Uplifting Voices to Create New Alternatives:

Documenting the Mental Health Crisis for Adults on Chicago's Southwest Side

A report by the Collaborative for Community Wellness

The Center for Community Wellness
Supported by the financial investment of Saint Anthony Hospital and based on over 20 years of community-oriented development of a variety of social services that make up the Community Wellness Program, Saint Anthony Hospital created the Center for Community Wellness in order to develop new solutions that address the socio-emotional needs of individuals and families dealing with poverty. The Center for Community Wellness advocates in partnership with community stakeholders and organizations for individuals and families whose social condition places them at the margins of society, as manifested by both the challenges of limited access to health and mental health care and dealing with the impacts of violence within and against communities.

The Collaborative for Community Wellness
A collaborative convened by The Center for Community Wellness that brings together mental health professionals, community-based organizations, and community residents to address the lack of mental health access and to redefine mental health to match the needs of the community.

Collaborative for Community Wellness
Partner Organizations
Alas con Valor
Brighton Park Neighborhood Council (BPNC)
Children's Center for Behavioral Health
Erie Neighborhood House
Healthcare Alternative Systems (HAS)
Heartland Human Care Services, Inc. | A Company of Heartland Alliance
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Mujeres Latinas en Acción
NAMI Chicago
Padres Angeles
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Port Ministries
Project VIDA
Saint Anthony Hospital: Community Wellness Program
Southwest Organizing Project (SWOP)
Taller de José
Telpochcalli Community Education Project (TCEP)
Un Nuevo Despertar
U.N.I.O.N. Impact Center
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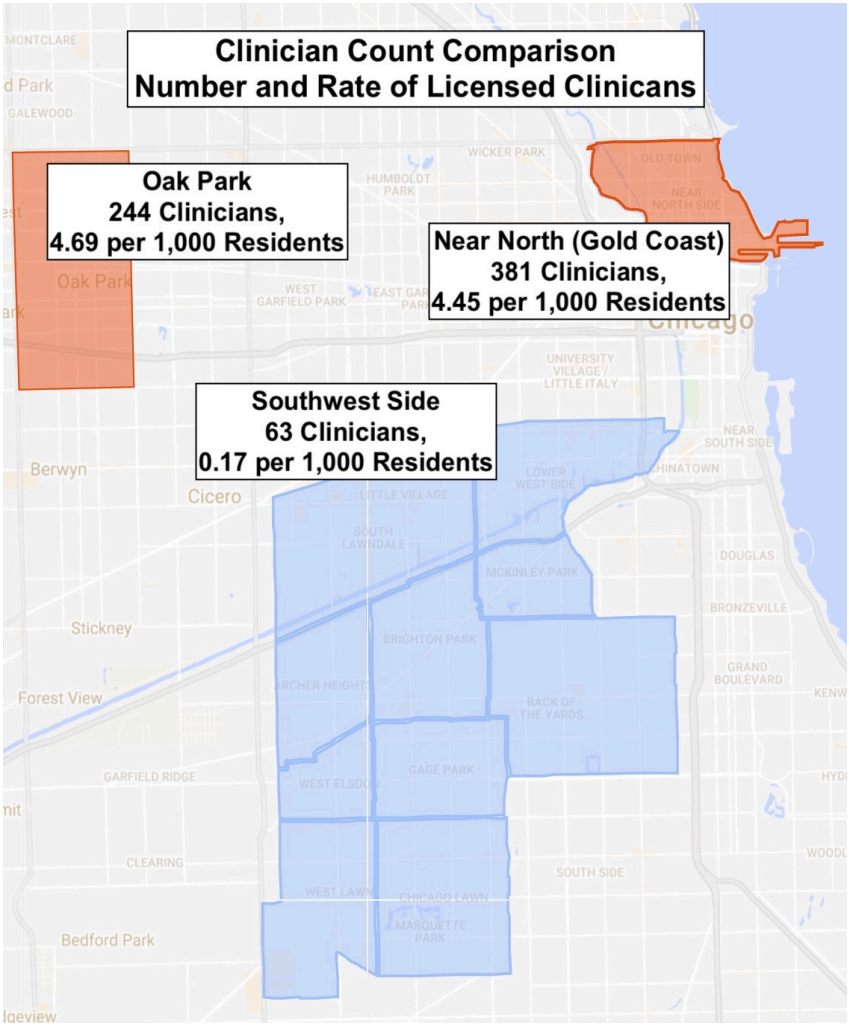
EXECUTIVE SUMMARY

