



Collaborative for Community Wellness

Asociación Colaborativa para el Bienestar Comunitario

## Mental Health Service Access in Chicago: Findings from a City-Wide Survey

### Introduction

Between August 26, 2020 and March 3, 2021, the Collaborative for Community Wellness surveyed community residents across the city of Chicago to assess mental health needs and barriers to accessing services. Consistent with findings from past research, data indicated that despite a high demand for mental health support, limited availability of free services impedes community residents from addressing their mental health needs and attaining optimal well-being. There is also an overwhelming demand for mental health services through the Chicago Department of Public Health (CDPH) public mental health centers, however a large majority of the survey respondents were unaware of their existence. Highlighted below is an overview of our study methodology, key findings, and implications for addressing pronounced inequities in mental health service access within our city.

### Study Methodology

In August 2020, representatives from the Collaborative for Community Wellness with expertise in community-based research and survey design created an electronic survey consisting of closed and open-ended questions on mental health needs, access barriers, and knowledge of services offered through the CDPH mental health centers. The survey was distributed widely via an electronic link and completely independently by a total of 378 Chicago residents between August 26, 2020 and March 3, 2021.

### Demographics

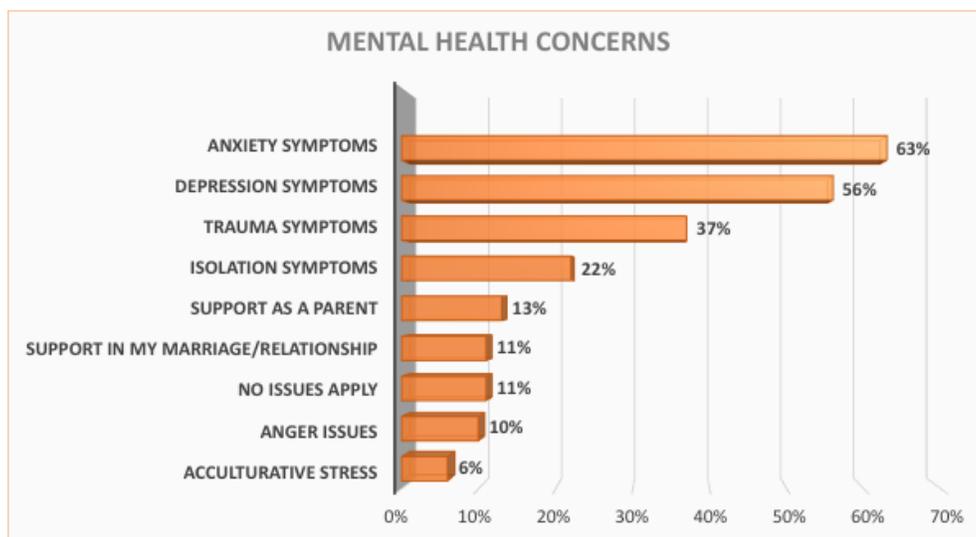
Our sample was comprised of community members across the city of Chicago, with survey respondents representing 45 of Chicago's 50 wards. A breakdown of the demographic characteristics of the 378 survey respondents is presented below.

- **Gender identity of survey respondents.** Of the 372 respondents who reported their gender identity, 82.8% (n = 308) identified as female, 11.0% (n = 41) identified as male, and 6.2% (n = 23) identified as transgender, gender non-binary, or gender non-conforming.
- **Country of origin.** Almost three quarters of survey respondents (73.5%, n = 261) were born in the United States, and slightly over one quarter (26.5%, n = 94) identified as foreign born.

