North River Community Mental Health Needs Assessment 2013

Focusing on the sections of Irving Park, Albany Park, North Park, and Forest Glen covered by the 2012 North River Expanded Mental Health Services Program.

expanded MENTAL HEALTH services

EXPANDED MENTAL HEALTH SERVICES OF CHICAGO

ABOUT US

Expanded Mental Health Services of Chicago NFP (EMHS) is a 501c3 nonprofit focused on increasing access to affordable, high-quality, and culturally competent mental health care for Chicago's communities. Founded by a local group of advocates and mental health professionals, EMHS is committed to the following principles:

- **Community engagement**—Foremost, EMHS believes in giving area residents a voice in the types of services provided in their community. This includes working with local organizations, mental health consumers, and other concerned residents to craft innovative and culturally sensitive approaches to care.
- **Data-informed practice**—EMHS is committed to understanding the complex factors that prevent people from obtaining quality mental health care. This includes using in-depth data about community demographics and health care access to target services effectively to those in need.
- **Collaboration with local organizations**—EMHS recognizes that a variety of groups play a role in supporting community mental health and wellbeing: religious organizations, medical providers, local businesses, social service agencies, police and fire departments, and many others. EMHS seeks to be a resource for these organizations. Through providing consultation and education, referral and treatment services, and an ongoing analysis of unmet need in the area, EMHS hopes to build the capacity of community organizations to better assist people in need of mental health care.

A newly-formed organization, EMHS aspires to enact these principles through creating an affordable and accessible mental health clinic in Chicago's North River Area. In realizing this goal, EMHS relies on the guidance and expertise of its board of directors—an experienced team of local and national leaders in the field of mental health care and administration—and the insights offered by the numerous community members and institutions that participated in this needs assessment.

This needs assessment report forms the basis for EMHS's proposal to the North River Expanded Mental Health Services Program and Governing Commission, and is also intended as a reference for other local organizations seeking information about community resources and needs. It is EMHS's vision that this needs assessment will represent the first phase in a continuing collaboration with community residents and leaders to develop holistic models for high-quality mental health care in the North River Area.

CONTENTS

EXECUTIVE SUMMARY

In accordance with requirements outlined by the North River Expanded Mental Health Services Program Governing Commission and the Community Expanded Mental Health Services Act, Expanded Mental Health Services of Chicago (EMHS) conducted a thorough needs assessment to determine common mental health concerns, barriers to care, and needed services within the area covered by the North River Expanded Mental Health Services Program (NRRA).

To gain perspectives on local needs, EMHS conducted a community wide door-to-door survey, and a series of in-depth interviews with area residents, religious leaders, social service providers, and community advocates. Additionally, EMHS compiled comprehensive data on community demographics, socioeconomic status, crime, and health care access.

Findings from Surveys and In-Depth Interviews with Community Residents

- **Depression** was identified by respondents as the most common mental health issue affecting area residents.
- **Concern about finances** was identified as the most common stressor affecting area residents. Financial concerns included worries about unemployment, decreased home values, and retirement. Several participants also reported experiencing stress due to caregiver responsibilities for both children and aging parents.
- Respondents said that **stress related to family conflicts** was the most important mental health issue facing young children. Family conflicts identified by respondents included domestic violence, substance use, fighting between parents, and long work hours.
- Respondents said that **substance abuse** was the most common mental health concern facing adolescents in the area. Several people also noted gang involvement as a factor affecting the mental health of area teenagers. These issues were often discussed in connection with concerns about lack of supervision and structured activities for area adolescents.
- Respondents said that **loneliness and depression** were the most common issues affecting older adults in the area. People also expressed concern about cognitive problems such as dementia or Alzheimer's.
- Slightly more than half of respondents reported **knowing someone who had sought mental health services within the last three years.** Respondents noted that having access to social workers and supportive family members often played a key role in helping people obtain services.
- Some respondents whose children have **developmental disabilities** said that they have **trouble accessing mental health services** for their children, or that some of the mental health services they need are not covered by insurance.

Findings from In-Depth Interviews with Religious Leaders and Community Service Providers

- Multiple religious leaders and social service providers stated that there is a need for more **mental health services provided in Spanish**. Staff from both social service and religious organizations say that they often meet people from the Latino community seeking help obtaining health care and assistance meeting basic needs.
- Many religious leaders and social service providers said there is need for more **mental health and primary care services available to undocumented immigrants**. This group includes both Latino immigrants, and people from areas such as Eastern Europe and Asia.
- Several religious leaders said that they are often approached by **persons experiencing homeless who are looking for assistance**. These leaders said that they need more information about resources available to this group, particularly for people who appear to have problems with mental illness or substance abuse.
- Many religious leaders said that they need **more guidance on addressing mental health issues** among their congregants and referring them to community resources.
- Many religious leaders said that they have **trouble finding low-cost marital counseling** for their congregants, and that this would be a useful community resource.
- Some social service providers said that it was important to have **access to low-cost psychological assessments in multiple languages**, particularly for older adults.
- Some religious leaders in Albany Park reported that adolescent males are being recruited into **gangs**.
- Religious leaders and social service providers said that area parents often **work long or inconvenient hours**, making it **difficult to provide supervision to children**. These respondents expressed concern that lower levels of supervision can lead to emotional or behavioral problems for children or youth, and said that the area needs more structured activities for young people.
- Some religious leaders said that they work with congregants that have experienced or are experiencing **physical or sexual abuse**, and said that they need more information about the services available in the community to address these issues.
- Many religious leaders reported that they work with people who have problems with **alcoholism or substance use**, often linked to stress related to work and finances.
- Multiple religious leaders and social service providers reported that they often work with older adults experiencing **depression, social isolation, and cognitive problems**. Some of these respondents also noted that linguistic isolation among older adults in immigrant communities can exacerbate these problems.
- Some social service providers said that is **difficult to access psychiatric services for uninsured individuals** who need **assistance with medication management**.

