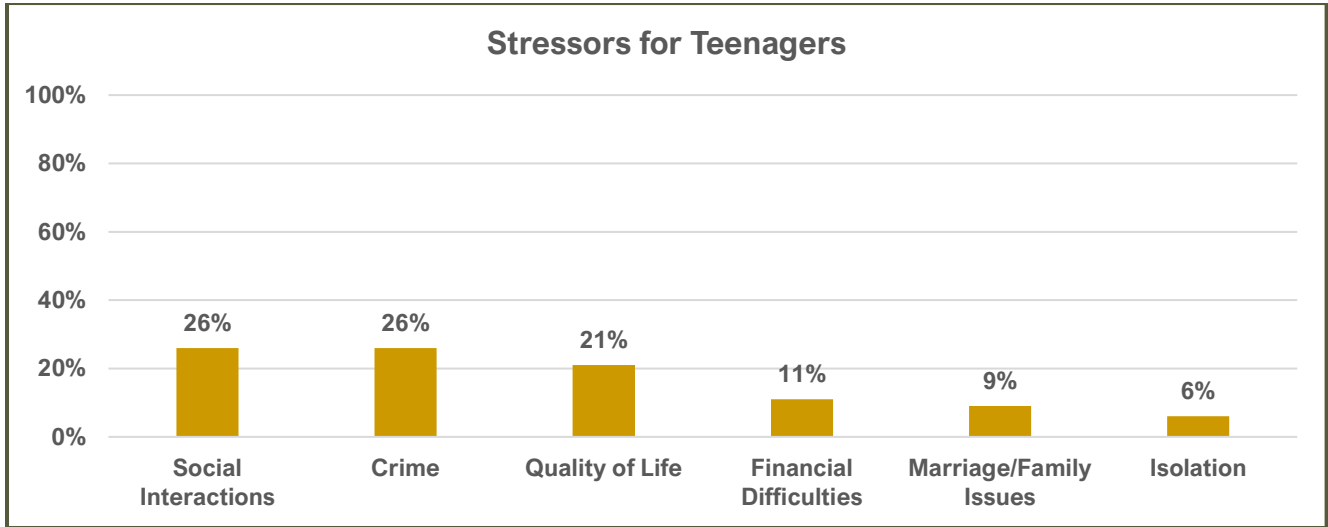


ADHD was most often raised as the most important mental health issue facing children (29%), followed by anxiety/depression (24%), anger issues (16%), post-traumatic stress disorder (PTSD) (11%), neurocognitive disorders (7%), and isolation (4%). To a lesser degree, community members also identified substance use (2%), eating disorders (2%), and bipolar disorder (2%).

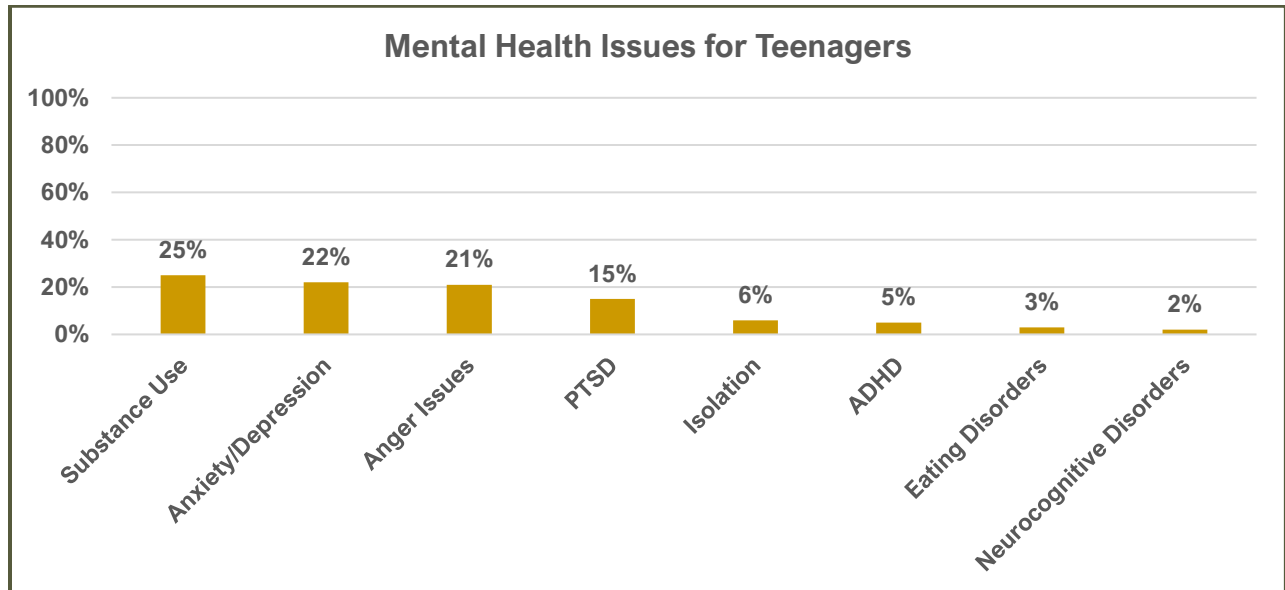


**Teenagers**

Among teenagers ages 13-19 years, the biggest stressors indicated by community members included social interactions (26%), crime (26%), and quality of life (resources, housing, education) (21%). Smaller proportions of respondents noted financial difficulties (11%), family/marriage issues (9%), and isolation (6%) as the biggest stressors.

