



**Logan Square  
Avondale  
Hermosa**

*Mental Health  
Needs Assessment  
September 2020*

**COALITION TO SAVE  
Our Mental Health Centers**

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# ACKNOWLEDGEMENTS

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

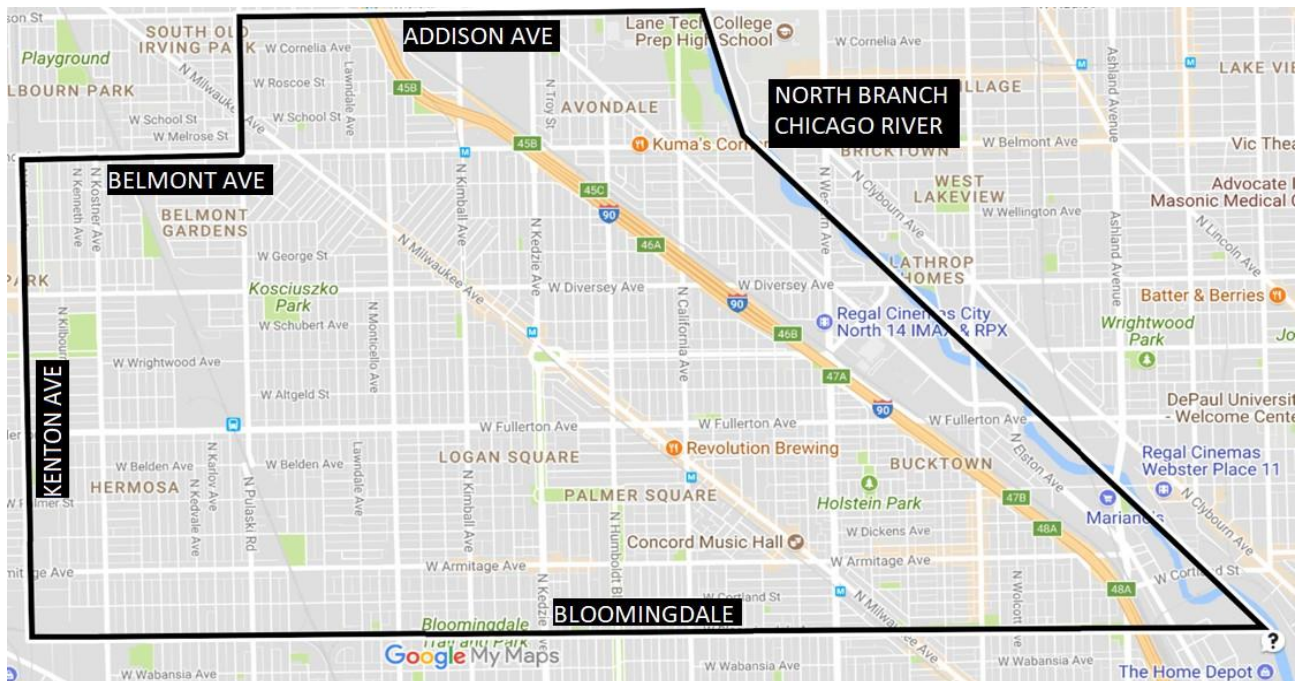
Avondale Neighborhood Association	Humboldt Park United Methodist Church
Brentano School	Inner City Impact
Bubbles Academy	Kimball Avenue United Church of Christ
Chicago Park District Haas Park	Liberation Library
Chicago Public Library (Bucktown & Wicker Park Branch)	Mozart Elementary School
Concordia Place	Northside Latin Progress
Condo Association Logan Square	Northwest Copernicus Senior Regional Center
Cook County Assessor's Office	Open Arms Ministry
Covenant Presbyterian Church of Chicago	Ortega Family Agency
Darwin Elementary School	St. John Berchmans Catholic Church
En Las Tablas Performing Arts	St. John Berchmans School
First Lutheran Church of Logan Square	St. Luke's Lutheran Church of Logan Sq
Good Shepherd Christian Academy	The Norwegian Lutheran Memorial Church
Grace United Methodist Church of Logan Sq	Whole Child Arts Inc
Hope for the Day	YWCA Metropolitan Chicago

# EXECUTIVE SUMMARY

On November 6, 2018, 85.7% of Logan Square, Avondale, and Hermosa voters approved a small property tax increase to fund the **Logan Square, Avondale, and Hermosa Expanded Mental Health Services Program (LSAH EMHSP)**. The LSAH EMHSP will provide affordable mental health services to residents living in the program area consisting of these three neighborhoods.

Following the EMHSP's approval, the Coalition to Save Our Mental Health Centers in partnership with the Institute for Community Empowerment and the Logan Square, Avondale, and Hermosa Community Action Team conducted this Community Mental Health Needs Assessment throughout the territory to determine the unique mental health needs of the area and help shape the services to be provided by the new mental health center.

For the Needs Assessment, our staff members, interns, and Community Action Team members examined demographic data and other key community indicators; surveyed **107** Logan Square, Avondale, and Hermosa residents; and interviewed **32** community leaders representing a wide variety of perspectives, including service providers, faith institutions, schools, public libraries, residential facilities, and community-based organizations<sup>1</sup>.



## **Key Findings from Analysis of Demographics and Community Indicators**

- The Logan Square, Avondale, and Hermosa EMHSP area is home to **134,122** people.
- **Logan Square, Avondale, and Hermosa as a whole is a younger area** with the largest age cohort being 20-34 years old (34.4% of the population). The cohorts of 19 and under and 35-49 each account for 21.8% of the population. This means that 78% of the area is under the age of 50.
- **Hispanic and Latino residents make up the majority of the area's population (54.5%).** While in Logan Square the percentage of white residents is higher (48% White to 41.5% Hispanic and Latino), Hispanic and Latino residents makes up a much larger percent of the population in Avondale and Hermosa (57.1% in Avondale and 83.5% in Hermosa).
- **Unemployment rates in the area are lower than they are across Chicago as a whole.** The unemployment rate in the City of Chicago (not including those employed in the Armed Forces) currently sits at 8.9%. Unemployment is at 4% in Logan Square, 4.8% in Avondale, and 6.2% in Hermosa, which comes to 5% across the entire LSAH program area.

## Key Findings from Community Leader Interviews

- **The Logan Square, Avondale, and Hermosa area is highly affected by issues surrounding gentrification.** Respondents reported many stressors and mental health issues the community faces can be traced to problems with finding affordable housing or being pushed out of housing due to rising rent and cost of living in the area.
- The three most common **stressors** in the community described by community leaders are **Gentrification/Housing Concerns, Financial Difficulties, and Immigration Status.**
- The three most important **mental health issues** in the community described by the community leaders are **Depression, Housing Concerns, and Immigration/Legal Status.**
- According to community leaders, the three **groups** most in need of mental health services at the new mental health center are **Immigrants, Families, and Older Adults.** Most community leaders added that **Everyone in the community** is affected by mental health issues.
- The top two **specific age groups** most in need of mental health services are **Older Adults** (ages 65 and over) and **Teenagers** (13 – 19 years old).
- The three **services** community leaders would most like to see provided at the new mental health center are **Basic Mental Health Counseling/Therapy, Services for Groups** like Support Groups or Group Therapy, and **Support for Parents.**
- The three **outreach services** community leaders would like to see provided in the community are **School Outreach, Educational Outreach/Workshops, and Home Outreach to Older Adults.**

# Key Findings from Community Member Surveys

Community members were asked to list what they thought the most common stressors and mental health issues in the community are by age group.

- **Stressors**

- Children (ages 12 and under) – **Education/School Issues**
- Teenagers (13 – 19 years old) – **Education/School Issues**
- Young Adults (20 – 39 years old) – **Financial Difficulties**
- Middle Aged Adults (40 – 64 years old) – **Financial Difficulties**
- Older Adults (ages 65 and over) – **Health Issues**

Education/School Issues often included social issues like Bullying and Peer Pressure. Financial Difficulties were often connected to Unemployment.

- **Mental Health Issues:**

- Children (ages 12 and under) – **Anxiety**
- Teenagers (13 – 19 years old) – **Depression**
- Young Adults (20 – 39 years old) – **Anxiety**
- Middle Aged Adults (40 – 64 years old) – **Depression**
- Older Adults (ages 65 and over) – **Depression**

- According to community members, the three **groups** most in need of mental health services at the new mental health center are **Pre-Adults** (mostly Teenagers), **Homeless Individuals**, and **Older Adults**.
- The three **services** community members would like to see provided onsite and/or offsite in the community the most are **Basic Mental Health Counseling/Therapy**, **Services for Groups** (mostly Support Groups or Group Therapy), and **Medication**.

# VOICES FROM THE COMMUNITY

## MARITZA NAZARIO

### EXECUTIVE DIRECTOR, EN LAS TABLAS PERFORMING ARTS

#### ON IMMIGRATION

*This neighborhood is facing a whole variety of issues connected to immigration. It affects children with a migration background the most because there is a great deal of uncertainty in their lives. Older adults with migration backgrounds have often had to cope with the pain of leaving their families behind. Undocumented people do not always feel safe in their own community. I would love to see services at the new center targeted toward helping immigrants manage that stress.*



#### ON GENTRIFICATION

*Housing is one of the most common stressors in the community. Large families as well as single parents are often stressed about finding or keeping a safe and adequate place for their families to live. Continuing to afford a home in this area has a huge impact on their mental health. The center should definitely include services for those experiencing problems around housing.*

#### ON MENTAL HEALTH ISSUES

*The most common mental health issues at my organization are families dealing with depression, stress, and the self-esteem of their children. In the community at large, common issues are substance abuse, depression, and lack of mental health services.*

*Latino families face a lot of problems connected to that, due to a lack of adequate culturally sensitive services or Spanish-speaking services. Very few of them have access to high quality mental health services from Spanish-speaking providers.*

#### ON SERVICES

*I would like to see art therapy, physical health, and mindfulness integrated in the services of the new mental health center. Outreach to older Spanish-speaking adults would be important too. We have an incredible opportunity with this center to make sure we serve all members of this community!*



# VOICES FROM THE COMMUNITY

**JESSE ORTEGA**

**AGENT, ORTEGA FAMILY AGENCY**



## **ON DEPRESSION AND ALCOHOL ABUSE**

*At our organization, depression is the main mental health issue. Once we get to know our clients, they confide in us about their lives, everyday stressors, and sometimes mental wellbeing. They trust us, so our organization becomes a bit like a form of therapy to them. Some of our customers start drinking during the day as a response to their depression. It would be important to find out why they feel the need to consume alcohol in this way and have a structured way of helping them.*

## **ON HOUSING**

*People in the Avondale community are stressed by rising rent and living costs. Most families who live here do not own property, so they often end up having to leave the neighborhood if they cannot afford the rent anymore. The stress of having to relocate has a big impact on families.*

## **ON SHOOTINGS AND GANG ACTIVITY**

*Shootings are a big stressor for our community, although in general there is a low gang presence. When shootings occur, they are usually gang related and there is the fear of ongoing conflict. For example, there was a death at a gas station. Three weeks later, retaliation came from a competing gang. These conflicts may go on for years, and the community needs services that can respond to that collective trauma.*

## **ON IMMIGRATION**

*Many of our customers are immigrants, primarily Spanish-speaking. They are heavily impacted by all these stressors and mental health issues. I would like to see Spanish-speaking services, access to medication, substance use services, and case management provided at the center. It's so exciting to know a new center is coming that can cater to all these groups in the way they deserve!*

# VOICES FROM THE COMMUNITY

## BRUCE RAY

### PASTOR, KIMBALL AVENUE UNITED CHURCH OF CHRIST



#### ON TEENAGERS

*Teenagers are often affected by isolation. They struggle with bullying at school or not fitting in. They also have a hard time finding people they can really speak to about these issues. It would be wonderful to have outreach in schools provided by the new mental health center to intervene as early as possible and to work with their teachers, parents, and the students directly.*

#### ON GROUP COUNSELING

*It is important to create a space for support groups and trauma groups at the new mental health center. For example, a place where mothers who have lost children to violence could talk to each other and get support through professional counseling. Not only could it help people through a specific traumatic event, but it could also improve their quality of life and help them reconnect with the community.*

#### ON STRESSORS

*Some of the most common stressors in our community are displacement, housing concerns, anxiety due to immigration status, violence, and trauma. Low income people are especially affected by housing concerns. Homelessness is also a big issue in the larger community.*

#### ON MENTAL HEALTH ISSUES

*The most common mental health issues in community organizations such as Kimball Ave UCC are anxiety, depression, and lack of adequate services and medication for those mental health issues. A lot of people try to self-medicate with drugs or alcohol. Groups most affected by these issues are Hispanic folks, people of color, women, low income people, and the LGBTQIA community. Seniors suffer from isolation and anxiety about their physical health. This center is going to be the perfect place to help the community cope with these issues and to build up the community's resilience towards them.*

## **OUR MISSION**

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.

## **ABOUT US**

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 IL 22], which provided the authorization for Chicago communities to create EMHSPs via binding referendum.

The first such program was approved by voters in the North River community in November of 2012 with 72.3% 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. The West Side EMHSP was approved in 2016 with 86.5% of the vote. The Encompassing Center opened in October of 2019.

During the Spring and Summer of 2018, residents of Logan Square, Avondale, and Hermosa (LSAH) gathered over 8,800 signatures to put their binding referendum on the ballot. The LSAH EMHSP received overwhelming support: over 30 endorsements from local institutions and 85.7% of the vote on Election Day. All 105 precincts that make up the program area voted to raise their own property taxes by a nominal amount (about \$4 for every \$1000 homeowners pay in property taxes) to fund new mental health services for their community. These services that are approved, funded, and overseen by community members will be provided at a new center that serves all residents living in the program area regardless of insurance, ability to pay, or legal status.

# METHODOLOGY

The Coalition to Save Our Mental Health Centers believes that the best people to conduct research in a community are the people who live and work in that community. This Needs Assessment was designed to incorporate community members in every step of the research process and foster a dialogue about the needs of the community. Thus, this is fundamentally a work of Community-Based Participatory Research (CBPR)<sup>2</sup>.

Most of the interviews and surveys contained in this report were administered by Logan Square, Avondale, and Hermosa (LSAH) community members associated with the Coalition. 21 community members were trained to conduct interviews with community leaders and administer surveys to local residents. In addition to survey administration, community members were essential to developing the surveys and analyzing data produced from these. Constant dialogue between respondents, administrators, and Coalition staff enabled a responsive design in which necessary adjustments were made to overcome logistical obstacles.

As reflected by our methodology, this Assessment is not intended to be a statistically-driven representation of the community. Rather, we designed the study for the purpose of constructing a specific representation of local mental health needs which can (and should) be built upon by future efforts. For example, we highly encourage future efforts to include an examination of the impact of the COVID-19 pandemic, as all surveys for this report were administered prior to it. We conducted the Needs Assessment for the goal of producing actionable knowledge, that which can be mobilized immediately to improve the mental health and wellbeing of community residents.

Needs Assessment surveys contained many open-ended questions to provide the opportunity for nonintuitive answers to emerge. Additionally, responses were analyzed as a whole for each respondent so that categorization and analysis were not limited to individual questions. Thus, data will be presented by category, not question, the three main categories being stressors, mental health issues, and groups of people most affected by stressors and/or most in need of mental health services.