Findings from the Geographic Analysis

- The referendum area contains **approximately 131,000 people**.
- Almost **20% of households contain no fluent English speakers**, approximately twice the average for the City of Chicago.
- **Latinos comprise the largest ethnic/racial group** in the referendum area, followed by Caucasians, Asians, and African-Americans, respectively.
- The referendum area has **over twice as many single-parent homes** as the city-wide average.
- The **percentage of foreign-born residents** is almost **twice the city-wide average**.
- The area has almost **twice as many overcrowded housing units** as the city-wide average.
- **12% of older adults in the area live in poverty** and **44% live alone**.
- **27% of veterans aged 18 to 65 in the referendum area are unemployed or not in the labor force**, approximately 10% lower than the city-wide average.
- Approximately **10,000 households, 22% of the area population, will gain coverage to health insurance** as a result of the **Affordable Care Act**.

Conclusion

Expanded Mental Health Services of Chicago's approach to this needs assessment was aligned with our commitment to community engagement, data-informed practice, and community collaboration.

We set out to hear from as many community members and diverse stakeholders as possible, and built on their responses with extensive public health and geographic analysis that helped us pinpoint the community's precise areas of need.

What we found was that needs and barriers to care in the community are varied and complex. But also, we found that community members are deeply committed to improving the supports for vulnerable populations and enhancing the quality of life for all residents.

Our strategic objective is to use these findings to develop innovative approaches to practice that are attuned to unmet needs in the community area. We aspire to complement and support the work of the existing constellation of community organizations so that together we might enhance the quality of mental health care and improve the lives of our fellow North River neighbors.

GOALS AND PROCESS

In conducting the needs assessment, EMHS outlined the following goals:

- Meet the criteria outlined in the Community Expanded Mental Health Services Act, which stipulates that any organization submitting a program proposal must conduct a "thorough mental health needs assessment for the territory."

- Obtain input from community residents and leaders about common mental health concerns in the area, barriers affecting access to care, types of services that are needed, and best practices for delivering high-quality and culturally sensitive care.

- Compile data on community demographics, crime, and health care access.

- Review published research on the mental health concerns that are common to demographic groups in the area.

To meet these goals, EMHS used the following approaches:

- A community-wide survey of the North River Referendum Area (NRRA).
- A series of key informant interviews with local religious leaders and social service providers.
- A geospatial analysis of area demographics, socioeconomic status, crime, and health care access.
- A review of research examining the mental health concerns common among demographic groups in the NRRA.

GOALS AND PROCESS

How does EMHS define "need"?

As noted by Royse[1], "need" is an abstract and relative concept. To gain a comprehensive perspective, EMHS focused on the four different categories of need outlined by Bradshaw [2]: *felt need, expressed need, normative need,* and *comparative need.*

- *Felt need* refers to the areas of need that are directly identified by community members and potential consumers of services.
- *Expressed need* refers to the types of need that are manifested through utilization of resources that currently exist in the community.
- *Normative need* refers to the types of need that are identified by experts familiar with the population being assessed.
- *Comparative need* refers to the types of need that can be determined through looking at information about groups who have similar characteristics to the population being assessed.

Data collection strategy

To obtain information about these four types of need, EMHS used a multi-tier data collection plan. First, the organization conducted a door-to-door community survey, which was used to determine information about felt need. Additionally, EMHS conducted several in-depth interviews with community residents, often focusing on the experiences of mental health consumers or providers.

Second, findings from the door-to-door survey were used to help develop research questions for interviews with religious leaders and social service providers. These interviews allowed EMHS to gain information about expressed need—the types of services that are commonly utilized. These interviews also allowed EMHS to obtain viewpoints on normative need from individuals who have expertise about the community.

