To Our West Side Neighbors,

We are proud to present the final report of our West Side Community Mental Health Needs Assessment. This report represents the work of hundreds of community members who took the time and effort to answer questions, conduct interviews, and understand the mental health issues residents in our community are facing.

Last November, our community voted to create a West Side Expanded Mental Health Services Program (EMHSP). This program, approved with the support of over 86% of voters, has the ability to provide a variety of new mental health services to individuals throughout our community. We believe the first step in addressing our community’s mental health needs is to gain an understanding of what our neighbors truly want and need. We hope this assessment will enable the new West Side EMHSP and future mental health efforts to effectively serve the community.

We welcome all community members who wish to join our efforts. If you would like to become involved with increasing access to comprehensive, affordable mental health services on the West Side, please contact us at 773-545-7288 or visit our website (www.saveourmentalhealth.org) for more information.

Thank you,

West Side Community Action Teams
Coalition to Save Our Mental Health Centers
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgments</td>
<td>1</td>
</tr>
<tr>
<td>Executive Summary</td>
<td>2</td>
</tr>
<tr>
<td>Voices from the Community</td>
<td>6</td>
</tr>
<tr>
<td>About Us</td>
<td>10</td>
</tr>
<tr>
<td>Community Overview</td>
<td>11</td>
</tr>
<tr>
<td>Methodology Overview</td>
<td>17</td>
</tr>
<tr>
<td>Community Leader Interviews</td>
<td>18</td>
</tr>
<tr>
<td>Overview</td>
<td>18</td>
</tr>
<tr>
<td>Results</td>
<td>19</td>
</tr>
<tr>
<td>Community Member Surveys</td>
<td>29</td>
</tr>
<tr>
<td>Overview</td>
<td>29</td>
</tr>
<tr>
<td>Results</td>
<td>30</td>
</tr>
<tr>
<td>Next Steps</td>
<td>59</td>
</tr>
<tr>
<td>Notes</td>
<td>60</td>
</tr>
<tr>
<td>Research Team</td>
<td>61</td>
</tr>
<tr>
<td>Appendix</td>
<td>62</td>
</tr>
</tbody>
</table>
ACKNOWLEDGMENTS

Special thanks to the staff of the Garfield Park Community Council who conducted community leader interviews. Thanks also to the following organizations whose current and former leaders and staff agreed to be interviewed for this assessment.

13 Albany Block Club
Above and Beyond Recovery Center
American Legion Small Business Task Force for Veterans
Blessed Sacrament Youth Center
Breakthrough Ministries
Carey Tercentenary AME Church
Chicago Children’s Advocacy Center
Chicago Police Department - District 11
Chicago Public Schools - Beidler Elementary
Chicago Youth Centers - Sidney Epstein Youth Center
Circuit Court of Cook County
Congressman Danny K. Davis - Illinois 7th Congressional District
Deborah's Place
Family Focus - Lawndale
Fathers Who Care - West Garfield Park Community Stakeholders
First Immanuel Lutheran Church
Franciscan Outreach
Greater Open Door Baptist Church
Haymarket Center - Central Location
Ike Sims Village
Lawndale Christian Health Center
Mercy Home - Hay Boys Campus
Neighbors of West Loop
New St. John Community M.B. Church
North Lawndale Boxing League
North Lawndale College Prep
Office of Alderman Jason C. Ervin - 28th Ward
Office of Alderman Michael Scott, Jr. - 24th Ward
PEARL
Project Hope
ReVive Center for Housing and Healing
Roosevelt Square Apartments
Rush University Medical Center - Epilepsy Center
Sankofa Safe Child Initiative
St. Agatha Catholic Church
St. Agatha Family Empowerment
St. Malachi + Precious Blood Church
St. Malachi School
Taproots
Touhy-Herbert Park
West Loop Community Organization
Westside Health Authority
Whitney Young High School
EXECUTIVE SUMMARY

On November 8, 2016, 37,824 West Side voters (86.59% of all who voted) approved a property tax increase to fund a West Side Expanded Mental Health Services Program (EMHSP). The West Side EMHSP will provide affordable mental health services to residents living in a territory consisting of four community areas: Near West Side, North Lawndale, East Garfield Park, and West Garfield Park.

Following the EMHSP vote, 21 West Side community members conducted this mental health needs assessment throughout the territory to produce information that will help shape the services to be provided by the West Side EMHSP and inform future community mental health efforts and activities on the West Side.

For the assessment, this group of community members examined demographic data and other key community indicators; surveyed 189 West Side residents; and interviewed 53 community leaders representing a wide variety of perspectives, including service providers, faith institutions, schools, police officers, residential facilities, and community-based organizations.
FINDINGS FROM ANALYSIS OF DEMOGRAPHICS AND KEY COMMUNITY INDICATORS

• The West Side EMHSP area is home to 135,442 people.

• West Side EMHSP territory residents are generally younger than Chicago residents. The median age in West Side EMHSP community areas is 28.6 - 30.4 years old, and Chicago’s median age is 33.7. 28% of West Side area residents are ages 19 and under, and 33% are 20 - 34 years old. 25% of Chicago residents are ages 19 and under, and 27% are 20 - 34 years old.

• The overall crime rate for the West Side EMHSP area is more than double that of the City of Chicago. The violent crime rate for the West Side is approximately 2.5 times that of Chicago.

• Significant demographic differences exist between the eastern (Near West Side) and western (North Lawndale, East Garfield Park, and West Garfield Park) sectors of the territory, divided by the Pacific Union railroad tracks just west of Western Avenue.

  ► The Near West Side counts 61,768 residents with a median household income of $72,143, whereas North Lawndale, East Garfield Park, and West Garfield Park are home to 73,674 residents with a median household income of approximately $22,000. 26% of Near West Side households make less than $25,000, a proportion much smaller than those for households in North Lawndale (55%), East Garfield Park (54%), and West Garfield Park (52%).