Community residents living in the city of Chicago's southwest side are disproportionately impacted by poverty, unemployment and underemployment, housing challenges, under-resourced schools, and limited social service infrastructure.[1,2] Not only do community residents experience these challenges, but the social systems with which they interact also perpetuate conditions of hardship by limiting access to the resources needed to improve their daily lives. This perpetual cycle of hardship caused by social systems is a phenomenon known as structural violence.[3,4] Community residents impacted by structural violence may experience emotional trauma due to threats to their safety and well-being associated with their living conditions. In addition, within Chicago's current service landscape, multiple barriers exist to accessing affordable mental health services. For example, funding cuts within the state of Illinois have led to the reduction and elimination of mental health services and programs.[5] Within the city of Chicago, funding cuts starting in 2012 have decreased the number of operating Chicago Department of Public Health mental health clinics from 12 to 5. In FY2017, the Department of Public Health, which contains within it funding for mental health services, only received 0.4% of the total City of Chicago budget expenditures.[6] As a result of this limited investment by the city of Chicago, treatment options are limited for residents of high economic hardship communities and for the uninsured throughout the city of Chicago.[7,8] Within the predominantly high economic hardship community areas on Chicago's southwest side, availability of mental health services is limited in comparison to more affluent neighborhoods in the Chicagoland area (see adjacent map).



In response to the mental health needs observed among community residents, a coalition of local organizations on Chicago's southwest side came together to assess mental health needs and access barriers among adult community members. This study offers an important opportunity to increase awareness of the current mental health needs and access barriers among high economic hardship communities on Chicago's southwest side. In addition, the data from this study inform recommendations for promoting emotional wellness. Central to the recommendations outlined in this report is the understanding that the structural context in which community members are situated impacts their emotional wellness. In turn, this report provides an opportunity to raise critical awareness about the importance of challenging this oppressive structural context that prevents community residents from attaining optimal health. Next steps should involve ongoing dialogue regarding processes for implementing the recommendations outlined in this report. Bringing service providers, program administrators, policy makers, and funders to the table with community residents is essential for creating collaborative spaces in which everyone takes ownership for implementing solutions. In so doing, all stakeholders are empowered to become "professional agents of change."

Moreover, while this study focused on ten communities experiencing economic hardship on Chicago's southwest side, it is important to note that economic hardship and marginalization is not confined to these community areas. Although this study assessed mental health needs and access barriers among predominantly Latinx* (Mexican) community residents, community stakeholders identified that African-American communities face similar challenges stemming from structural violence. Stakeholders thus expressed a desire to build inter-community support groups and alliances, as well as to create community-driven initiatives in collaboration with the African-American community.

This report, a product of the Collaborative for Community Wellness, outlines the methods that were used to undertake this assessment, as well as the key findings and recommendations. A brief overview of the study methodology, findings, and recommendations are outlined below in this executive summary. All of these research activities and the ensuing report were completed without external funding.

STUDY METHODOLOGY

This assessment of mental health needs and access barriers occurred in predominantly Latinx (Mexican) community areas and occurred in two phases. During the first phase, we surveyed 2,859 primarily Latinx (91%) adults from ten community areas (Archer Heights, Back of the Yards, Brighton Park, Chicago Lawn, Gage Park, Little Village, McKinley Park, Pilsen, West Elsdon, and West Lawn) to collect quantitative data on their three most pressing emotional needs, desire to access professional mental health services, and barriers to accessing professional mental health services. During phase two of this project, we used qualitative methods to conduct 9 individual interviews and 8 community forums with community stakeholders, where we presented findings from the surveys and further explored mental health needs, access barriers, and solutions for addressing mental health needs. We additionally conducted a community member check comprised of community residents and stakeholders to verify the accuracy of our findings and to solicit additional feedback.