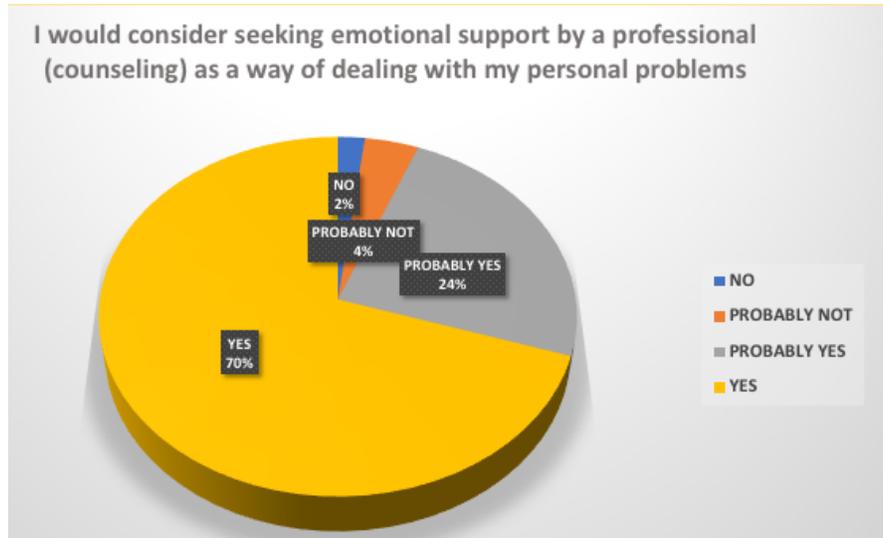
- **Age range.** Survey respondents ranged from 15 to 72 years of age, with a mean age of 41. Of the 337 individuals who reported their age, their age breakdown was as follows:
  - Age 15-19: 2.7% (n= 9)
  - Age 20-29: 31.4% (n = 106)
  - Age 30-39: 31.1% (n = 105)
  - Age 40-49: 21.4% (n = 72)
  - Age 50-59: 8.9% (n = 30)
  - Age 60-69: 3.0% (n = 10)
  - Age 70-72: 1.5% (n = 5)
- **Race and ethnicity.** Approximately 39.7% (n = 147) of survey respondents identified as Latinx, 38.7% (n = 143) identified as White, 10.8% (n = 40) identified as Black/African American, 8.5% (n = 13) identified as mixed race, 2.4% (n = 9), and 0.3% (n = 1) identified as Native American.
- **Language preference.** Survey respondents were given the option to complete the survey in either Spanish or English. A total of 326 survey respondents (86.2%) chose to complete the survey in English, and 52 (13.8%) chose to complete the survey in Spanish.

### Key Survey Findings

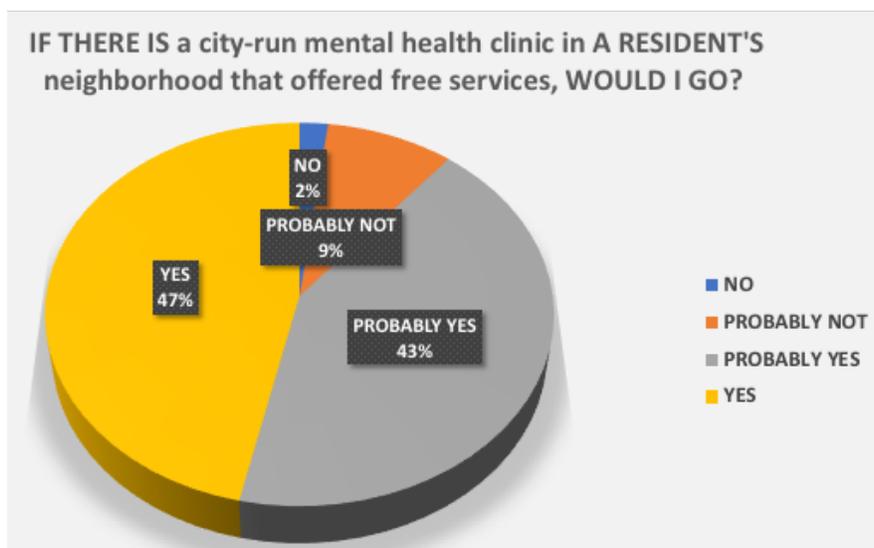
*Top reported mental health concerns:* When asked “to select up to three situations that you experience with the most frequency” over half of the respondents selected anxiety (63%) and depression (56%). Over a third of the respondents identified trauma (37%) as a need for mental health care.