  ► The violent crime rate for the Near West Side is much lower than that for North Lawndale (2.7 times the violent crime rate of the Near West Side), East Garfield Park (2.5 times the violent crime rate of the Near West Side), and West Garfield Park (3.3 times the violent crime rate of the Near West Side).
FINDINGS FROM COMMUNITY LEADER INTERVIEWS

- The three most common stressors experienced by community members are crime (violent crimes and drugs), quality of life issues (lack of resources and gang activity), and financial difficulties.
  - The most frequent responses categorized as lack of resources are lack of commercial development/economic opportunity, mental health resources, educational resources, and youth resources.

- The three most significant mental health issues are depression, substance use, and trauma.

- The groups of people most affected by stressors and/or in particular need of mental health services include caregivers, homeless individuals, the reentry population (from jail and prison), and veterans.
  - Respondents who mentioned caregivers referenced both parents and grandparents.

- The top two specific age groups most affected by stressors and/or in particular need of mental health services are children 12 and under and older adults.

- Respondents emphasized the need for outreach services in order to overcome various obstacles, including stigma and safety concerns.
FINDINGS FROM COMMUNITY MEMBER SURVEYS

- The most important stressors are crime and education/school for children and teenagers; financial difficulties for young and middle-aged adults; and end of life concerns (primarily finances/retirement and health) for older adults.
  
  ► An important stressor experienced by all age groups is lack of resources, particularly lack of youth resources, educational resources, built environment (parks and transportation), and housing resources/affordable housing.
  
  ► Another important stressor experienced by all age groups is interpersonal relationships, particularly family issues (parenting/relationship with parents).

- Children need mental health assistance principally with behavioral issues and depression; teenagers, young adults, and middle-aged adults with depression, anxiety, and substance use; and older adults with depression and neurocognitive disorders.

- The groups of people most in need of mental health services include homeless individuals, caregivers, the reentry population (from jail and prison), and those experiencing financial hardship.
  
  ► All respondents who mentioned caregivers referenced parents specifically.

- The top two specific age groups most in need of mental health services are teenagers and older adults.
There’s a lot of trauma from a variety of poverty issues, from being homeless, from being victimized or assaulted, or from being displaced. People are just suffering from trauma in general.

I think there needs to be a level of outreach where it’s not just in the [mental health] center. I would love to see [a program] where people can provide services in community-based agencies.

We have to get rid of the stigma that we don’t need therapy. If they [community members] can get the help they need, then they can deal with what’s really going on in their family and not retaliate or not continue down the road of addiction. And they can just get some relief from trauma in their lives, have someone to talk to, especially if it’s free.

The community members most affected by stressors are young adults, particularly African-American men between 18 and 30... Their trust level is nil. They have no trust with anybody in their family, within their community, within their friendships, or definitely with organizations and service providers. The paranoia runs so deep. They feel they are under constant threat, and they are quick to pull a trigger or quick to respond in violence because of their paranoia. But as you guys know, this stuff doesn’t work in the short term. It’s not a solution.
VOICES FROM THE COMMUNITY

RAPHEAL ARTEBERRY
LEAD FACILITATOR, CITIZENS NOW AFTERSCHOOL PROGRAM

ON WEST SIDE CHILDREN
The children, they don’t get to enjoy, they don’t get a chance to be children because they have to deal with violence on a daily basis. They can’t have fun. They can’t play at parks. They can’t just walk down the block, walk to their friends’ houses. There’s always a possibility or a situation that can occur where they have to protect themselves or shield themselves behind a vehicle.

ON POST-TRAUMATIC STRESS DISORDER (PTSD)
You tend to develop PTSD because you go through this on a daily basis. You see it, you hear it. You hear gunshots. You see shooting. You see people running in fear. I myself experience it because I will be walking, and a car will roll over a pop bottle. I don’t know what it is, so I am thinking [the people in the car] might be intending to shoot. So I instantly go to try to protect myself, try to get out of the way. Kids do the same thing. They are running, they are afraid. You see the fear in their faces. It’s just real crazy out here.

ON CONFLICT RESOLUTION
The new center can provide anger management so kids can learn to talk about their issues and resolve their situation. There’s a lot of bullying going on, and that results in gun violence. People don’t know how to communicate with one another to solve issues. They say “I can’t take this anymore” and turn to violence.

ON COUNSELING
Counseling will help with a lot of these issues in the community. It will help the kids; the kids need it. The adults need it as well. They need someone to talk to, to get this stuff off their chest. Because it’s pent up and you hold on to it; and nine times out of ten, it results in people being hurt.
VOICES FROM THE COMMUNITY

SUZANNE KELLY
WEST SIDE RESIDENT, FORMER TEACHER AND CPD OFFICER

ON INTERGENERATIONAL CONFLICT
There are a lot of families who live together forever: great-grandparents, grandparents. For income reasons, a lot of the kids aren’t moving away or they move in with their spouse’s family, and that’s creating a lot of stress. I have some neighbors who are suffering from dementia, and it’s creating stress for the younger members of the family. They don’t know how to cope, and they don’t feel like they have any options…They’re too proud or they don’t know what to do.

ON ACCESSIBILITY OF SERVICES
You can’t have somebody who has a problem take three buses for mental health services. That’s just way too much of an effort and logistically too tough…I think when a person gets ready to seek services then they’re ready. You’ve got to really jump on that willingness, and if there’s a long wait, that’s going to be discouraging.

ON POLICE KNOWLEDGE OF MENTAL HEALTH RESOURCES
It would be really helpful to police officers who, if they knew it [a mental health center] was there, could recommend it if they show up and there are problems. I think they would be willing to pass this information on and help the families at crisis times. And boy, it would just make them feel better: the police feel better, the family feel better, and it would maybe help neighbors get along with other neighbors in the community.

ON COUNSELING FOR STUDENTS
The Catholic schools, the public schools don’t provide the necessary services. [One of my students] on the way to the first day of school was robbed at gunpoint off the Pink Line. A man put a gun to her. She reported it to the police, then went on to school right after...Can you believe that? And she never went to counseling. So I said, “You’ve got to go to counseling.” She said, “I’m fine.” How could you be fine?
On Community Involvement

On the West Side there is a need for constant intervention. Community residents need to be involved and trained about mental illness. Churches, schools, community based organization should also be made more aware of mental illness. There needs to be change from the inside. Too many of our children and young adults of color are impacted by mental illness.