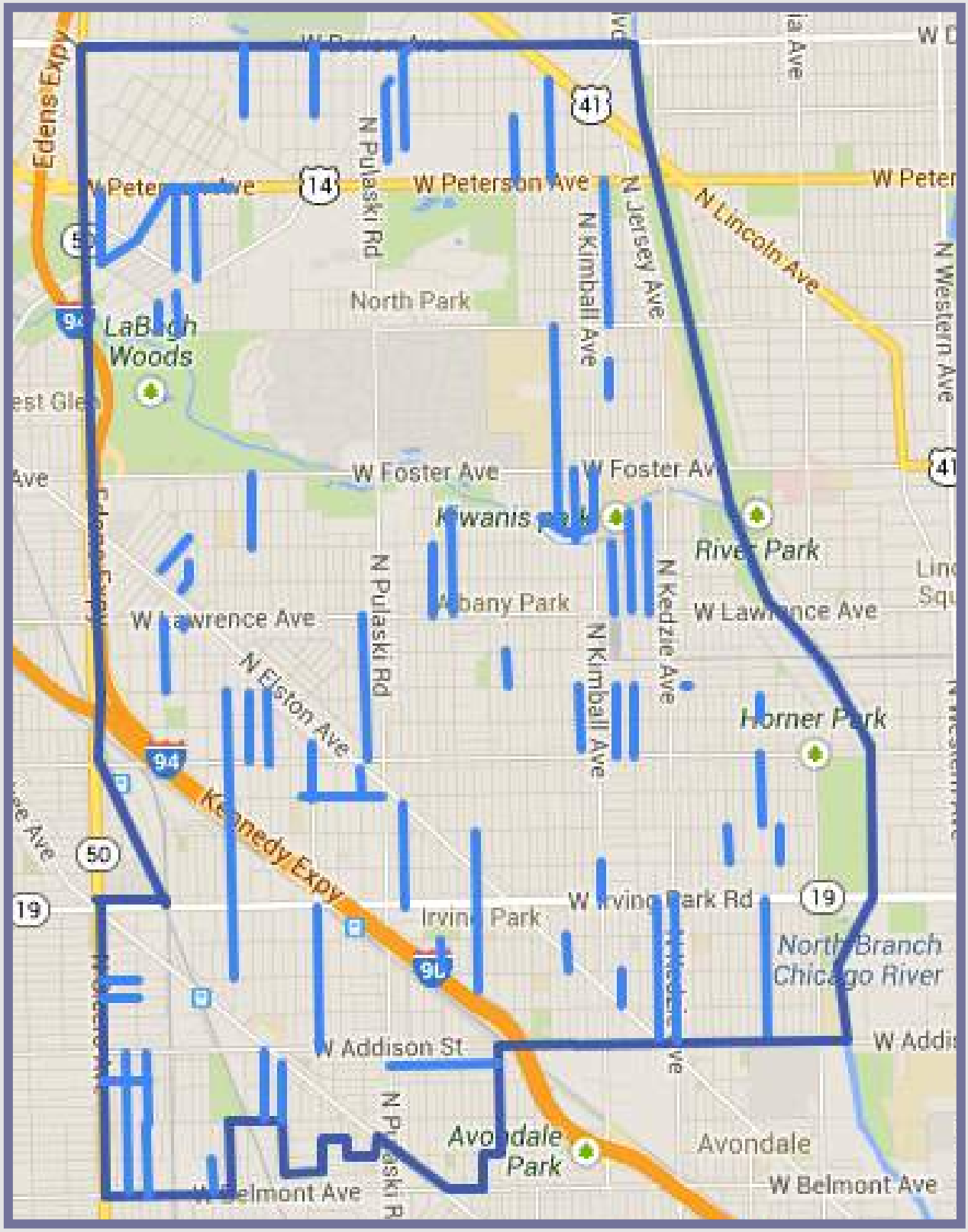
Lastly, information from the community survey and key respondent interviews was used to determine areas of inquiry for the geospatial analysis and literature review. This allowed the organization to gain an account of comparative need. It is the hope of EMHS that this multitier approach provides a comprehensive account of area mental health needs—one that is grounded in both community viewpoints and published data.

METHODS

Door-to-Door Community Survey

The map on the right shows the areas covered by the community survey. EMHS qualitative researchers knocked on over 1000 doors and completed 268 interviews. Surveys consisted of five open-ended questions and were administered in English and Spanish. In addition to the survey questions, participants were also invited to provide in-depth information about any experiences and perspectives they had concerning mental health needs in the area. People who shared in-depth information included mental health consumers, parents whose children receive mental health services, and individuals working in fields such as health care, social services, and education.

In order to gain a sample of residents representing communities throughout the NRRA, EMHS divided the NRRA into eight different data collection areas. Each of these areas contained approximately 64 blocks, and researchers attempted to obtain at least 20 responses per area. Within the data collection area, the streets and households were chosen at random and contacted through cold-knocking.


Edens Expy
W Peterson Ave
N Pulaski Rd
N Kimball Ave
N Jersey Ave
N Lincoln Ave
N Western Ave
North Park
LaBagh Woods
W Foster Ave
Kiwanis Park
River Park
Albany Park
W Lawrence Ave
N Elston Ave
N Kedzie Ave
Horner Park
Kennedy Expy
Irving Park
W Irving Park Rd
North Branch Chicago River
W Addison St
Avondale Park
Avondale
W Belmont Ave

METHODS

Key Informant Interviews

The map on the right shows the locations where EMHS conducted key informant interviews. Blue stars are religious organizations and red stars are social service or community advocacy organizations. Additionally, some social service agencies that serve the NRRA and participated in the needs assessments are located outside of the community, and are not depicted in the map.