Key terms for this report—including the afore mentioned categories—are the following:

- ❖ A **stressor** is an event, experience, activity, or anything else that causes stress.
- ❖ **Mental health issues** are the concerns, difficulties, and needs regarding community members' psychological and emotional well-being.
- ❖ **Community** is defined as Logan Square, Avondale, and Hermosa.

All needs assessment participants were presented with these definitions.

# COMMUNITY OVERVIEW

## Boundaries and Population<sup>3</sup>

Logan Square Population: 72,724

Avondale Population: 37,909

Hermosa Population: 23,489

**Total LSAH EMHSP Population: 134,122**

Expanded Mental Health Services Programs are organized by the 77 historical Chicago community areas. The LSAH Expanded Mental Health Services Program includes the Logan Square, Avondale, and Hermosa communities. The Aldermanic Wards and Precincts, which overwhelmingly voted to create the program and fall into the catchment area are as follows.

**1<sup>st</sup> Ward:** 1, 2, 7, 9, 13, 16, 17, 19, 20, 23, 26, 28, 29, 34, 41, 42, 43, 44

**26<sup>th</sup> Ward:** 7, 8, 23, 24, 34, 37, 49

**30<sup>th</sup> Ward:** 3, 7, 8, 15, 18, 22, 23, 24, 25, 26, 32

**31<sup>st</sup> Ward:** 1, 4, 5, 7, 10, 13, 16, 18, 22, 23, 24, 26, 36, 39, 40, 41

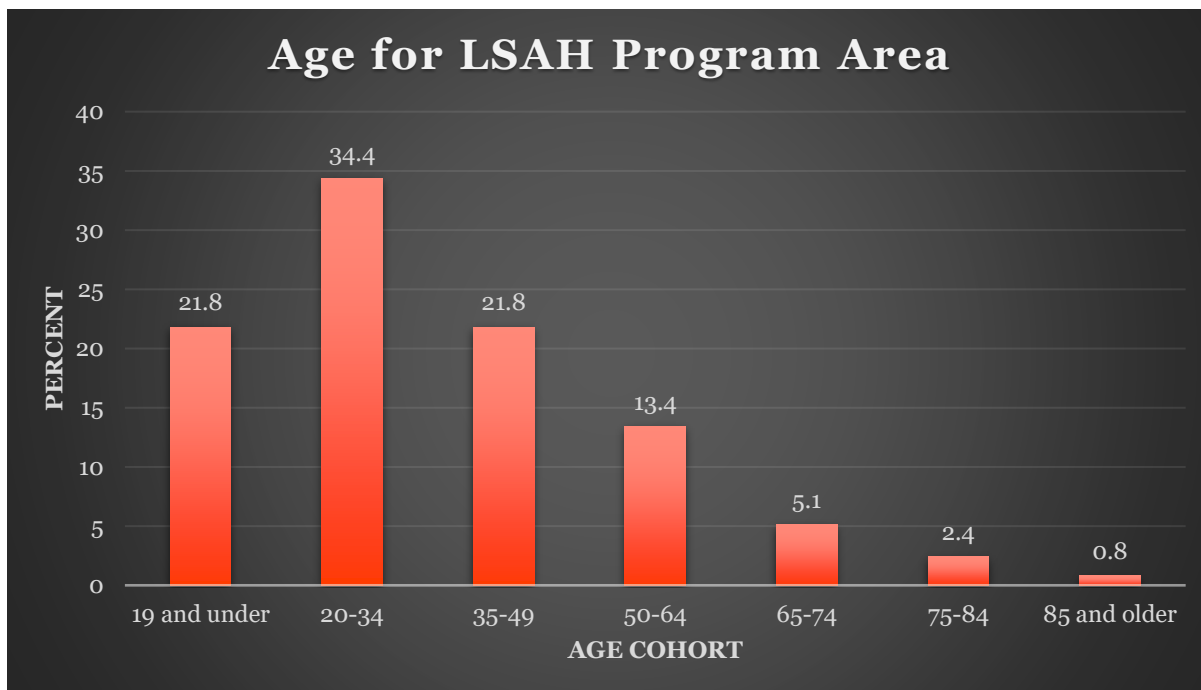
**32<sup>nd</sup> Ward:** 1, 3, 4, 5, 6, 11, 12, 14, 16, 17, 20, 22, 26, 28, 29, 31, 32, 33, 34, 37, 43

**33<sup>rd</sup> Ward:** 4, 5, 9, 12, 13, 14, 19, 26, 28

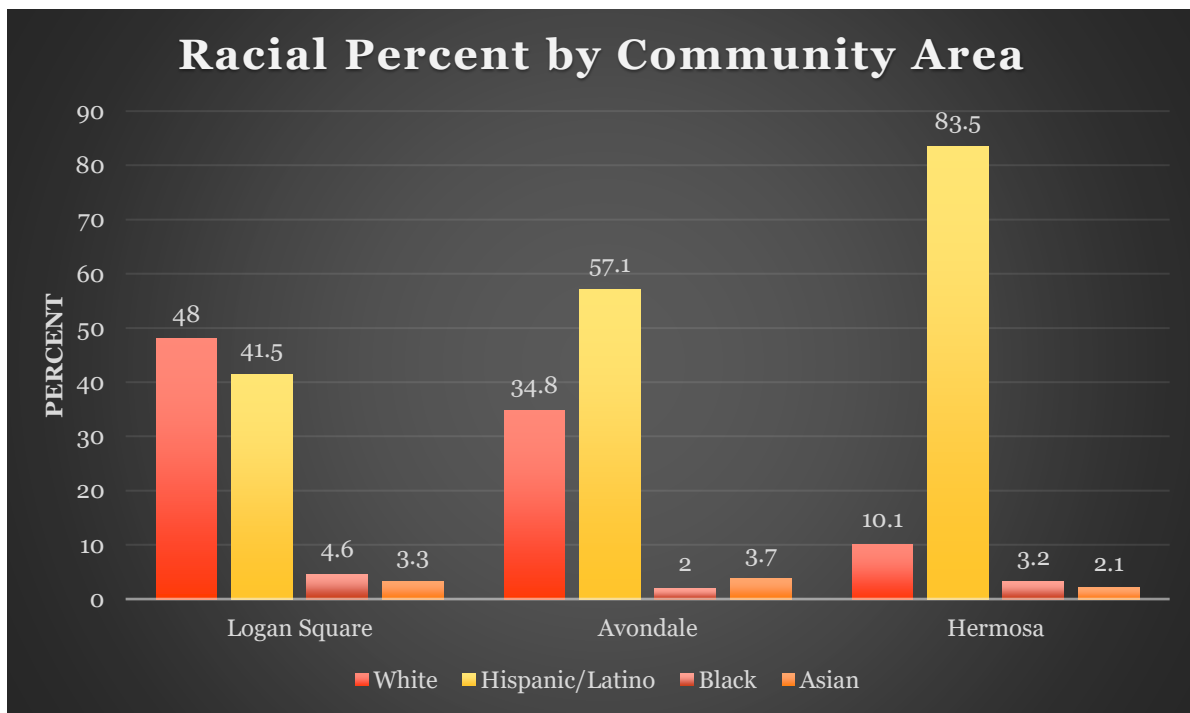
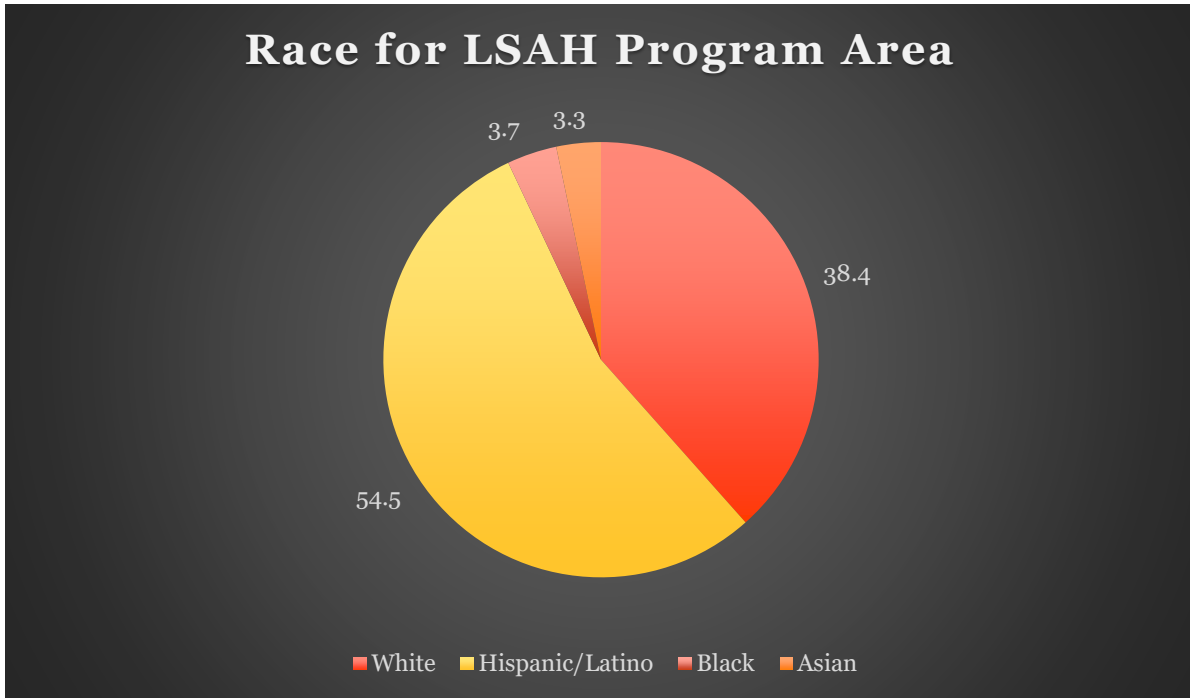
**35<sup>th</sup> Ward:** 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 24, 25, 28