On a Holistic, Collaborative Approach

Mental health is just one part of it. I believe that a person may need more than mental health services and should be looked at from a holistic approach—with mental health as the center—by reaching out to health care providers, schools, churches, and community organizations. I believe it’s going to take being in the community—not being in the office—but actually being in the community, listening to what residents are saying, finding out who’s providing services and how we can partner with them.

On Culturally Competent Care and Trust

The most important service we can provide is to offer culturally appropriate educational sessions to our community residents…they have got to trust that we are not going to close up because the hardest thing is when individuals start opening up about their struggle with mental illness and they go back and the place is closed. If you’re going to be there, be there.

On the LGBTQ Community

LGBTQ individuals are often not accepted by their families and certain communities. Many are homeless and at high risk for physical and sexual assault. They also may be at risk because of the stigma attached. It’s a double stigma: they have a mental illness and are LGBTQ…It’s a forgotten group, and it is prevalent in our community but not talked about.
ABOUT US

The Coalition to Save Our Mental Health Centers’ mission is to ensure that all Chicago residents, especially those who are low-income and underinsured, have access to adequate community mental health services. The Coalition carries out its mission by organizing local residents, mental health professionals, and mental health consumers to initiate, develop, and implement Expanded Mental Health Services Programs (EMHSPs); by developing community access networks to ensure that anyone in need of mental health services is able to easily obtain them; and by fulfilling the ideals of community mental health first established by President John F. Kennedy in the Community Mental Health Act of 1963.

The Coalition was formed in 1991 as a response to the impending closures of Chicago’s 19 community mental health centers. For more than a decade, we worked to unite mental health consumers, professionals, faith leaders, and residents to keep Chicago’s system of centers open and fully funded in the face of City and State budget cuts. In 2004, the Coalition began working to develop a community-centered model of mental healthcare delivery, the Expanded Mental Health Services Program (EMHSP). This model gives community members the authority to initiate, pass, fund, and oversee the restoration of mental health services.

In 2010-2011, the Coalition drafted and spearheaded the passage of the Community Expanded Mental Health Services Act [405 ILCS 22], which provides legal authorization for any Chicago community to vote on a binding referendum to establish an EMHSP. In 2012, North River community members voted to create an EMHSP. Subsequently, The Kedzie Center, the community mental health center created through the EMHSP, opened in October 2014. The center is providing the first new public community mental health services in Chicago in over two decades.

During 2016, West Side community members gathered over 10,260 signatures to put a binding referendum on the local ballot so that West Side residents could vote to create an EMHSP in November of that year. The West Side EMHSP received overwhelming support from the community: over 60 endorsements from local institutions and the approval of 86.5% of the voters. The West Side EMHSP will provide affordable services to an area of more than 130,000 people. A governing commission consisting of community residents, consumers, and clinicians will be appointed by the mayor and governor to oversee the funds for the new program and choose a provider.
COMMUNITY OVERVIEW

BOUNDARIES AND POPULATION

The West Side EMHSP area is home to 135,442 people and coincides with the boundaries of four community areas: Near West Side (61,768 people), North Lawndale (35,276 people), East Garfield Park (20,656 people), and West Garfield Park (17,742 people).

Between 2000 and 2010, the Near West Side experienced an increase in population (+18.2%), and the remaining three community areas experienced a decrease in population: North Lawndale (-14.0%), East Garfield Park (-1.5%), West Garfield Park (-21.8%). The City of Chicago experienced a decrease in population (-6.9%) over this period of time.
The age distribution for the West Side EMHSP area is as follows: ages 19 and under (27.8%), ages 20 to 34 (32.5%), ages 35 to 49 (17.9%), ages 50 to 64 (13.9%), ages 65 to 79 (5.9%), ages 80 and older (2.0%). The age distribution for the City of Chicago is as follows: ages 19 and under (24.9%), ages 20 to 34 (27.3%), ages 35 to 49 (20.3%), ages 50 to 64 (16.6%), ages 65 to 79 (8.1%), ages 80 and older (2.9%).

The median age for the City of Chicago is 33.7, and the median age for each of the four community areas within the West Side EMHSP area is as follows: Near West Side (30.4), North Lawndale (28.6), East Garfield Park (29.8), and West Garfield Park (29.4).
The racial/ethnic makeup of the West Side EMHSP area is as follows: White (20.6%), Hispanic/Latino (7.2%), Black (63.5%), Asian (7.3%), Other (1.5%). The racial/ethnic makeup of the City of Chicago is as follows: White (32.2%), Hispanic/Latino (29.1%), Black (30.9%), Asian (5.9%), Other (1.9%).
INCOME

The income composition for West Side EMHSP area households is as follows: less than $25,000 (38.9%), $25,000 to $49,999 (16.1%), $50,000 to $74,999 (13.2%), $75,000 to $99,999 (9.1%), $100,000 to $149,000 (10.9%), $150,000 and over (11.9%). The income composition for Chicago households is as follows: less than $25,000 (28.6%), $25,000 to $49,999 (22.4%), $50,000 to $74,999 (16.0%), $75,000 to $99,999 (10.7%), $100,000 to $149,000 (11.6%), $150,000 and over (10.8%).

The median income for the City of Chicago is $48,522, and the median income for each of the four community areas within the West Side EMHSP area is as follows: Near West Side ($72,143), North Lawndale ($22,383), East Garfield Park ($21,482), and West Garfield Park ($23,947).
UNEMPLOYMENT

The unemployment rate for the City of Chicago is 12.1%, and the rate for the West Side EMHSP area is 14.4%. The unemployment rate for each of the four community areas is as follows: Near West Side (10.0%), North Lawndale (23.4%), East Garfield Park (20.3%), and West Garfield Park (17.8%).
CRIME

The overall crime rate (crimes per person) for the City of Chicago is .094, and the rate for the West Side EMHSP area is .207. The crime rate for each of the four community areas is as follows: Near West Side (.149), North Lawndale (.246), East Garfield Park (.234), and West Garfield Park (.301).