Key informant interviews were conducted using an open-ended questionnaire. Questions focused on common mental health concerns expressed by people in the area, barriers to care, mental health services that are needed, and strategies for providing culturally sensitive care. Organizations were identified through the use of Google Maps, the Yellow Pages, and a community resource guide published by researchers at Chapin Hall and the University of Chicago.[3] A list of the survey questions used and the organizations consulted is included in the appendix to this report.


W Peterson Ave
14
N Jersey Ave
N Lincoln Ave
N Western Ave
North Park
W Foster Ave
River Park
Albany Park
N Pulaski Rd
N Kimball Ave
W Lawrence Ave
Horner Park
Chicago Locksmith Service
90
Kennedy Expy
W Montrose Ave
W Irving Park Rd
North Branch Chicago River
94
W Addison St
Avondale
W Belmont Ave

METHODS

Geospatial Analysis

For the geospatial analysis, EMHS consulted with a health geographer from the Feinberg School of Medicine at Northwestern University. The geographer helped determine socioeconomic indicators that could be used to gain insight into the prevalence and distribution of community needs that were identified in the survey and key informant interviews.

Additionally, the geographer compiled comprehensive data on area demographics, crime rates, access to mental health services, and the percentage of individuals who will gain health insurance coverage as a result of the Affordable Care Act. This information was used as the basis for a literature review of possible mental health issues in the area, and to identify a possible high-risk regions of the NRRA.

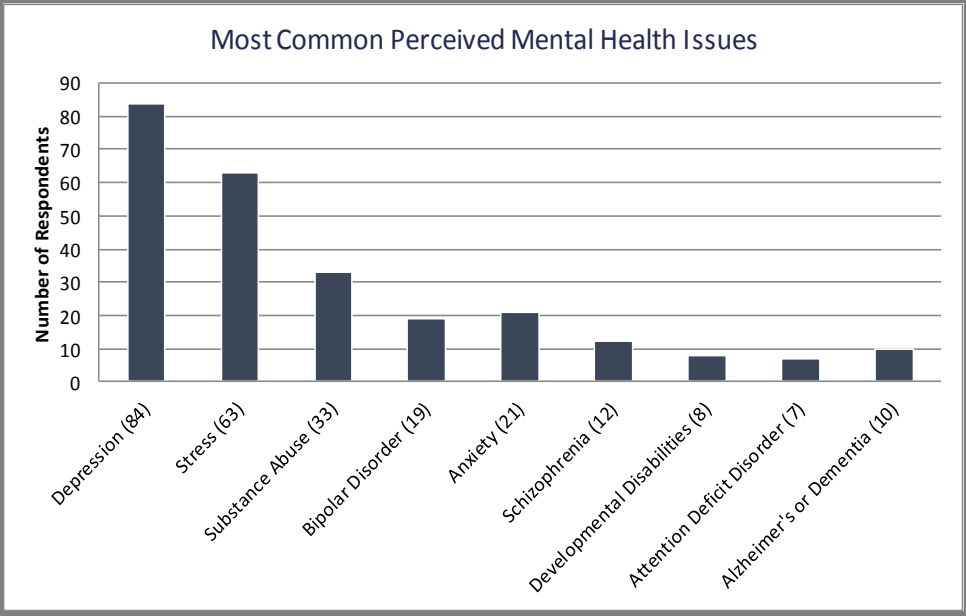
COMMUNITY SURVEY

COMMUNITY SURVEY

- **268** respondents
- Researchers knocked on over **1000** doors
- Survey administered in both **Spanish** and **English**

Question One: “”

We’d like to know what you think are the most common mental health issues in your community. When you think of people you know from your neighborhood, church, school, and social organizations, how would you describe their mental health concerns, difficulties, and/or needs?



The most common mental health concern was **depression**, which was often noted to affect a variety of age groups such as older adults, working age adults, and teens. Many people also stated that depression was connected to stress, primarily related to **financial concerns.**

Question Two:

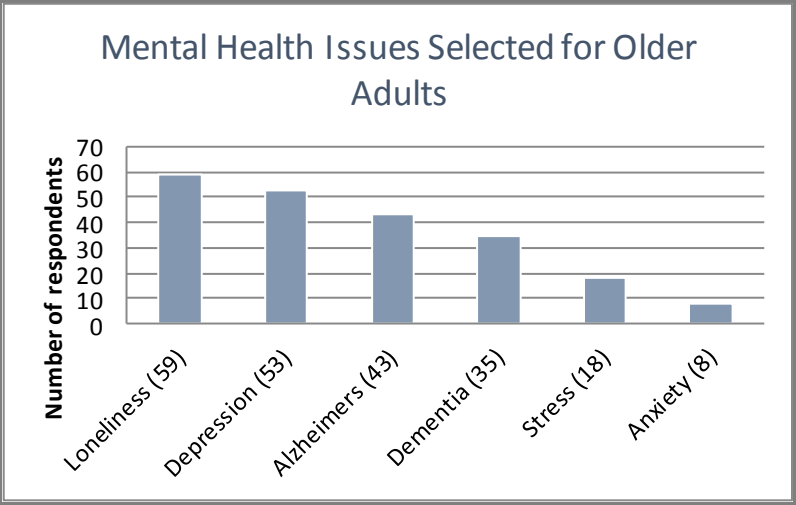
> ***We'd like to know about the problems in the community that can have the greatest impact on people. Which life stressors affect community members most, in your opinion?***

For this question, the vast majority of participants stated that **financial issues are the primary stressor** in the community. They said financial stress is connected with a variety of factors such as **decreased home values**, **unemployment**, **chronic poverty**, and **economic hardships** faced by undocumented immigrants. Many participants also mentioned **caregiver stress**, and worries about **crime** and **gangs**.