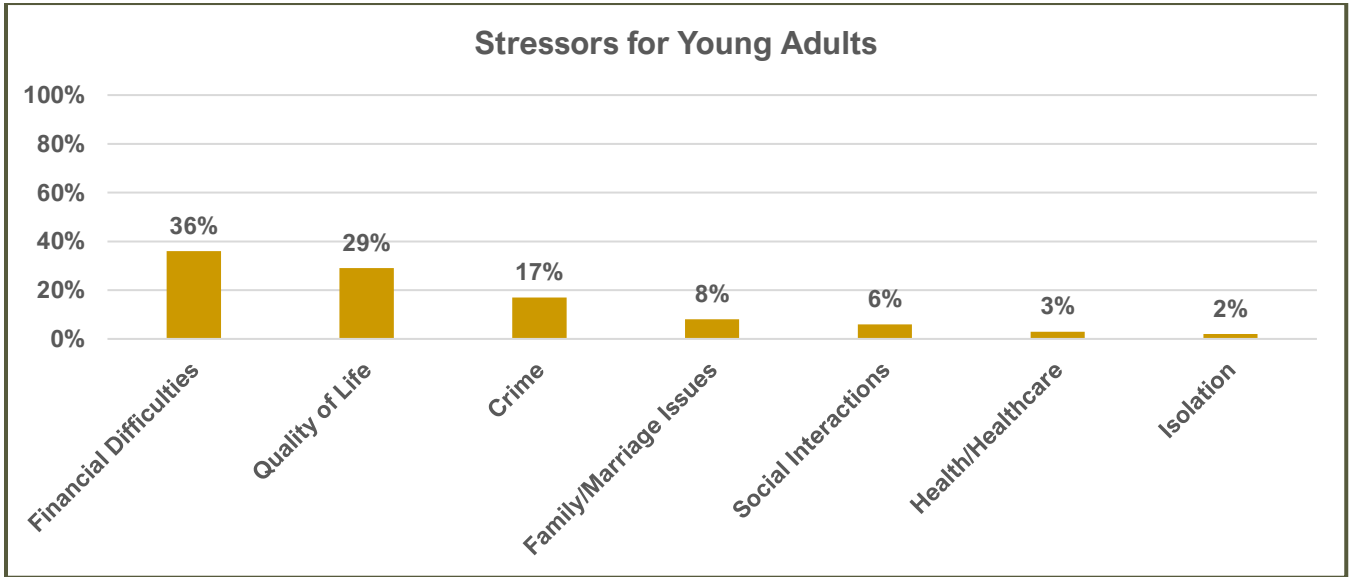


A quarter of community members surveyed raised substance use (i.e., alcohol, drugs, addiction) (25%) as the most important mental health issue for teenagers, closely followed by anxiety/depression (22%), anger issues (21%), and post-traumatic stress disorder (15%). Some community members identified isolation (6%), ADHD (5%), eating disorders (3%), and neurocognitive disorders (2%) as the most important mental health issues for teenagers.