**36<sup>th</sup> Ward:** 12

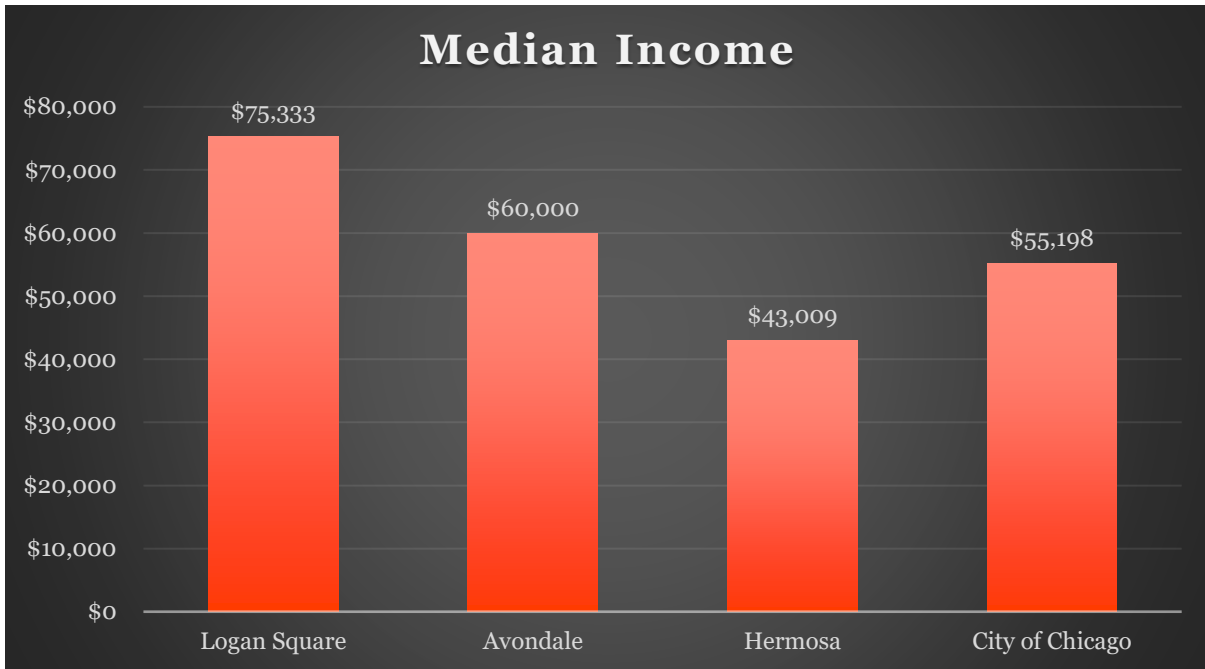
## Age<sup>4</sup>



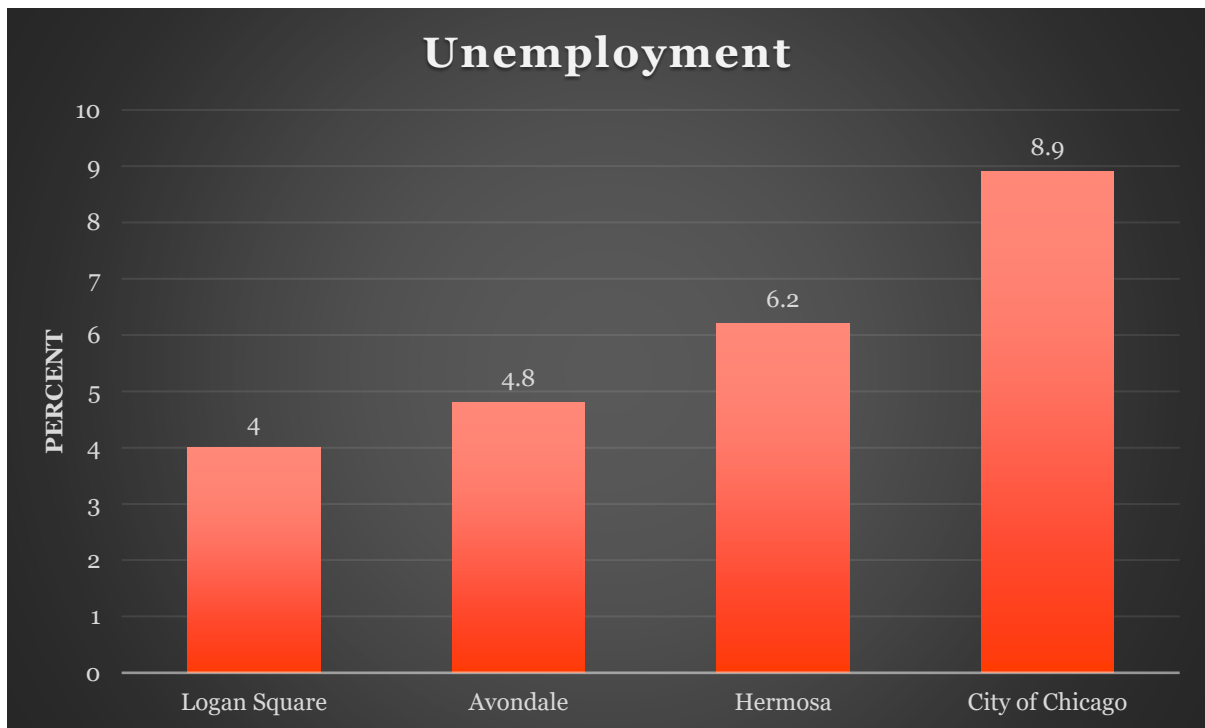
# Race/Ethnicity<sup>5</sup>



## Income<sup>7</sup>



## Unemployment<sup>8</sup>



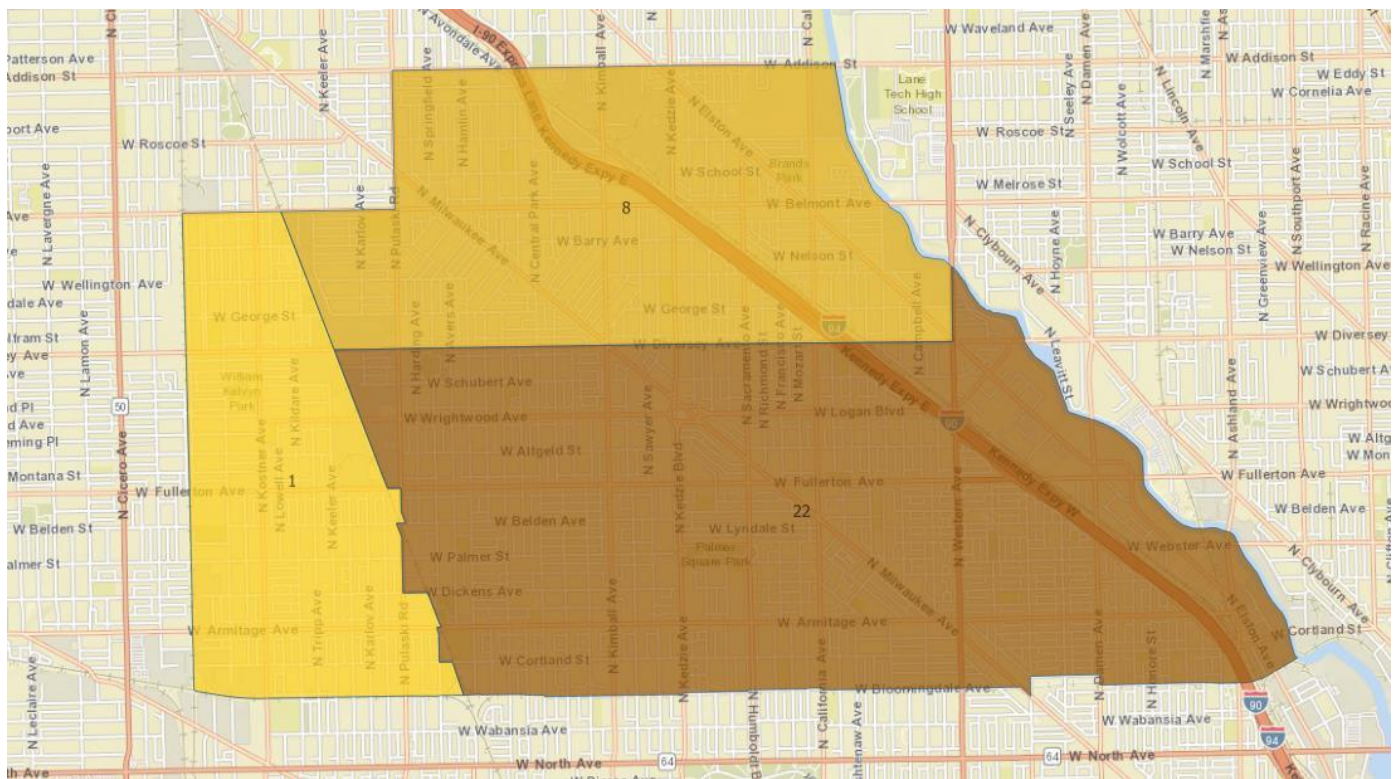
# COMMUNITY LEADER SURVEYS

The Coalition’s research team conducted interviews with *community leaders*, individuals associated with faith institutions, schools, service providers, and other community-based organizations located in Logan Square, Avondale, and Hermosa.

In total, **32** interviews were conducted, each lasting approximately 30 minutes. Most interviews were conducted in person. The surveys used in these interviews were semi-structured, with 18 close-ended (multiple choice) questions and 8 open-ended questions. See **Appendix A** for the survey questions.

The goal of the community leader interviews was to determine the most important or common stressors and mental health issues in the community; identify those who are most affected by these stressors and issues; and examine what types of services could potentially address these problems from an institutional perspective.

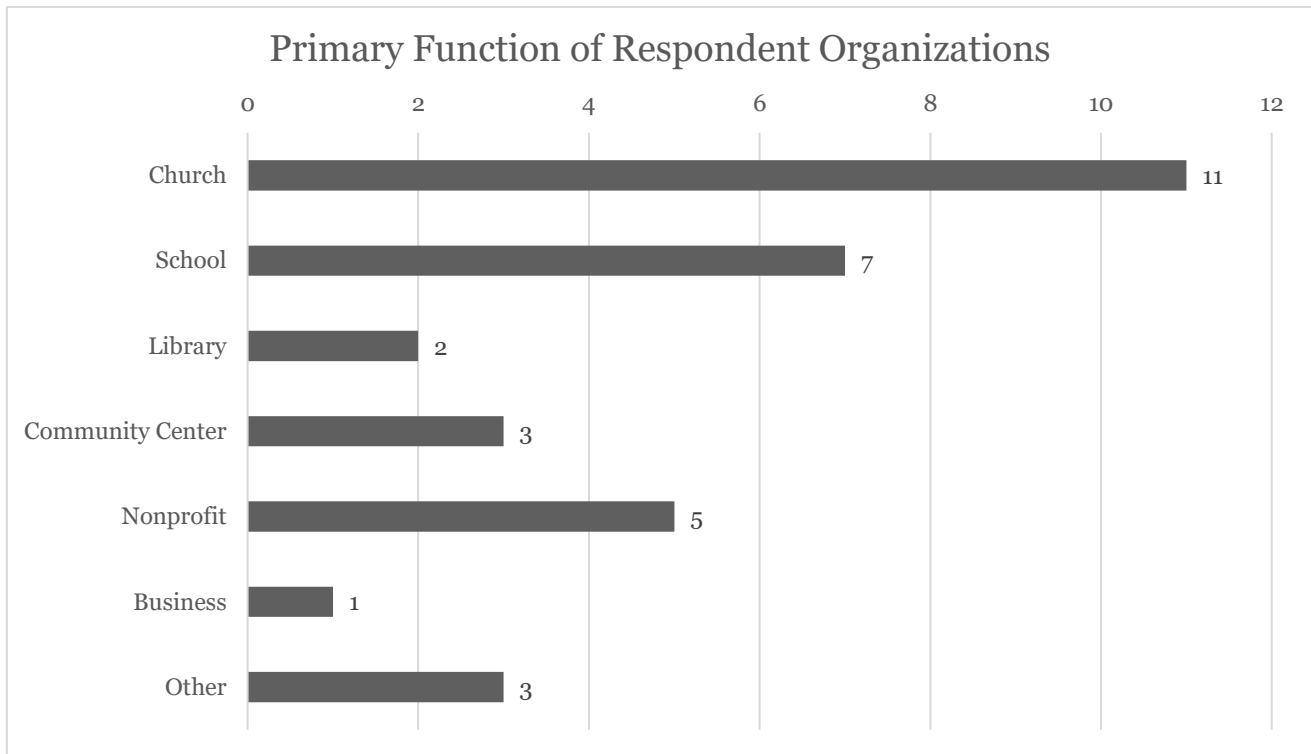
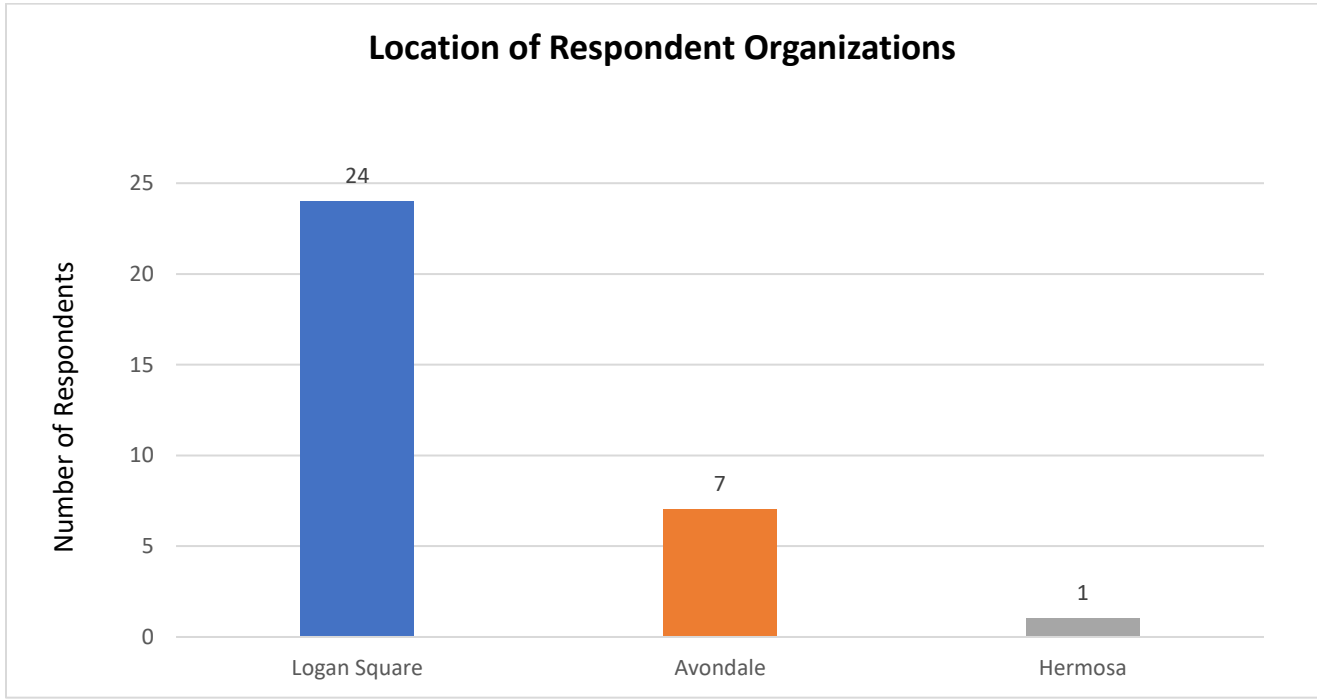
A summary of interviewee background information is provided in the charts on **pages 19-20**. The results displayed on **pages 21-26** include all responses given by at least 9% of total respondents (at least 3 respondents). The map below shows how many surveys were taken in each neighborhood.



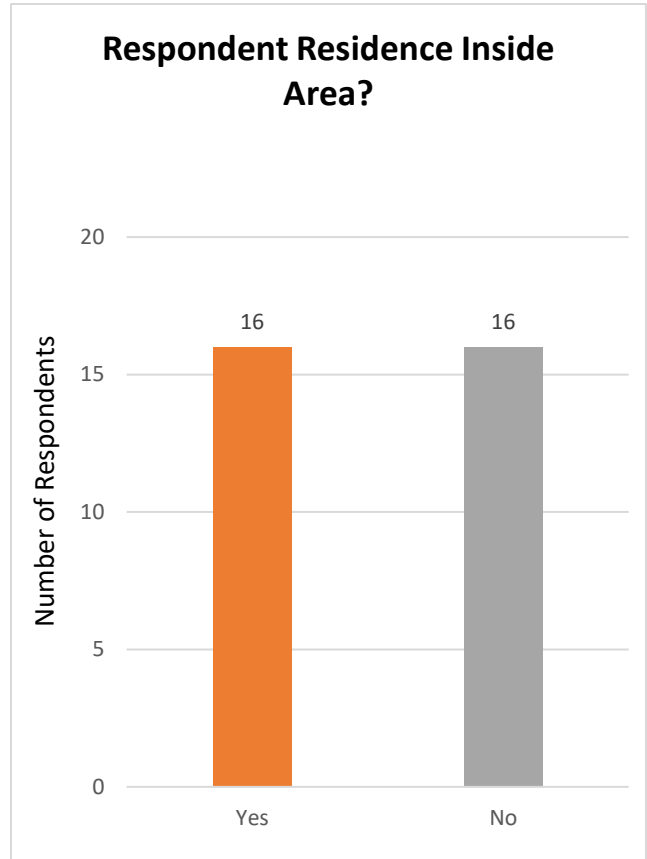
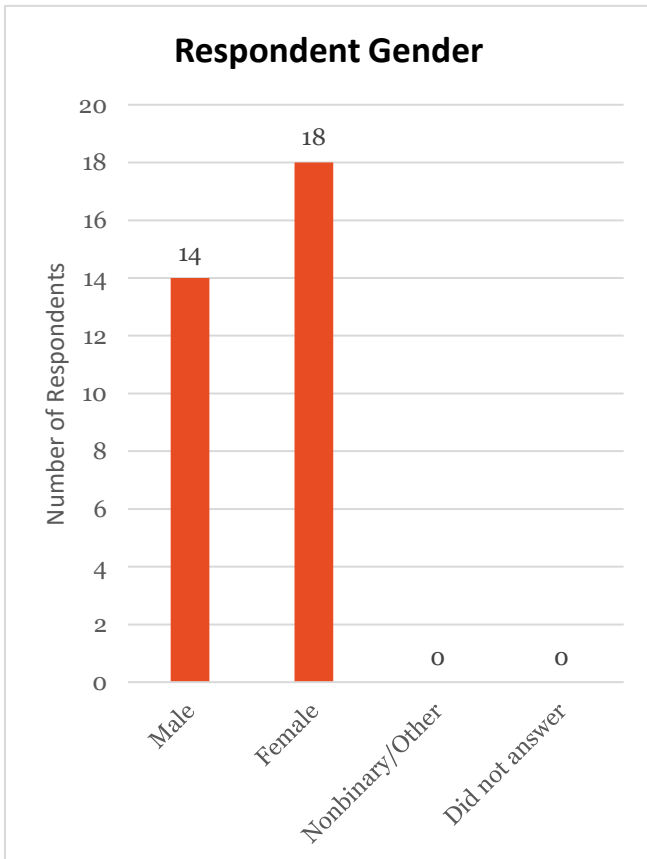
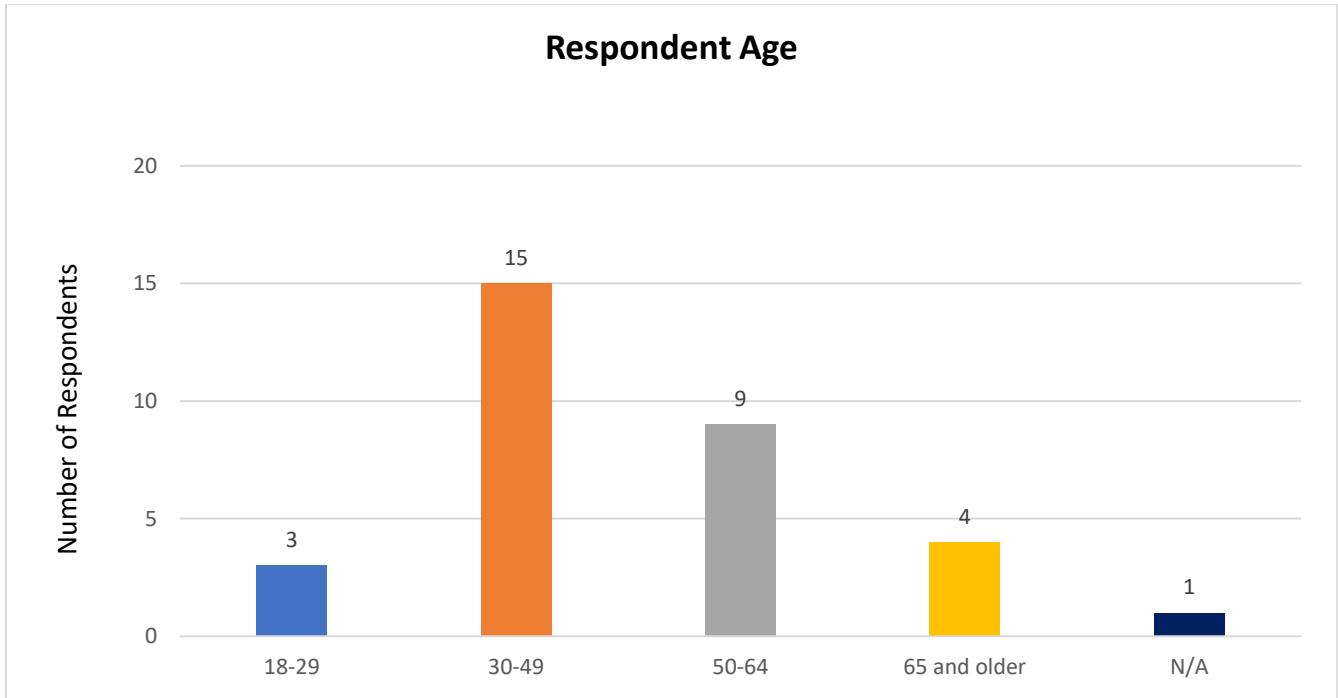