COMMUNITY SURVEY

Question Three: “”

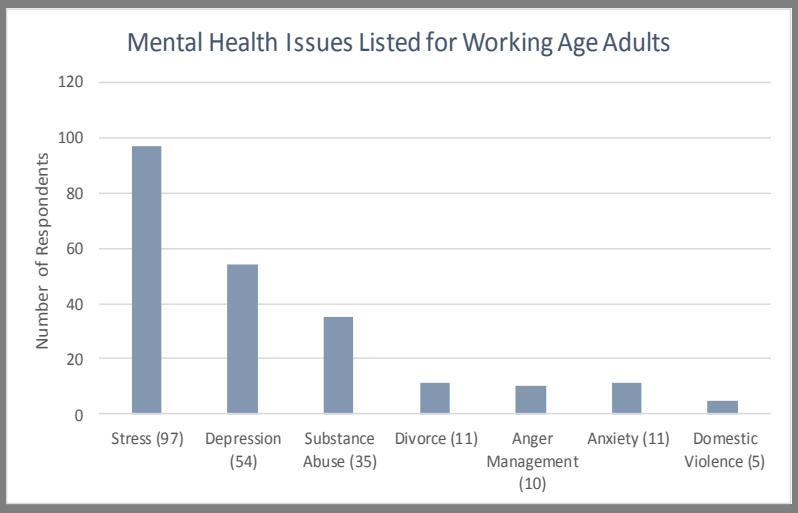
What are the primary mental health concerns affecting the following groups: older adults, working age adults, teenagers, and children?



Common issues cited for older adults were **depression**, **dementia**, **Alzheimer's,** and **social isolation**. Several respondents also mentioned **financial difficulties** and **anxiety about health** as possible issues facing this group.

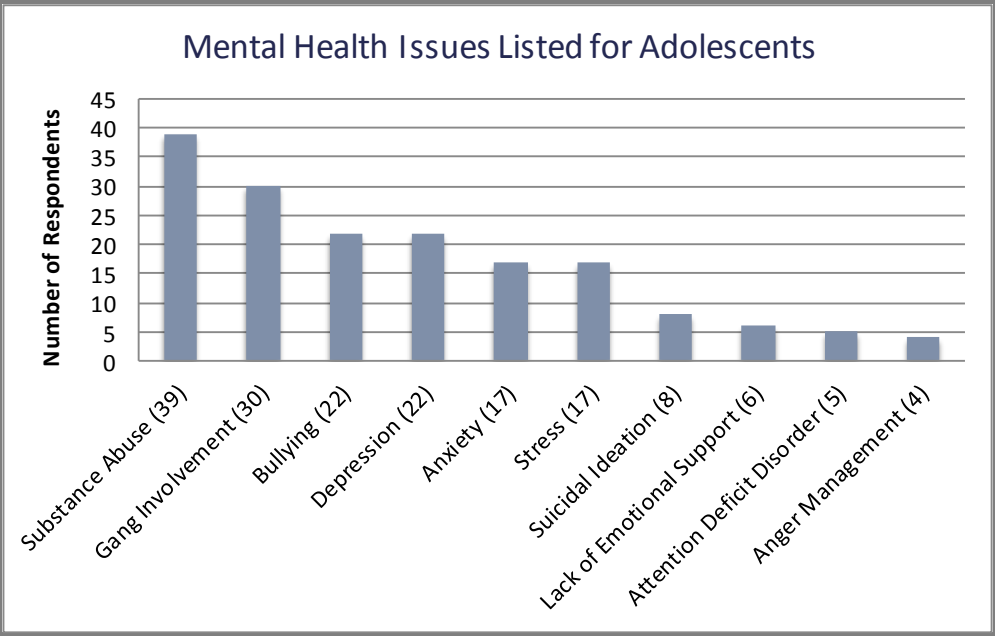
Many respondents stated that older adults may be **reluctant to use mental health services**. Respondents connected this with **stigma** and a desire for **self-sufficiency**.

Services listed as useful for this group include **grief counseling**, **psychological assessments**, **home-based counseling**, and programs focused on **combating social isolation**.