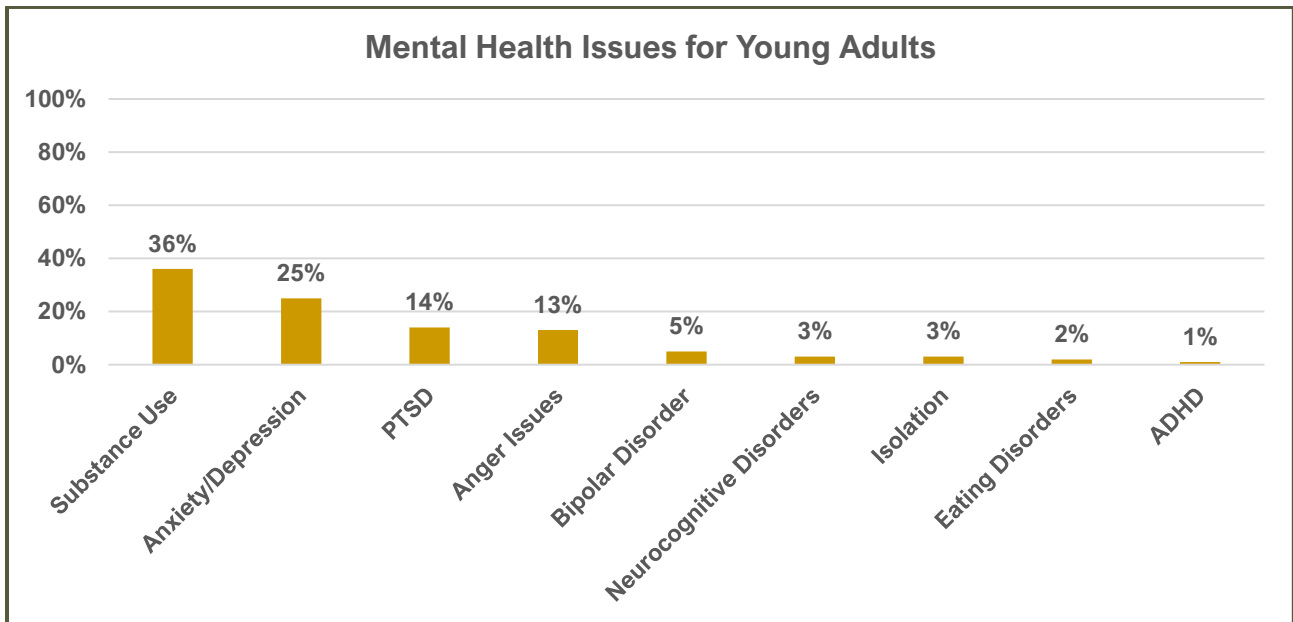


**Young Adults**

Community members surveyed indicated that the biggest stressors facing young adults, ages 20-39 years, are financial difficulties (36%) and quality of life (i.e., resources, housing, education) (29%), followed by crime (17%), family/marriage issues (8%), social interactions (6%), health/healthcare (3%), and isolation (2%).

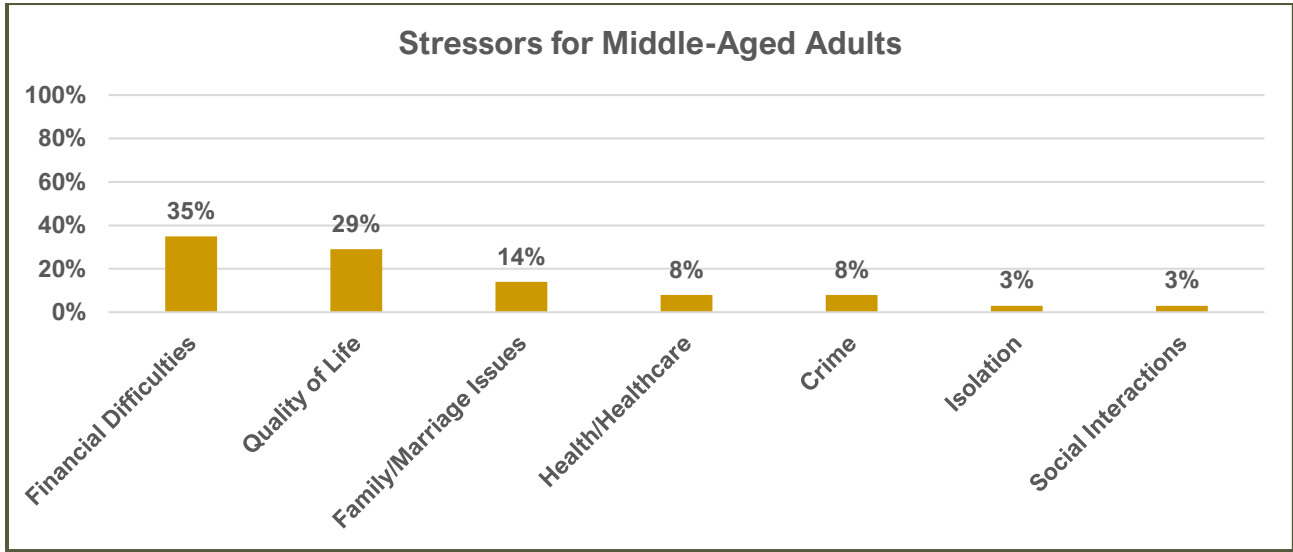


As with teenagers, the most important mental health issues facing young adults were thought to be substance use (i.e., alcohol, drugs, addiction) (36%) and anxiety/depression (25%), followed by post-traumatic stress disorder (PTSD) (14%), anger issues (13%), bipolar disorder (5%), neurocognitive disorders (3%), isolation (3%), eating disorders (2%), and ADHD (1%).