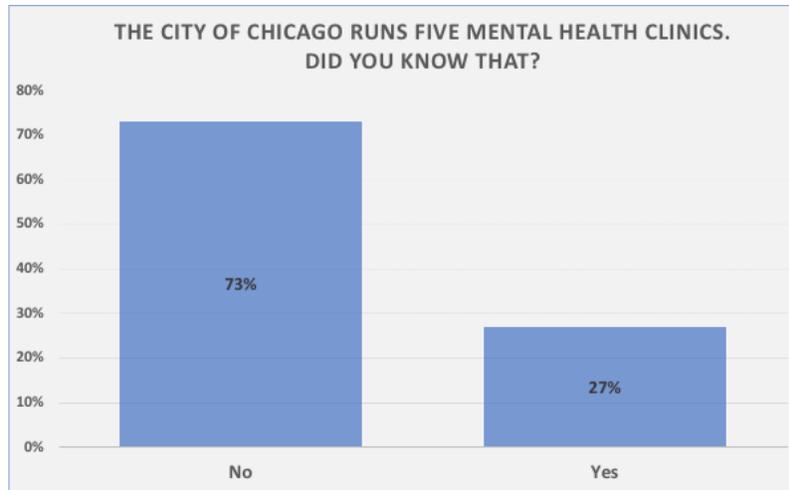
**Need for mental health services:** When asked to respond to the statement, “I would consider seeking emotional support by a professional (counseling) as a way of dealing with my personal problems,” 70% of the 378 respondents said “Yes” and 24% said “Probably Yes.” These findings are consistent to earlier findings from the 2018 report by the Collaborative for Community Wellness, entitled *Uplifting Voices to Create New Alternatives: Documenting the Mental Health Crisis for Adults on Chicago’s Southwest Side* (2018). Findings highlighted in this report indicated that a combined 80% of respondents answered “Yes” or “Probably Yes” to the same statement.



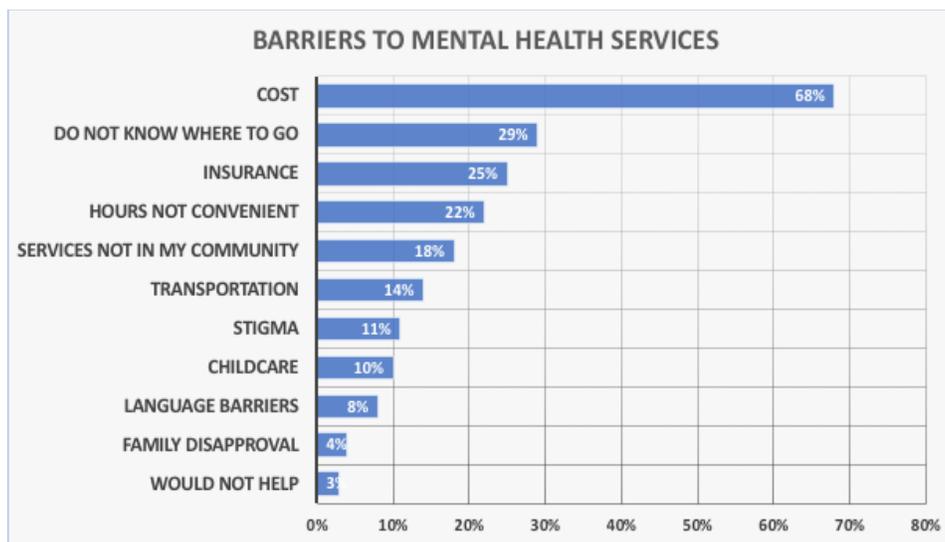
**Desire for public mental health services:** When asked to respond to the statement, “If there was a city-run mental health clinic in my neighborhood that offered free services, I would go there” a combined 90% of respondents reported either “Yes” or “Probably Yes”.