The violent crime rate (violent crimes per person) for the City of Chicago is .010, and the rate for the West Side EMHSP area is .025. The violent crime rate for each of the four community areas is as follows: Near West Side (.013), North Lawndale (.035), East Garfield Park (.032), and West Garfield Park (.043).

The property crime rate (property crimes per person) for the City of Chicago is .032, and the rate for the West Side EMHSP area is .057. The property crime rate for each of the four community areas is as follows: Near West Side (.069), North Lawndale (.045), East Garfield Park (.046), and West Garfield Park (.054).
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. Thus, this is fundamentally a work of community-based participatory research (CBPR).\(^7\)

Most of the interviews and surveys contained in this report were administered by West Side 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 questionnaires for interviews/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. Such adjustments are discussed further in subsequent sections.

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. 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 questionnaires 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 aforementioned 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 North Lawndale, East and West Garfield Park, and the Near West Side.

All needs assessment participants were presented with these definitions.
COMMUNITY LEADER INTERVIEWS

The Coalition’s research team conducted interviews with community leaders, individuals associated with faith institutions, schools, service providers, and other community-based organizations located on the West Side. In total, 53 interviews were conducted, each lasting approximately 30 minutes; most interviews were conducted in-person. The interviews were semi-structured, and an interview guide with eight open-ended questions was provided to interviewers. See Appendix A for the interview questionnaire.

The goal of the community leader interviews was to determine the most important 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 18-19. The results displayed on pages 20-27 include all responses given by at least 10% of total respondents (at least 6 respondents). The map below shows the locations of the respondent organizations.8
OVERVIEW: RESPONDENT ORGANIZATION

Location of Respondent Organization

- Near West Side: 17
- North Lawndale: 17
- East Garfield Park: 13
- West Garfield Park: 2
- Other: 4

Primary Function of Respondent Organization

- Community-Based Organization: 21
- Service Provider: 8
- Faith Institution: 6
- School: 6
- Residential Facility: 6
- Other: 5
- N/A: 1
OVERVIEW: RESPONDENT BACKGROUND

Respondent Age

- 18-29: 4
- 30-49: 18
- 50-64: 20
- 65+: 8
- N/A: 3

Respondent Gender

- Male: 26
- Female: 27

Respondent Residence

- Inside Area:
  - Yes: 21
  - No: 31
  - N/A: 1

Number of Respondents
Community leaders responded that the most common stressors in the community are **crime** (46 respondents), **quality of life** (40 respondents), **financial difficulties** (37 respondents), **interpersonal relationships** (22 respondents), **homelessness** (12 respondents), **discord within the community** (12 respondents), **education/school** (10 respondents), and **health** (9 respondents).
A CLOSER LOOK - STRESSORS

CRIME
• The crime subcategories indicated most frequently by respondents are violent crime (33 respondents) and non-violent crime (23 respondents).
  ▶ 21 of the respondents who mentioned non-violent crime referenced drugs specifically.

QUALITY OF LIFE
• The quality of life subcategories indicated most frequently by respondents are lack of resources (36 respondents) and gang activity/recruitment (4 respondents).
  ▶ 10 of the respondents who mentioned lack of resources referenced lack of commercial development/economic opportunity specifically.
  ▶ 9 of the respondents who mentioned lack of resources referenced lack of mental health resources specifically.
  ▶ 8 of the respondents who mentioned lack of resources referenced lack of educational resources specifically.
  ▶ 7 of the respondents who mentioned lack of resources referenced lack of youth resources specifically.
    ♦ 4 of these respondents mentioned lack of activities for youth.
    ♦ 3 of these respondents mentioned lack of mentoring for youth.
  ▶ 5 of the respondents who mentioned lack of resources referenced lack of housing resources/affordable housing specifically.
  ▶ 2 of the respondents who mentioned lack of resources referenced the built environment—the manmade surroundings in which community members live—specifically.
    ♦ Both of these respondents mentioned lack of adequate transportation.

FINANCIAL DIFFICULTIES
• The financial difficulties subcategories indicated most frequently by respondents are unemployment (25 respondents) and poverty (19 respondents).
A CLOSER LOOK - STRESSORS (CONTINUED)

INTERPERSONAL RELATIONSHIPS

- The interpersonal relationships subcategory indicated most frequently by respondents is family issues (16 respondents).
  - 7 of the respondents who mentioned family issues referenced parenting specifically.

DISCORD WITHIN THE COMMUNITY

* Discord within the community includes divides and conflicts between community members. The responses given that fit under this categorization include gentrification/displacement, cultural differences, lack of connection between community members (for a variety of reasons, including income, race, and age), the presence of a large transient population, and lack of respect for neighbors (trash, loud music, and drug use).

EDUCATION/SCHOOL

- The education/school subcategories indicated most frequently by respondents are academic stress (3 respondents) and social stress (3 respondents).
  - 2 of the respondents who mentioned social stress referenced bullying specifically.

HEALTH

- The health subcategories indicated most frequently by respondents are physical health (4 respondents) and health care (4 respondents).
  - 2 of the respondents who mentioned health care referenced insurance specifically.
RESULTS - MENTAL HEALTH ISSUES

Community leaders responded that the most common mental health issues in the community are depression (30 respondents), substance use (27 respondents), trauma (23 respondents), anxiety (16 respondents), general emotional issues (14 responses), behavioral issues (13 respondents), psychotic disorders (10 respondents), and issues with treatment (7 respondents).
A CLOSER LOOK - MENTAL HEALTH ISSUES

DEPRESSION

- The depression subcategories indicated most frequently by respondents are bipolar disorder (11 respondents) and suicide (2 respondents).

GENERAL EMOTIONAL ISSUES

- The general emotional issues subcategories indicated most frequently by respondents are hopelessness (6 respondents) and self-esteem/personal worth (3 respondents).

BEHAVIORAL ISSUES

- The behavioral issues subcategories indicated most frequently by respondents are anger issues (7 respondents) and ADHD/attention issues (3 respondents).