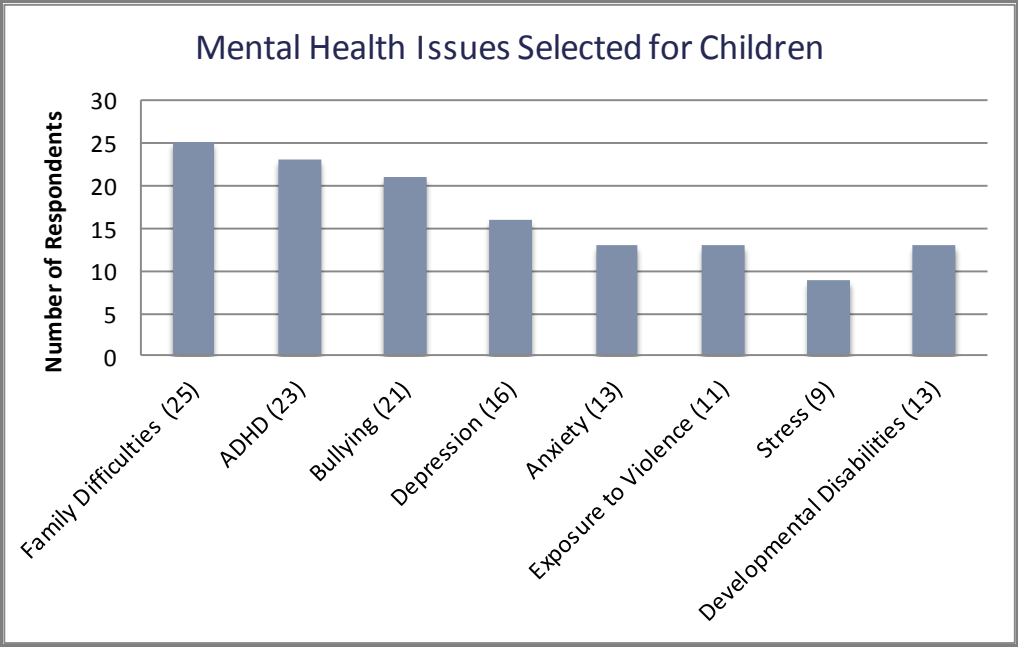
For working age adults, respondents stated that **stress was the primary mental health issue**. Stress was connected to issues such as **parenting**, **finances**, **care for aging parents**, and **employment**. Many people recommended having services focused on **managing stress**, often to ensure that it does not negatively affect their **marriages** and **families**.

COMMUNITY SURVEY



Concerns listed for adolescents included **peer pressure**, **emotional distress**, **lack of emotional support** from their family or other adults, and **bullying**. Several participants also expressed concern about **adolescent drug use** and **gang involvement**, and some people stated that **teenagers from immigrant families** often have **cultural conflicts with their parents**.

Many people stated that adolescents in the area need more options for **positive social activities**, such as afterschool or summer extracurricular programs. Some people also said that **teenagers from immigrant families** could also benefit from **support in navigating cultural differences with their parents**, such as conflicting views on issues such as **career paths**, **sexuality**, or **religion**.



The most common response listed for children was concern about **serious family stressors** and their **negative effect on development**. Some participants expressed concern that children are being exposed to **compromised parenting** due to issues such as **domestic violence** or **substance abuse**. Additionally, some people described **difficulties finding adequate services for children with developmental or learning disabilities**. These parents stated that it would be helpful to have groups focused on **ways to successfully advocate** to obtain services for their children.

COMMUNITY SURVEY

Question Four: “”

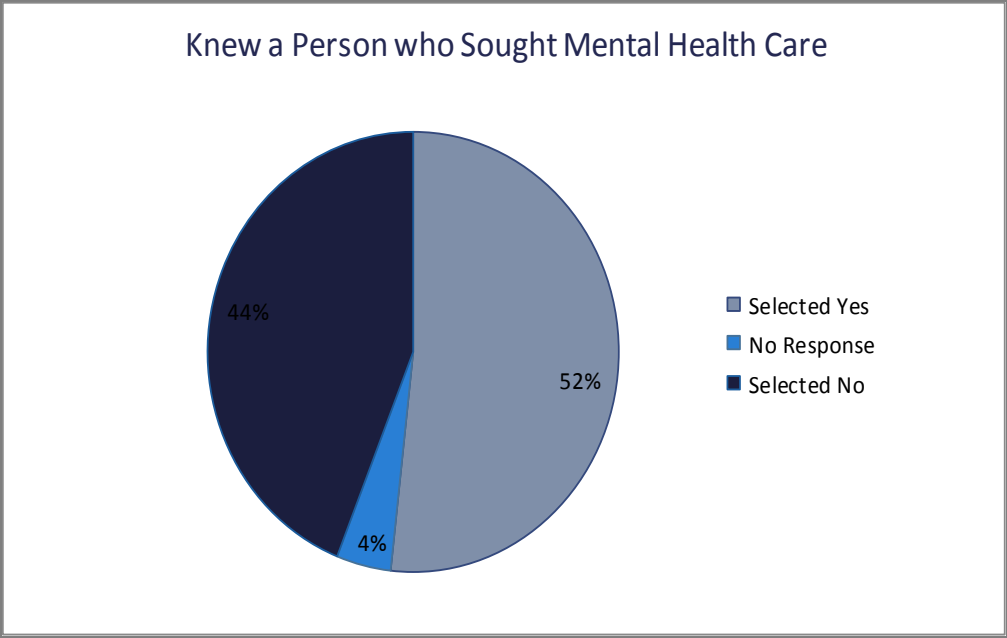
Which specific groups of residents should our clinic address?

