

# BRONZEVILLE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT

March 2022

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

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# EXECUTIVE SUMMARY

On November 3, 2020, 88% of residents in the greater Bronzeville neighborhood of Chicago voted “Yes” on a referendum to raise their property taxes by a nominal amount to create the Bronzeville 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 the Near South Side, Douglas, Oakland, Grand Boulevard, Fuller Park, and Washington Park.

To identify community priorities and inform the services to be provided by the Bronzeville 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 **109** residents of Bronzeville (“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 Bronzeville EMHSP self-identify as Black (non-Hispanic) (66.5%), versus 29.2% in the City of Chicago.
- *Age*: The age breakdown of the Bronzeville EMHSP generally mimics that of the City of Chicago, with the highest proportion of residents being aged 20-34 years (25.9%);
- *Income*: Over one-third (35.2%) of Bronzeville EMHSP residents earn less than \$25,000 per year, compared to 24.3% in the City of Chicago. The median income is notably highest in the Near South Side (\$110,120), while ranging between \$23,148 and \$33,503 in Douglas, Oakland, Fuller Park, Grand Boulevard, and Washington Park.
- *Unemployment*: The unemployment rate is 9.7% in the Bronzeville EMHSP (compared to 8.1% in the City of Chicago), ranging from 0.4% in the Near South Side to 23.6% in Fuller Park.
- *Single-parent households*: 12.5% of Bronzeville EMHSP households are single-parent households, compared to 9.1% in the City of Chicago.
- *Violent crime*: Between 2019 and 2021, the Near South Side experienced a notable increase in violent crime (+58.8%). Fuller Park is the only area which experienced a decrease in violent crime (-10.5%).

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

- The *most significant mental health issues* in the community are depression and suicide.
- The *most common stressors* experienced by community members are crime/abuse followed by financial difficulties and employment difficulties.
- The *groups of people* most affected by the stressors include “everyone,” single parents, and older adults/seniors.
- The *biggest effects that COVID-19 had on the community* were isolation, followed by mental health issues and closures/lack of access to resources.
- The *most desired services* to be offered at the new center were therapy/counseling, followed by mental health awareness workshops and outreach.
- Community leaders recommended *conducting outreach* through local institutions and organizations (e.g., schools, Park District), with particular focus on children and youth and seniors/older adults.

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

- A majority of residents were *extremely likely* to bring a friend/family member to the center and *extremely interested* in learning more about the services offered.
- The most common stressors by age group were as follows:
  - *Children (ages 12 and under)*: education/schooling and quality of life
  - *Teenagers (ages 13-19 years)*: crime/abuse and quality of life
  - *Young adults (ages 20-39 years)*: financial difficulties and crime/abuse
  - *Middle-aged adults (ages 40-64 years)*: financial difficulties
  - *Older adults (ages 65+ years)*: health and financial difficulties
- The most common mental health issues by age group were as follows:
  - *Children (ages 12 and under)*: depression
  - *Teenagers (ages 13-19 years)*: depression
  - *Young adults (ages 20-39 years)*: depression
  - *Middle-aged adults (ages 40-64 years)*: depression
  - *Older adults (ages 65+ years)*: neurocognitive disorders
- The *most important groups* for the new center to provide services to were the homeless and single parents.
- The *most desired services* to be offered at the new center were counseling/therapy, followed by educational programs and youth services.

# BACKGROUND

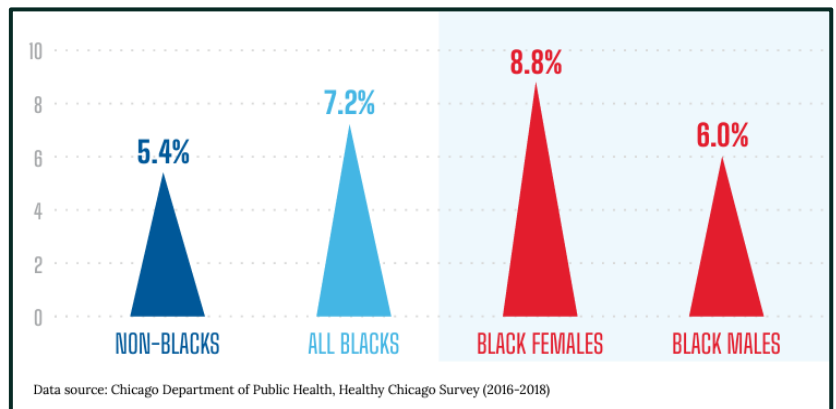
## Mental Health in Chicago

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> Adults in Chicago list three mental health issues—stress, depression, and suicide—among the top 10 health problems facing Chicago youth, with stress being number 1 on the list.<sup>2</sup> The COVID-19 pandemic has taken a further toll on the mental health of Chicagoans.<sup>3</sup>

Addressing the mental health needs of Black residents in Chicago is a priority. Broadly, there is increasing recognition of the importance of addressing racial disparities in mental health outcomes and service use in the US. While Black Americans have similar rates of common mental health disorders as other racial groups, they tend to experience more persistent, severe, and disabling disorders.<sup>4,5</sup> Black Americans are also less likely to use mental health services,<sup>6</sup> and the quality of services they do receive is typically lower than for other groups.<sup>7</sup>

In Chicago, a 2018 study found that Black residents have higher rates of serious psychological distress compared to other racial groups (see Figure 1).<sup>8</sup> In a recent study conducted by the Ujima, a youth-led research group, in partnership with Communities United and the Lurie Children's Hospital, most men of color interviewed in Chicago experience mental health issues and observed a deep connection between systemic inequities and mental health. They highlighted that mental health systems are not built with their mental health needs in mind and they identified inequities in the quality of care available to them.<sup>9</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> Voices of Child Health in Chicago Report. Chicago Adults Identify Top 10 Health Problems Facing Chicago Youth 2018-19. Lurie Children's Hospital of Chicago, Stanley Manne Children's Research Institute, & Chicago Department of Public Health.

<sup>3</sup> Collier, L. Covid-19's Toll on Mental Health. Chicago Health. September 15, 2020.

<sup>4</sup> Breslau J, Kendler KS, Su M, Gaxiola-Aguilar S, Kessler RC. Lifetime risk and persistence of psychiatric disorders across ethnic groups in the United States. *Psychol Med*. 2005;35(03):317-327.

<sup>5</sup> Williams DR, Gonzalez HM, Neighbors H, et al. Prevalence and distribution of major depressive disorder in African Americans, Caribbean blacks, and non-Hispanic whites: results from the National Survey of American Life. *Arch Gen Psychiatry*. 2007;64(3):305-315.

<sup>6</sup> Substance Abuse and Mental Health Services Administration. "Racial/ Ethnic Differences in Mental Health Service Use among Adults." 2015.

<sup>7</sup> Alegria M, Chatterji P, Wells K, et al. Disparity in depression treatment among racial and ethnic minority populations in the United States. *Psychiatr Serv*. 2015;59(11):1264-1272.

<sup>8</sup> Chicago Department of Public Health. 2021 Data Brief: The State of Health for Blacks in Chicago.

<sup>9</sup> Communities United. Changing the Beat of Mental Health: Amplifying our Voice. 2022.

## **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 of 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. A center is expected to open in 2022.

During the spring and summer of 2020, residents of the greater Bronzeville area gathered 7,200 signatures to place their binding referendum on the ballot. Voters overwhelmingly supported the creation of the Bronzeville EMHSP by approving the referendum with 88% of the vote on Election Day. A "Yes" vote on the referendum meant agreeing to raise their own property taxes by a nominal amount (roughly \$16-24 per year) to fund a new mental health center for their community. The center is approved, funded, and overseen by community members and will serve all residents in the program area without regard to insurance, ability to pay, or legal status.

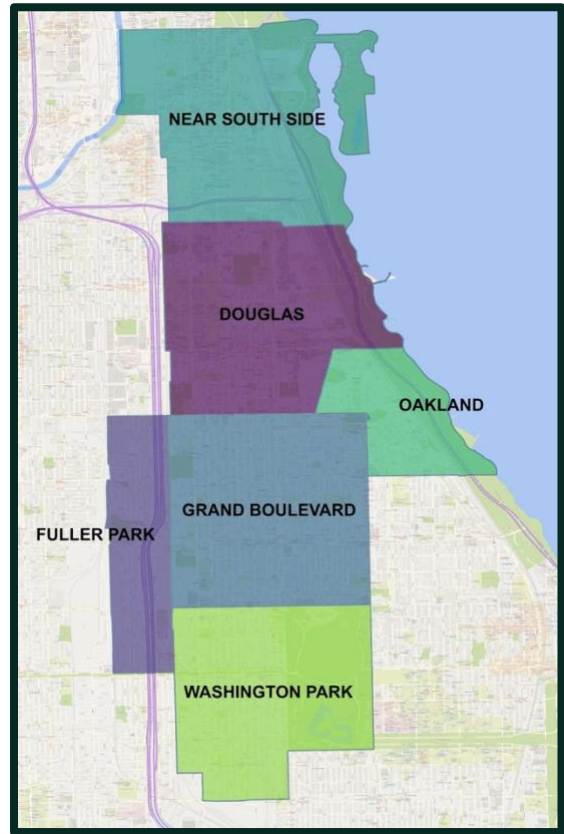
## Community Overview

The Bronzeville EMHSP area has a population of 96,748 residents, who reside in the following six areas: Near South Side, Douglas, Oakland, Fuller Park, Grand Boulevard, and Washington Park (see Figure 1 for a map of the program area).

Table 1 provides a snapshot of key socio-demographic characteristics of the Bronzeville EMHSP, including a side-by-side comparison with the City of Chicago.<sup>10</sup>

Key findings are as follows:

- Two-thirds of residents in the Bronzeville EMHSP self-identify as Black (non-Hispanic) (66.5%). This proportion is more than twice as high as the City of Chicago's (29.2%).
- The largest proportion of residents in the Bronzeville EMHSP fall in the 20-34-year-old age group (25.9%), followed by the 35-49, 50-64, and 5-19-year-old age groups. The Bronzeville EMHSP age breakdown generally mimics that of the City of Chicago. Notably, the Bronzeville EMHSP has a larger proportion of residents in the 65-74-year-old category (11.6%) versus the City of Chicago (7.2%).
- Compared to other income groups, the highest proportion of Bronzeville EMHSP residents fall in the income bracket of earning less than \$25,000 per year (35.2%); this proportion is notably higher in comparison to the City of Chicago (24.3%).
- The unemployment rate in the Bronzeville EMHSP is 9.7%, which is higher than in the City of Chicago (8.1%).
- 12.5% of households in the Bronzeville EMHSP area are single-parent households compared to 9.1% of households in the City of Chicago.



**Figure 2:** Map of Bronzeville Expanded Mental Health Services Program

<sup>10</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 Bronzeville Expanded Mental Health Services Program (EMHSP) and the City of Chicago

	Bronzeville EMHSP	City of Chicago
<b>Population</b>	96,748	2,746,388
<b>Race (%)</b>		
White (Non-Hispanic)	19.0	33.3
Hispanic or Latino (of any race)	3.7	28.8
Black (Non-Hispanic)	66.5	29.2
Asian (Non-Hispanic)	7.7	6.5
Other/Multiple Races (Non- Hispanic)	3.1	2.2
<b>Age (%)</b>		
Under 5	5.6	6.3
5-19	16.2	17.1
20-34	25.9	27.3
35-49	18.7	20.2
50-64	17.0	16.7
65-74	11.6	7.2
75-84	3.6	3.7
85 and Over	1.3	1.5
<b>Household Income (%)</b>		
Less than 25,000	35.2	24.3
\$25-49,999	16.6	19.9
\$50-74,999	12.4	15.1
\$75-99,999	9.0	11.2
100-149,999	11.1	13.8
150 and over	15.6	15.7
<b>Unemployment Status (%)</b>	9.7	8.1
<b>Single Parent with Child (%)</b>	12.5	9.1



Table 2 describes the population and socio-demographic characteristics of the 6 community areas that encompass the Bronzeville EMHSP program area.<sup>11</sup> Key findings are as follows:

- The community areas with the highest populations are the Near South Side (29,795 residents) and Grand Boulevard (24,589 residents).
- In the Oakland, Fuller Park, Grand Boulevard, and Washington Park areas, over 90% of residents describe themselves as Black (Non-Hispanic). The Near South Side and Douglas 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 Fuller Park (48.5 years) and lowest in Washington Park (30.2 years), Douglas (31.4 years), and Oakland (32.9 years).
- The median income is notably highest in the Near South Side (\$110,120), while ranging between \$23,148 and \$33,503 in Douglas, Oakland, Fuller Park, Grand Boulevard, and Washington Park.
- The unemployment level is lowest in the Near South Side (0.4%) and highest in Fuller Park (23.6%) and Washington Park (20.2%).
- The proportion of households with a single parent with child is lowest in the Near South Side (4.2%) and Douglas (12.2%) while ranging between 21.4% and 28.4% across Oakland, Fuller Park, Grand Boulevard, and Washington Park.
- Finally, between 2019 and 2021, Fuller Park is the only area which experienced a decrease in violent crime (-10.5%). Douglas and Oakland experienced <5% increases, while increases were 10.3% in Washington Park, 20.7% in Grand Boulevard, and 58.8% in the Near South Side.