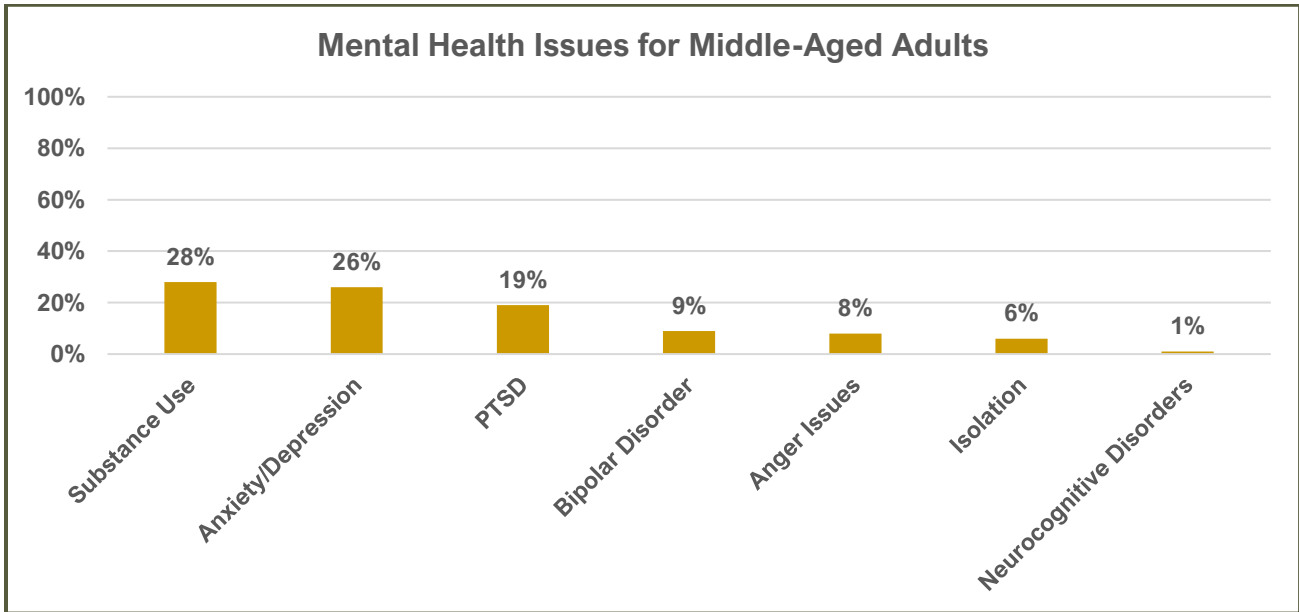


**Middle-Aged Adults**

Among middle-aged adults, ages 40-64 years, the biggest stressors identified included financial difficulties (35%) and quality of life (resources, housing, education) (29%), followed by family/marriage issues (14%), health/healthcare (8%), and crime (8%). Small proportions of respondents noted isolation (3%) and social interactions (3%) as the biggest stressors facing middle-aged adults.

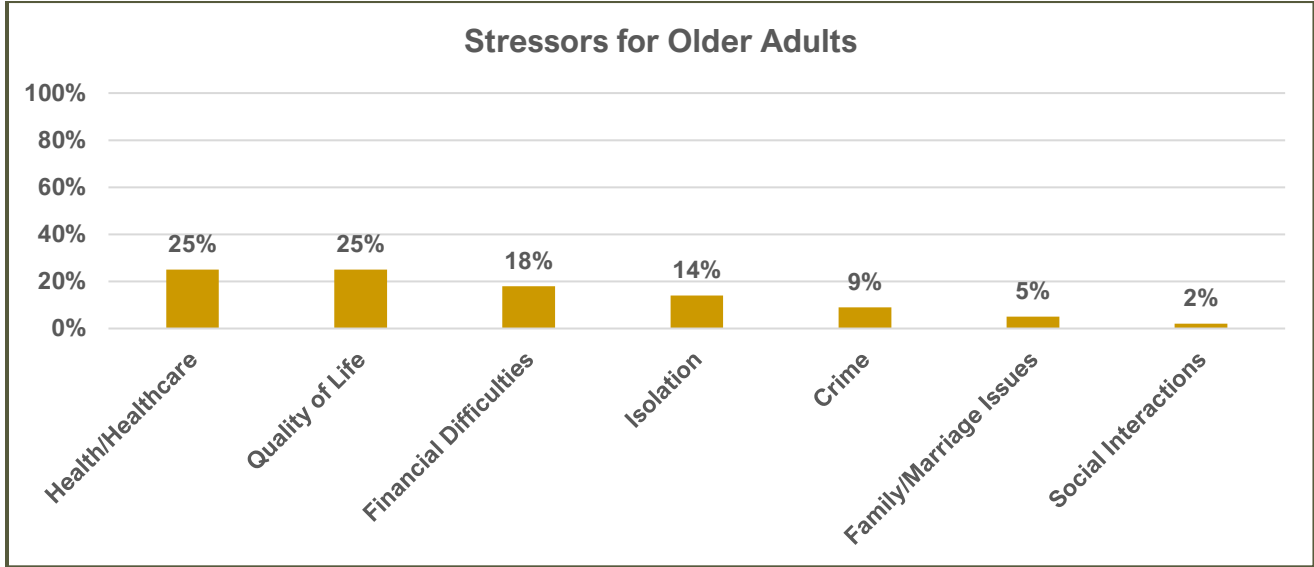


As with teenagers and young adults, substance use (i.e., alcohol, drugs, addiction) (28%) and anxiety/depression (26%) were considered to be the most important mental health issues for middle-aged adults. Respondents pinpointed post-traumatic stress disorder (PTSD) (19%), bipolar disorder (9%), anger issues (8%), isolation (6%), and neurocognitive disorders (1%) as other important mental health issues to address in middle-aged adults.