*Throughout this report, we use the term Latinx to be inclusive of individuals of all genders and to recognize their various intersecting social identities (e.g. gender, sexuality, language, immigration history, ethnicity, culture, and phenotype. [9]

KEY FINDINGS

Depression, anxiety, acculturative stress, parenting support needs, and trauma are prevalent mental health concerns.

According to unweighted results from quantitative surveys, slightly less than half of survey respondents reported experiencing depression (49%), over one-third reported experiencing anxiety (36%) and acculturative stress (34%), and over one-fourth expressed a need for parenting support (29%) and reported being impacted by trauma (27%). Qualitative findings from individual interviews and community forums suggested that experiences of trauma may be even higher than reported in the quantitative surveys, as community stakeholders identified trauma as underlying symptoms of depression and anxiety. Furthermore, community stakeholders indicated that experiences of trauma may go unrecognized because trauma is a common part of community residents' daily lives.

Experiences of structural violence impact mental health.

During individual interviews and community forums, community stakeholders described mental health symptoms as stemming from experiences of marginalization within multiple social systems. Community residents are often denied access to employment and educational opportunities, as well as to public benefits such as health insurance coverage, based on immigration status. In turn, limited access to opportunities and supports makes it difficult for individuals and families to meet their material and health-related needs. The current political climate poses an additional stressor to community residents. In the context of increased deportations by the previous and current presidential administrations, there is a heightened fear of deportation and familial separation, a fear that is accentuated when individuals and families come into contact with the criminal justice system. Within the local context of Chicago, community residents are further impacted by ongoing exposure to community violence and limited access to resources in the high economic hardship communities where they live.

There is an overwhelming demand for professional mental health services.

According to findings from quantitative surveys, 80% of respondents reported "yes" or "probably yes" to the question of whether they would seek professional support for their personal problems. These data suggest that it is not a lack of interest that stops community residents from seeking mental health services, but instead that community residents are unable to seek out services due to the structural and programmatic barriers outlined below.

Structural and programmatic barriers, not social barriers, are the primary factors preventing access to mental health services.

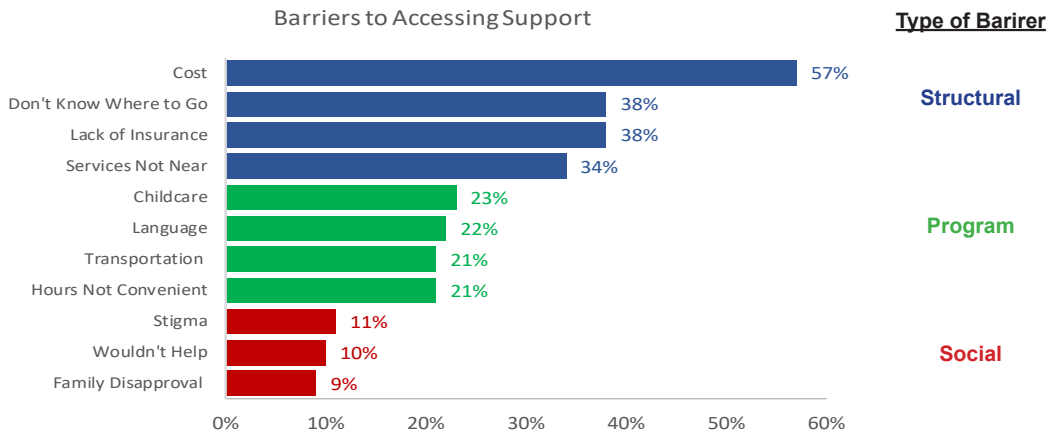
According to both unweighted and weighted survey results, respondents overwhelmingly identified structural and programmatic barriers as posing the greatest challenges to mental health service access. The unweighted percentage breakdowns for each category of barriers are reported below.