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

	Near South Side	Douglas	Oakland	Fuller Park	Grand Boulevard	Washington Park
<b>Population</b>	29,795	20,291	6,799	2,567	24,589	12,707
<b>Race (%)</b>						
White (Non-Hispanic)	53.3	11.4	2.9	3.6	3.7	1.1
Hispanic or Latino (of any race)	5.6	3.4	4.2	5.6	2.3	2.4
Black (Non-Hispanic)	23.8	66.5	91.0	90.3	90.7	92.5
Asian (Non-Hispanic)	14.0	14.9	1.0	0.3	0.7	0
Other/Multiple Races (Non-Hispanic)	3.3	3.8	1.0	0.3	2.6	4.0

<sup>11</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 six community areas of the Bronzeville Expanded Mental Health Services Program (EMHSP)

	Near South Side	Douglas	Oakland	Fuller Park	Grand Boulevard	Washington Park
<b>Age (%)</b>						
Under 5	3.4	5.2	7.9	5.0	7.4	8.4
5-19	9.1	7.2	26.2	14.9	18.1	26.2
20-34	32.1	33.5	18.9	17.9	19.8	25.0
35-49	24.0	14.2	22.2	13.3	21.0	16.8
50-64	20.6	15.1	15.6	22.5	18.3	15.9
65-74	7.1	7.9	5.7	19.6	8.9	4.6
75-84	3.3	4.6	2.7	5.4	4.8	1.7
85 and Over	0.3	2.4	0.7	1.4	1.6	1.3
<b>Median Age (years)</b>	38.0	31.4	32.9	48.5	38.0	30.2
<b>Household Income (%)</b>						
Less than 25,000	17.6	44.1	40.9	55.3	41.2	49.5
\$25-49,999	7.8	19.1	23.3	25.6	19.8	25.2
\$50-74,999	10.4	14.3	16.3	10.7	12.5	12.5
\$75-99,999	10.5	9.3	6.4	1.9	9.7	5.3
100-149,999	17.7	7.2	7.8	6.0	9.3	6.5
150 and over	36.0	6.0	5.4	0.4	7.6	1.0
<b>Median Income (\$)</b>	110,120	31,856	32,844	23,148	33,503	25,423
<b>Unemployment Status (%)</b>	0.4	13.1	15.3	23.6	13.7	20.2
<b>Single Parent with Child (%)</b>	4.2	12.2	24.6	21.4	21.6	28.4
<b>Change in Violent Crime between 2019-2021 (%)<sup>12</sup></b>	+58.8	+5.2	+2.8	-10.5	+20.7	+10.3

<sup>12</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>

# METHODS

## Methodological Approach

This needs assessment was conducted by drawing on a community-based participatory research (CBPR) approach,<sup>13</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>14</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>15</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 Bronzeville EMHSP, this approach was not feasible due to the COVID-19 pandemic. Instead, interviews and surveys were administered by Coalition staff who had been instrumental in conducting community outreach throughout the Bronzeville area during the summer of 2020.

## 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, 2020, and February, 2021.

Community member surveys were conducted between April and May, 2021. 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 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

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<sup>13</sup> Hacker, K. (2013). Community-based participatory research. Sage publications.

<sup>14</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>15</sup> ibid

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 the Near South Side, Douglas, Oakland, Grand Boulevard, Fuller Park, and Washington Park.

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

## Procedures

Community leaders were purposively 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

## CLEOPHUS LEE

Director of Violence Prevention and Intervention, Centers for New Horizons

### ON COMMUNITY STRESSORS

We know that some of the deadliest times in the City of Chicago is the summertime! Numbers are ridiculously high in terms of victims who have lost their lives. It's one of the biggest stressors in all six communities. Another would be economics—individuals stressing on their ability to take care of their family, being able to provide food and other basic necessities for their children and loved ones in need. These stressors in our communities create other branches of stress that lead to various mental health issues.

### ON MENTAL HEALTH ISSUES IN THE COMMUNITY

We see a lot of anxiety, depression, bipolarism, and schizophrenia, with the top two being anxiety and depression. These two could lead to some of these other elements. With anxiety, it's just that stress of trying to make it everyday, fighting that fight everyday of not knowing if you're going to be able to pay your rent or be able to feed your family this month which then leads to a person being in a depressive state. "I just want to lay in the bed all day! I don't want to go outside! I don't want to talk to nobody!" Our anger is another response. Individuals having the inability to control their emotional response to their own personal situations and circumstances.

### ON WHO EXPERIENCES MENTAL HEALTH ISSUES

These things don't have a status...an academic level or anything. It's just across the board equally. I've seen individuals who were more stable economically deal with similar issues to a person that was not as stable. So, I say everyone because we all have similar issues regardless of the race, education, or income.

### ON OUTREACH

I would like to see outreach done within the community from the service provider that works to help people to come to the conclusion that counseling is okay. [I would also like to see] a campaign that informs the community, that lets the community know and helps put the community at ease—that it's okay to go through therapy, it's okay to get counseling, it's okay to talk to somebody about your issues.



## JOHN COOK

Owner, Bronzeville Community Clubhouse

### ON THE COVID-19 PANDEMIC

Residents have been affected mentally, physically and emotionally due to the pandemic. This is a first for most of us and it has caused us all to be isolated and take on a lifestyle most of us haven't been accustomed to, one of which is in-home versus out-of-home. Not everyone is made to be independent in terms of working on their own or in a household because we're used to someone managing our time. A lot of people have a hard time adjusting to working from home. It's not part of their makeup.



### ON THE LACK OF YOUTH ACTIVITIES

One of the biggest issues that the youth face is having nothing to do—[youth] who need more than anything to be social creatures—and by them not being allowed to do what comes natural and something that parents want out of their child: for them to be involved in extracurricular activities. But once that is stripped away from a person, it causes stress.

### ON WHO EXPERIENCES MENTAL HEALTH ISSUES

I don't think anybody's exempt. I can't put one group over the other. We only hear about the youth more than anybody else at this point but what about the seniors or the working mom and dad who lost a business or their job. We're not hearing from them how much they've been affected by losing their apartment or home. It's just devastating across the board.

### ON SERVICES

Housing, which isn't a direct resource to help mental health issues—but people's shelter is their number one concern in most cases. Partnering with organizations that provide housing for residents would definitely be a service that I would like to see offered.



## LADELL JOHNSON

Director, St. Elizabeth Food Pantry

### ON GUN VIOLENCE

Being a crisis responder with “Chicago Survivors,” we work with families that have lost someone due to gun violence. That’s a club that people don’t ask to join and it happens so fast! Whether you realize it or not, even though the victim is a victim, the family becomes a victim as well. A lot of them are in shock and don’t even realize it because they’re too busy helping their loved ones cope with what just happened but not realizing that they need help as well. Some people suffer from depression due to this because in our community we’re taught to ‘mask our feelings.’ With a new center, family therapy or therapy in general could help address this issue.



### ON WHO ARE MOST AFFECTED BY MENTAL HEALTH ISSUES

Everyone is affected. Some people don’t even realize it. I myself have been affected by it. You can look normal and still be affected by it and don’t even realize it. That’s where we have to educate people and let them know that you don’t have to feel this way. This isn’t normal and you can get help if you understand what’s going on.

### ON COMMUNITY OUTREACH

[What I would like to see from the mental health center is] people going into the community and doing a follow-up with residents. Rather than partnering with CPD (Chicago Police Department) for instance, they occasionally run into people where locking them up is not the answer. You can’t put a mental health patient in jail and think that’s going to cure them. Or Chicago survivors– when a family is dealing with the death of a loved one due to gun violence. Connect with one of the crisis responders to follow up with the families. Also, connecting with the schools because you have students that are dealing with the loss of a friend or family member and are in need of help coping with how they’re feeling.

## ETHAN GRIFFIN

Senior, Kenwood Academy High School

### ON THE IMPACT OF COVID-19

I believe the biggest impact of the COVID-19 pandemic would be how families were affected financially because of the onslaught of jobs firing them. They [the employers] couldn't keep them [the employees] on, or the company went under and everyone lost their jobs. Another issue would probably be a person's mental health overall. When someone has to be in the same place and associating with the same people everyday, they tend to get frustrated which could lead to negative results and outcomes. Bringing a center to the community to help address these issues would be just in time.

### ON COMMUNITY STRESSORS

Lack of jobs and money (in my personal view) are the most common stressors in the community. There's not a lot of either available for everyone—particularly in communities where gentrification is going on, which then leads to rent being unaffordable for some people who then get pushed out of their neighborhoods. The lack of jobs within the community plays a pivotal part as well. Before you know it, families start going into debt for taking out loans to not go into debt. Having a center where there's outreach done in these areas could definitely benefit the communities.

### ON THE LACK OF SUPPORT FOR TEENS DEALING WITH MENTAL HEALTH ISSUES

In my personal opinion, some people don't like to open up about what's going on with them when it comes to mental [illness]. Because it starts with family and if you can't go to your family for help, then most likely you're not going to want to go to anyone else. I've had friends opening up to me because the family shut them out or are saying things to them, like, "Stop acting like a girl and man up! You'll be alright!" You don't want a person to develop that mindset of holding everything in, because they eventually will explode. It also leads that person to isolating themselves from their family. I feel that with more positive family interactions, it can influence how a person opens up about their issues.



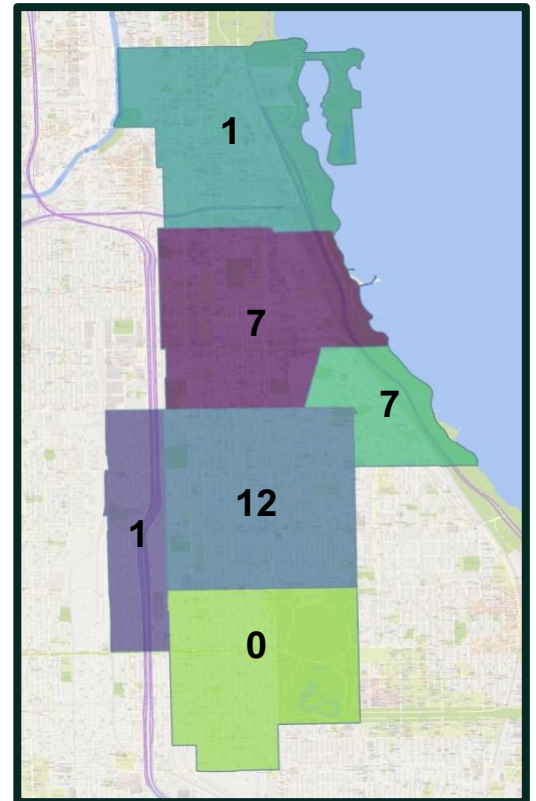
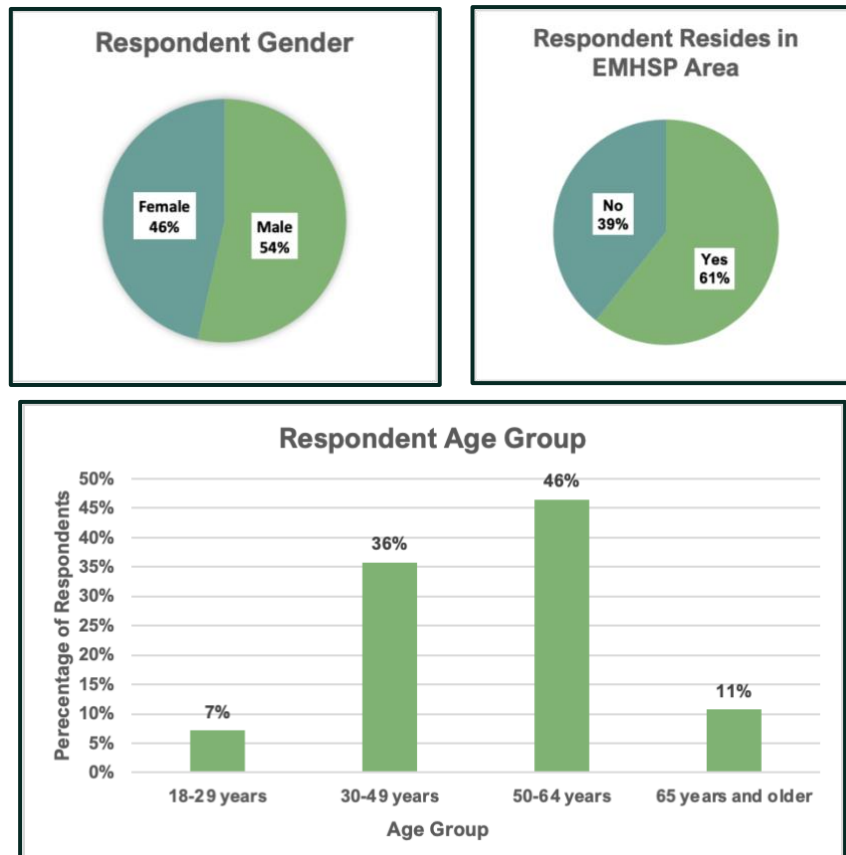


# COMMUNITY LEADER INTERVIEW RESULTS

The Coalition's research team conducted 28 interviews with community leaders within the Bronzeville EMHSP area. Figure 2 presents the number of interviews hosted in each neighborhood.

## Characteristics of Community Leaders

Of community leaders interviewed, 54% identified as male, while 46% of respondents identified as female. The largest proportion were aged 50-64 years (46%), followed by 30-49 years (36%), 65 and older (11%), and 18-29 (7%). Almost two-thirds (61%) reside in the EMHSP area. Of those who do not reside in the area, 75% represent organizations and businesses within the EMHSP area. The community leaders represented a range of local community organizations, businesses, and institutions in the EMHSP catchment area, with local community organizations (e.g., community centers) (29%), schools (11%), and churches (11%) being the top three groups represented.