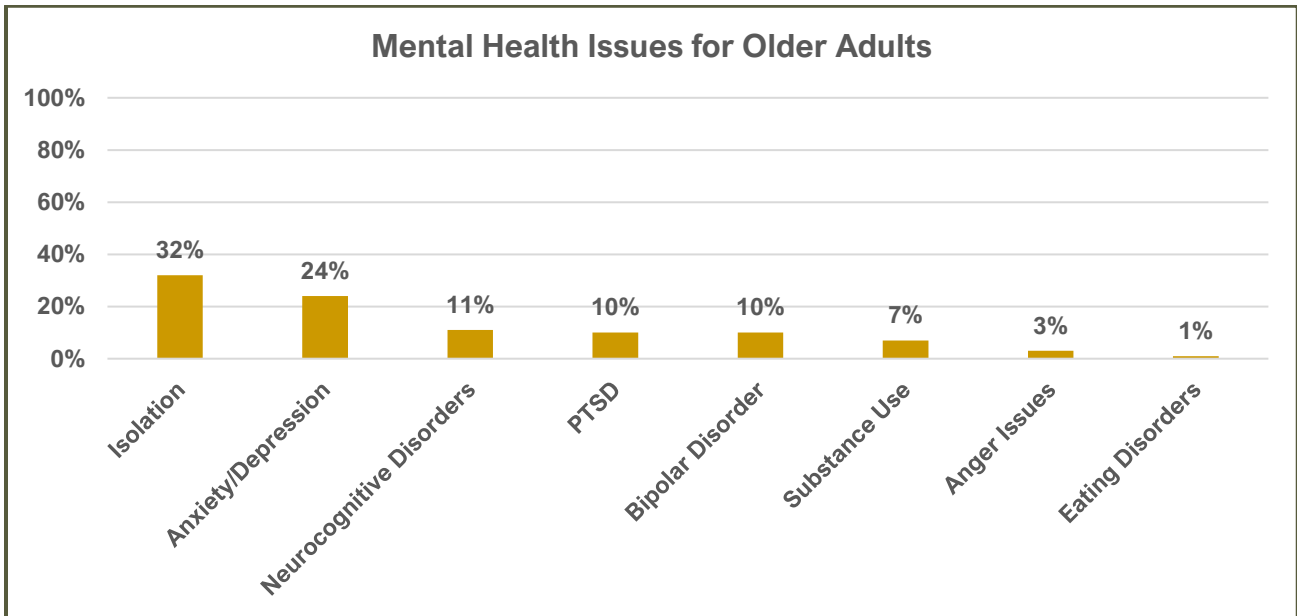


**Older Adults**

The biggest stressors for older adults, ages 65+ years, were identified as relating to health/healthcare (25%), quality of life (i.e., resources, housing, education) (25%), financial difficulties (18%), and isolation (14%). Smaller proportions of respondents identified crime (9%), family/marriage issues (5%), and social interactions (2%) as the biggest stressors.

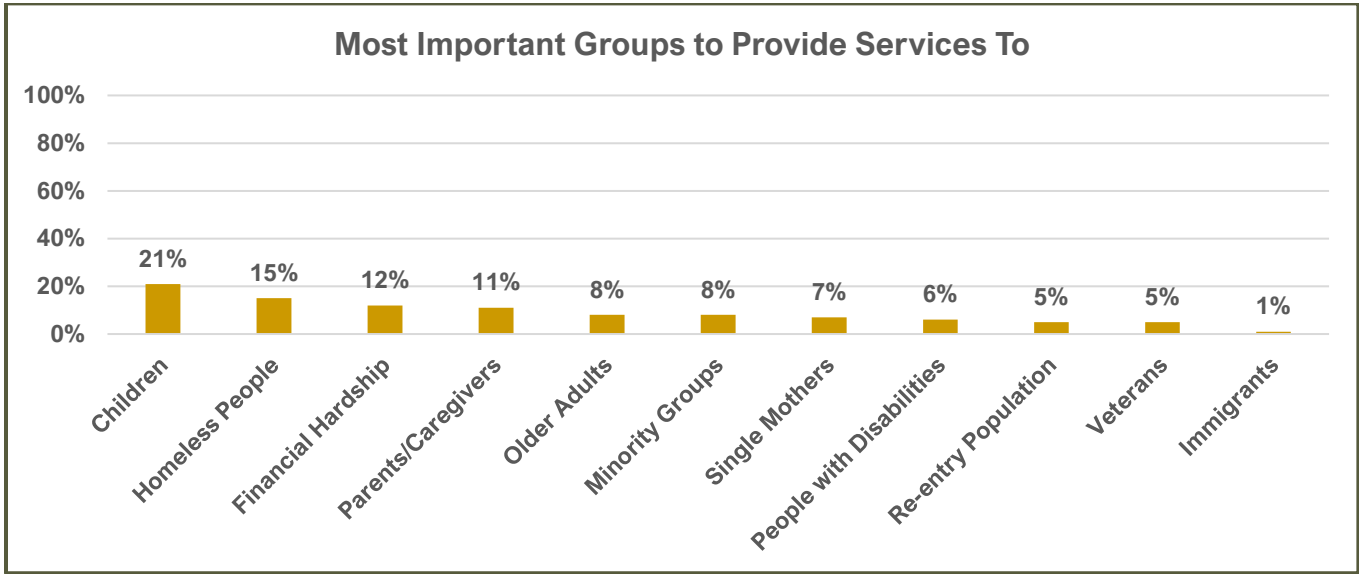


Isolation was thought to be the most important mental health issue among older adults (32%), followed by anxiety/depression (24%), neurocognitive disorders (11%), post-traumatic stress disorders (PTSD) (10%), and bipolar disorder (10%). A smaller proportion of respondents also identified substance use (alcohol, drugs, addiction) (7%), anger issues (3%), and eating disorders (1%) as important health issues among older adults.