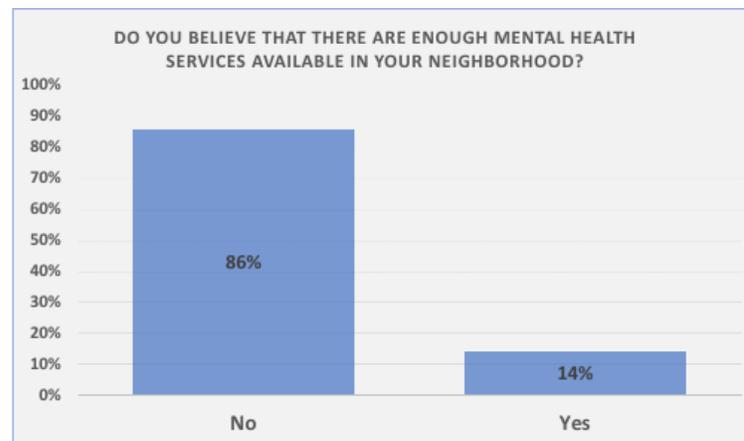
*Awareness of CDPH mental health centers:* Of the 378 respondents, 73% of people (275) did not know that the city of Chicago operates five mental health clinics. Of the 103 respondents (27%) that were aware of the city-operated mental health centers, only 12% (12) had received services from the centers.



*Barriers to mental health care:* It is not a lack of interest that stops community residents from seeking mental health services. Instead, community residents are unable to seek out services due mostly to structural barriers. Approximately two-thirds (68%) of residents reported cost as a barrier to accessing mental health care and 29% of residents reported that they did not know where to go for services. One quarter (25%) of the respondents reported being limited in accessing mental health services due to a lack of health insurance. Social and personal barriers were ranked as the lowest, with 11% of residents reporting stigma and 4% reporting family disapproval as deterrents. Not believing that mental health services would help was the lowest ranked barrier, with only 3% identifying that this was an impediment to seeking services.



*Access to community mental health services:* Availability of mental health services continues to be limited or non-existent in communities of color compared to affluent neighborhoods in Chicago. Survey findings revealed that 86% of residents reported “No” when asked if they believe there are enough mental health services available in their neighborhood. This finding coincides with the fact that not knowing where to go was the second highest ranked access barrier identified among survey respondents, with 29% of individuals reporting that they were deterred from accessing professional support because they were unaware of available services.



### **Themes From Open-Ended Responses**

Survey respondents were allowed space to answer the following question in an open-ended format: “Is there anything else you would like to share about accessing mental health services, for yourself, your family, or your community?” The following are common themes from the 139 responses collected.

*Healthy Community Choices For Children, Students, and Families:* The survey respondents identified the need for supportive services for children, college students, and families as the mental health demand during the pandemic continues to grow. The community sees recreational services as an extension to promote emotional wellness, but their current options are limited.

*Accessibility/Funding:* Survey respondents identified challenges in receiving mental health services depending on their insurance type. For individuals without insurance coverage, it was even more difficult to secure an appointment when seeking mental health care. The survey indicated that those most satisfied with their mental health care were private insurance recipients. Multiple respondents expressed a need to ensure that all individuals, regardless of insurance status and insurance type, have equitable access to high-quality mental health services. They discussed experiences of observing first-hand the factors that undermine the quality of mental health services at organizations that primarily serve Medicaid and uninsured populations, including low pay for non-union mental health therapist positions, which ultimately leads to high staff turnover and interrupts continuity of care. Further, the survey respondents

continually indicated lack of knowledge of service availability as a limitation to timely access to mental health care, including at times of crisis.

*Culturally Relevant Mental Health Services:* The respondents identified the limited accessibility of culturally affirming services within the city of Chicago for individuals of diverse racial, ethnic, and linguistic backgrounds, as well for individuals who identify as transgender, gender non-binary, or gender non-conforming. They emphasized the critical importance of facilitating increased access to culturally affirming and linguistically appropriate services in order to ensure a safe therapeutic environment for all Chicagoans who seek professional support.