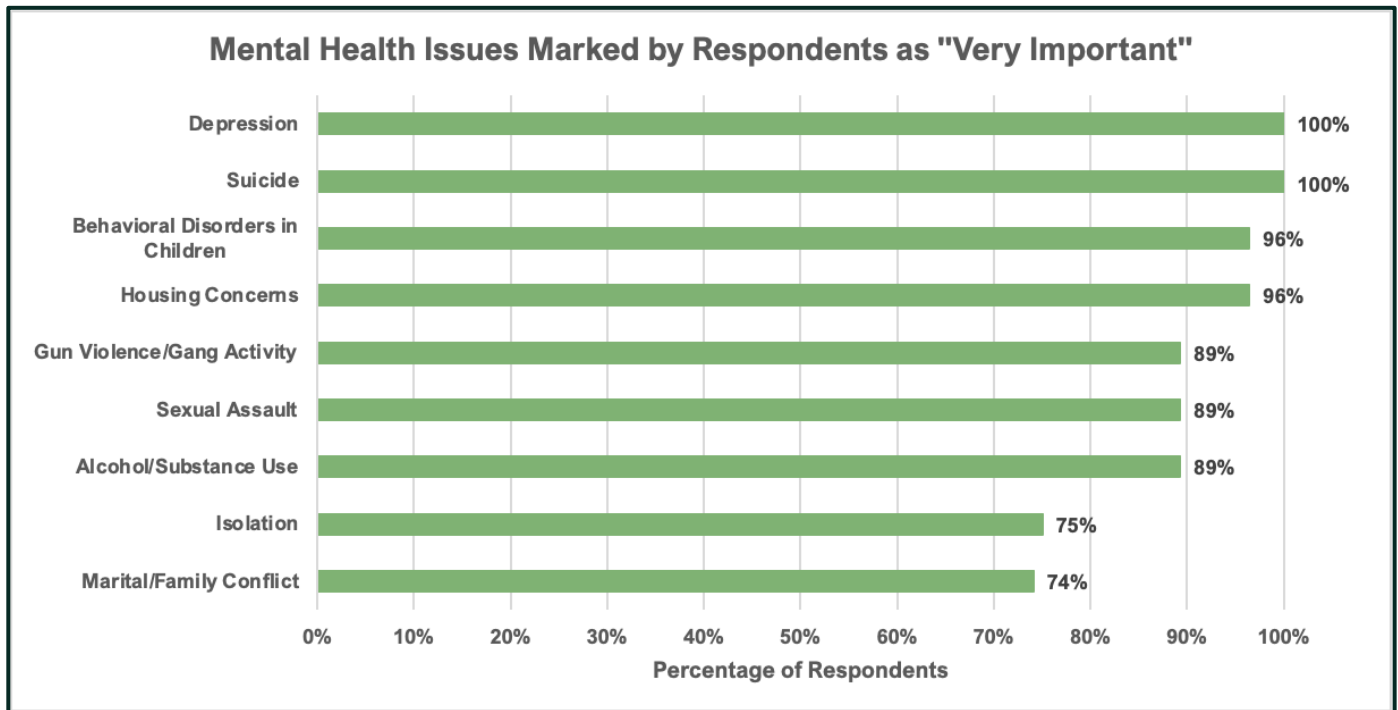


**Figure 3:** Number of community leader interviews conducted by area

## Mental Health Issues and Stressors

### ***Mental Health Issues***

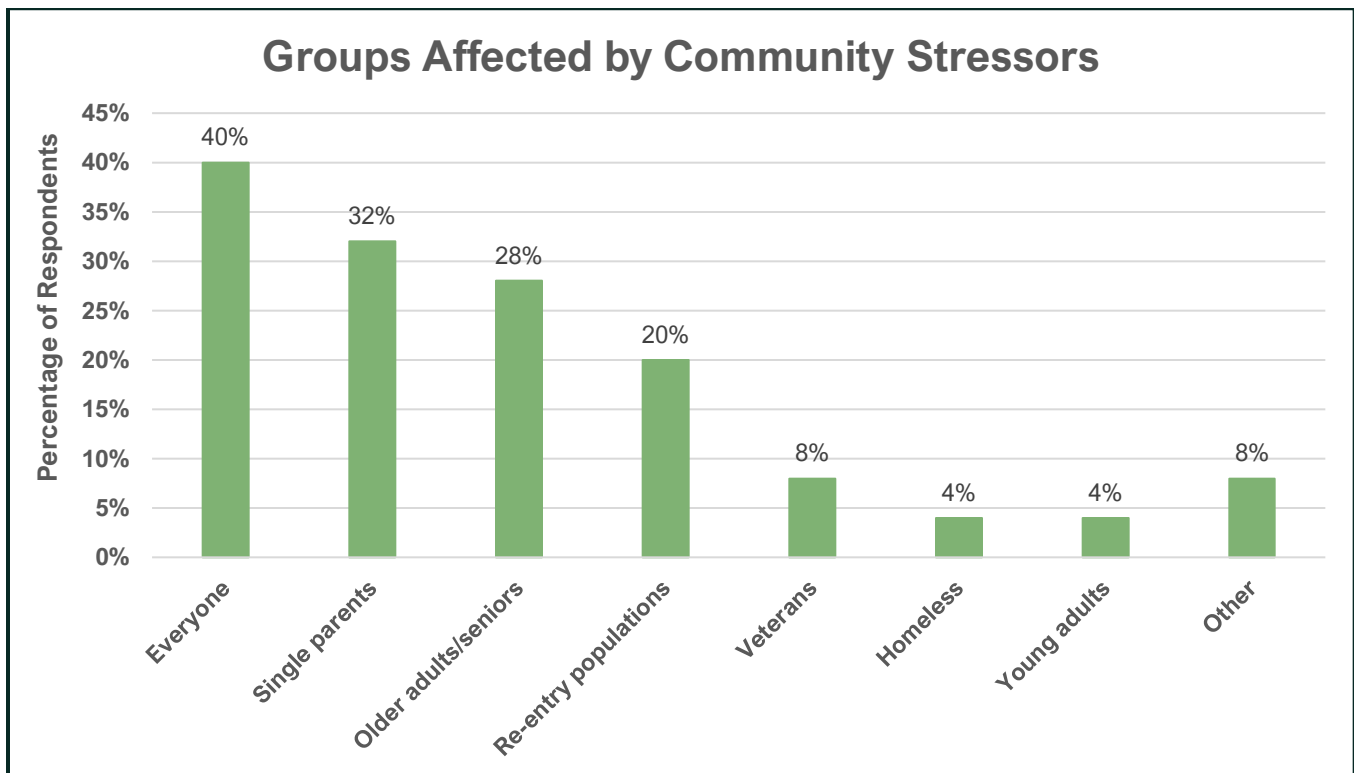
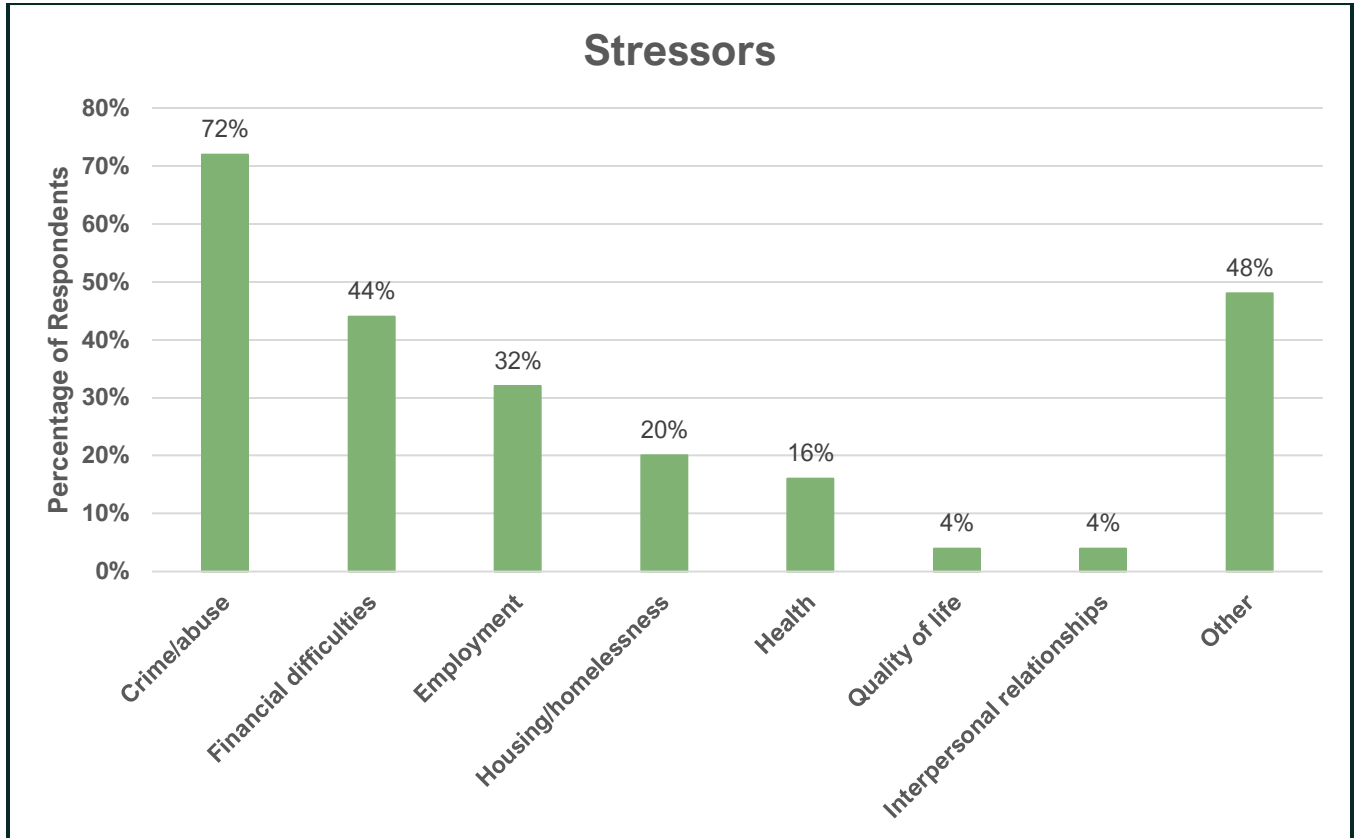
A majority of the community leaders surveyed described the following mental health issues as “very important”: depression (100%), suicide (100%), behavioral disorders in children (96%), housing concerns (96%), gun violence/gang activity (89%), sexual assault (89%), alcohol/substance use (89%), isolation (75%), and marital/family conflict (74%).



### ***Community Stressors***

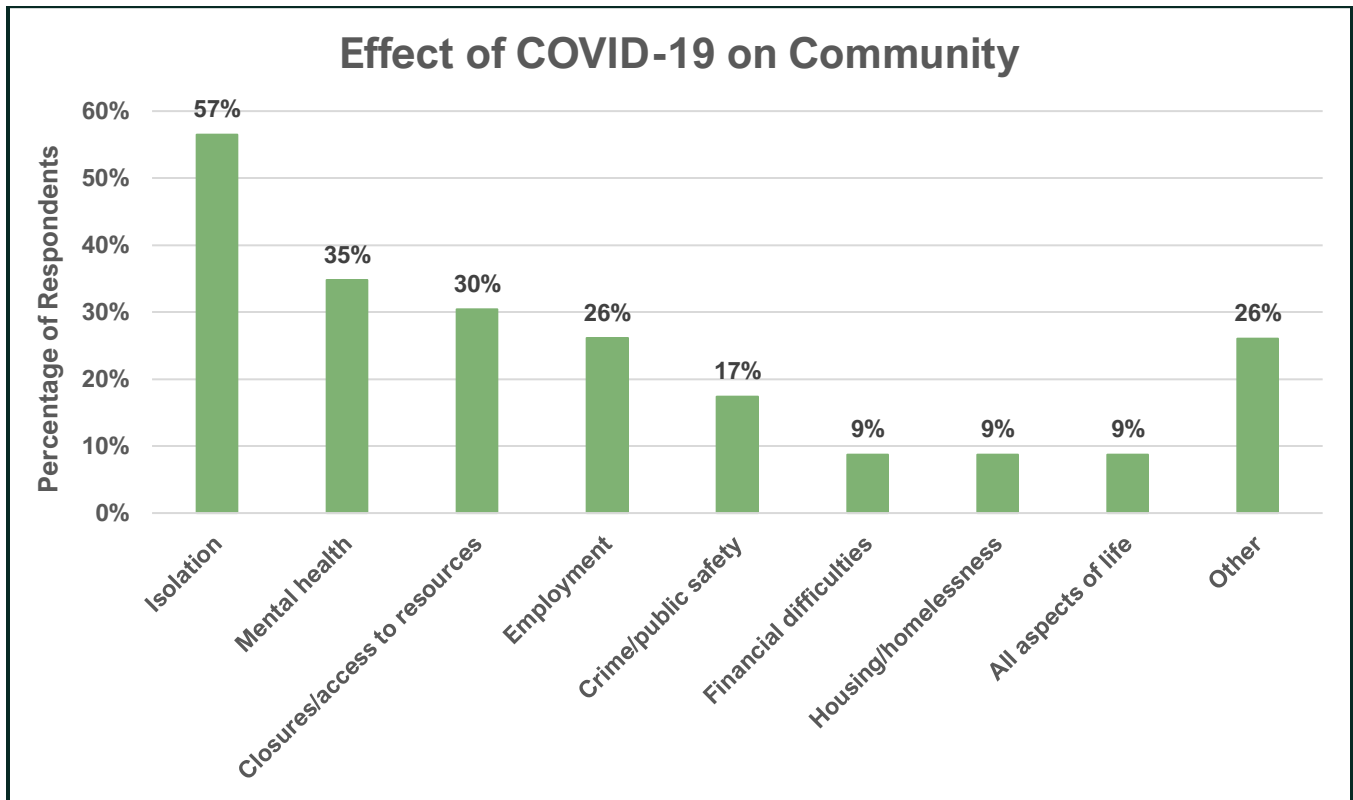
Community leaders described several stressors affecting the community at large, with crime/abuse (72%) being the most common. Following crime/abuse were other issues (48%), financial difficulties (44%), employment (32%), housing/homelessness (20%), health (16%), quality of life (4%), and interpersonal relationships (4%), respectively.