ISSUES WITH TREATMENT

* Issues with treatment include anything that inhibits accessing and receiving effective mental health treatment. The responses given that fit under this categorization include stigma, ineffective medication management, lack of continuity of services, misdiagnosis, lack of education about mental health issues, and lack of provider cultural understanding.
Community leaders responded that the groups of people in the community most in need of mental health services are **pre-adults** (34 respondents), **adults** (29 respondents), **caregivers** (23 respondents), **homeless individuals** (14 respondents), the **reentry population** (14 respondents), **minorities** (13 respondents), **veterans** (12 respondents), and **those experiencing financial hardship** (9 respondents).
A CLOSER LOOK - GROUPS

PRE-ADULTS
* Responses were categorized as “pre-adult” if respondents gave indication that the group consisted primarily of people who are 19 years old and younger.
  - The pre-adult subcategories indicated most frequently by respondents are children (24 respondents) and teenagers/adolescents (12 respondents).

ADULTS
* Responses were categorized as “adult” if respondents gave indication that the group consisted primarily of people who are at least 20 years old.
  - The adult subcategories indicated most frequently by respondents are older adults (17 respondents) and young adults (15 respondents).

CAREGIVERS
* Responses were categorized as “caregiver” if respondents gave indication that the group consisted of individuals who have the responsibility of taking care of a family member. The person receiving the care could be any age, though most respondents were referencing caregivers charged with looking after children and teenagers.
  - The caregiver subcategories indicated most frequently by respondents are parents (20 respondents) and grandparents (5 respondents).
    - 12 of the respondents who mentioned parents referenced single parents specifically.

REENTRY POPULATION
* Responses were categorized as “reentry population” if respondents gave indication that the group consisted of individuals who were recently incarcerated in prison or jail. The type of facility, time served, and other details were rarely specified by respondents.

MINORITIES
* All 13 respondents who mentioned minorities referenced ethnic/racial minorities.
THOSE EXPERIENCING FINANCIAL HARDSHIP

- The subcategories for those experiencing financial hardship indicated most frequently by respondents are the unemployed (5 respondents) and those who are low-income (4 respondents).
COMMUNITY MEMBER SURVEYS

The Coalition’s research team administered surveys to community members, residents living within the West Side EMHSP area. In total, 189 surveys were completed, all of which were in-person. The community member surveys were more brief than the community leader interviews, usually lasting 10 to 15 minutes. Various methods were employed for the community member survey depending on the subsection of the larger West Side area. Surveys were administered in small groups at local churches and community organizations to reach groups of people who lived in inaccessible high-rises or areas in which going door-to-door was inhibited by safety concerns. The majority of surveys were administered door-to-door. See Appendix B for the survey questionnaire.

The goal of the surveys was to determine the most important 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 in order 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 29. The results displayed on pages 30-57 include all responses given by at least 10% of total respondents (at least 19 respondents). The map below shows the locations of the city blocks where surveys were administered.9
OVERVIEW: RESPONDENT BACKGROUND

**Respondent Residence**

- Near West Side: 87
- North Lawndale: 57
- East Garfield Park: 21
- West Garfield Park: 23
- N/A: 1

**Respondent Age**

- 18 - 29: 38
- 30 - 49: 49
- 50 - 64: 62
- 65+: 35
- Other: 1
- N/A: 4

**Respondent Gender**

- Male: 68
- Female: 117
- N/A: 4
CHILDREN

RESULTS - STRESSORS

Community members responded that the stressors most affecting children (ages 12 and under) in the community are crime (91 respondents), education/school (80 respondents), interpersonal relationships (74 respondents), quality of life (72 respondents), and financial difficulties (28 respondents).
CHILDREN

A CLOSER LOOK - STRESSORS

CRIME

- The crime subcategories indicated most frequently by respondents are violent crime (70 respondents) and non-violent crime (22 respondents).
  - 39 of the respondents who mentioned violent crime referenced gun violence specifically.
  - 14 of the respondents who mentioned violent crime referenced physical abuse (which includes domestic and sexual abuse) specifically.
  - All 22 of the respondents who mentioned non-violent crime referenced drugs specifically.

EDUCATION/SCHOOL

- The education/school subcategories indicated most frequently by respondents are social stress (60 respondents) and academic stress (13 respondents).
  - 38 of the respondents who mentioned social stress referenced bullying specifically.
  - 26 of the respondents who mentioned social stress referenced peer pressure specifically.

INTERPERSONAL RELATIONSHIPS

- The interpersonal relationships subcategory indicated most frequently by respondents is family issues (68 respondents).
  - 39 of the respondents who mentioned family issues referenced relationship with parents specifically.
  - 14 of the respondents who mentioned family issues referenced family conflict specifically. Family conflict includes conflict between family members (spouses, parents and children, siblings, etc.), e.g., divorce.
CHILDREN

A CLOSER LOOK - STRESSORS (CONTINUED)

QUALITY OF LIFE

- The quality of life subcategories indicated most frequently by respondents are lack of resources (61 respondents) and gang activity/recruitment (10 respondents).
  - 40 of the respondents who mentioned lack of resources referenced lack of youth resources specifically.
    - 25 of these respondents mentioned lack of activities for youth.
    - 11 of these respondents mentioned lack of mentoring for youth.
  - 10 of the respondents who mentioned lack of resources referenced the built environment—the manmade surroundings in which community members live—specifically.
    - 6 of these respondents mentioned lack of adequate transportation.
  - 7 of the respondents who mentioned lack of resources referenced lack of educational resources specifically.
  - 4 of the respondents who mentioned lack of resources referenced lack of commercial development/economic opportunity specifically.
  - 2 of the respondents who mentioned lack of resources referenced lack of mental health resources specifically.
  - 2 of the respondents who mentioned lack of resources referenced lack of housing resources/affordable housing specifically.