# OVERVIEW

## Respondent Organizations



# Respondent Background



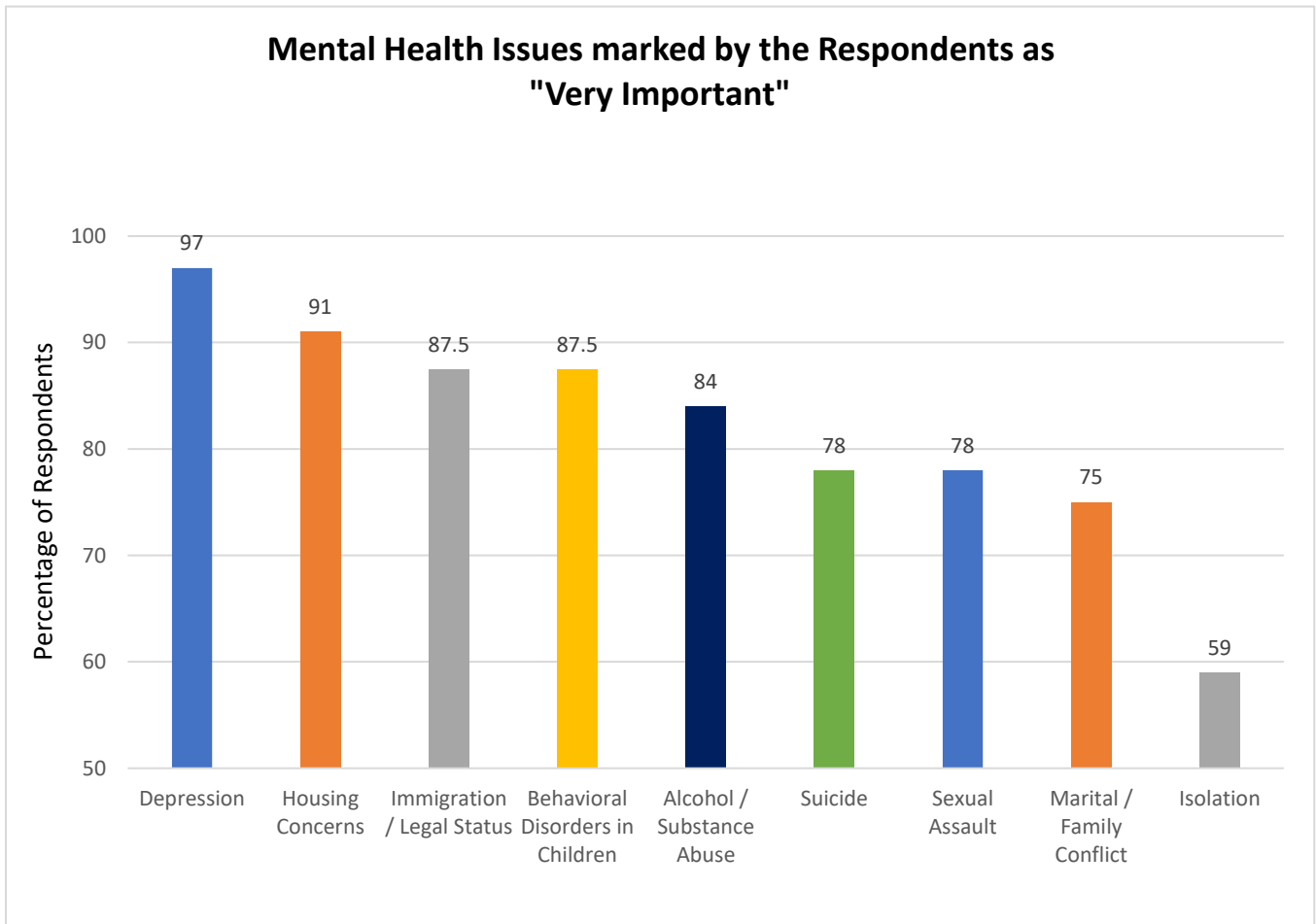
# RESULTS

## Close-Ended Questions

The community leaders were asked to rate the importance of addressing certain mental health issues to improve the mental health of the community. The possible answers were:

- Very Important
- Fairly Important
- Important
- Slightly Important
- Not at All Important

The following diagram shows the percentage of each mental health issue respondents marked as “Very Important”.



## Open-Ended Questions

### I. Mental Health Issues

**72%** of interviewees pointed out or emphasized “**Housing Concerns**” as a mental health issue in need of addressing.

According to most respondents, the area is greatly affected by issues surrounding housing and gentrification. Rising taxes and housing costs push residents to move away. Many find it hard to afford housing in this area, which puts stress both on individuals and the community at large. At the same time, people with higher income are moving in. Long-term residents seeing them as responsible for the gentrification is also a source of stress for these newer residents.

**72%** of interviewees pointed out or emphasized “**Depression**” as a mental health issue in need of addressing.

Many interviewees brought up how few options those living with depression have in terms of services. Most of the city-run mental health centers have closed, including the one in Logan Square, and they no longer have access to medication or therapy.

**53%** of interviewees pointed out or emphasized “**Immigration/Legal Status**” as a mental health issue in need of addressing.

According to the respondents, this population faces a number of unique stressors including language barriers, a lack of multi-lingual services, separation from their home and families, racism, and the stress of possible deportation if they are undocumented.

**50%** of interviewees pointed out or emphasized “**Alcohol/Substance Abuse**” as a mental health issue in need of addressing.

**47%** of interviewees added “**Anxiety**” as a mental health issue in need of addressing. Respondents often connected anxiety to housing concerns.

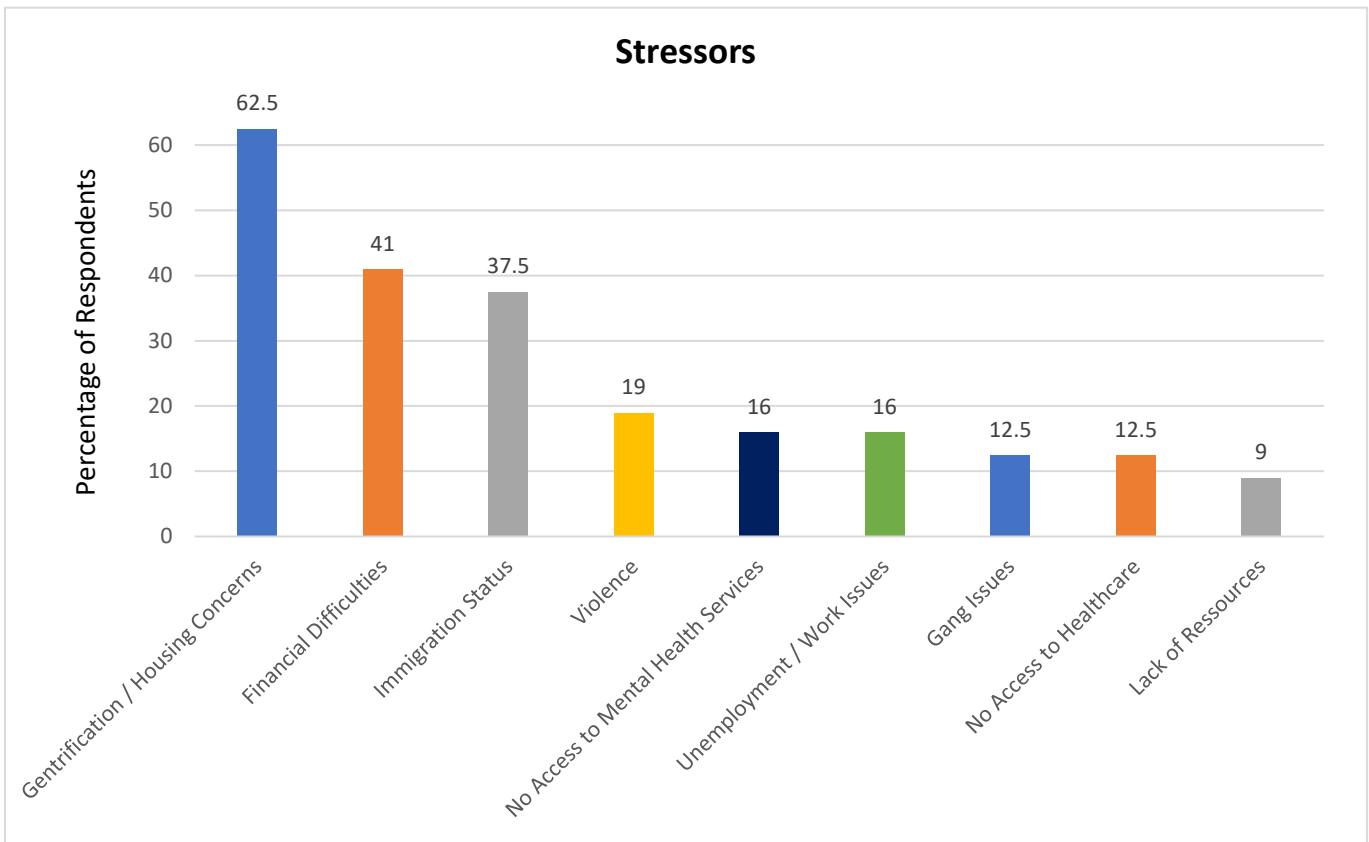
**25%** of interviewees added “**Stress**” as a mental health issue in need of addressing. Different types of stress were described such as employment stress, life stress, self-esteem, economic stress, and family stress. Respondents also described the pressure for people to balance family and work.

**25%** of interviewees added “**Homelessness**” as a mental health issue in need of addressing.

## II. Stressors

For the purposes of this Needs Assessment, stressor was defined as an event, experience, activity, or anything else that causes stress.

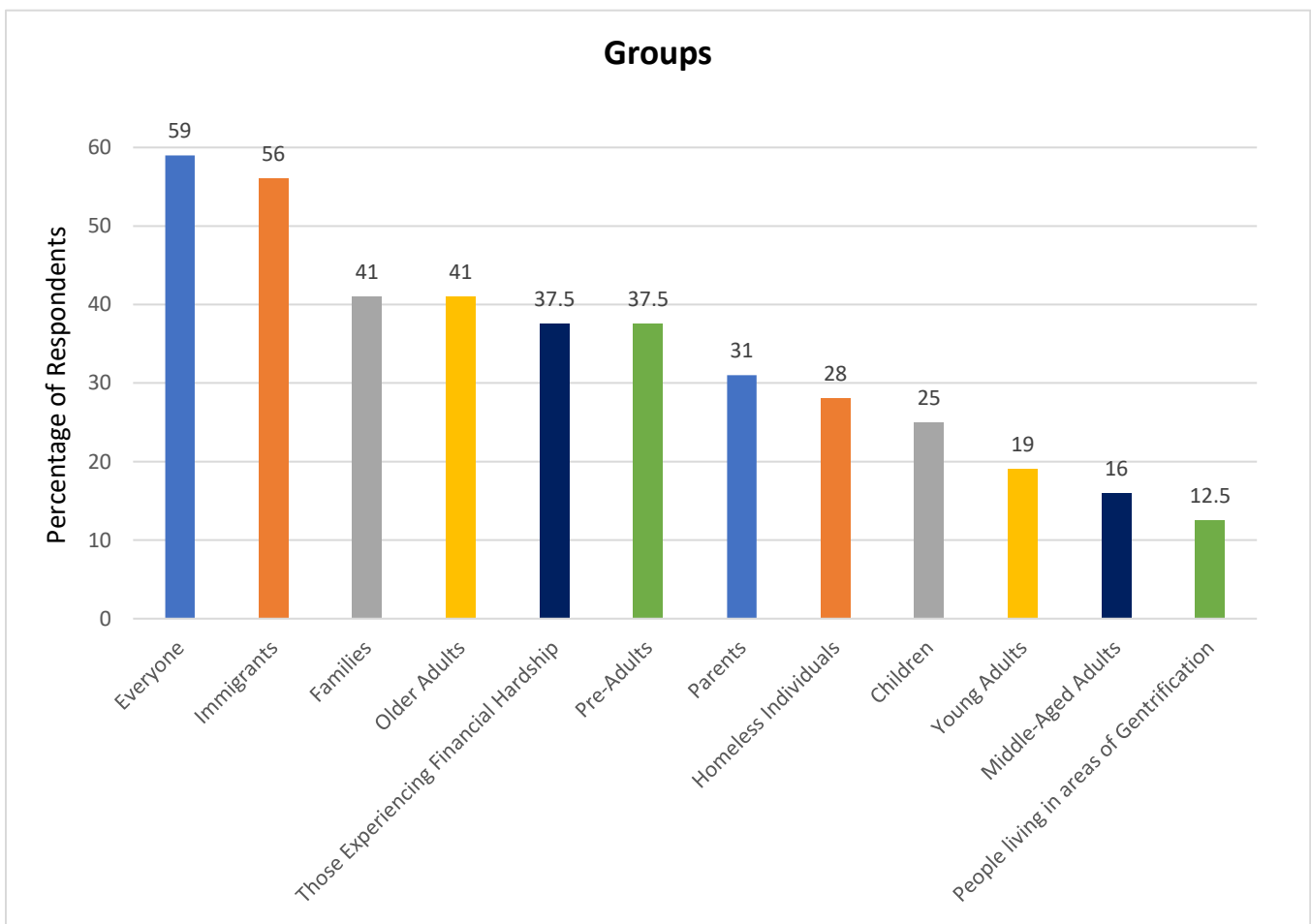
Community leaders responded that the most common stressors in the community are **gentrification/housing concerns** (62.5%); **financial difficulties** (41%) such as low income and poverty; **immigration status** (37.5%); and **violence** (19%) such as gun violence.



### III. Most Affected Groups

Most community leaders responded that **everyone in the community** is affected by stressors and in the need of mental health services (59% of the respondents).