Of those interviewed, 40% felt that “everyone” in the community is affected by the community-wide stressors noted above. Single parents (32%), seniors/other adults (28%), and re-entry populations (20%) were identified as the three groups of people most affected by stressors in the community. Other populations affected by stressors include veterans (8%), the homeless (4%), young adults (4%), and other groups (8%).



## Effects of COVID-19 on the Community

Community leaders noted a number of ways COVID-19 affected the EMHSP area. The single biggest impact of COVID-19, according to interviewees, was isolation (57%), followed by mental health issues (e.g., depression, anxiety) (57%), closures and access to resources (30%), employment (26%), and other issues (26%). Almost one in ten (9%) of interviewees identified financial difficulties, housing and homelessness, and general issues related to all aspects of life as key areas that were impacted by COVID-19.



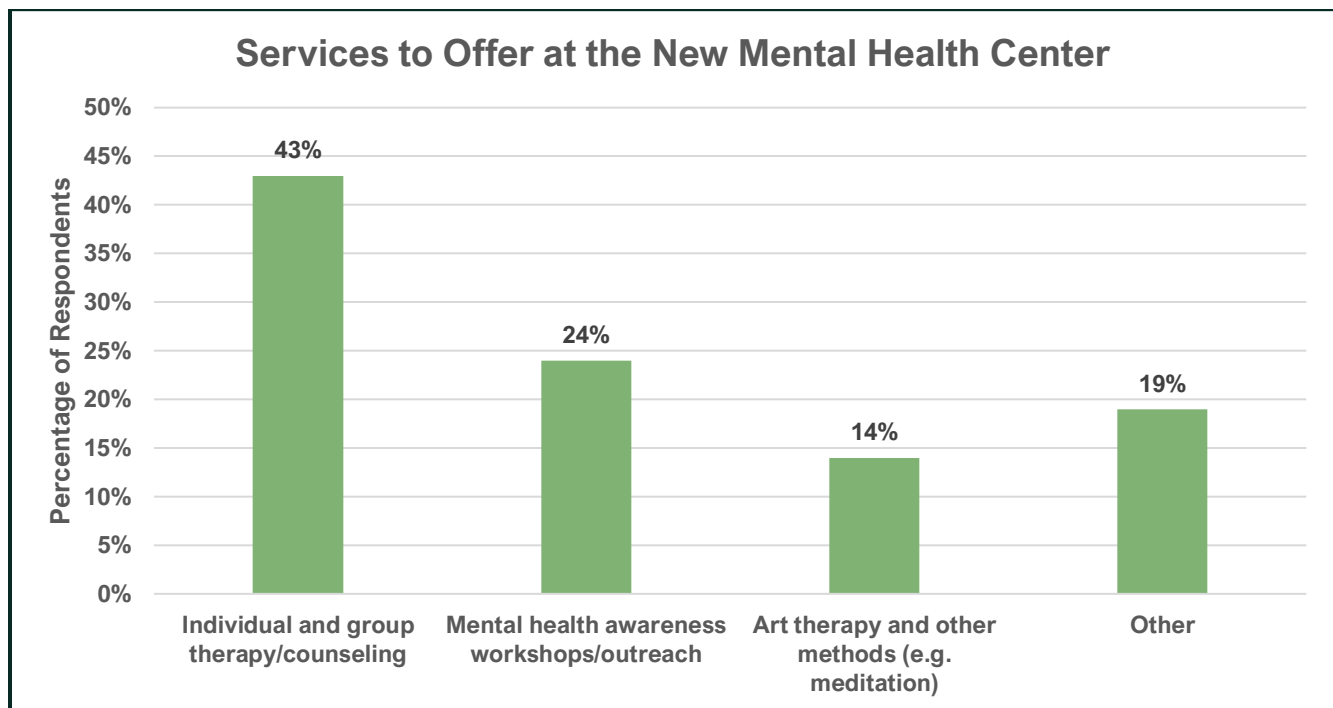
## Services and Community Outreach at the New Mental Health Center

### Services

Community leaders shared practical ideas for services to be offered at the new mental health center. Many community leaders (43%) expressed the need for individual and group therapy/counseling services, with several focusing specifically on the need for services for families. One community leader specifically requested that counseling be made available both in-person and virtually. Community leaders (24%) suggested conducting mental health awareness workshops in the community and outreach generally, as well as information on intake, to educate residents about mental health and reduce stigma around accessing mental health care and services. One community leader, for instance, requested:

**“Intake that would provide educational material for educating residents in order for them to understand what’s going on mentally.”**

Several community leaders (14%) highlighted art therapy and other methods, such as meditation and yoga, as appealing to “increase positivity within the community” through non-traditional methods. Other services recommended (19%) included employment support, housing support, referrals, and a walk-in clinic.



### ***Community Outreach***

Community leaders felt the mental health center should prioritize conducting outreach and building awareness through local institutions and organizations, including schools, Park District, Police Departments, churches, and non-profit organizations. Two populations were heavily cited as important to engage during outreach efforts: children and youth and seniors/older adults. One community leader, for instance, suggested:

**“Programs that allow our children to be able to have legitimate after-school opportunities to have different resources available to them, like dance, art and educational types of things that allow them to venture outside of the community.”**

Some community leaders suggested employing outreach methods, including mobile therapy and launching a mental health campaign, that might help build awareness of the center and its services. Combating stigma around mental health issues is a key concern to community leaders.

# COMMUNITY MEMBER SURVEY RESULTS

The Coalition's research team administered 109 surveys to community members residing within the Bronzeville EMHSP area. Figure 3 presents the number of surveys administered in each of the six community areas.

## Characteristics of Community Members

Respondents were split relatively evenly by gender, with slightly more females than males completing the survey (53% versus 47%). The largest proportion of respondents were aged 30-49 years (42%), followed by 50-64 years (30%), and 18-29 years and 65 years and older (14%, respectively). About one-quarter (24%) were aware of the efforts to create a community mental health center in Bronzeville before the date of the survey.

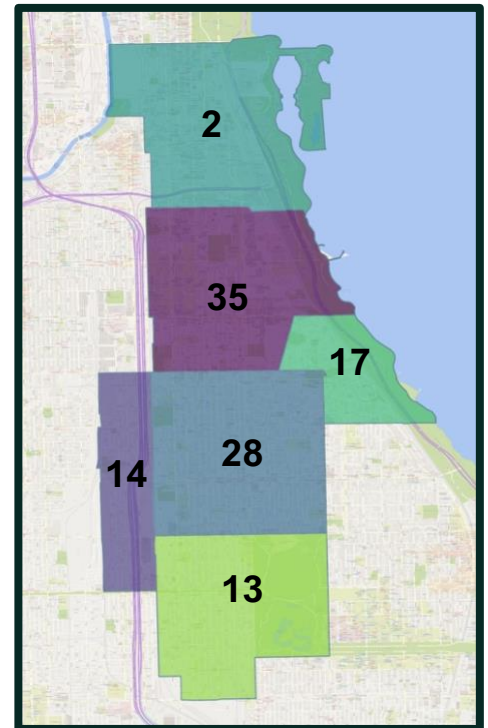
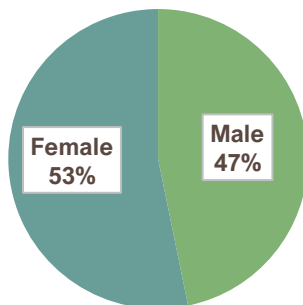
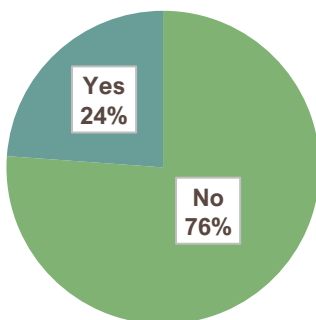


Figure 4: Number of community member surveys conducted by area

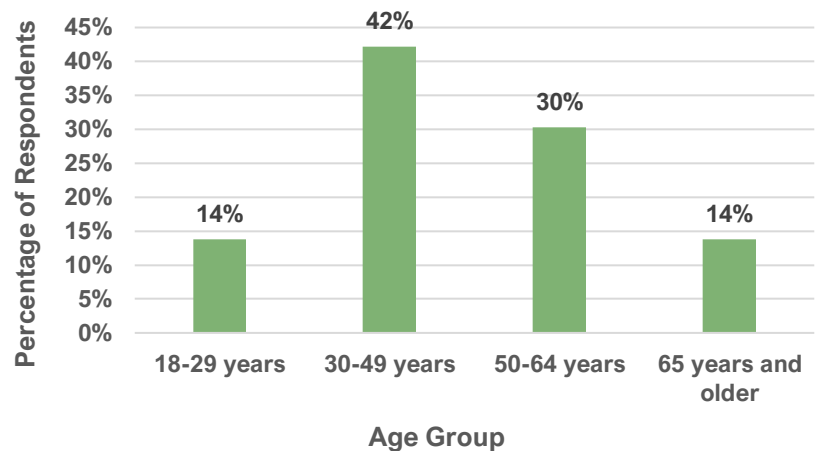
### Respondent Gender



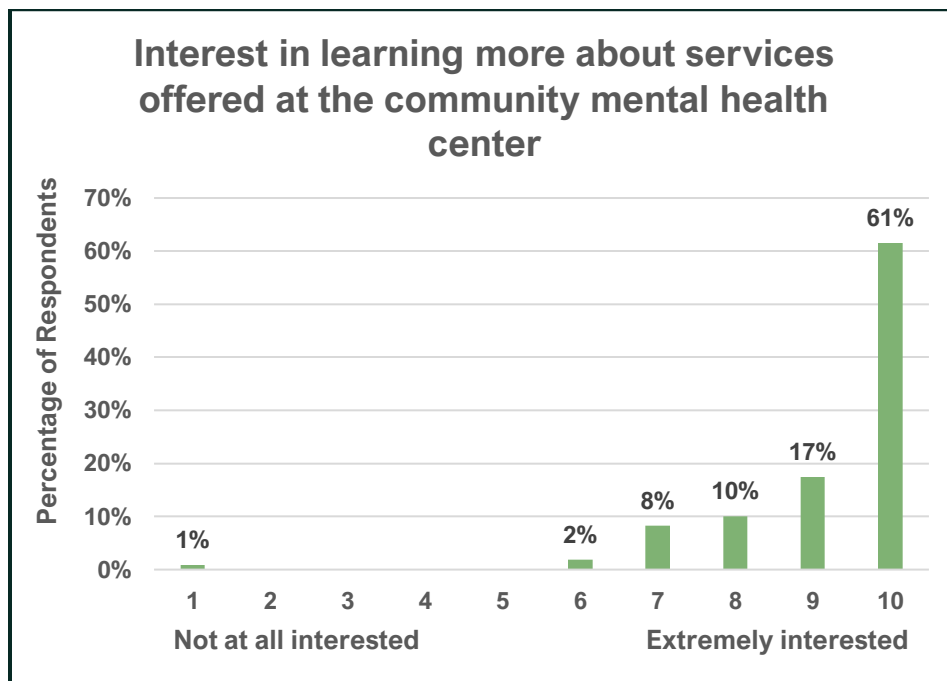
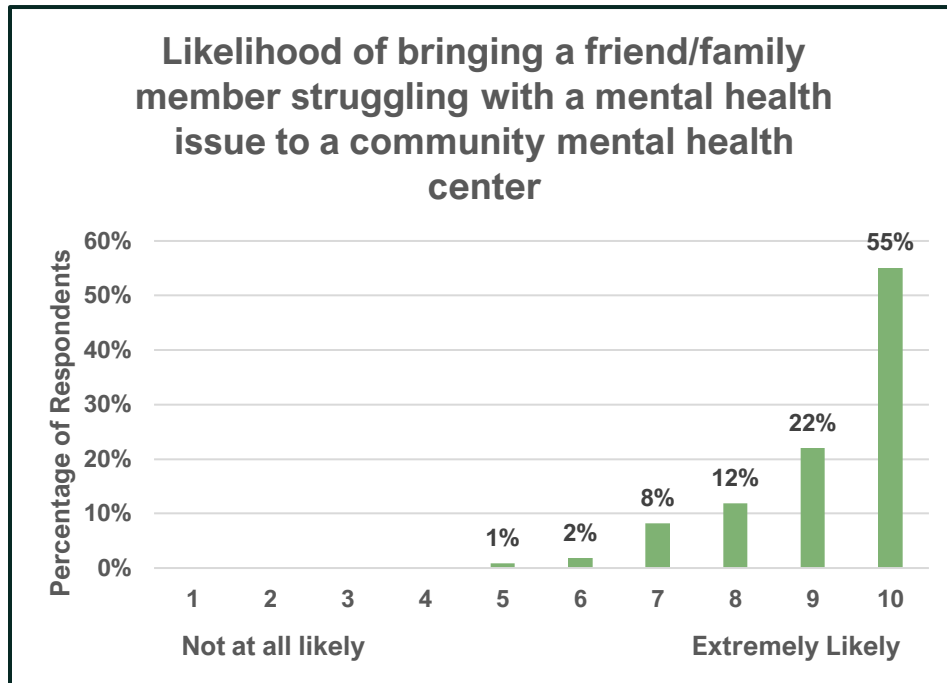
### Aware of Program Before Survey?