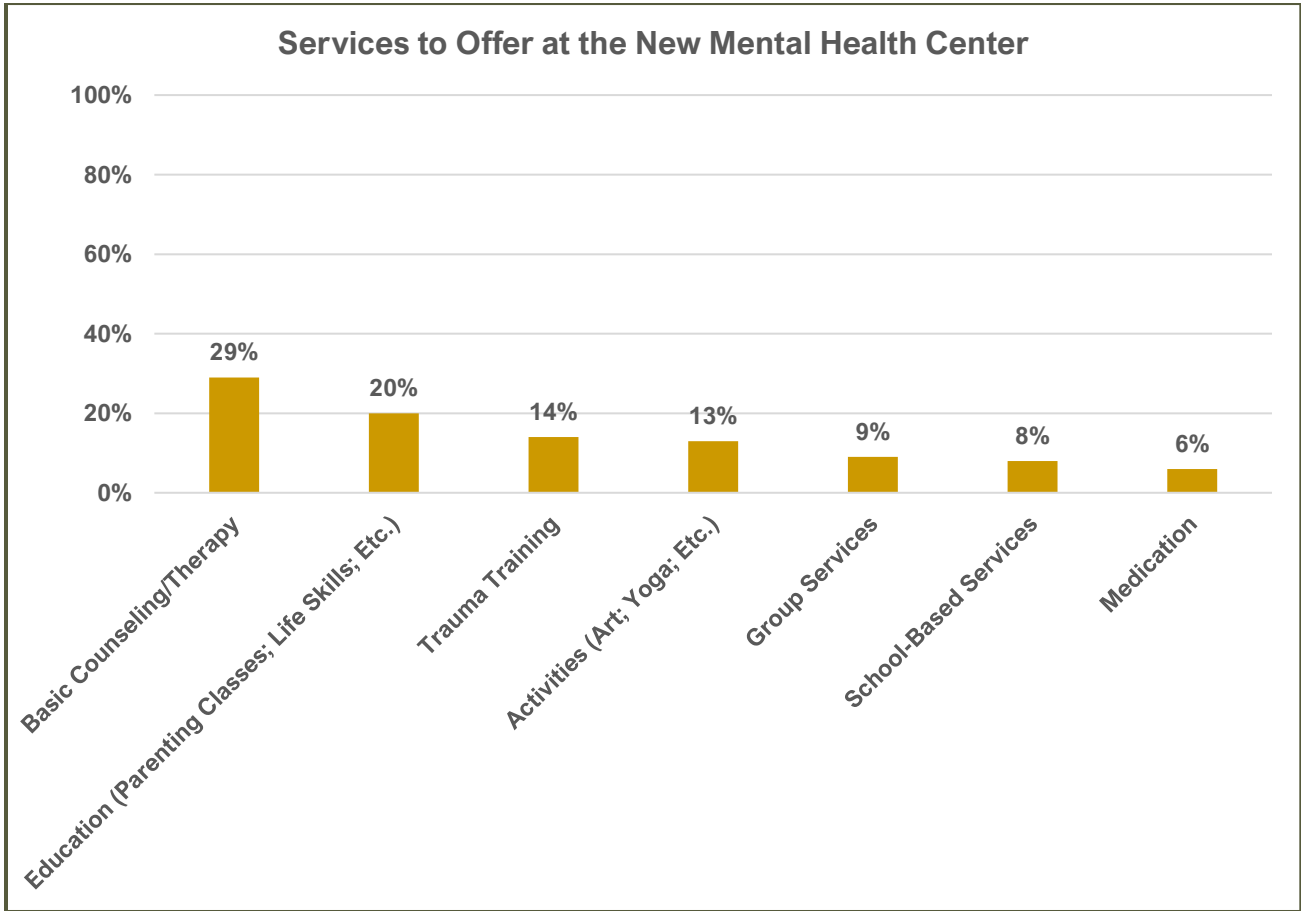
### Most Affected Groups

When asked which were the most important groups for the mental health center to provide services to, the most common responses were children (21%) and homeless people (15%), followed by those experiencing financial difficulties (12%), parents/caregivers (11%), older adults (8%), minority groups (8%), single mothers (7%), people with disabilities (6%), re-entry populations (5%), veterans (5%), and immigrants (1%).



### Services to Offer at the Community Mental Health Center

Community members suggested a range of services to be offered at the new community mental health center. The most commonly suggested services identified included basic counseling and therapy (29%) and education (parenting or life skills classes, etc.) (20%). About 14% of community members recommended trauma training, as well as activities that include art, yoga, and guest speakers. A slightly less proportion (9%) recommended group services and school-based services. The remaining recommended services included medication (6%).



# IMPLICATIONS & NEXT STEPS

Utilizing current demographic information alongside interviews and surveys involving both community leaders and members, this needs assessment offers comprehensive insights into the mental health requirements and focal points within the broader Southeast region. It aims to initiate constructive collaborations among community organizations, residents, and the new Southeast EMHSP.

The needs assessment will play a dual role, informing dialogues on mental health concerns and priorities among both community members and organization, ensuring the voices of residents are heard regarding their expressed needs for the community. Additionally, it will serve as a crucial asset for the Southeast EMHSP Governing Commission by presenting insights that will guide provider selection. Comprised of nine representatives appointed by the Governor and the Mayor from nominees proposed by local non-profit organizations, the Governing Commission will utilize the assessment to fulfill its duty of delivering tailored mental health services to meet the unique needs of residents in the Southeast area.

Establishing the Southeast EMHSP is just the beginning; ongoing community engagement will be essential for its effectiveness. To ensure sustained involvement, the Coalition will create a Community Access Network comprising local organizations and residents, many of whom expressed keen interest in participating in Coalition initiatives during the needs assessment interviews and surveys. These individuals and groups will receive training to proficiently refer individuals to the EMHSP center and to foster collaborative efforts aimed at enhancing mental health service accessibility through effective community partnerships.

This needs assessment will be publicly available on the Coalition to Save Our Mental Health Center's website ([saveourmentalhealth.org](http://saveourmentalhealth.org)).