FINANCIAL DIFFICULTIES

- The financial difficulties subcategories indicated most frequently by respondents are food insecurity (12 respondents) and poverty (11 respondents).
CHILDREN

RESULTS - MENTAL HEALTH ISSUES

Community members responded that the most important mental health issues for children (ages 12 and under) in the community are behavioral issues (47 respondents), depression (38 respondents), general emotional issues (25 respondents), and anxiety (24 respondents).
CHILDREN

A CLOSER LOOK - MENTAL HEALTH ISSUES

BEHAVIORAL ISSUES

- The behavioral issues subcategories indicated most frequently by respondents are ADHD/attention issues (40 respondents) and anger issues (3 respondents).

DEPRESSION

- The depression subcategory indicated most frequently by respondents is bipolar disorder (7 respondents).

GENERAL EMOTIONAL ISSUES

- The general emotional issues subcategories indicated most frequently by respondents are self-esteem/personal worth (13 respondents), grief/loss (4 respondents), and loneliness (3 respondents).
TEENAGERS

RESULTS - STRESSORS

Community members responded that the stressors most affecting teenagers (13 - 19 years old) in the community are crime (107 respondents), education/school (87 respondents), quality of life (78 respondents), interpersonal relationships (47 respondents), and financial difficulties (35 respondents).
TEENAGERS

A CLOSER LOOK - STRESSORS

CRIME

- The crime subcategories indicated most frequently by respondents are **violent crime** (71 respondents) and **non-violent crime** (52 respondents).
  - 39 of the respondents who mentioned violent crime referenced **gun violence** specifically.
  - 5 of the respondents who mentioned violent crime referenced physical abuse specifically.
  - All 52 of the respondents who mentioned non-violent crime referenced **drugs** specifically.

EDUCATION/SCHOOL

- The education/school subcategories indicated most frequently by respondents are **social stress** (70 respondents) and **academic stress** (13 respondents).
  - 53 of the respondents who mentioned social stress referenced **peer pressure** specifically.
  - 16 of the respondents who mentioned social stress referenced **bullying** specifically.
TEENAGERS

A CLOSER LOOK - STRESSORS (CONTINUED)

QUALITY OF LIFE
• The quality of life subcategories indicated most frequently by respondents are lack of resources (45 respondents) and gang activity/recruitment (38 respondents).
  ▶ 31 of the respondents who mentioned lack of resources referenced lack of youth resources specifically.
    ◆ 22 of these respondents mentioned lack of activities for youth.
    ◆ 9 of these respondents mentioned lack of mentoring for youth.
  ▶ 5 of the respondents who mentioned lack of resources referenced lack of educational resources specifically.
  ▶ 5 of the respondents who mentioned lack of resources referenced the built environment—the manmade surroundings in which community members live—specifically.
    ◆ 4 of these respondents mentioned lack of adequate transportation.
  ▶ 3 of the respondents who mentioned lack of resources referenced lack of mental health resources specifically.
  ▶ 2 of the respondents who mentioned lack of resources referenced lack of commercial development/economic opportunity specifically.

INTERPERSONAL RELATIONSHIPS
• The interpersonal relationships subcategories indicated most frequently by respondents are family issues (32 respondents) and romantic relationships (12 respondents).
  ▶ 19 of the respondents who mentioned family issues referenced relationship with parents specifically.

FINANCIAL DIFFICULTIES
• The financial difficulties subcategories indicated most frequently by respondents are unemployment (15 respondents), poverty (13 respondents), and food insecurity (4 respondents).
TEENAGERS

RESULTS - MENTAL HEALTH ISSUES

Community members responded that the most important mental health issues for teenagers (13 - 19 years old) in the community are depression (77 respondents), anxiety (38 respondents), substance use (26 respondents), behavioral issues (24 respondents), and general emotional issues (24 respondents).
TEENAGERS

A CLOSER LOOK: MENTAL HEALTH ISSUES

DEPRESSION

- The depression subcategories indicated most frequently by respondents are bipolar disorder (7 respondents) and suicide (4 respondents).

BEHAVIORAL ISSUES

- The behavioral issues subcategories indicated most frequently by respondents are ADHD/attention issues (16 respondents) and anger issues (6 respondents).

GENERAL EMOTIONAL ISSUES

- The general emotional issues subcategory indicated most frequently by respondents is self-esteem/personal worth (22 respondents).
YOUNG ADULTS

RESULTS - STRESSORS

Community members responded that the stressors most affecting young adults (20 - 39 years old) in the community are financial difficulties (109 respondents), quality of life (81 respondents), crime (80 respondents), interpersonal relationships (53 respondents), job/work (32 respondents), and education/school (20 respondents).
YOUNG ADULTS

A CLOSER LOOK - STRESSORS

FINANCIAL DIFFICULTIES

- The financial difficulties subcategories indicated most frequently by respondents are unemployment (73 respondents), job insecurity (10 respondents), poverty (6 respondents), and food insecurity (2 respondents).

QUALITY OF LIFE

- The quality of life subcategories indicated most frequently by respondents are lack of resources (59 respondents) and gang activity/recruitment (22 respondents).
  - 36 of the respondents who mentioned lack of resources referenced lack of mental health resources specifically.
  - 30 of the respondents who mentioned lack of resources referenced lack of educational resources specifically.
    - 8 of these respondents mentioned lack of resources for obtaining job skills.
  - 14 of the respondents who mentioned lack of resources referenced lack of commercial development/economic opportunity specifically.
  - 8 of the respondents who mentioned lack of resources referenced lack of housing resources/affordable housing specifically.
  - 4 of the respondents who mentioned lack of resources referenced lack of youth resources specifically.
    - 3 of these respondents mentioned lack of activities for youth.
  - 2 of the respondents who mentioned lack of resources referenced the built environment—the manmade surroundings in which community members live—specifically.
CRIME

• The crime subcategories indicated most frequently by respondents are **violent crime** (48 respondents) and **non-violent crime** (43 respondents).
  ▶ 27 of the respondents who mentioned violent crime referenced **gun violence** specifically.
  ▶ 7 of the respondents who mentioned violent crime referenced **physical abuse** (which includes domestic and sexual abuse) specifically.
  ▶ All 43 of the respondents who mentioned non-violent crime referenced **drugs** specifically.