### Respondent Age Group



Over half of respondents (55%) 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. No respondents said they were unlikely to do so. Almost two-thirds of respondents (61%) were “extremely interested” in learning more about the services offered at a mental health center specific to Bronzeville residents. Only one respondent was uninterested.

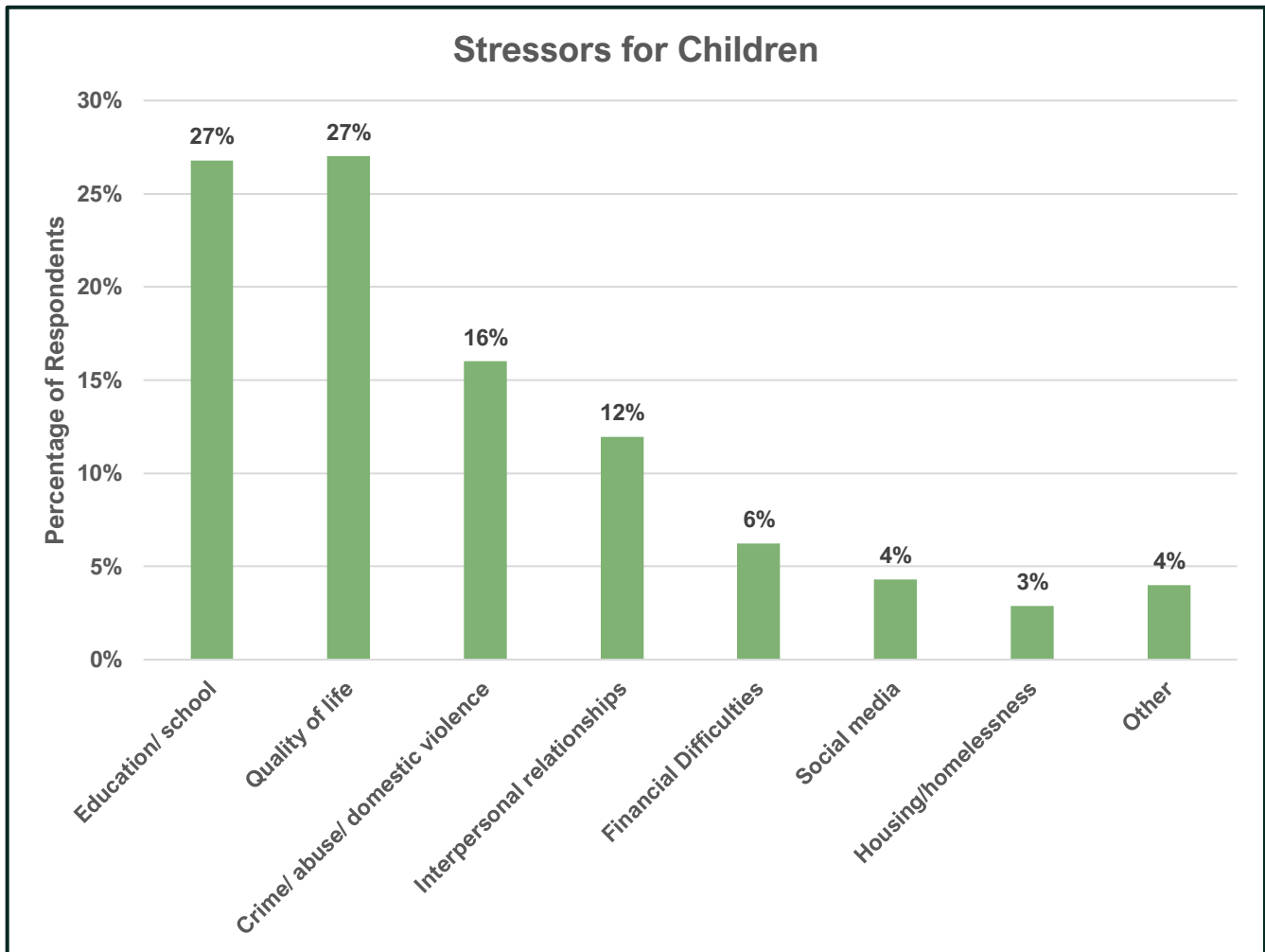




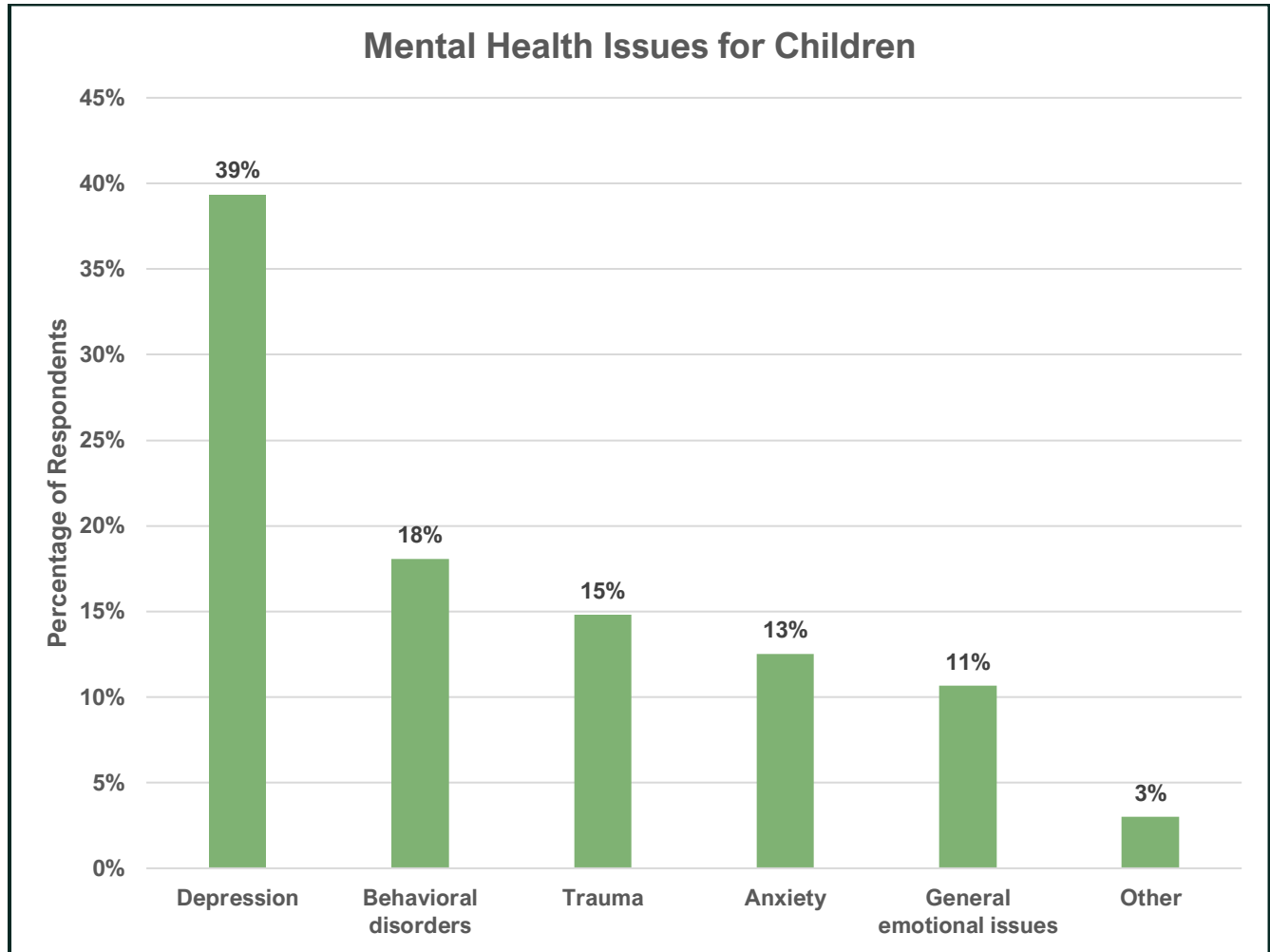
## Stressors and Mental Health Issues by Age Group

### Children

According to the community members surveyed, the biggest stressors affecting children (ages 12 and under) in the community include those relating to education/ schooling (e.g., academic issues, social issues, bullying, peer pressure) (27%) and quality of life (e.g., housing, availability of activities) (27%), followed by crime/ abuse/ domestic violence (16%) and interpersonal relationships (12%). A small proportion of respondents indicated social media (4%), housing/ homelessness (3%), and other issues (4%) as the biggest stressors for children.

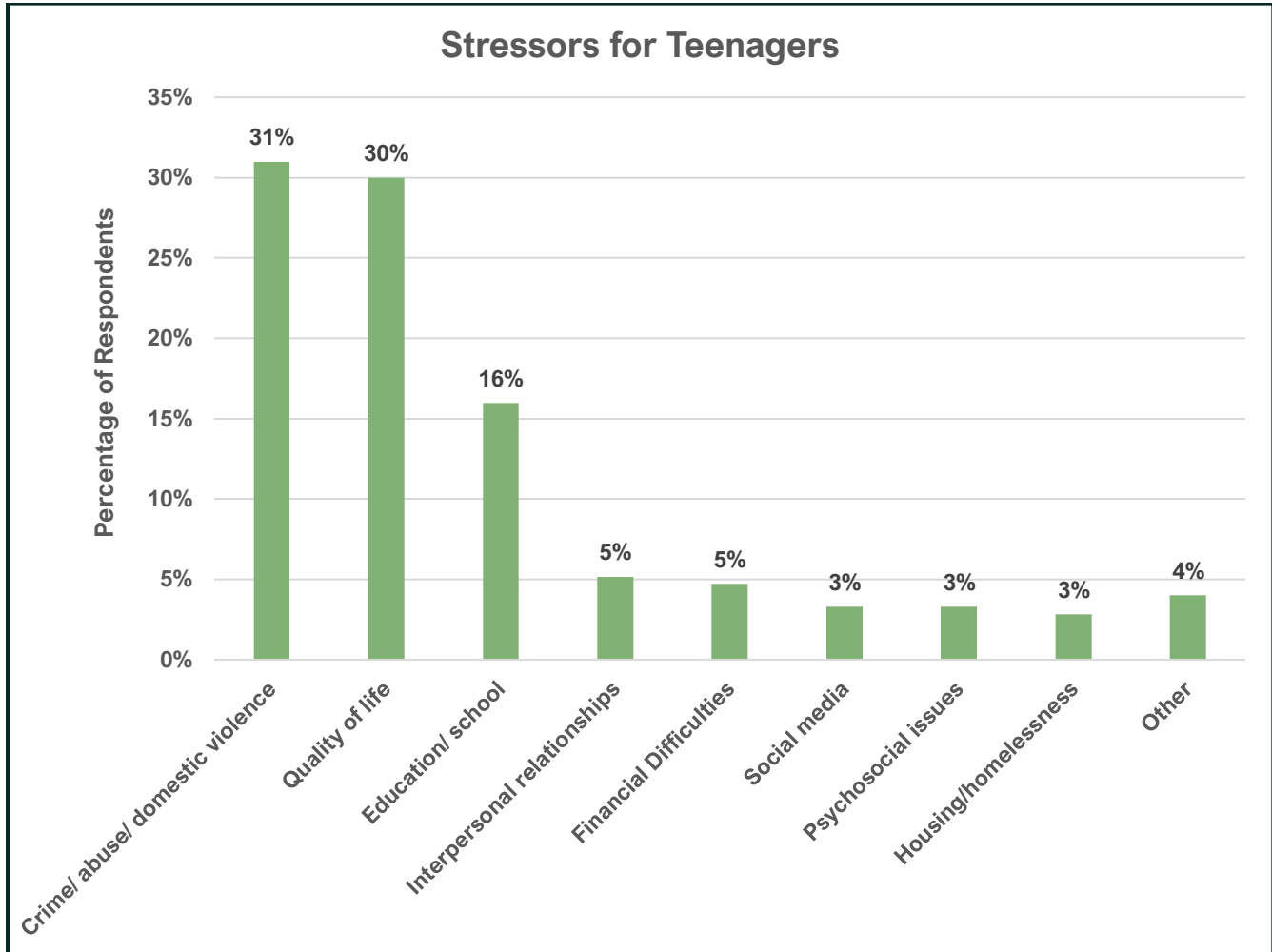


Depression was most often raised as the most important mental health issue facing children (39%), followed by behavioral disorders (18%), trauma (15%), anxiety (13%), and general emotional issues (11%), and other issues (3%).