# ACKNOWLEDGEMENTS

Special thanks to the following organizations whose leaders and staff agreed to be interviewed for this assessment.

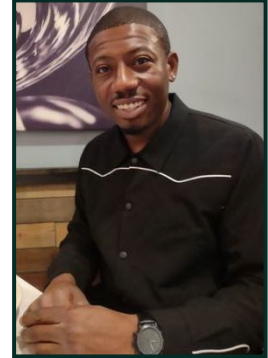
Apostolic Church of God	The First Presbyterian Church of Chicago
Bouchet Elementary Math & Science Academy	The Trauma Zone
Hyde Park Union Church	The University of Chicago
Parkway Garden Community Church (Disciples of Christ)	University of Chicago Charter School (Woodlawn Campus)
Salaam Community Wellness Center	Vernon Baptist Church
The Corner Store	

The Coalition proudly acknowledges the support of the following foundations for our work to conduct this community mental health needs assessment and expand mental health services across Chicago:

Blowitz-Ridgeway Foundation	Illinois Children's Healthcare Foundation-SPARK Grant
Catholic Campaign for Human Development	Robert R. McCormick Foundation
Crossroads Fund	Polk Bros. Foundation
Elizabeth Morse Charitable Trust	The Albert Pick, Jr. Fund

# RESEARCH TEAM

**Rapheal Arteberry** conducted all interviews with community leaders and co- led outreach and data collection with community members. Mr. Arteberry is Lead Organizer for the Institute for Community Empowerment and has worked since 2016 in partnership with the Coalition to Save Our Mental Health Centers to help implement all aspects of the West Side, Bronzeville, and Southeast Expanded Mental Health Services Programs. In 2017-21, he also served as lead facilitator for the Institute’s Citizens Now Program at Dvorak, Penn, Chalmers, and Johnson Elementary Schools in the North Lawndale community. Mr. Arteberry is a life-long Chicagoan with a passion to demonstrate “democracy in action” in all of his work.



**Kyndal Hill** co-led outreach and data collection with community members. Ms. Hill is Junior Community Organizer for the Institute for Community Empowerment and has been part of intern teams working with the Coalition to Save Our Mental Health Centers to create the West Town/Humbolt Park (2022), and Southeast (2022) Expanded Mental Health Services Programs. She grew up in the Auburn Gresham community on Chicago’s South Side and graduated in 2020 from Alabama A&M University with a BA in Sociology. She is pleased to put her skills as a budding sociologist to work on this Needs Assessment.

**Christopher Potts** is a Junior Community Organizer with the Institute for Community Empowerment and has worked since June 2023 in partnership with the Coalition to Save Our Mental Health Centers. He began working on the Englewood-Greater Chatham Intern team. He has since expanded his role to work alongside an amazing research team in the Southeast area as well as a dedicated Governing Commission in Bronzeville to help implement the mental health center, services, and oversight. He grew up in and around the Bronzeville and Kenwood communities, and graduated from Kenwood Academy in 2021. He currently studies Strategic Communications at Morgan State University. There he is a Student Leader, Active Member of the NAACP, and Lifetime Member of the NSLS. Here he is an activist, an organizer, and a southeast resident.



Other members of the Research Team include:

- **Michael Snedeker**, Executive Director, Coalition to Save Our Mental Health Centers
- **Rebecca Jarcho**, Assistant Director, Coalition to Save Our Mental Health Centers
- **Diana Aguirre**, Lead Community Organizer, Coalition to Save Our Mental Health Centers
- **Isaac Aleman**, Junior Community Organizer, Coalition to Save Our Mental Health Centers
- **Robert Gannett**, Executive Director, Institute for Community Empowerment
- **Kate Merrill**, PhD MSc, Researcher, University of Illinois Chicago, Center for Dissemination and Implementation Science

- **Jamison Merrill**, MSc, Senior Consultant, Groundswell Education
- **Eduardo Moreno Castelao**, MPH, Consultant, Groundswell Education

We express our deepest thanks to the community leaders and members for their time and openness in sharing their perspectives for this needs assessment, as well as to the Southeast Community Action Team for launching this study. Their feedback has been invaluable and will serve as the foundation for establishing the Southeast Expanded Mental Health Services Program's new mental health center as it works to meet the mental health needs of all members of the Southeast community.

# APPENDICES

## APPENDIX A: COMMUNITY LEADER INTERVIEW QUESTIONS

### Background and Demographics:

1. Name:
2. Title/Position (and how long they have held that position):
3. Organization Name:
4. Organization Address:
5. Primary Constituency of Organization (who do you mainly serve/who makes up your membership? i.e. race/ethnicity, children/students, adults, veterans, single mothers, etc.):
6. Location of Organization:
7. Do you live inside the program area? (Kenwood, Hyde Park, Woodlawn, and South Shore)
8. What is your age group? [check one]
9. (To the interviewer) Circle the individuals' gender:

### Close-ended Questions

10. How important is it to address depression to improve the mental health of the community?
11. How often do you interact with someone dealing with depression in the community?
12. How important is it to address alcohol/substance abuse to improve the mental health of the community?
13. How often do you interact with someone dealing with alcohol/substance abuse in the community?
14. How important is it to address housing concerns to improve the mental health of the community? This includes rising housing costs/gentrification, displacement, and unstable housing/access to housing.
15. How often do you interact with someone dealing with the effects of housing concerns in the community?
16. How important is it to address marital/family conflict to improve the mental health of the community?
17. How often do you interact with someone dealing with marital/family conflict in the community?
18. How important is it to address behavioral disorders in children to improve the mental health of the community? This includes the lack of ability to properly focus and control impulsive behaviors and difficulty with interpersonal relationships.
19. How often do you interact with someone dealing with behavioral disorders in children in the community?
20. How important is it to address isolation to improve the mental health of the community?
21. How common is isolation in the community?
22. How important is it to address suicide to improve the mental health of the community?
23. How often do you interact with someone dealing with suicide in the community?