*Fear of Chicago Police Department/911 Involvement:* Survey respondents reported negative experiences and a lack of sensitivity when police attempted to provide mental health crisis care. When in crisis, the community indicated being scared to call 911 for police assistance. The respondents described the need for an alternate response without law enforcement involvement as their preferred option to obtain support and maintain safety during mental health crises.

*Stigma:* While stigma was not identified as a primary barrier for mental health treatment, survey respondents did point to the importance of disseminating information on mental health symptoms and their different manifestations. Furthermore, recognizing the limited information currently available on services offered through the CDPH centers, respondents expressed a desire for a campaign promoting CDPH public mental health services.

This study continues to highlight the high demand for mental health services and points to access barriers faced by communities where trauma and economic hardship negatively impact the wellbeing of community residents. Findings from this study point to the dire importance of facilitating access to free, culturally and linguistically appropriate mental health care.

### **Implications and Recommendations**

The findings identify the high demand for mental health services city-wide. Although this study could not confirm the relation between mental health needs and the ongoing COVID-19 pandemic, the scale of the current level of need clearly is worrisome. At a time of such high need, the overwhelming majority of people face cost as the biggest prohibitory barrier to accessing mental health support. What is particularly problematic is that 73% of survey respondents were not aware that the city operated public mental health centers that could provide free access to care. It is important to note that at the time of the release of this report CDPH mental health centers do not have a waiting list for services. This means that during a time of crisis, city and department leadership has not effectively been able to promote the availability of mental health resources provided by the city to ensure residents can make use of this resource during a time of critical need.

Through the advocacy in 2019 by the Collaborative for Community Wellness and aldermanic allies, the Committee on Health and Human Relations increased funding allocated for CDPH public mental health centers in the FY 2020 budget. Among additional funding, two key

elements were incorporated to increase the visibility of the CDPH centers. These elements were the creation of three Community Outreach Coordinator positions and \$500,000 budgeted for promotion of mental health services “to promote wellbeing as a public health issue, combat mental health stigma and increase awareness of public funded mental health services such as those at CDPH clinics.” At the release date of this report, the Community Outreach Coordinator positions have yet to be posted and in FY 2021 the three positions have been reduced to two. The failure to effectively implement this campaign is reflected in survey respondents’ lack of awareness of CDPH mental health centers and their expressed desire for a campaign promoting services available through the centers. Furthermore, the campaign should have included updates to the website and printed materials.

While Chicago is uniquely situated by having publicly funded universal mental health services through its five mental health centers, Chicagoans throughout the city are not aware that they are a resource available to them. With 90% of respondents reporting that they would be interested in receiving services from public mental health centers, there is a clear demand for services. As the efforts to implement plans to promote city mental health services begin to take effect, city and department leadership must do its part to ensure that the public mental health centers can fulfill their intended role to serve as the safety net provider.

Beyond better promotion of the public mental health centers, serious consideration must be given to expanding the capacity of existing centers to meet the high demand and examining where additional city centers should be opened in areas with high need for mental health service access. The racial and economic disparity to mental health access in the city of Chicago is striking. Research conducted by the Collaborative for Community Wellness in 2020 identified that over three quarters of the city’s population lives in communities that have less than 0.2 therapists per 1,000 community residents. In contrast, less than one quarter lives in areas of the city with over 4 therapists per 1,000 community residents. Federal relief funding allows a unique opportunity to invest direct funding to support personnel and capital costs necessary to rebuild the public infrastructure to match the high demand for mental health services in community areas that have suffered the impact of clinic closures, limiting the opportunities for Chicagoans to access care in areas of the city with the least amount of resources. In 2020, approximately \$68,000,000 of federal CARES Act funding went unspent. This funding could have increased staffing at the existing public mental health centers. With the pending release of additional federal recovery funding to Chicago, elected officials must utilize funding to ensure the city can create the public infrastructure necessary to correct this systemic inequity.

### **About the Collaborative for Community Wellness**

The Collaborative for Community Wellness is a collaborative 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.

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**<https://www.collaborativeforcommunitywellness.org/>**

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