INTERPERSONAL RELATIONSHIPS

• The interpersonal relationships subcategories indicated most frequently by respondents are **family issues** (32 respondents) and **romantic relationships** (12 responses).
  ▶ 18 of the respondents who mentioned family issues referenced **parenting** specifically.

JOB/WORK

* The stressor “job/work” is distinct from the stressor “financial difficulties” (which includes job insecurity and unemployment) in the sense that performing the job itself is stressful, as opposed to the stress from not having a job, possibly losing the job, etc.

EDUCATION/SCHOOL

• The education/school subcategories indicated most frequently by respondents are **social stress** (11 respondents) and **academic stress** (3 respondents).
  ▶ 8 of the respondents who mentioned social stress referenced **peer pressure** specifically.
YOUNG ADULTS

RESULTS - MENTAL HEALTH ISSUES

Community members responded that the most important mental health issues for young adults (20 - 39 years old) in the community are depression (69 respondents), anxiety (39 respondents), substance use (38 respondents), general emotional issues (25 respondents), and trauma (20 respondents).
YOUNG ADULTS

A CLOSER LOOK - MENTAL HEALTH ISSUES

DEPRESSION

- The depression subcategories indicated most frequently by respondents are bipolar disorder (14 respondents) and suicide (3 respondents).

GENERAL EMOTIONAL ISSUES

- The general emotional issues subcategories indicated most frequently by respondents are self-esteem/personal worth (17 respondents), hopelessness (6 respondents), and loneliness (3 respondents).
MIDDLE AGED ADULTS

RESULTS - STRESSORS

Community members responded that the stressors most affecting middle aged adults (40 - 64 years old) in the community are financial difficulties (96 respondents), crime (56 respondents), interpersonal relationships (50 respondents), quality of life (48 respondents), health (36 respondents), and job/work (30 respondents).
MIDDLE AGED ADULTS

A CLOSER LOOK - STRESSORS

FINANCIAL DIFFICULTIES

- The financial difficulties subcategories indicated most frequently by respondents are unemployment (37 respondents), job insecurity (10 respondents), and food insecurity (2 respondents).

CRIME

- The crime subcategories indicated most frequently by respondents are non-violent crime (31 respondents) and violent crime (27 respondents).
  ▶ All 31 of the respondents who mentioned non-violent crime referenced drugs specifically.
  ▶ 9 of the respondents who mentioned violent crime referenced gun violence specifically.
  ▶ 6 of the respondents who mentioned violent crime referenced physical abuse (which includes domestic violence) specifically.

INTERPERSONAL RELATIONSHIPS

- The interpersonal relationships subcategories indicated most frequently by respondents are family issues (43 respondents) and romantic relationships (2 responses).
  ▶ 24 of the respondents who mentioned family issues referenced parenting specifically.
  ▶ 5 of the respondents who mentioned family issues referenced family conflict specifically. Family conflict includes conflict between family members (spouses, parents and children, siblings, etc.), e.g., divorce.
MIDDLE AGED ADULTS

A CLOSER LOOK - STRESSORS (CONTINUED)

QUALITY OF LIFE

- The quality of life subcategories indicated most frequently by respondents are lack of resources (42 respondents) and gang activity/recruitment (2 respondents).
  - 16 of the respondents who mentioned lack of resources referenced lack of housing resources/affordable housing specifically.
  - 7 of the respondents who mentioned lack of resources referenced lack of commercial development/economic opportunity specifically.
  - 6 of the respondents who mentioned lack of resources referenced lack of educational resources specifically.
    - 2 of these respondents mentioned lack of resources for obtaining job skills.
  - 6 of the respondents who mentioned lack of resources referenced the built environment—the manmade surroundings in which community members live—specifically.
    - 5 of these respondents mentioned lack of adequate transportation.
  - 4 of the respondents who mentioned lack of resources referenced lack of mental health resources specifically.

HEALTH

- The health subcategories indicated most frequently by respondents are health care (16 respondents) and physical health (15 respondents).
  - 7 of the respondents who mentioned health care referenced insurance specifically.

JOB/WORK

* The stressor “job/work” is distinct from the stressor “financial difficulties” (which includes job insecurity and unemployment) in the sense that performing the job itself is stressful, as opposed to the stress from not having a job, possibly losing the job, etc.
MIDDLE AGED ADULTS

RESULTS - MENTAL HEALTH ISSUES

Community members responded that the most important mental health issues for middle aged adults (40 - 64 years old) in the community are **depression** (67 respondents), **anxiety** (33 respondents), and **substance use** (31 respondents).
MIDDLE AGED ADULTS

A CLOSER LOOK - MENTAL HEALTH ISSUES

DEPRESSION

- The depression subcategories indicated most frequently by respondents are bipolar disorder (12 respondents) and suicide (2 respondents).
Community members responded that the stressors most affecting older adults (ages 65 and older) in the community are end of life concerns (140 respondents), quality of life (46 respondents), crime (36 respondents), and interpersonal relationships (28 respondents).
OLDER ADULTS

A CLOSER LOOK - STRESSORS

END OF LIFE CONCERNS

* End of life concerns are stressors that are specific to older adults and related to the process of aging in some way. This category has been applied only to the responses referencing individuals ages 65 and older.

• The end of life subcategories indicated most frequently by respondents are retirement/finances (60 respondents), physical health (54 respondents), health care (41 respondents), and isolation (15 respondents).

QUALITY OF LIFE

• The quality of life subcategories indicated most frequently by respondents are lack of resources (42 respondents) and gang activity/recruitment (2 respondents).
  ▶ 18 of the respondents who mentioned lack of resources referenced the built environment—the manmade surroundings in which community members live—specifically.
    ♦ 17 of these respondents mentioned lack of adequate transportation.
  ▶ 11 of the respondents who mentioned lack of resources referenced lack of housing resources/affordable housing specifically.
  ▶ 3 of the respondents who mentioned lack of resources referenced lack of commercial development/economic opportunity specifically.
  ▶ 2 of the respondents who mentioned lack of resources referenced lack of educational resources specifically.
  ▶ 2 of the respondents who mentioned lack of resources referenced lack of mental health resources specifically.
OLDERS ADULTS

A CLOSER LOOK - STRESSORS (CONTINUED)

CRIME

- The crime subcategories indicated most frequently by respondents are violent crime (17 respondents) and non-violent crime (9 respondents).
  - 6 of the respondents who mentioned violent crime referenced gun violence specifically.
  - 3 of the respondents who mentioned violent crime referenced physical abuse specifically.
  - All 9 of the respondents who mentioned non-violent crime referenced drugs specifically.