Structural Barriers.

The cost of services was the highest ranked barrier among survey respondents, with more than half (57%) of respondents identifying cost as posing a challenge to mental health service access. Additional structural barriers included a lack of insurance coverage (38%) and a lack of services in close geographic proximity (34%). Among all survey respondents, 38% also identified being unsure where to go to access services as a barrier, confirming a scarcity in resources in the community areas surveyed for this assessment.

Programmatic barriers.
Survey respondents identified a range of barriers associated with organizational operations that limit the ability of community residents to access services. In particular, survey respondents noted barriers stemming from limited organizational infrastructure to facilitate attendance at appointments. The highest ranked programmatic barrier was a lack of childcare (23%), followed by services not being offered in an individual's preferred language (22%), transportation difficulties (21%), and inconvenient hours of operation (21%). Limited availability of culturally and linguistically appropriate services was a related programmatic barrier that emerged during analysis of qualitative findings, with community stakeholders reporting that not only is it difficult for community residents to access services in their native language, but that community residents also encounter challenges with finding providers who demonstrate an understanding of their cultural heritage and their experiences within the local community context in which they live.

Social barriers.
While survey respondents identified barriers associated with how others would perceive them for accessing services, these social barriers were the lowest ranked among all the challenges that respondents reported. Of all survey respondents, 11% reported perceived stigma as an access barrier, while 10% reported that they did not believe services would help and 9% reported concerns about partner or family disapproval.



Organizations can facilitate service access by addressing structural and programmatic barriers.

During individual interviews and community forums, community stakeholders discussed the need for organizations to develop the infrastructure to deliver culturally and linguistically appropriate services. They further discussed that culturally and linguistically appropriate service delivery does not only mean that services reflect an understanding of the individual's cultural values and are delivered in the individual's native language, but also that services are aligned with needs that arise as a result of experiencing economic hardship. With this expanded understanding of what it means to deliver culturally and linguistically appropriate services, it naturally follows that organizations should address the structural and programmatic barriers such as cost, transportation, and child care that prevent community members from accessing services.

There is a need to redefine mental health.

Qualitative findings additionally indicated that community residents may be deterred from seeking mental health services when the primary focus is on reducing symptoms. Community stakeholders recommended shifting the dialogue around mental health to a dialogue around emotional wellness, which focuses on promoting the health of the whole person and addressing the structural context that impacts well-being rather than focusing solely on decreasing symptoms. This focus on emotional wellness also recognizes that short-term services focused on symptom reduction are not enough to promote lasting healing from trauma.

KEY RECOMMENDATIONS

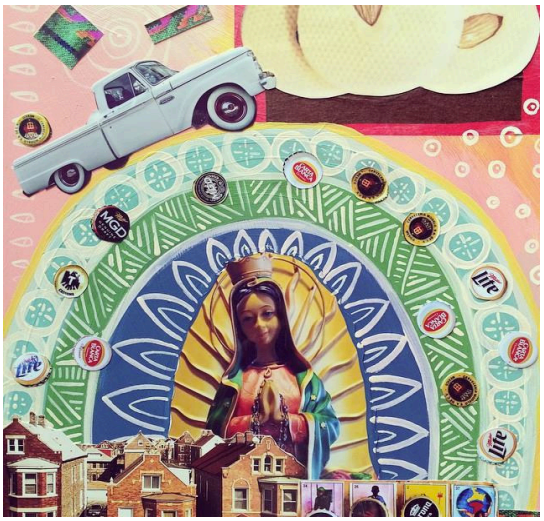
Based on findings from quantitative surveys and qualitative interviews and community forums, our key recommendations for mental health providers and program administrators, policy makers, and funders are among the following:

Key Recommendation for Mental Health Providers and Program Administrators:

Drive the organizational change that is required to deliver culturally appropriate, trauma-focused services.