Respondents reported that the specific groups of people in the community most in need of mental health services are **immigrants** (56%) including undocumented people, non English-speaking people, Hispanic/Latino people, and African-American people; **families** (41%), especially young families; **older adults** (41%), which are especially affected by isolation and housing concerns; **those experiencing financial hardship** (37.5%) including low income households and individuals; **pre-adults** (37.5%); and **parents** (31%), particularly single-parents.



## IV. Services at the New Mental Health Center

Based on the answers given in previous sections, respondents believe the following services provided by the new mental health center would be useful for the Logan Square, Avondale, and Hermosa community:

### **Accessibility**

Respondents emphasized that the services should be accessible for every resident of the neighborhood regardless of their financial situation, heritage, or spoken language. Those in need of mental health services should also have a comprehensive understanding of the process and be involved in every step of their treatment. Leaders also emphasized the need for **multi-lingual services**, mainly in English and Spanish.

**22%** of the interviewees brought up the need for an easy and uncomplicated access.

### **Counseling and Medication for Depression**

Depression and issues/stressors surrounding depression was among the most common answers from community leaders. Respondents reported that people living with depression are suffering from the lack of mental health services, since many of the mental health centers in Chicago have closed. In addition to access to counseling and therapy, respondents also felt that the new center should provide access to psychiatry services.

**25%** of the interviewees brought up the need for medication and depression related services.

### **Life Stress Counseling**

Living in an area grappling with issues such as gentrification and immigration puts stress on the community as a whole as well as on individual community members. Friends and neighbors are concerned about their housing, work, legal status, or their general living situation.

Respondents felt the main goal for the new mental health center should be to empower clients for their individual lives, to build up self-confidence, and to strengthen their ability to cope with everyday stress.

Other services community leaders would like to see provided at the new mental health center were:

- **Services for Groups** (50% of the respondents) such as **Group Therapy** (22%), **Support Groups** (15.5%), **Trauma Groups** (12.5%), and **Family Counseling** (12.5%)
- **Basic Mental Health Counseling/1-on-1 Counseling and Therapy** (50% of the respondents)
- **Support for Parents** (22% of the respondents)

## V. Outreach Services

Community leaders responded that they would like to see the following outreach services provided by the new mental health center:

- **37.5%** of interviewees would like to see “**School Outreach**” provided by the new mental health center mainly to raise awareness for mental health. This outreach would educate and work with teenagers, parents, and teachers.
- **25%** of interviewees would like to see “**Educational Outreach/Workshops**” provided by the new mental health center mainly to give people a better understanding of mental health and common issues people may be facing.
- **19%** of interviewees would like to see “**Home Outreach to Older Adults**” provided by the new mental health center mainly to combat isolation. Providing transportation to the new mental health center also came up frequently.
- **19%** of interviewees would like to see “**Outreach to Churches**” provided by the new mental health center.
- **15.5%** of interviewees would like to see “**Afterschool/Childcare/Youth Programs**” provided by the new mental health center.
- **12.5%** of interviewees would like to see “**Outreach to Immigrants**” provided by the new mental health center.

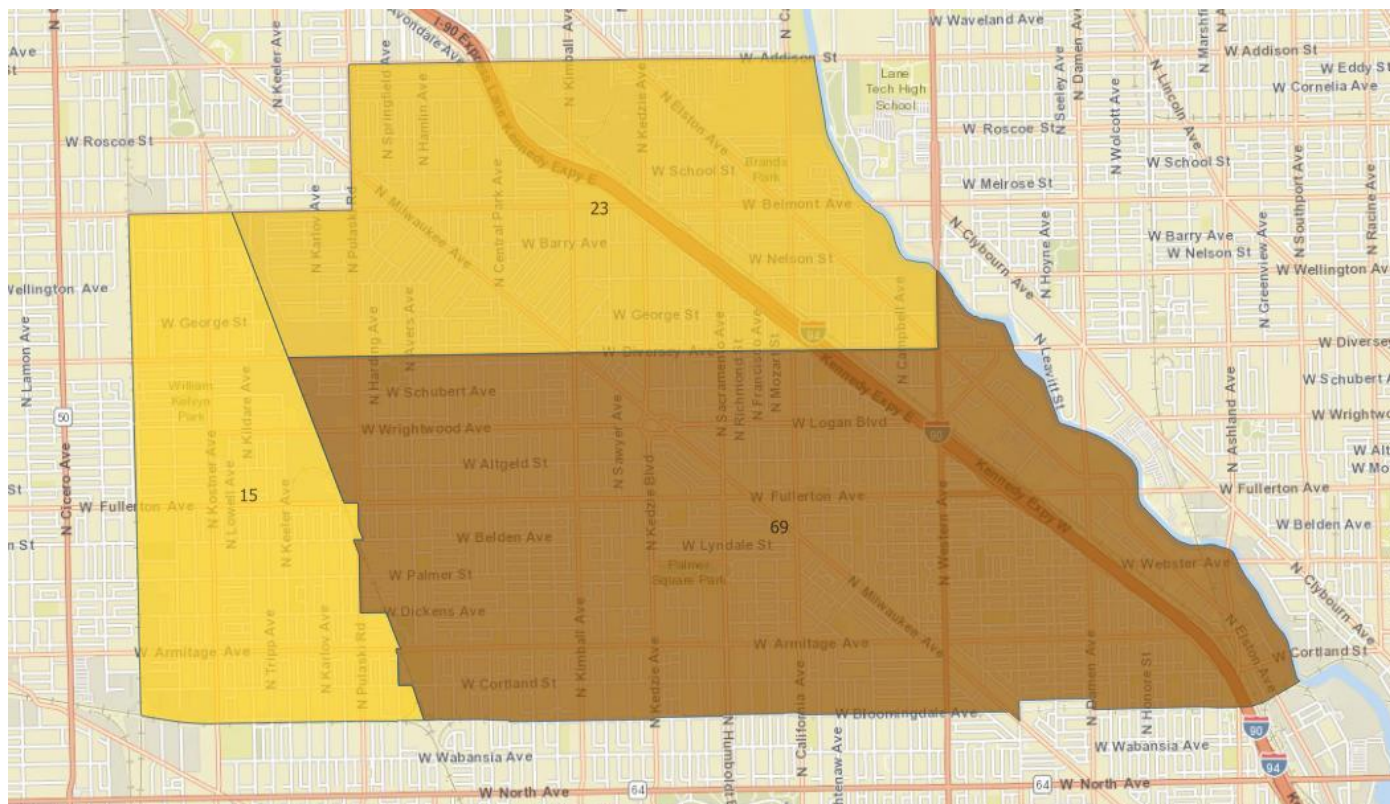


# COMMUNITY MEMBER SURVEYS

The Coalition’s research team administered surveys to *community members*, residents living within the Logan Square, Avondale, and Hermosa EMHSP area. In total, **107** surveys were completed, all of which were conducted in person. The community member surveys were shorter than the community leader surveys, usually lasting 10 to 15 minutes. Most surveys were administered door-to-door. Some were administered in small groups at local churches. See **Appendix B** for the survey questions.

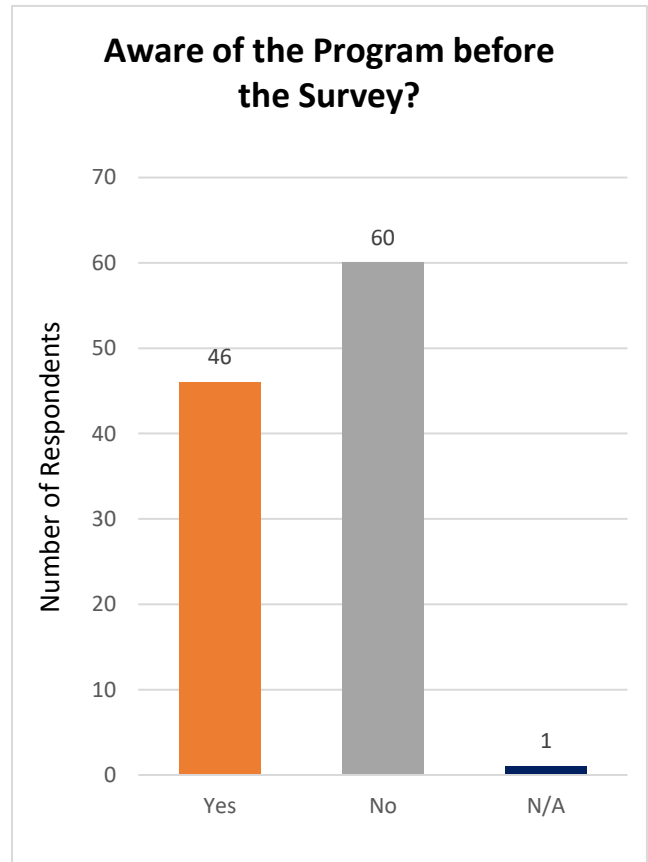
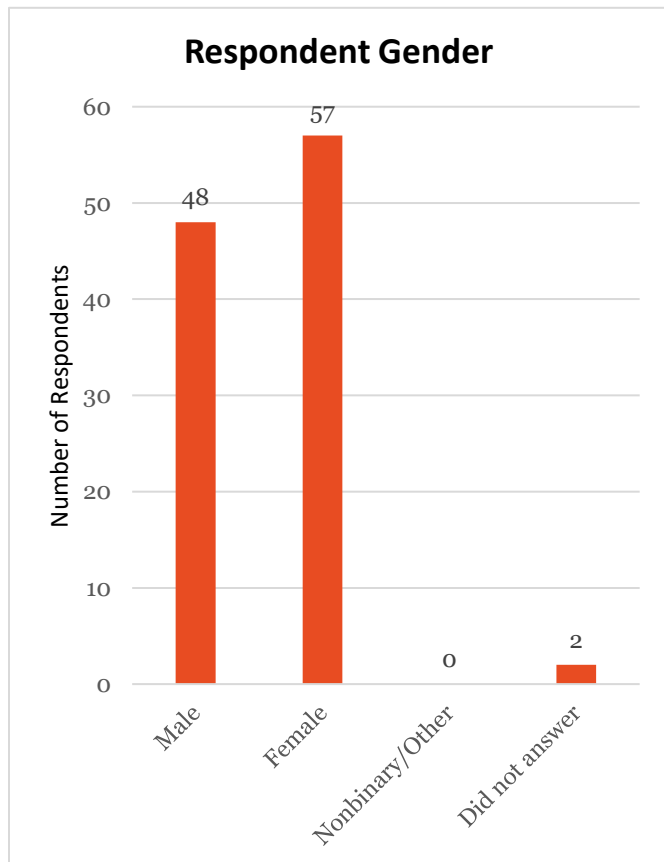
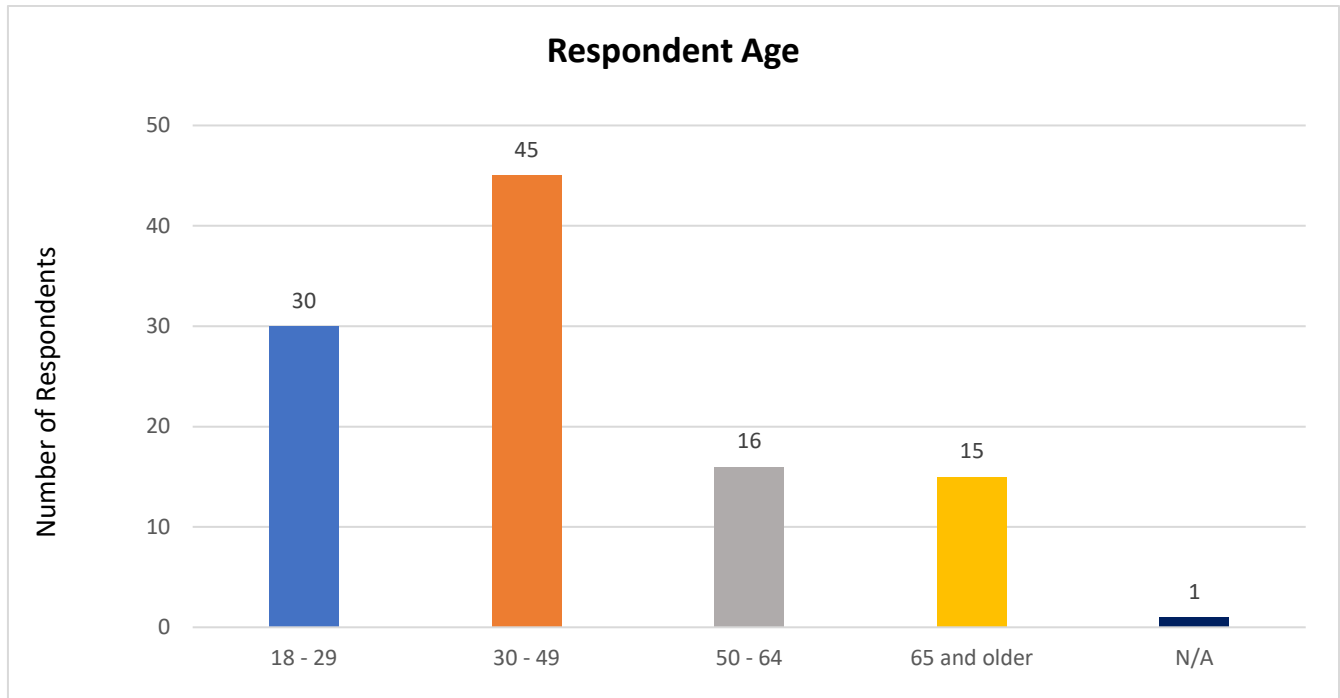
The goal of the survey was to determine the most important/common stressors and mental health issues in the community for different age groups; identify those most in need of services; and examine what types of services could potentially address these issues from the perspective of residents in the area. Unlike the community leaders interviewed, residents were asked about specific age groups to provide more focus to the responses, which did not have the context afforded by a long-form interview structure.

A summary of respondent background information is provided in the charts on **page 28**. The results displayed on **pages 30-36** include all responses given by at least 9.3% of total respondents (at least 10 respondents). The map below shows how many surveys were conducted in each neighborhood.