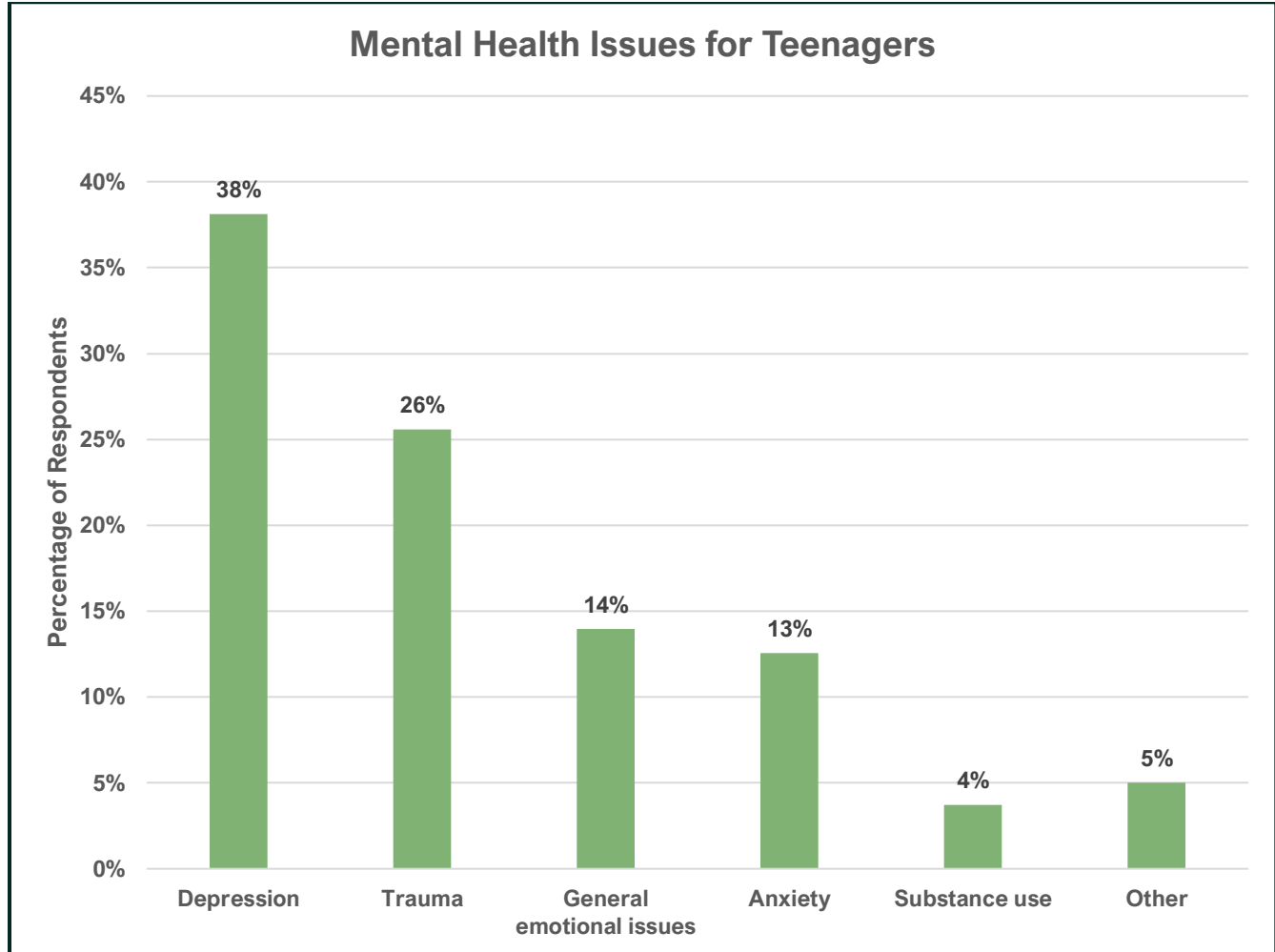


### Teenagers

Among teenagers ages 13-19 years, the biggest stressors indicated by community members included crime/ abuse (31%), quality of life issues (30%), and education/ schooling issues (16%). Small proportions of respondents noted interpersonal relationships (5%), financial difficulties (5%), social media (3%), psychosocial issues (3%), housing/ homelessness (3%), and other issues (4%) as the biggest stressors.

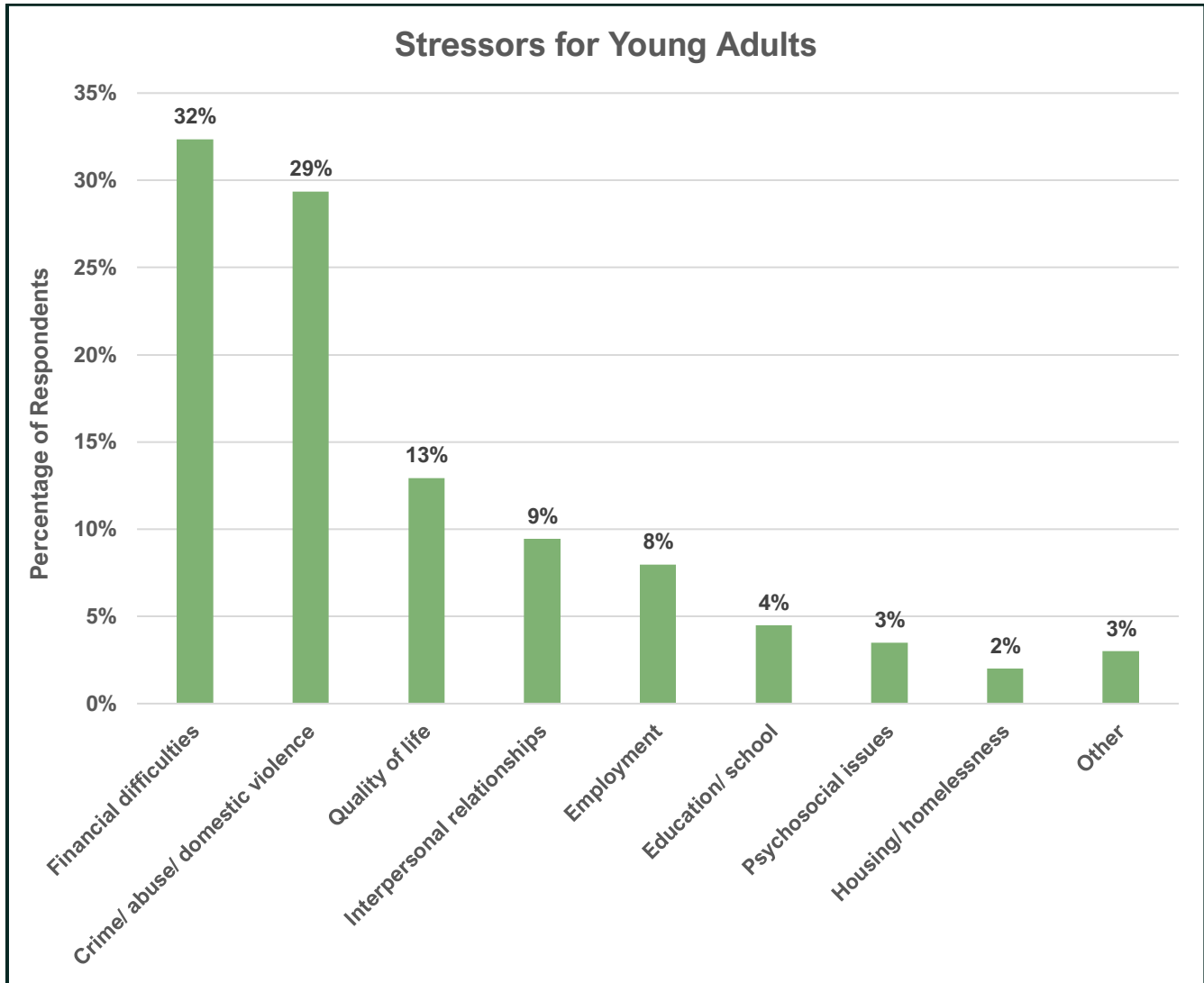


As with children, over one-third of community members surveyed raised depression (38%) as the most important mental health issue for teenagers, followed by trauma (26%), general emotional disorders (14%), and anxiety (13%). Some community members identified substance use (4%) and other issues (4%) as the most important mental health issues for teenagers.

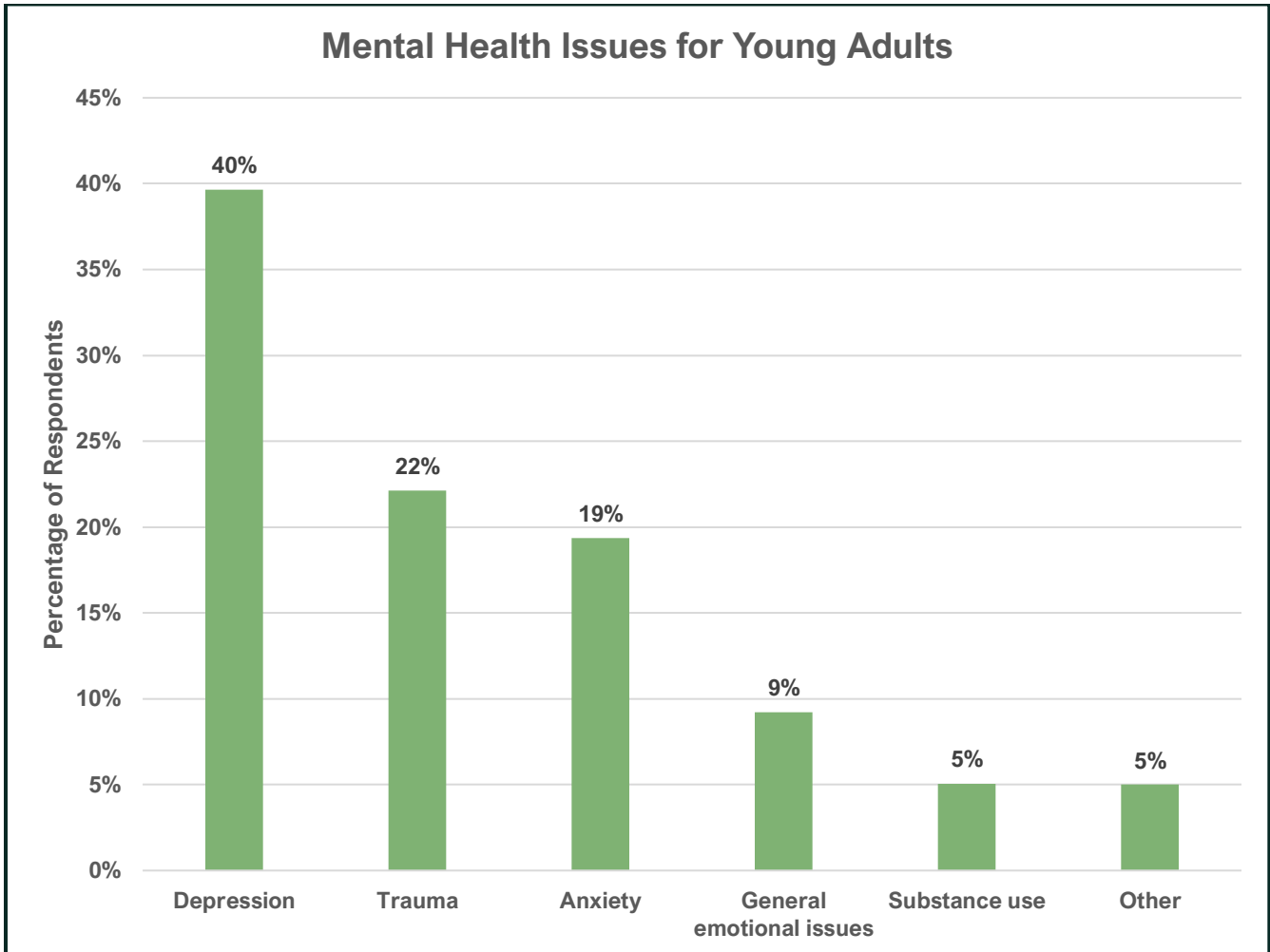


### Young Adults

Community members surveyed indicated that the biggest stressors facing young adults, ages 20-39 years, are financial difficulties (32%) and crime/ abuse (29%), followed by quality of life (13%), interpersonal relationships (9%), employment (8%), education/ school (4%), psychosocial issues (3%), housing/ homelessness (2%), and other issues (3%).

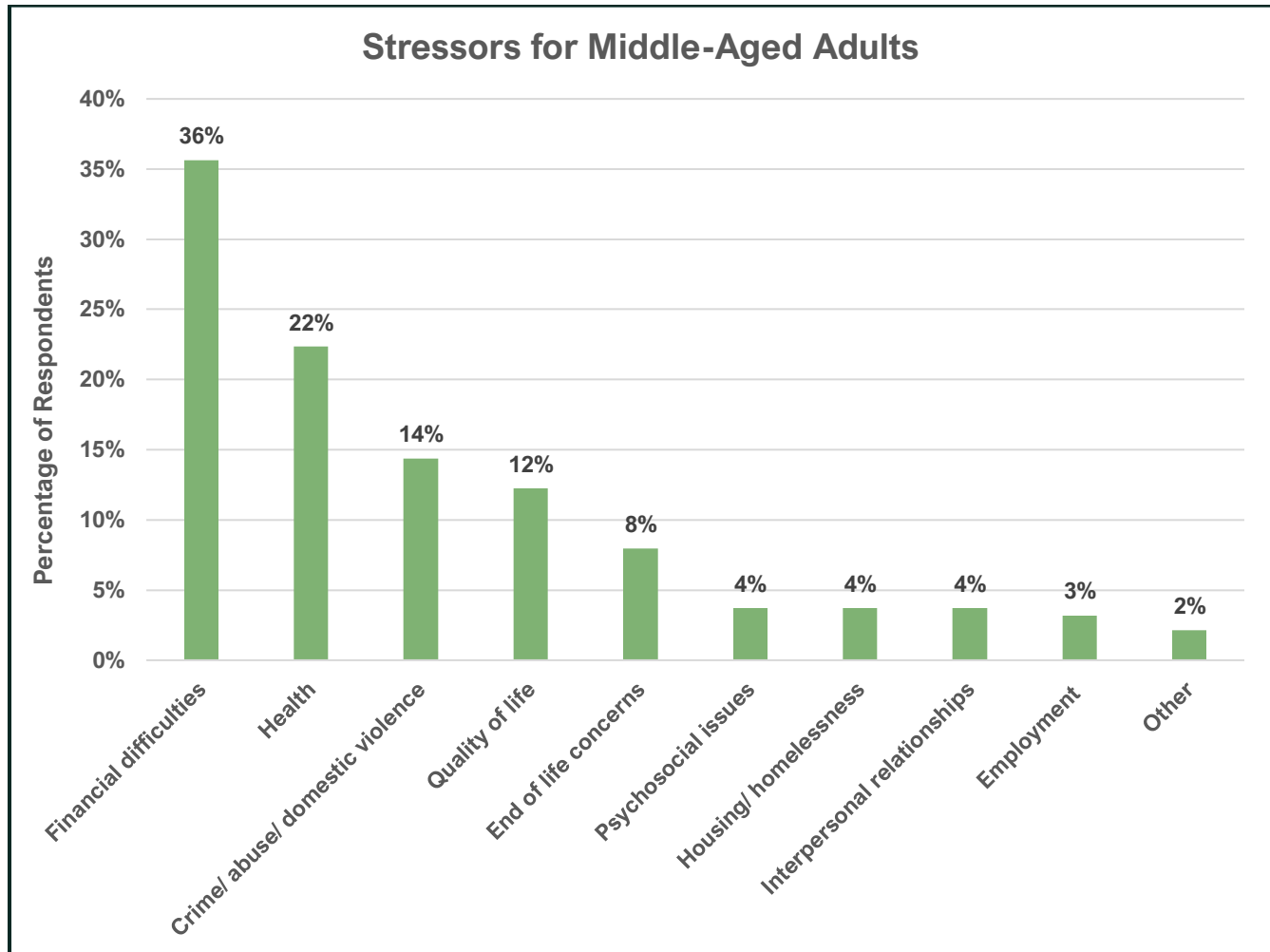


As with both children and teenagers, the most important mental health issue facing young adults was thought to be depression (40%), followed by trauma (22%), anxiety (19%), general emotional issues (9%), substance use (5%), and other issues (5%).