INTERPERSONAL RELATIONSHIPS

- The interpersonal relationships subcategory indicated most frequently by respondents is family issues (20 respondents).
  - 5 of the respondents who mentioned family issues referenced parenting specifically.
  - 2 of the respondents who mentioned family issues referenced family conflict specifically. Family conflict includes conflict between family members (spouses, parents and children, siblings, etc.), e.g., divorce.
Community members responded that the most important mental health issues for older adults (ages 65 and older) in the community are depression (59 responses), neurocognitive disorders (43 responses), general emotional issues (32 responses), and anxiety (19 responses).
OLDER ADULTS

A CLOSER LOOK - MENTAL HEALTH ISSUES

DEPRESSION

• The depression subcategory indicated most frequently by respondents is bipolar disorder (8 respondents).

NEUROCOGNITIVE DISORDERS

* Neurocognitive disorders include the following responses: memory loss, dementia, and the cognitive symptoms associated with Alzheimer's disease.

GENERAL EMOTIONAL ISSUES

• The general emotional issues subcategories indicated most frequently by respondents are loneliness (19 respondents), self-esteem/personal worth (8 respondents), hopelessness (5 respondents), and grief/loss (5 respondents).
Community members responded that the groups of people in the community most in need of mental health services are pre-adults (96 respondents), adults (84 respondents), homeless individuals (80 respondents), caregivers (59 respondents), those experiencing financial hardship (29 respondents), the reentry population (27 respondents), and drug users (20 respondents).
A CLOSER LOOK - GROUPS

PRE-ADULTS

* Responses were categorized as “pre-adult” if respondents gave indication that the group consisted primarily of people who are 19 years old and younger.

- The pre-adult subcategories indicated most frequently by respondents are teenagers/adolescents (55 respondents) and children (38 respondents).

ADULTS

* Responses were categorized as “adult” if respondents gave indication that the group consisted primarily of people who are at least 20 years old.

- The adult age subcategories indicated most frequently by respondents are older adults (44 respondents), young adults (28 respondents), and middle aged adults (12 respondents).

- Aside from age categories, 19 respondents mentioned adults with disabilities.

CAREGIVERS

* Responses were categorized as “caregiver” if respondents gave indication that the group consisted of individuals who had the responsibility of taking care of a family member. The person receiving the care could be any age, though most respondents were referencing caregivers charged with looking after children and teenagers.

- The caregiver subcategory indicated most frequently by respondents is parents (59 respondents).

  ▶ 54 of the respondents who mentioned parents referenced single parents specifically. No community member respondents mentioned grandparents.

THOSE EXPERIENCING FINANCIAL HARDSHIP

- The subcategories for those experiencing financial hardship indicated most frequently by respondents are those who are low-income (11 respondents) and the unemployed (9 respondents).
REENTRY POPULATION

* Responses were categorized as “reentry population” if respondents gave indication that the group consisted of individuals who were recently incarcerated in prison or jail. The type of facility, time served, and other details were rarely specified by respondents.
This needs assessment will contribute a unique perspective to the existing understanding of mental health in the West Side community, 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). The community at large will have the opportunity to engage with the assessment and use it to inform future West Side efforts and programs, including the West Side 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 anticipate that the needs assessment will serve as a catalyst for productive relationships between community organizations, community members, and the new West Side EMHSP. As the West Side 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 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 West Side 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 unconventional ideas about how mental health services could be effectively delivered within the specific context of the West Side 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 West Side community members.

2. Age data is from CMAP Metropulse Community Data Snapshot, www.cmap.illinois.gov/. CMAP data is sourced from 2015 American Community Survey five-year estimates.


5. Unemployment data is from CMAP Metropulse Community Data Snapshot, www.cmap.illinois.gov/. CMAP data is sourced from 2015 American Community Survey five-year estimates.

6. Crime data is from the Chicago Police Department CLEARMAP Crime Summary. Data on the site is provided for the previous 365 days. This data was accessed on August 24, 2017.

7. See Community-Based Participatory Research (Hacker 2013) for a comprehensive overview of the research model employed in this needs assessment.

8. Map generated using GeoBatch.

NEEDS ASSESSMENT
RESEARCH TEAM

WEST SIDE COMMUNITY ACTION TEAMS

Deja Brown
Michelle Byrne
Jimmie Etheridge
Allan Evans
Dorothy Ferguson
Claudea Heise
Jaliyah Henderson
Jackie Ingram
Nora Jackson
Katie Koren
Rachel Lyons
Carl Mance
Mary McGinnis
Sister Mary Ellen Meckley
Janice Oda-Gray
Dennis O'Donnell
Lori O'Donnell
Michele Packard
Kathy Powers
Alberta Sanders
Deacon Greg Shumpert
Bill Stovall
Deacon Dexter Watson
Robin Watson
Elzie Williams
Zashandra Wright

COALITION TO SAVE OUR MENTAL HEALTH CENTERS

Michael Snedeker, Executive Director
Elizabeth Knopf, Associate Director
Rebecca Jarcho, Intern (Summer 2017)
Yiping Li, Intern (Summer 2017)

INSTITUTE FOR COMMUNITY EMPOWERMENT

Robert Gannett, Executive Director
Rapheal Arteberry, Lead Facilitator (Citizens Now Afterschool Program)
APPENDIX A:
COMMUNITY LEADER INTERVIEW QUESTIONNAIRE

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?

4. Which community members are most affected by these mental health issues at your organization?

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 by the new mental health center.
APPENDIX B:
COMMUNITY MEMBER SURVEY QUESTIONNAIRE

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+)?

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 on-site and/or off-site in the community?