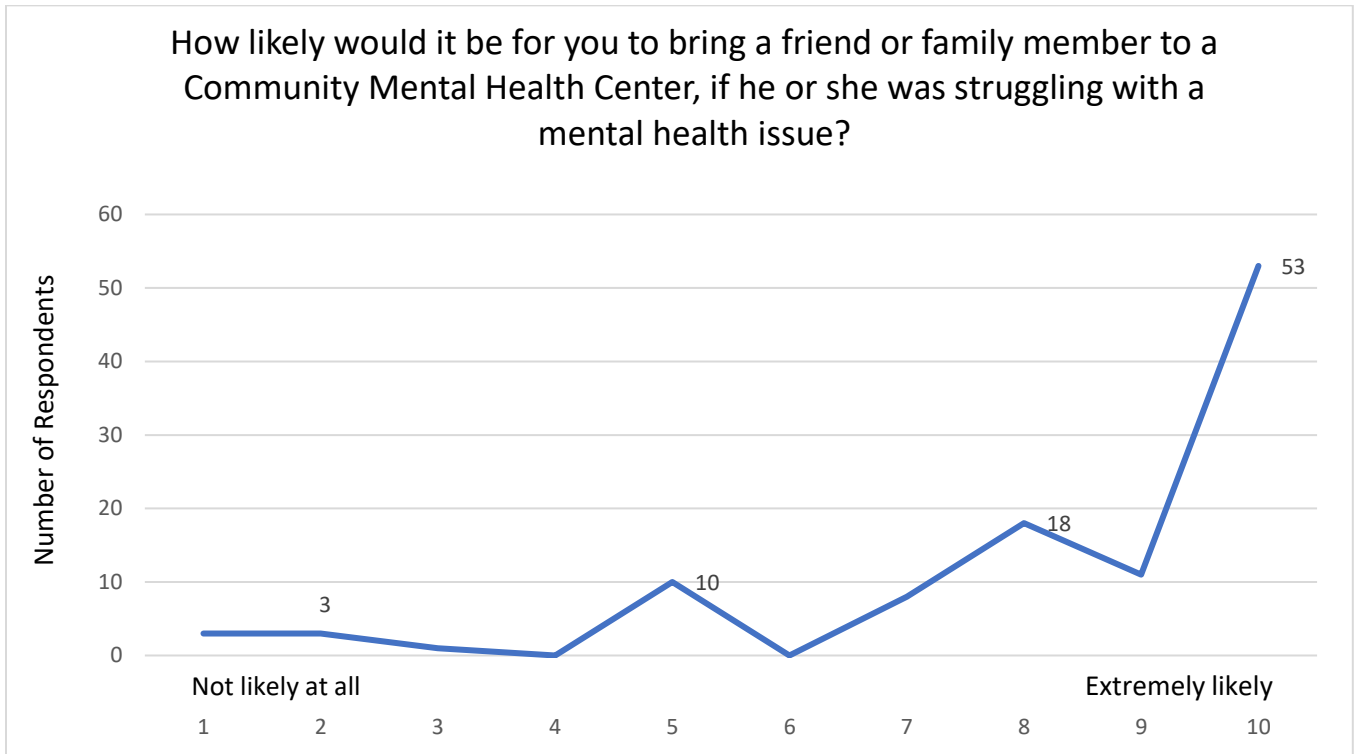


# OVERVIEW

## Respondent Background



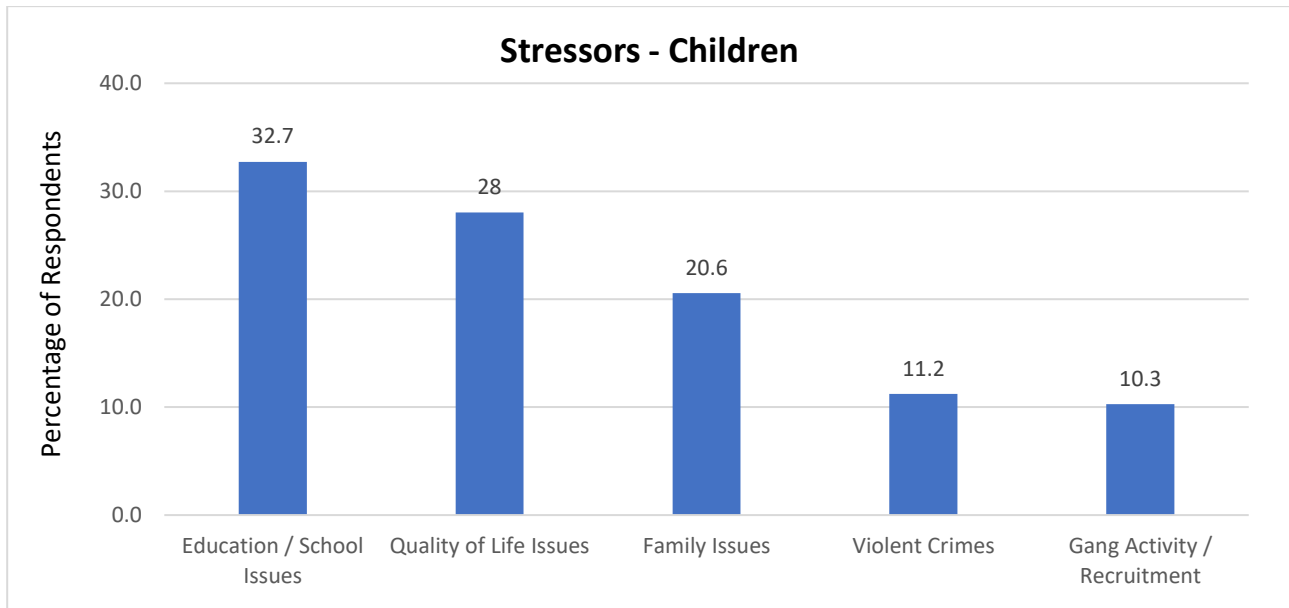
## Additional Questions



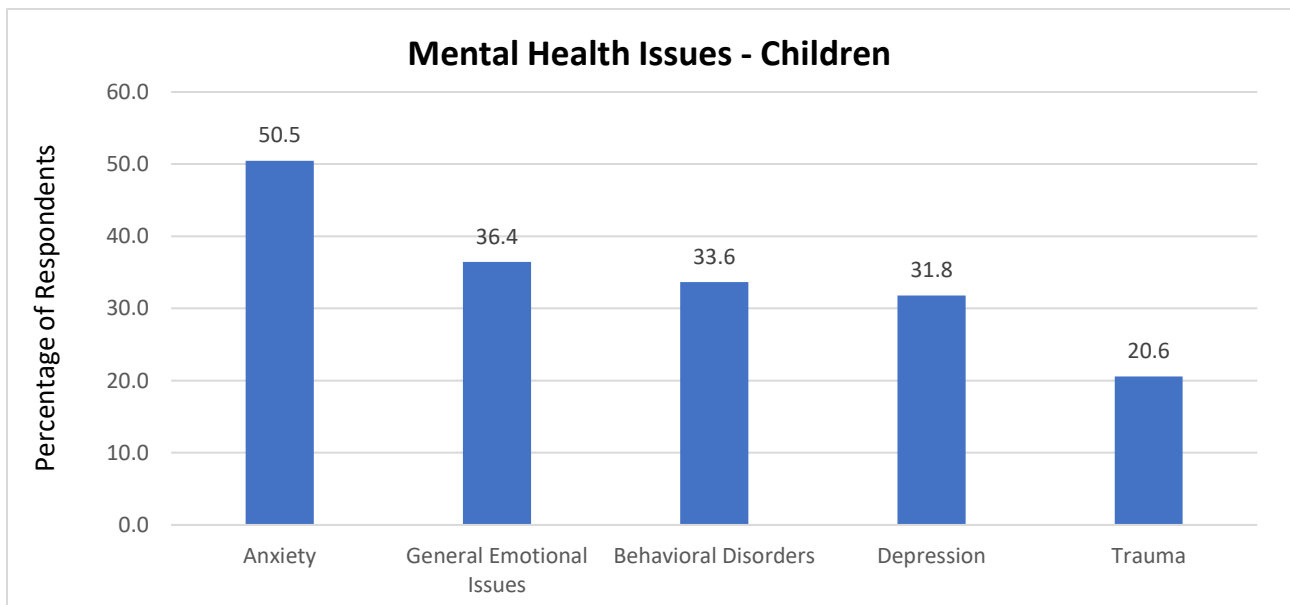
# RESULTS

## I. Children

Community members responded that the **stressors** most affecting children (ages 12 and under) in the community are **education and school issues** (32.7%) including social issues like bullying and peer pressure; **quality of life issues** (28%) like lack of education and lack of activities; **family issues** (20.6%); **violent crimes** (11.2%), which were mostly described as gun violence; and **gang activity/recruitment** (10.3%).

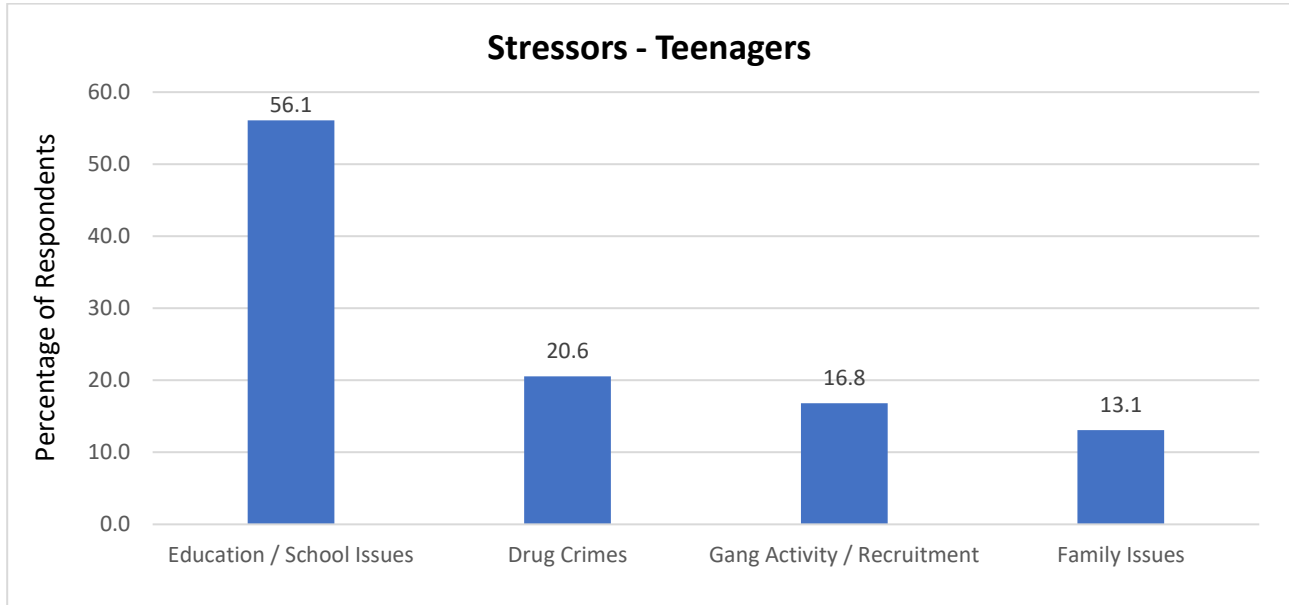


Furthermore, they responded that the most important **mental health issues** for children in the community are **anxiety** (50.5%); **general emotional issues** (36.4%) like self-esteem and personal worth; **behavioral disorders** (33.6%) including ADHD and anger issues; **depression** (31.8%); and **trauma** (20.6%).

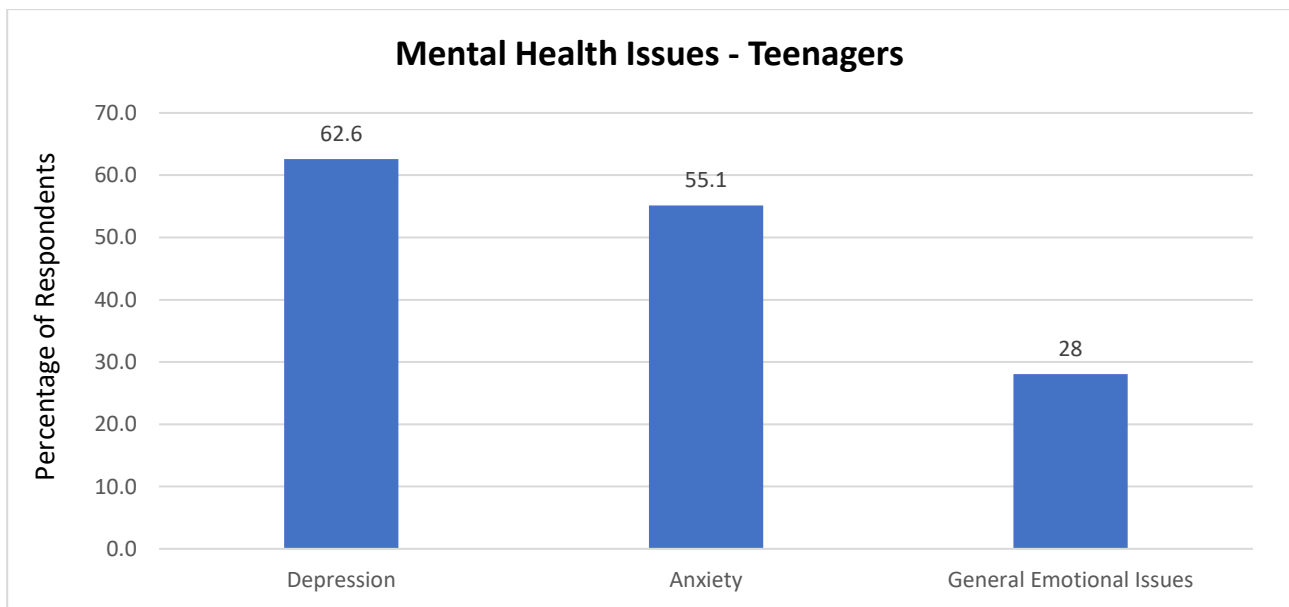


## II. Teenagers

Community members responded that the **stressors** most affecting teenagers (13 – 19 years old) in the community are **education and school issues** (56.1%) of which peer pressure was mentioned the most; **drug crimes/use** (20.6%); **gang activity/recruitment** (16.8%); and **family issues** (13.1%).

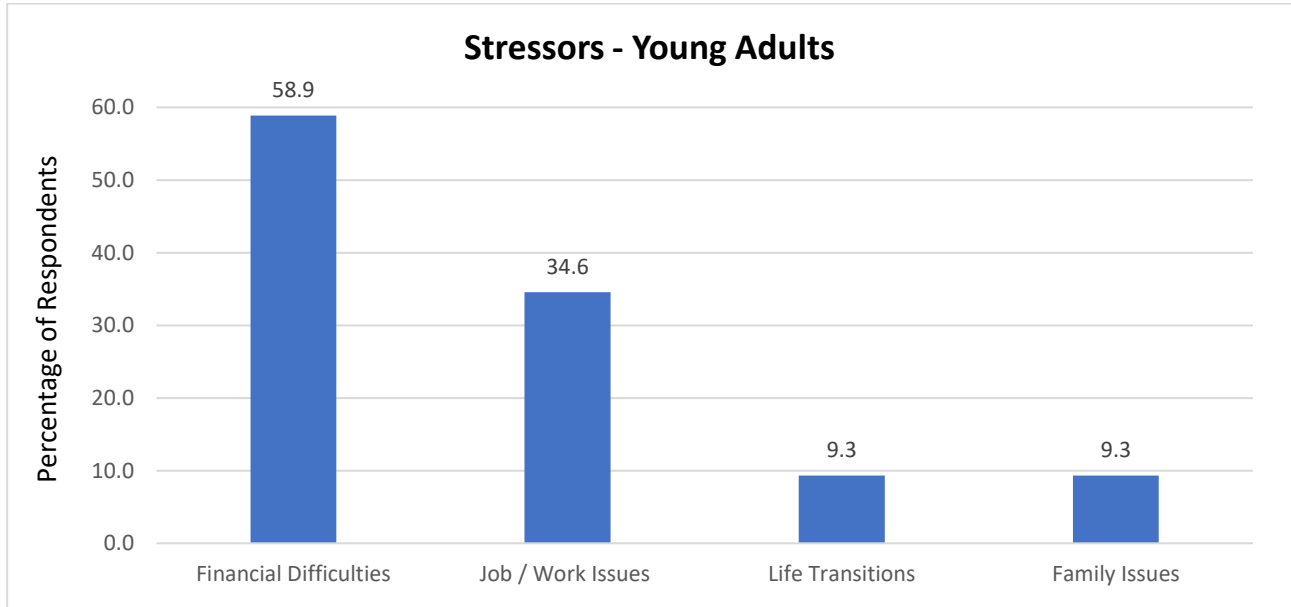


Furthermore, they responded that the most important **mental health issues** for teenagers in the community are **depression** (62.6%); **anxiety** (55.1%); and **general emotional issues** (28%) like self-esteem and personal worth.