Findings from this study indicate that limited availability of culturally and linguistically appropriate services is a major programmatic barrier preventing mental health service access among Latinx community residents on Chicago's southwest side. Community stakeholders emphasized that delivering culturally and linguistically appropriate services requires more than simply speaking an individual's native language and demonstrating an understanding of an individual's cultural values. To truly deliver culturally appropriate services, mental health providers must also understand the negative impact of economic hardship on well-being. In turn, because factors associated with economic hardship, including the cost of childcare and transportation, pose barriers to service access, program administrators can play an invaluable role in addressing these barriers in their program design. Offering free, on-site childcare and providing transportation assistance are concrete ways that program administrators can develop the organizational infrastructure needed to deliver culturally appropriate services. It is noteworthy that the demand for professional mental health services among male respondents was on par to that of female respondents, despite mainstream narratives that often portray males as being reluctant to engage with services. Mental health providers must recognize the necessity to develop programming that facilitates men's engagement in services in order to meet this demand.

In addition, as qualitative findings indicated, trauma is a common element of community residents' daily experiences on Chicago's southwest side. It is of critical importance that while organizations operate in accordance with this more expansive cultural and contextual understanding, culturally appropriate service delivery becomes integrally connected to trauma-focused care. Delivering services that are aligned with the needs of community residents therefore requires that program administrators invest in developing their organizational capacity to offer free, long-term mental health services that promote healing from trauma.



Rebel Betty, "Virgencita de la Villita". Mixed Media on Wood. 2015.

Key Recommendation for Policy Makers:

Advocate for structural change.

As findings from this study indicate, it is critical that policy makers advocate for legislation that restructures how mental health services are funded in order to facilitate the accessibility of long-term, trauma-focused services both nationally and in the local context of Chicago. Our data demonstrate that existing systems of service delivery by way of the managed care model are not structured to facilitate access to the comprehensive mental health treatment that marginalized community residents need. The emphasis of the managed care model on reducing cost imposes limitations on the type and quality of care that individuals receive. For low-income and uninsured community residents, the burden of paying out-of-pocket for services makes the possibility of long-term, trauma-focused mental health care unattainable. Policy makers can play an invaluable role in advocating for stable funding for free, long-term, community-based mental health services.

Within the city of Chicago, there is a historical precedent for investing in these services. Utilizing funds from the Community Mental Health Act of 1963, which reflected a national shift from institutionalization to community-based mental health care, the city of Chicago created a system of 19 community mental health centers to address the needs of marginalized community residents in the 1960's and 1970's.[10] While the city has disinvested in these services since the 1990's[11], findings from this study indicate that reinvestment in this model of public mental health care is critical to protecting an individual's right to access the care necessary to attain optimal health[12], regardless of income, insurance status, and immigration status. As this study examines the mental health needs of the city's southwest side, home to Chicago's largest continuous segment of Latinx immigrant neighborhoods,[13] these findings are directly applicable to Chicago's position as a Welcoming City. If Chicago is to truly be a city that is welcoming of immigrants, it is necessary for the city to increase its investment in sustainable funding to ensure that the immigrant community, as well as other marginalized populations, have access to free mental health services.

Key Recommendations for Funders:

Provide funding for long-term, trauma-informed mental health services.

As noted above, within the local context of Chicago, Illinois state budget cuts and Chicago Department of Public Health mental health clinic closures profoundly limit the availability of mental health resources to marginalized community residents. Just as policy makers can play an important role in advocating for funding, private funders can offer invaluable support in providing funds to organizations experiencing fiscal challenges. Community stakeholders have identified that short-term behavioral health services focused on symptom reduction (such as those provided by Federally Qualified Health Centers) are not enough to promote long-term healing from traumatic experiences. Private funders can therefore support initiatives to address the mental health crisis on Chicago's southwest side by funding time-unlimited, trauma-focused mental health therapy services, delivered by licensed clinical professionals, for underinsured and uninsured community residents. It is important to note, that although there is a need for funding for mutual support initiatives, financial investment in these initiatives should not supersede financial investment in formal long-term, trauma-focused clinical services and therapeutic groups facilitated by mental health professionals.