Many participants emphasized that many area residents are **immigrants**, and expressed concern that this group often has **trouble accessing health care**. To address this issue, many people stated that it was important to **provide mental health services in multiple languages**.

Many respondents also stated that they often see people who are **homeless**, particularly in public parks. Respondents said that many homeless people seem to have **mental illness** or a **substance abuse** problem. Additionally, many people said they supported the idea of **increasing access to mental health services for veterans and people with disabilities**.

Question Five: “”

Was there ever a time in the past three years in which someone you know needed help with a mental health issue? If so, what kinds of help could have been useful in that situation?



Slightly more than half of respondents stated that they knew a person who had sought mental health care in the last three years.

Many people stated that **social workers** and **supportive family members** played an important role in connecting people to services, and that **health insurance coverage** was a major factor in accessing care. Many respondents also noted that that **long waitlists**, **lack of affordable services**, **difficulty finding transportation**, and **feelings of discomfort** and **stigma** functioned as **barriers to obtaining mental health care**.

COMMUNITY NARRATIVES

Below are summaries of some in-depth interviews conducted during the community survey. All the names used below are pseudonyms, and all references to personally identifying information have been removed.

Diane

is a 63-year-old woman living with her husband, adult daughter, and two grandchildren. She cares for her grandchildren until 4:00 p.m before leaving for her job as a home health aide. Diane's grandchildren have been diagnosed with ADD, and one child also has pediatric bipolar disorder. Diane said that despite receiving referrals to community mental health organizations, it took several years before her grandchildren were able to access services. All the organizations she contacted had long waitlists, and it was difficult to find providers who accepted Medicaid.

Diane said it took a "meltdown" and inpatient psychiatric hospitalization of her grandson before she was able to access mental health services. After hospitalization, her grandson attended an intensive outpatient program for children, and now has medication management and weekly therapy. He also has been able to get an Individualized Education Program through Chicago Public Schools (CPS). While she expressed satisfaction with her grandchildren's current quality of care, Diane lamented the difficulty of obtaining services and the paucity of programs for older adults experiencing stress from caregiving responsibilities.

Diane said that her daughter is often working, and that her grandchildren's father does not provide any support. She described herself as a caregiver "24 hours a day." Diane said that people her age often are taking care of both their parents and their grandchildren, and that they could benefit from a place to "vent" and get help with managing stress. She also stated that many kids need help managing hyperactivity, and that they also need more structured recreational activities outside of school.

Kathy

is a woman in her early 40s living in Irving Park with her husband and young son. Her mother recently moved to Chicago when she was no longer able to support herself financially in Iowa. Kathy's mother has very low income and is not eligible for Medicare. Kathy sought assistance for her mother through the City of Chicago Department of Senior Services, but reports that there was "red tape" at every step of the way. She recently was able to obtain assistance through a local social service agency, but said that it took about two years before she was able to "build a foundation" for her mother. Kathy said that her mother is currently depressed, and that she does not know how to access to low-cost mental health services. Kathy believes there is a need to expand mental health care for older adults in the area, and also thinks it is important to provide supports for caregivers. Kathy shared that she was exhausted by her responsibilities caring for her mother and her son, on top of working full-time.

Steve

is middle-aged veteran who has bipolar disorder. Steve currently receives social security disability payments, and is able to access low-cost care at the North River Mental Health Center. Steve said that financial difficulties had prevented him from seeking treatment in the past, and that he would struggle to find care if he did not have access to low-cost services. Though he is a veteran, Steve said that he never sought treatment through the Veterans Administration (VA) due to concerns about difficulties navigating the system and accessing services. Additionally, he said that he is content with the care he has received at the North River Mental Health Center, which has made seeking care through the VA unnecessary.

While he continues to experience anxiety and depression, he said that regular access to mental health care has helped him manage his symptoms. He also said that he works as a peer support advocate at a local psychiatric hospital. For Steve, this community engagement work has given him a chance to share his perspectives on recovery, and advocate for the fair treatment of other mental health consumers. He said that it is important that people have access to psychiatric services for medication management, and encouragement to continue with treatment. He also emphasized the important of offering group therapy, and information about area resources.

Susan

is the adoptive mother of two children with autism. While Susan's children are entitled to certain government benefits such as Medicaid and educational support through CPS, she reported that it has been difficult to access the services for which they are eligible. Susan has had trouble finding providers who accept Medicaid and gaining full coverage for her children's medications. Additionally, she described having difficulty obtaining Individualized Education Programs for her children through CPS.

Susan said that driving her children to appointments with service providers in different parts of the city can be difficult because traffic or loud noises can cause her children to feel deeply anxious. Susan believes that offering more services in the community will greatly help parents who are in situations similar to hers. She shared that she is "totally exhausted," despite having a steady income and knowledge about ways to advocate effectively for her children. Susan believes that the lack of accessible community programs for individuals with developmental disabilities could lead to stress and disruptions to family life, particularly for parents with fewer resources, or for recent immigrant families.