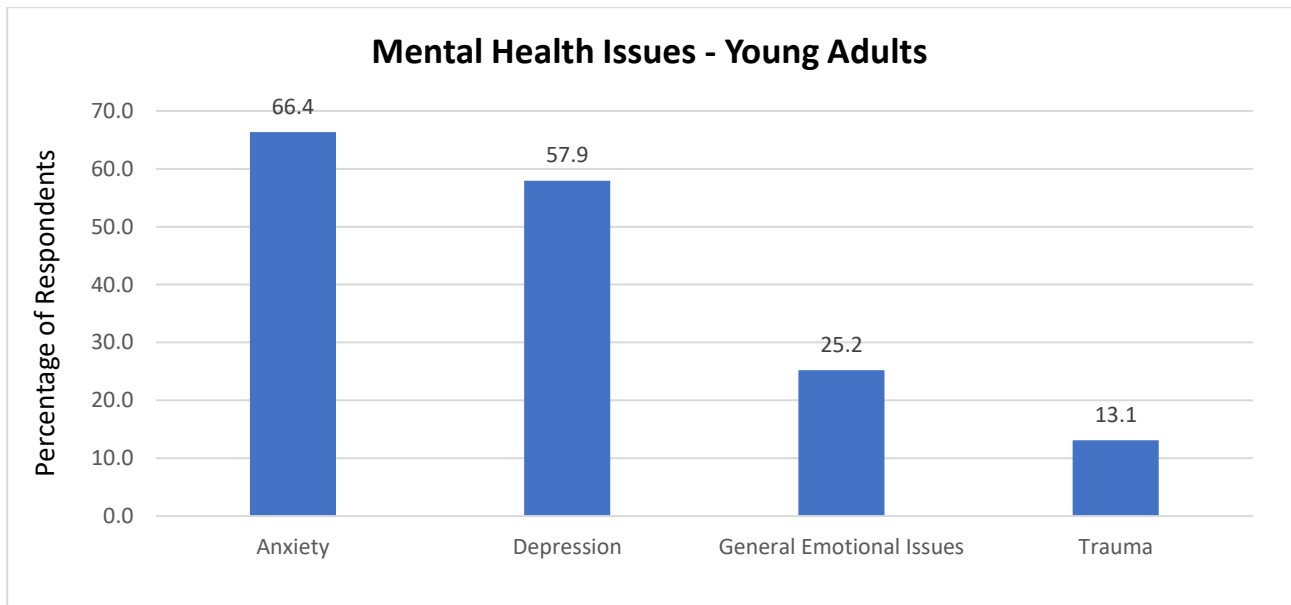


### III. Young Adults

Community members responded that the **stressors** most affecting young adults (20 – 39 years old) in the community are **financial difficulties** (58.9%) sometimes specified as unemployment or poverty; **job/work issues** (34.6%); **life transitions** (9.3%); and **family issues** (9.3%).

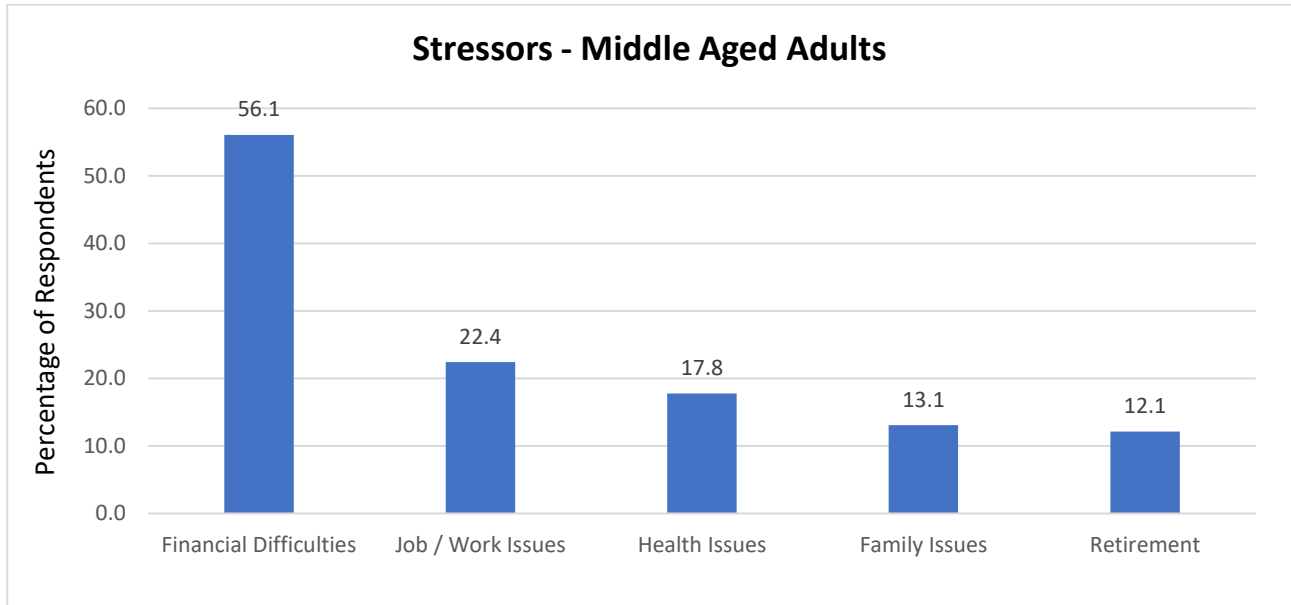


Furthermore, they responded that the most important **mental health issues** for young adults in the community are **anxiety** (66.4%); **depression** (57.9%); **general emotional issues** (25.2%) like self-esteem and personal worth; and **trauma** (13.1%), which was often specified as PTSD.

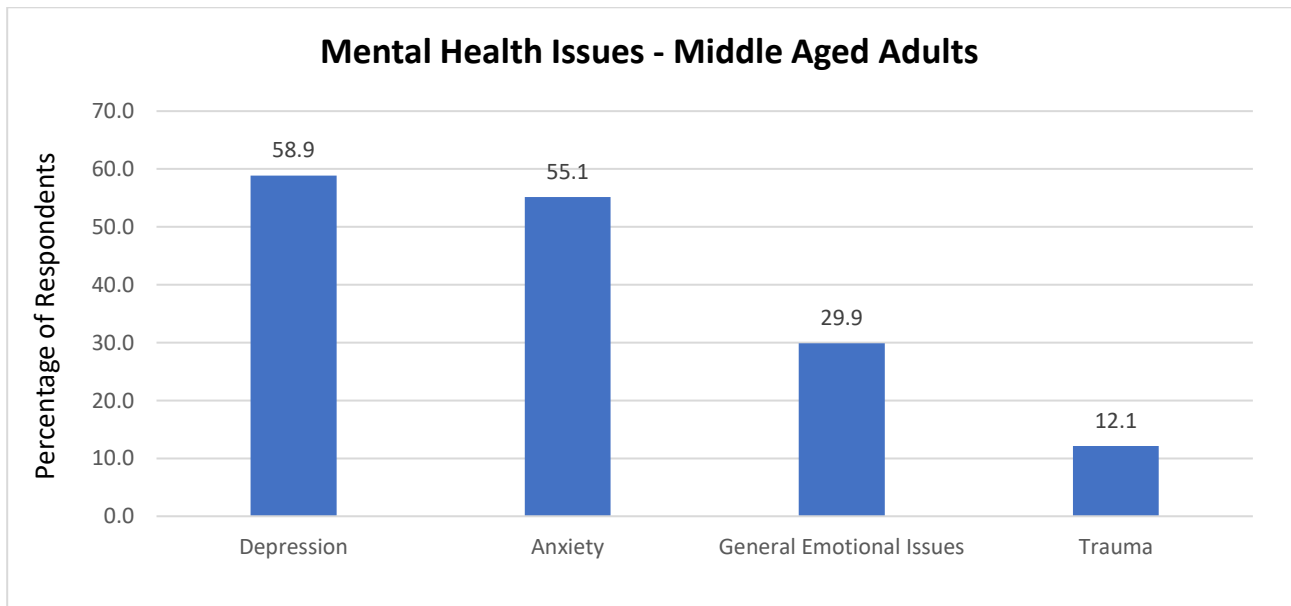


#### IV. Middle Aged Adults

Community members responded that the **stressors** most affecting middle-aged adults (40 – 64 years old) in the community are **financial difficulties** (56.1%) sometimes specified as unemployment or job insecurity; **job/work issues** (22.4%); **health issues** (17.8%) including physical health and healthcare; **family issues** (13.1%); and **retirement** (12.1%).

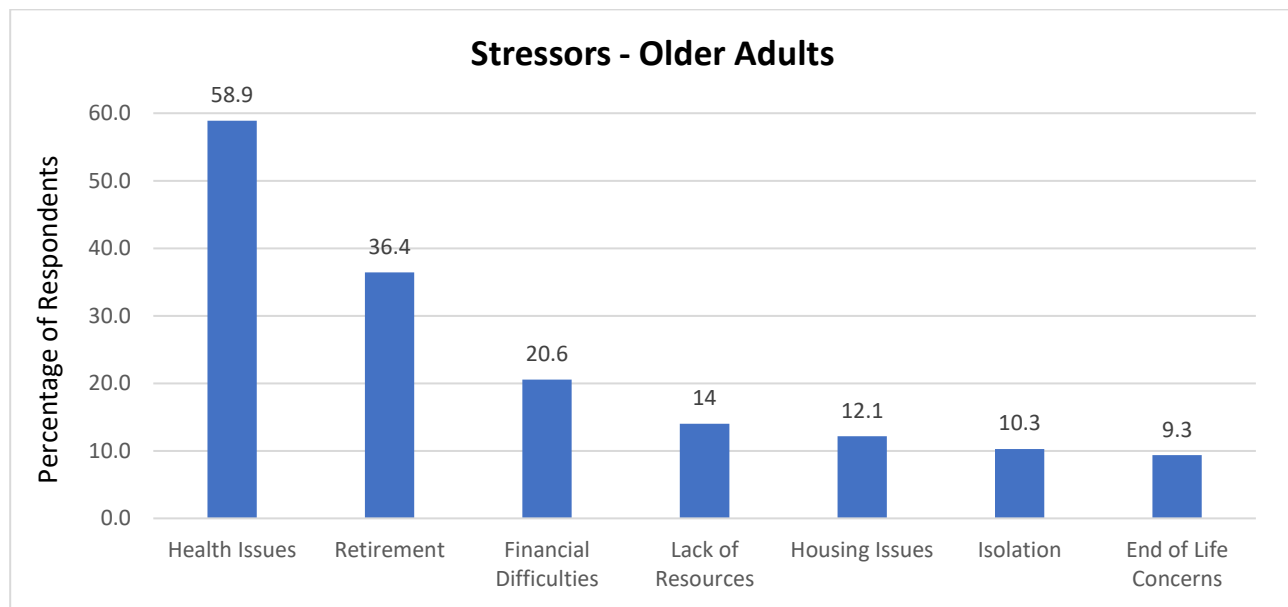


Furthermore, they responded that the most important **mental health issues** for middle-aged adults in the community are **depression** (58.9%); **anxiety** (55.1%); **general emotional issues** (29.9%) like loneliness; and **trauma** (12.1%), which was often specified as PTSD.

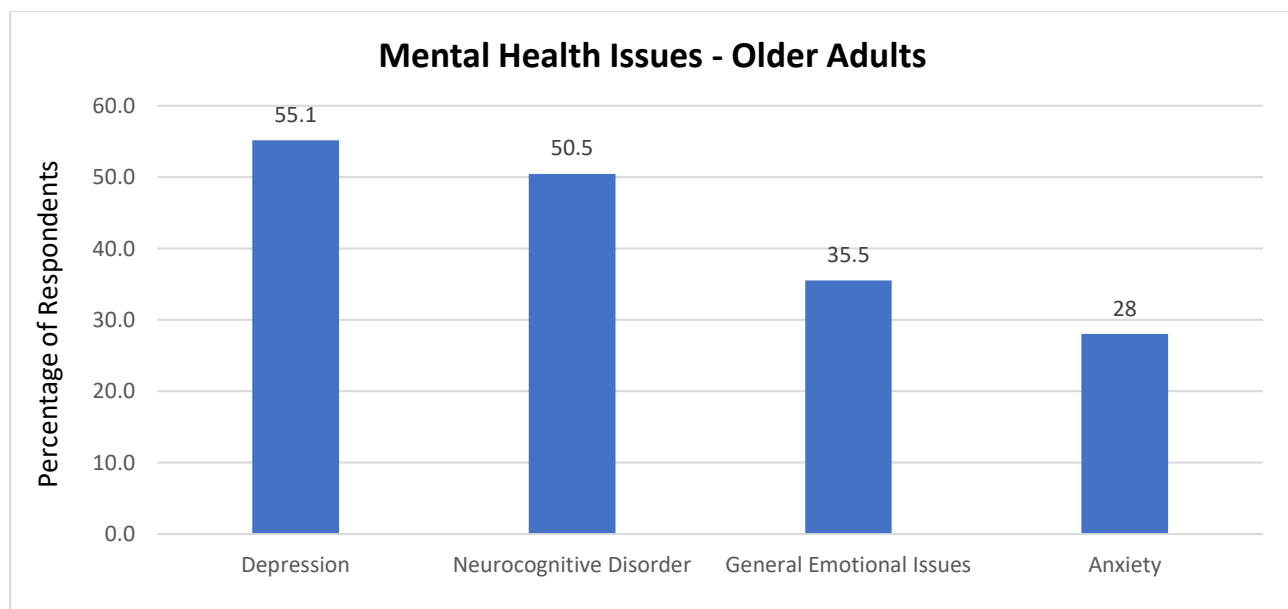


## V. Older Adults

Community members responded that the **stressors** most affecting older adults (ages 65 and over) in the community are **health issues** (58.9%) like physical health and healthcare; **retirement** (36.4%); **financial difficulties** (20.6%) sometimes described as poverty; **lack of resources** (14%) like transportation and built environment; **housing issues** (12.1%) often connected to gentrification; **isolation** (10.3%); and **end of life concerns** (9.3%).



Furthermore, they responded that the most important **mental health issues** for older adults in the community are **depression** (55.1%); **neurocognitive disorder** (50.5%) sometimes specified as memory loss; **general emotional issues** (35.5%) mostly specified as loneliness; and **anxiety** (28%).