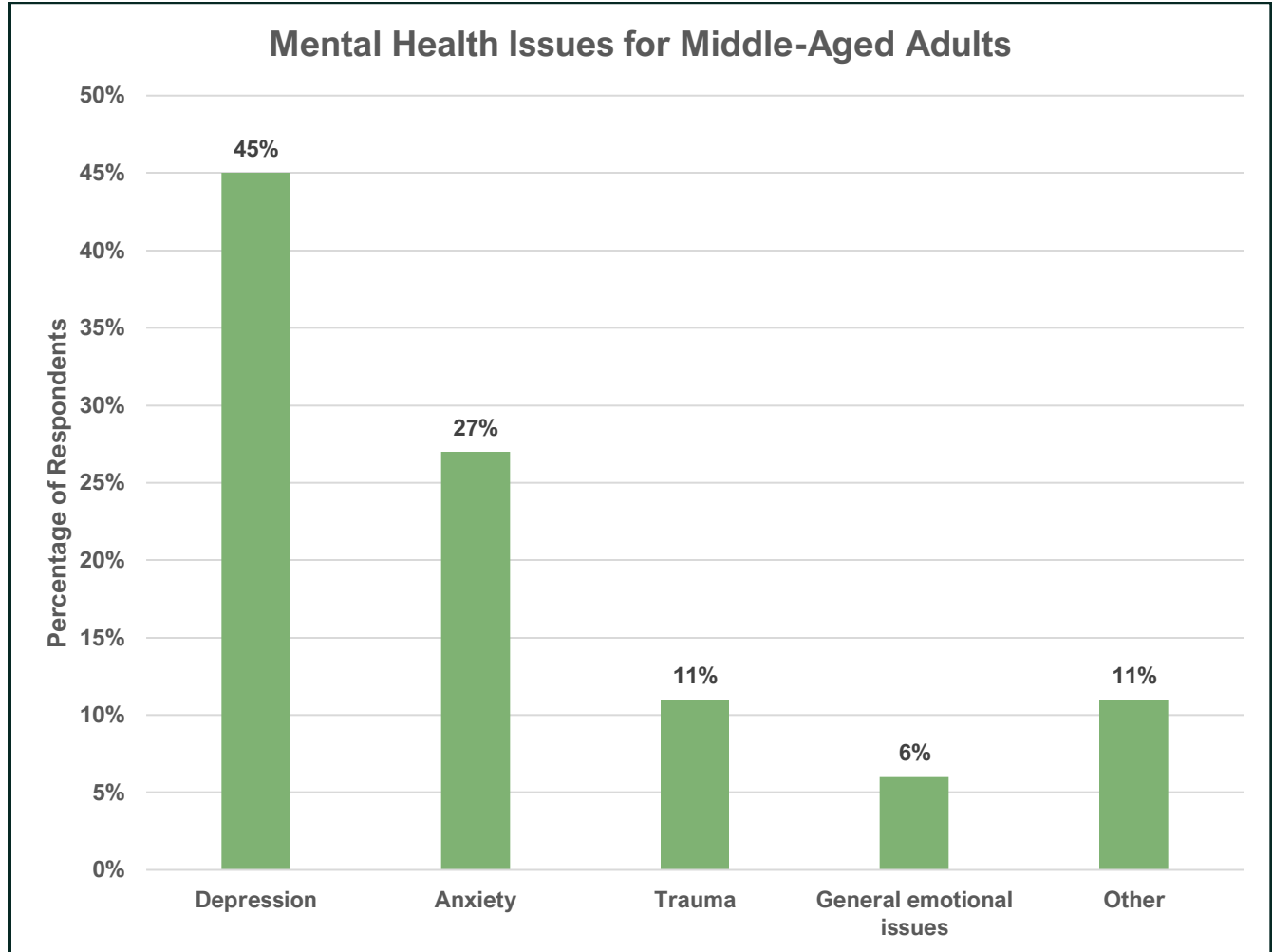


***Middle-Aged Adults***

Among middle-aged adults, ages 40-64 years, the biggest stressors identified included financial difficulties (36%) and health (22%), followed by crime/abuse (14%), quality of life (12%), and end of life concerns (8%). Small proportions of respondents noted psychosocial issues (4%), housing/homelessness (4%), interpersonal relationships (4%), employment (3%), and other issues (2%) as the biggest stressors facing middle-aged adults.



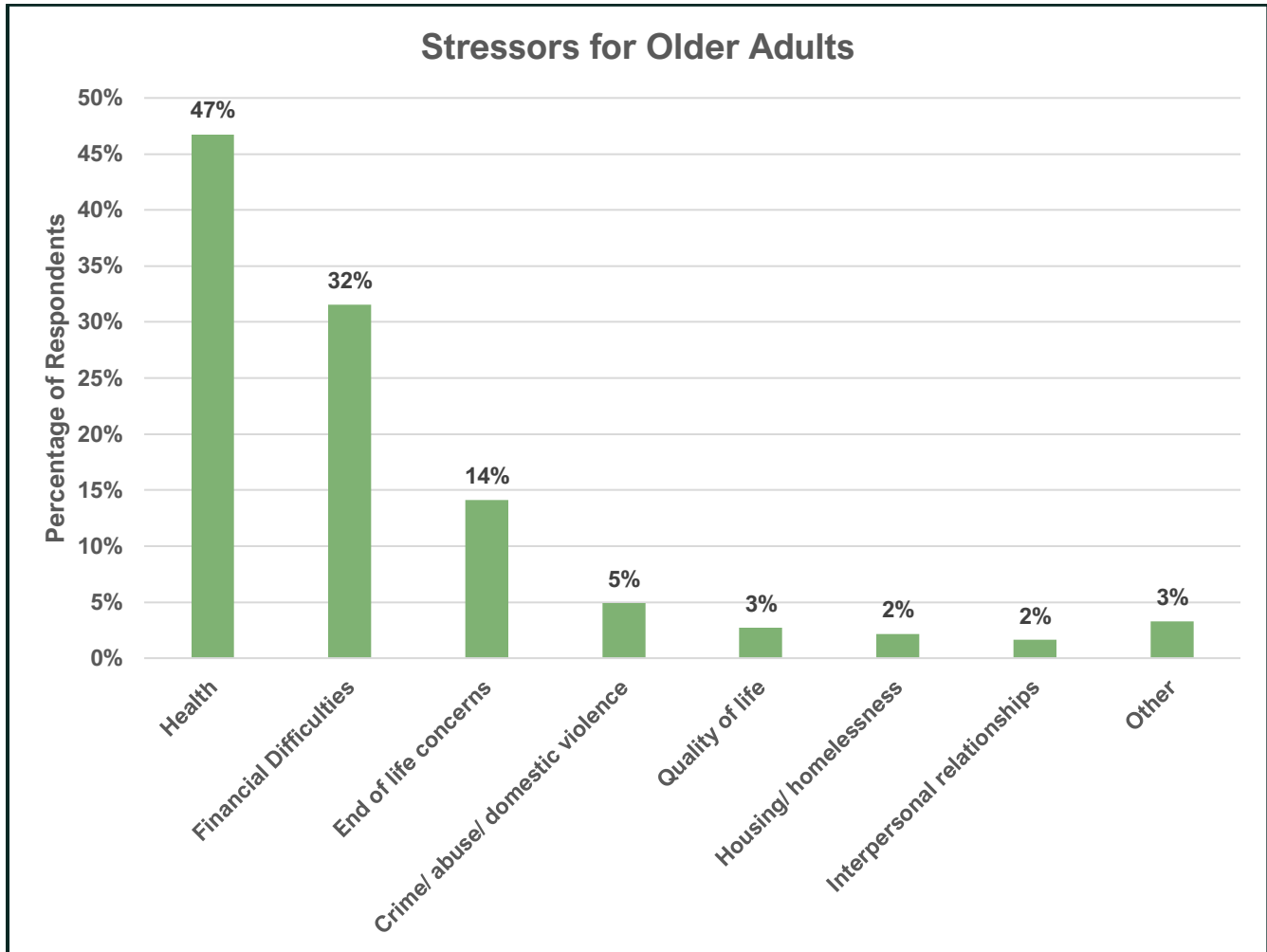
Depression was considered to be the most important mental health issue for middle-aged adults (45%), as with the younger age groups. Respondents pinpointed anxiety (27%), trauma (11%), general emotional issues (6%), and other issues (11%) as other important mental health issues to address in middle-aged adults.



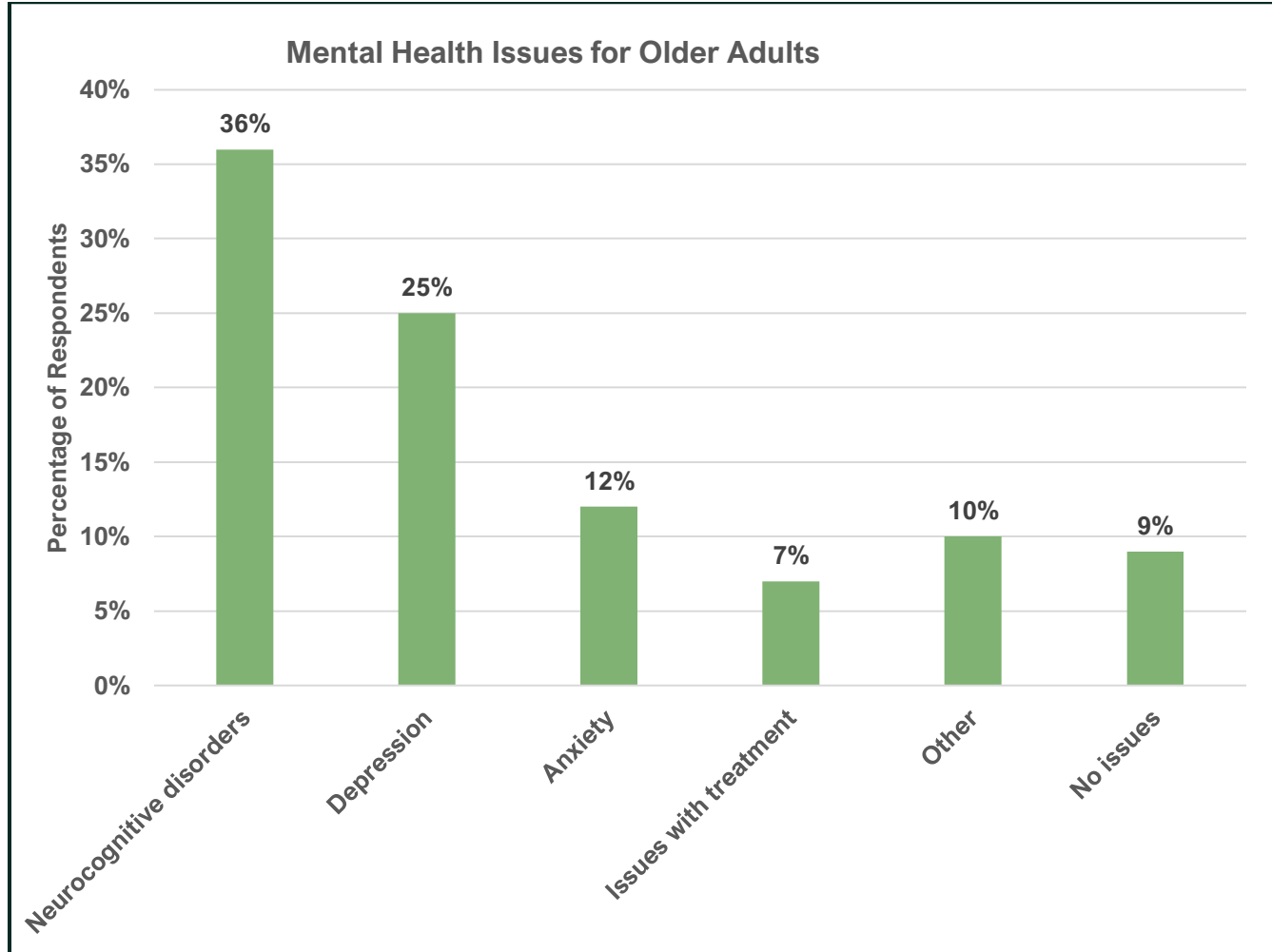


**Older Adults**

The biggest stressors for older adults, ages 65+ years, were identified as relating to health (47%), financial difficulties (32%), and end of life concerns (14%). Smaller proportions of respondents identified crime/abuse (5%), quality of life (3%), housing/homelessness (2%), interpersonal relationships (2%), and other issues (3%) as the biggest stressors.