24. How important is it to address sexual assault to improve the mental health of the community?
25. How often do you interact with someone dealing with sexual assault in the community?
26. How important is it to address gun violence/gang activity to improve the mental health of the community?
27. How often do you interact with someone dealing with gun violence/gang activity?

**Open-ended Questions**

28. Since the height of the pandemic, how has COVID-19 impacted the mental health of residents you serve in the community?
29. What steps have been taken to help with the mental health of the community in the wake of COVID-19? Do you think there are additional things that need to be done in this area?
30. What do you think are the most common stressors in the community?
31. Which community members are most affected by these stressors? For example: older adults, veterans, single mothers, children, ex-offenders.
32. What do you think are the most common mental health issues at your organization/church?
33. Which community members are most affected by these mental health issues at your organization/church?
34. What do you think are the most common mental health issues in the community at large?
35. Which community members experience these mental health issues in the community at large?
36. Describe one service you would like to see provided at the new mental health center.
37. Describe one outreach program you would like to see provided at the new mental health center.

## APPENDIX B: COMMUNITY MEMBER SURVEYS QUESTIONS

### Background

1. Which community area do you live in? [check one]
2. Provide the block and street of participants who live in Kenwood, Hyde Park, Woodlawn, and South Shore but not at the residence.
3. What is your age group?
4. Which gender do you most identify with?

### Baseline Questions

5. Before today, were you aware of the efforts to create a community mental health center to provide services specifically to Kenwood, Hyde Park, Woodlawn, and South Shore residents?
6. If a friend or family member of yours was struggling with a mental health issue, how likely would you be to bring them to a mental health center that provides services specifically to Kenwood, Hyde Park, Woodlawn, and South Shore residents, on a scale of 1 to 10, where 1 means not likely at all and 10 means extremely likely?
7. How interested are you in learning more about services offered at a mental health center that provides services specifically to Kenwood, Hyde Park, Woodlawn, and South Shore residents, on a scale of 1 to 10, where 1 means not interested at all and 10 means extremely interested?

### Stressors

8. What 2 main stressors/problems most affect the community at large?
9. What stressors/problems most affect children (12 and under)?
10. What stressors/problems most affect teenagers (13 - 19)?
11. What stressors/problems most affect young adults (20 - 29)?
12. What stressors/problems most affect adults (30 - 64)?
13. What stressors/problems most affect older adults (65+)?

### Mental Health

14. What mental health issues most affect children (12 and under)?
15. What mental health issues most affect teenagers (13 - 19)?
16. What mental health issues most affect young adults (20 - 39)?
17. What mental health issues most affect middle aged adults (40 - 64)?
18. What mental health issues most affect older adults (65+)?
19. What are the most important groups of people that this new mental health center should provide services to?
20. What are the most important services that this new mental health center should provide both onsite and/or offsite in the community?

## APPENDIX C: CODES AND SUB-CODES USED FOR DATA ANALYSIS

The Coalition developed the following set of codes and sub-codes to categorize open-ended responses on stressors and mental health issues:

### **Stressors**

1. Financial difficulties, including unemployment, poverty, job insecurity, and food insecurity
2. Crimes, abuse, and domestic violence, including violent crimes, gun violence, murder, physical abuse, sexual abuse, domestic violence, robbery, non-violent crimes, illegal substances, criminal justice, and safety
3. Quality of life, relating to lack of resources, housing, commercial development/economic opportunity, mental health, education, youth, mentoring, activities, the built environment, transportation, gang activity/recruitment, discord within the community
4. Education/school, including academic issues, social issues, bullying, and peer pressure;
5. Health, including physical health, healthcare, and insurance
6. Interpersonal relationships, including family issues, family conflict, parenting, and romantic relationship issues
7. Social media, including conflict and bullying via social media platforms
8. End of life concerns, relating to retirement, healthcare, physical health, and isolation
9. Government, including ineffective policy and mistrust of the political system
10. Employment
11. Psychosocial issues, including social acceptance and identity issues
12. Life transitions
13. Immigrant issues
14. Housing issues, including homelessness and gentrification

### **Mental health issues**

1. Anxiety
2. Trauma, including post-traumatic stress disorder (PTSD)
3. Depression, including bipolar disorder and suicide
4. Psychotic disorders
5. Behavioral disorders, including anger issues and attention-deficit hyperactivity disorder (ADHD)
6. Substance use, including drug use, alcohol use, and addiction
7. Neurocognitive disorders, including memory loss and autism
8. General emotional issues, including self-esteem/personal worth, hopelessness, loneliness, and grief/loss
9. Issues with treatment
10. Eating disorders, including anorexia, bulimia, and binge eating
11. None