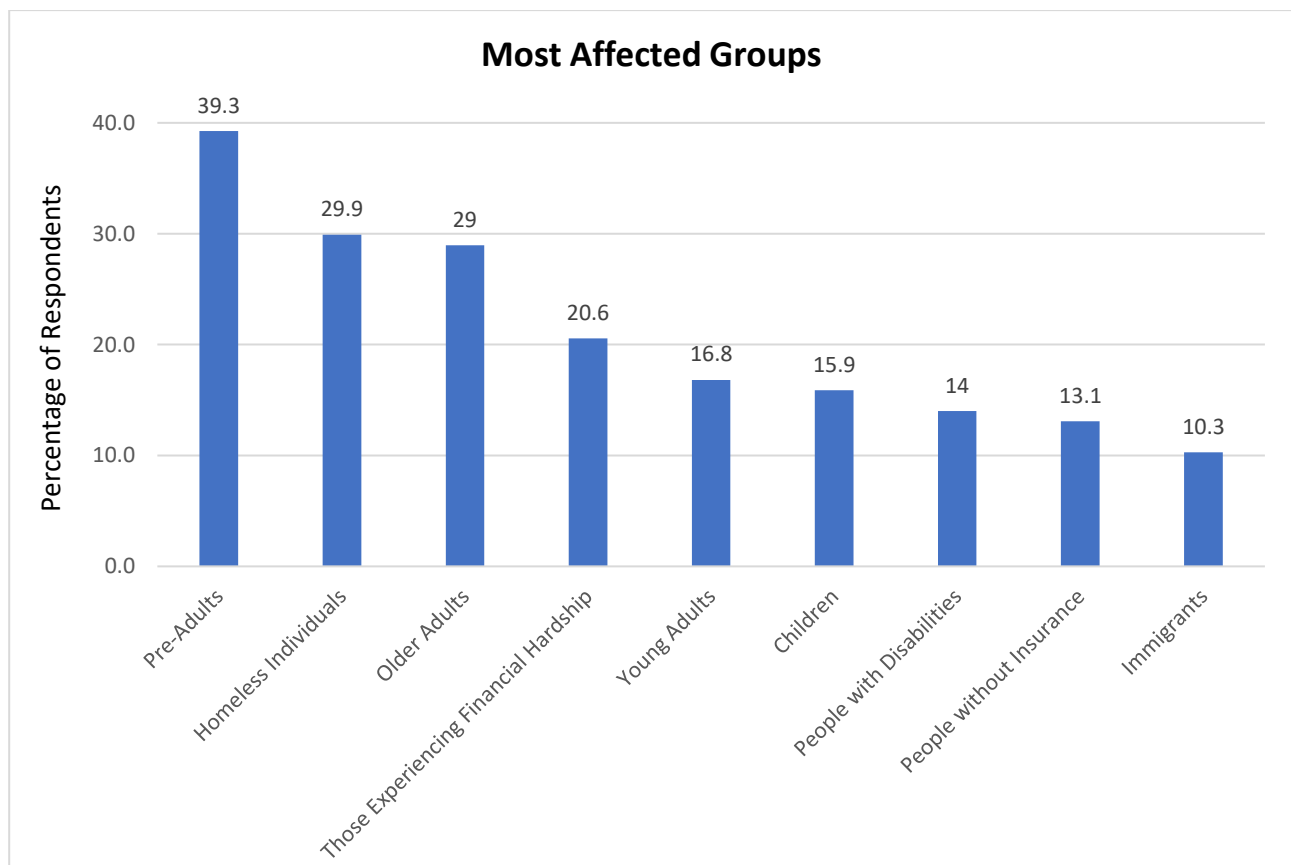




## VI. Most Affected Groups

Community members were asked to identify what they thought were the most important groups the new mental health center should provide services to besides “everyone in the community”.

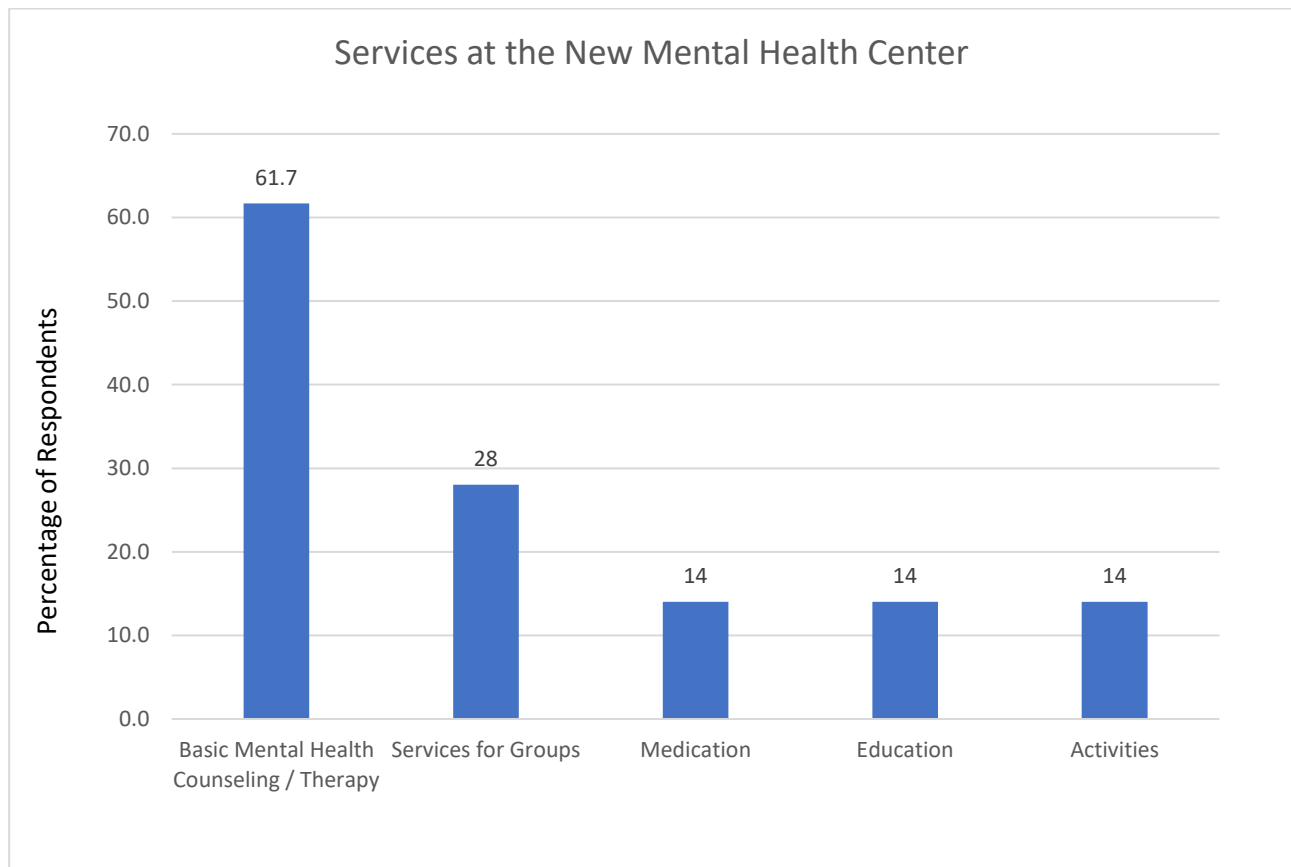
They responded that the groups of people in the community most in need of mental health services are **pre-adults** (39.3%) mainly teenagers and adolescents; **homeless individuals** (29.9%); **older adults** (29%); **those experiencing financial hardship** (20.6%), which mostly referred to people with low income; **young adults** (16.8%); **children** (15.9%); **people with disabilities** (14%); **people without insurance** (14%); and **immigrants** (10.3%).



## VII. Services at the New Mental Health Center

Community members were asked which services they would like to see provided at the new mental health center.

They responded that the most important services the new mental health center should provide onsite and/or offsite in the community are **basic mental health counseling/therapy** (61.7%); **services for groups** (28%) like support groups and group counseling/therapy; **medication/psychiatry** (14%); **education** (14%) like parenting or life skills classes; and **activities** (14%) for all age groups.



## NEXT STEPS

This Needs Assessment will contribute a unique perspective to the existing understanding of mental health in the Logan Square, Avondale, and Hermosa (LSAH) communities, but it must be emphasized that this is intended to be only the beginning of a community-based mental health effort. Our primary goal was not to produce knowledge about community mental health needs but, instead, to produce the basis for community-centric programs and services.

This report will be made available to the public on the Coalition's website ([saveourmentalhealth.org](http://saveourmentalhealth.org)). The community at large will have the opportunity to engage with the Assessment and use it to inform future LSAH efforts and programs, including the LSAH Expanded Mental Health Services Program (EMHSP). Our hope is that we have produced information that can be used by mental health providers, activists, and other community stakeholders to create the services that the community wants and needs the most. We would especially encourage future efforts to include discussion of how the COVID-19 pandemic has effected the mental and emotional wellbeing of the community, as all the research for this Needs Assessment was conducted in the spring and summer of 2019.

We anticipate that the Needs Assessment will serve as a catalyst for productive relationships between community organizations, community members, and the new LSAH EMHSP. As the LSAH EMHSP is established and after it begins offering 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 LSAH EMHSP's center and to collaborate with one another for the purpose of increasing access to mental health services through innovative partnerships.

Throughout this project, many community leaders and residents expressed diverse and innovative ideas about how mental health services could be effectively delivered within the specific context of Logan Square, Avondale, and Hermosa and how barriers to access could be surmounted. One need only tap into existing creativity and enthusiasm and mobilize available resources to begin to improve the mental health and wellbeing of LSAH community members.

# NOTES

1. All surveys were conducted in the spring and summer of 2019, prior to the COVID-19 pandemic in 2020. The answers of respondents therefore reflect a perspective of the community's mental health prior to the pandemic. The community's view of mental health and recognition of the need for new mental health services may have changed over the course of this pandemic.
2. See Community-Based Participatory Research (Hacker 2013) for a comprehensive overview of the research model employed in this Needs Assessment.
3. Population data is from Chicago Metropolitan Agency for Planning (CMAP) of Illinois Metropulse Community Data Snapshot, [www.cmap.illinois.gov/](http://www.cmap.illinois.gov/). CMAP data is sourced from 2000 and 2010 Census, 2014-2018 American Community Survey five-year estimates.
4. Age data is from CMAP Metropulse Community Data Snapshot, [www.cmap.illinois.gov/](http://www.cmap.illinois.gov/). CMAP data is sourced from 2014-2018 American Community Survey five-year estimates.
5. Race data is from CMAP Metropulse Community Data Snapshot, [www.cmap.illinois.gov/](http://www.cmap.illinois.gov/). CMAP data is sourced from 2014-2018 American Community Survey five-year estimates.
6. Race data is from the United States Census Bureau, [www.data.census.gov/](http://www.data.census.gov/).
7. Income data is from CMAP Metropulse Community Data Snapshot, [www.cmap.illinois.gov/](http://www.cmap.illinois.gov/). CMAP data is sourced from 2014-2018 American Community Survey five-year estimates.
8. Unemployment data is from CMAP Metropulse Community Data Snapshot, [www.cmap.illinois.gov/](http://www.cmap.illinois.gov/). CMAP data is sourced from 2014-2018 American Community Survey five-year estimates (does not include employed population in the Armed Forces).

# RESEARCH TEAM

## INTERNS

Special thanks to our German interns from the “Ostbayerische Technische Hochschule Regensburg”, **Paula Mossal** and **Simon Klasen**, who were instrumental in the outreach process in the neighborhood, conducting interviews, evaluating data, and writing this Needs Assessment final report.

Over the last few years, the Coalition has developed its relationship with OTH Regensburg, hiring one Social Work student each year for a six-month internship. The German students live in the in Chicago with a host family, work with the Coalition, and are highly involved in every step of the program. We are endlessly thankful for their hard work, dedication, and compassionate approach to our work.



Paula Mossal is a student of Social Work at the OTH Regensburg. She interned with the Coalition to Save Our Mental Health Centers from March 2019 to August 2019. Her main interests while with the Coalition were to get a different view of the social work field in another country and to develop new skills as a Community Organizer.

For this Needs Assessment, she conducted most of the interviews with community leaders and community members and helped code the data.



Simon Klasen is a student of Social Work with a focus on music and movement at OTH Regensburg. He interned with the Coalition to Save Our Mental Health Centers from March 2020 to August 2020. His main interests while with the Coalition were the political dimension of Social Work as well as Community Organizing.

For this Needs Assessment, he helped evaluate and analyze answers given by community leaders and community members and drafted the initial version of this report.

## **RESEARCH TEAM**

Special thanks to:

### **THE LOGAN SQUARE, AVONDALE, AND HERMOSA COMMUNITY ACTION TEAM**

Whose dedication to the program is undoubtedly the reason for its success.

### **COALITION TO SAVE OUR MENTAL HEALTH CENTERS**

Michael Snedeker, Executive Director

Rebecca Jarcho, Lead Community Organizer

### **INSTITUTE FOR COMMUNITY EMPOWERMENT**

Robert Gannett, Executive Director

Rapheal Arteberry, Access Network Coordinator and Lead Facilitator

# APPENDIX A:

## Community Leader Survey Questions

### Close-ended Questions:

1. How important is it to address depression to improve the mental health of the community?
2. How often do you interact with someone dealing with depression in the community?
3. How important is it to address alcohol/substance abuse to improve the mental health of the community?
4. How often do you interact with someone dealing with alcohol/substance abuse in the community?
5. 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.
6. How often do you interact with someone dealing with the effects of housing concerns in the community?
7. How important is it to address marital/family conflict to improve the mental health of the community?
8. How often do you interact with someone dealing with marital/family conflict in the community?
9. 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.
10. How often do you interact with someone dealing with behavioral disorders in children in the community?
11. How important is it to address isolation to improve the mental health of the community?
12. How common is isolation in the community?
13. How important is it to address suicide to improve the mental health of the community?
14. How often do you interact with someone dealing with suicide in the community?
15. How important is it to address sexual assault to improve the mental health of the community?
16. How often do you interact with someone dealing with sexual assault in the community?
17. How important is it to address immigration/legal status to improve the mental health of the community?
18. How often do you interact with someone dealing with immigration/legal status in the community?

### Open-ended Questions:

1. What do you think are the most common stressors in the community?
2. Which community members are most affected by these stressors?
3. What do you think are the most common mental health issues at your organization/church?
4. Which community members are most affected by these mental health issues at your organization/church?
5. What do you think are the most common mental health issues in the community at large?
6. Which community members experience these mental health issues in the community at large?
7. Describe one service you would like to see provided at the new mental health center.
8. Describe one outreach program you would like to see provided at the new mental health center.

# APPENDIX B:

## Community Member Survey Questions

### Baseline Questions:

- A) Before today, were you aware of the efforts to create a community mental health center to provide services specifically to Logan Square, Avondale, and Hermosa residents?
- B) 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 Logan Square, Avondale, and Hermosa residents, on a scale of 1 to 10, where 1 means not likely at all and 10 means extremely likely?
- C) How interested are you in learning more about services offered at a mental health center that provides services specifically to Logan Square, Avondale, and Hermosa residents, on a scale of 1 to 10, where 1 means not interested at all and 10 means extremely interested?

### Stressors:

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

### Mental Health Issues:

- 6. What **mental health issues** are most important for **children (12 and under)**?
- 7. What **mental health issues** are most important for **teenagers (13 - 19)**?
- 8. What **mental health issues** are most important for **young adults (20 - 39)**?
- 9. What **mental health issues** are most important for **middle aged adults (40 - 64)**?
- 10. What **mental health issues** are most important for **older adults (65+)**?
- 11. What are the **most important groups of people** that this new mental health center should provide services to?
- 12. What are the **most important services** that this new mental health center should provide onsite and/or offsite in the community?