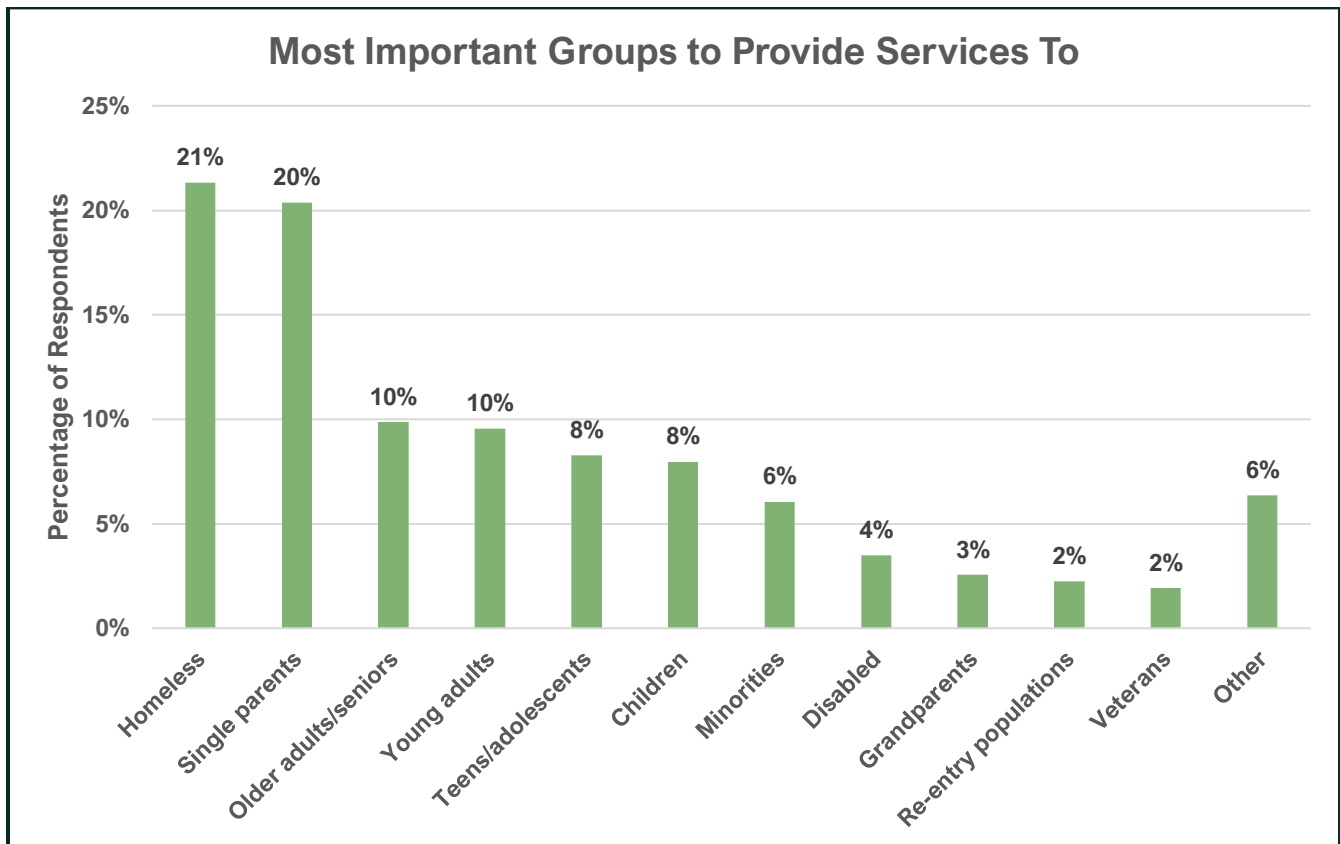


Neurocognitive disorders were thought to be the most important mental health issue among older adults (36%), followed by depression (25%), anxiety (12%), issues with treatment (7%), and other issues (10%). A small proportion of respondents (9%) did not percent mental health issues in need of being addressed within older adults.



## Most Affected Groups

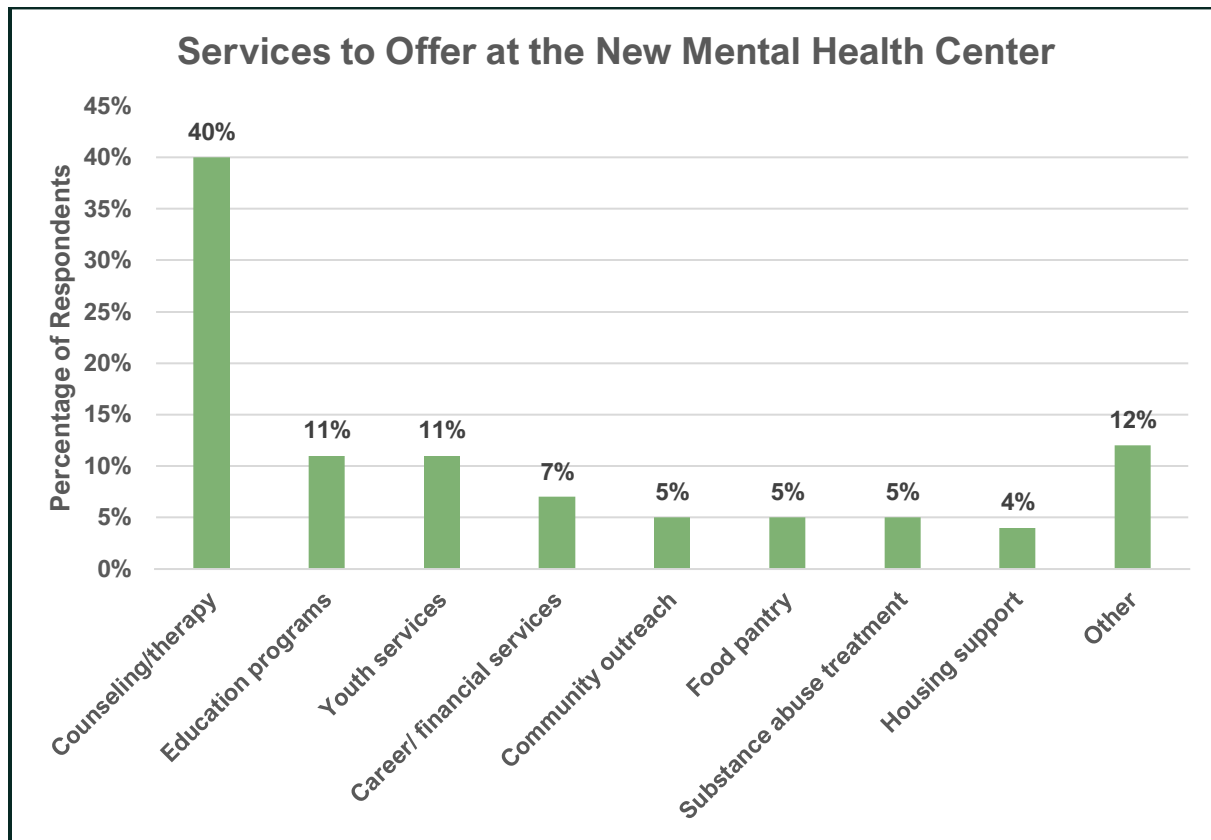
When asked which were the most important groups for the mental health center to provide services to, the most common responses were the homeless (21%) and single mothers/fathers (20%), followed by older adults/seniors (10%), young adults (10%), teens/adolescents (8%), children (8%), minorities (6%), disabled individuals (4%), grandparents (3%), re-entry populations (2%), veterans (2%), and other groups (e.g. adults, pre-adults, crime victims, drug addicts) (6%).



## 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 common suggested services related to mental health counseling and therapy (40%), such as: case management; individual, group and family sessions; trauma support groups; and groups for specific minorities (e.g. LGBTQ). About 11% of community members recommended educational programming on topics such as the arts, technology, and parenting and in the form of programs, mentoring, or tutoring. A similar proportion (11%) recommended services and programming specifically for youth, including after-school programming. The remaining recommended services included: career or financial services (e.g. career fairs, job/skills training, financial literacy) (7%), community outreach (e.g. outreach to specific groups/schools) (5%), a food pantry (5%), substance abuse treatment services (5%), housing support, including for

homelessness (4%), and other services, including programs for specific groups (e.g., the elderly, children, felons), referral services, and sports services (12%).



# IMPLICATIONS & NEXT STEPS

By drawing on existing demographic data, in combination with interviews and surveys conducted with community leaders and members, this needs assessment provides rich insight into the mental health needs and priorities of the greater Bronzeville area. This needs assessment will serve as a catalyst for productive relationships between community organizations, community members, and the new Bronzeville EMHSP.

The needs assessment will not only inform discussions about mental health issues and priorities among community members and organizations but also serve as a valuable resource for the Bronzeville EMHSP Governing Commission. Comprised of nine representatives appointed by the Governor and the Mayor from nominees submitted by local non-profit organizations, the Governing Commission will use the needs assessment to help meet its responsibilities to provide the community with mental health services tailored specifically to the needs of local Bronzeville residents.

As the Bronzeville EMHSP is established and after it begins to offer services, continuous community involvement will be crucial to the program's success. To maintain community involvement, the Coalition will develop a Community Access Network of community organizations and residents, including those interviewed and surveyed for this assessment—many of whom indicated their strong interest in becoming involved with the Coalition's activities. These community organizations and individuals will be trained to effectively refer people to the Bronzeville EMHSP's center and to collaborate with one another for the purpose of increasing access to mental health service through effective, community-based partnerships.

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

# ACKNOWLEDGEMENTS

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

4300 Block of Champlain Block Club	Illinois Institute of Technology (IIT)
Amour Salon & Suites	Leverage Network
Angels R Us Kidz Academy	Lugenia Burns Hope Center
Bronzeville Community Clubhouse	Monumental Baptist Church
Brothers and Sisters of Love	Oakwood Shores Community Association
Center for Disability Services Association	Office of Diverse Learners at Chicago Public Schools
Center for New Horizons	Old St. Mary's Catholic Church
Chicago Police Department (2nd District)	Paul G. Stewart Apartments
Chosen Tabernacle Church	Phi Beta Sigma Fraternity
Comprehensive Quality Care, Inc.	St. Elizabeth Food Pantry
De La Salle Institute	St James Church
Evolve Counseling	St. James Food Pantry
Housing Bronzeville	

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 Bronzeville Community Action Team for launching this study. Their feedback has been invaluable and will serve as the foundation for establishing the Bronzeville Expanded Mental Health Services Program's new mental health center as it works to meet the mental health needs of all members of the Bronzeville community.

# RESEARCH TEAM

**Rapheal Arteberry** conducted all interviews with community leaders and co-lead 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 2017-19, 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.



Rapheal Arteberry

**Deja Brown** co-lead outreach and data collection with community members. Ms. Brown 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 Side (2016), Bronzeville (2020), and Southeast (2021) Expanded Mental Health Services Programs. She grew up in the Englewood 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.



Deja Brown

Other members of the Research Team include:

- **Michael Snedeker**, Executive Director, Coalition to Save Our Mental Health Centers
- **Rebecca Jarcho**, Lead Community Organizer, Coalition to Save Our Mental Health Centers
- **Diana Aguirre**, 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

# 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? (Near South Side, Douglas, Oakland, Grand Boulevard, Fuller Park and Washington Park)
8. Age group:
9. 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. Over the last 8 months (since March 15<sup>th</sup>), how has COVID-19 impacted residents that you serve in the community?
- 29. What steps have been taken to help with the mental health needs of residents during COVID-19? For example: counseling for families, programs for veterans and services for seniors.
- 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?
- 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

### Baseline Questions

1. Before today, were you aware of the efforts to create a community mental health center to provide services specifically to Near South Side, Douglas, Oakland, Grand Boulevard, Fuller Park and Washington Park residents?
2. 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 Near South Side, Douglas, Oakland, Grand Boulevard, Fuller Park and Washington Park residents, on a scale of 1 to 10, where 1 means not likely at all and 10 means extremely likely?
3. How interested are you in learning more about services offered at a mental health center that provides services specifically to Near South Side, Douglas, Oakland, Grand Boulevard, Fuller Park and Washington Park residents, on a scale of 1 to 10, where 1 means not interested at all and 10 means extremely interested?

### Stressors

4. What stressors/problems most affect children (12 and under)?
5. What stressors/problems most affect teenagers (13 - 19)?
6. What stressors/problems most affect young adults (20 - 39)?
7. What stressors/problems most affect middle aged adults (40 - 64)?
8. What stressors/problems most affect older adults (65+)?

### Mental Health

9. What mental health issues are most important for children (12 and under)?
10. What mental health issues are most important for teenagers (13 - 19)?
11. What mental health issues are most important for young adults (20 - 39)?
12. What mental health issues are most important for middle aged adults (40 - 64)?
13. What mental health issues are most important for older adults (65+)?
14. What are the most important groups of people that this new mental health center should provide services to?
15. What are the most important services that this new mental health center should provide 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