KEY INFORMANT INTERVIEWS

VIEWPOINTS ON COMMUNITY RESOURCES

These findings reflect viewpoints obtained through key informant interviews with religious leaders, social service providers, and community advocates.

Several religious leaders and social service providers said that undocumented immigrants need increased access to mental and physical health services.

Some social service providers said that there is a need for low-cost psychological assessments provided in multiple languages, particularly for older adults.

Some religious leaders said that they need more knowledge about services for people experiencing domestic violence.

Several religious leaders said that there is a need for low-cost marital counseling.

Multiple religious leaders and social service providers said there is a need for multilingual mental health providers, particularly people who speak Spanish.

Many clergy and social service providers said that older adults need more mental health services, particularly those focused on depression, social isolation, and dementia.

Many religious leaders reported having trouble finding mental health care for congregants, and said they need guidance in assisting homeless individuals with mental illness.

Religious leaders and social service providers stated that there is a need for more low-cost psychiatric services for people seeking medication to address mental health concerns.

Many area religious leaders feel that they need increased training on ways to address mental health issues.

VIEWPOINTS ON COMMON MENTAL HEALTH CONCERNS

Some religious leaders noted that area youth are becoming involved with gangs, which may result in exposure to violence or drugs.

Multiple religious leaders stated that there are many homeless people in the area who have a broad need for mental health and substance abuse treatment.

Some religious leaders working with older adults said that many immigrant communities are relocating to the suburbs, causing isolation for people unable to move.

Some social service providers working with Asian communities said that mental health concerns sometimes manifest through unexplained physical symptoms.

Many clergy reported working with people experiencing abuse, and stated that cultural values or concerns about immigration status can result in reluctance to seek help.

A veteran's advocate stated that the area has many homeless veterans, and that it can be hard to do find resources to conduct outreach and connect people to services.

Some religious leaders reported seeing an increasing number of children with autism and other developmental disabilities.

Many clergy and social service providers said that cultural differences between first and second generation immigrants can be a source of stress for families.

Several religious leaders stated that long work hours make it hard for parents to provide supervision to children, potentially leading to social, emotional, and behavioral problems.

FACTORS AFFECTING CARE

Many religious leaders stated that some organizations supporting older adults, such as churches or mutual aid associations, are closing or leaving the area.

Many clergy and social service providers said that foreign-born individuals often prefer to receive mental health services from a person who understands their language and culture.

Many religious leaders and social service providers said that many area residents cannot afford to spend any money on mental health treatment.

Many religious leaders said that undocumented immigrants are uncomfortable with government agencies, and prefer to seek social services through religious organizations .

Clergy and social service providers said that transportation troubles present major barriers for older adults seeking mental health care or opportunities for social interaction.

Clergy and social service providers said that people from certain cultural or age groups may be reluctant to seek mental health care due to concerns about stigma.

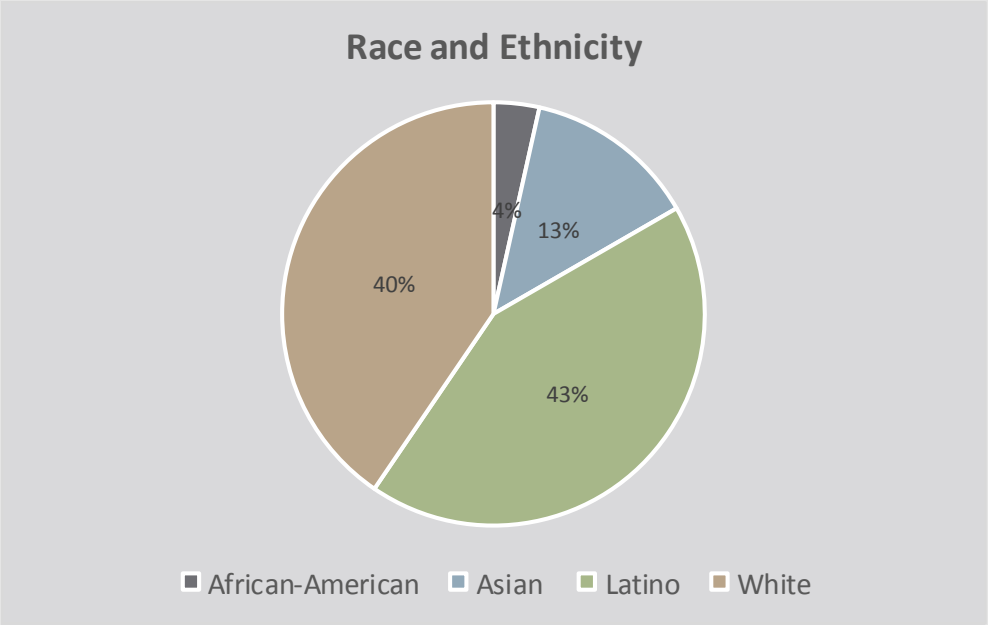
Some clergy and social service providers said that immigrants may be uncomfortable seeking mental health care if their home country has poor standards for medical confidentiality.

Multiple religious leaders said that single parents need options for child care during the time when they are receiving mental health services.

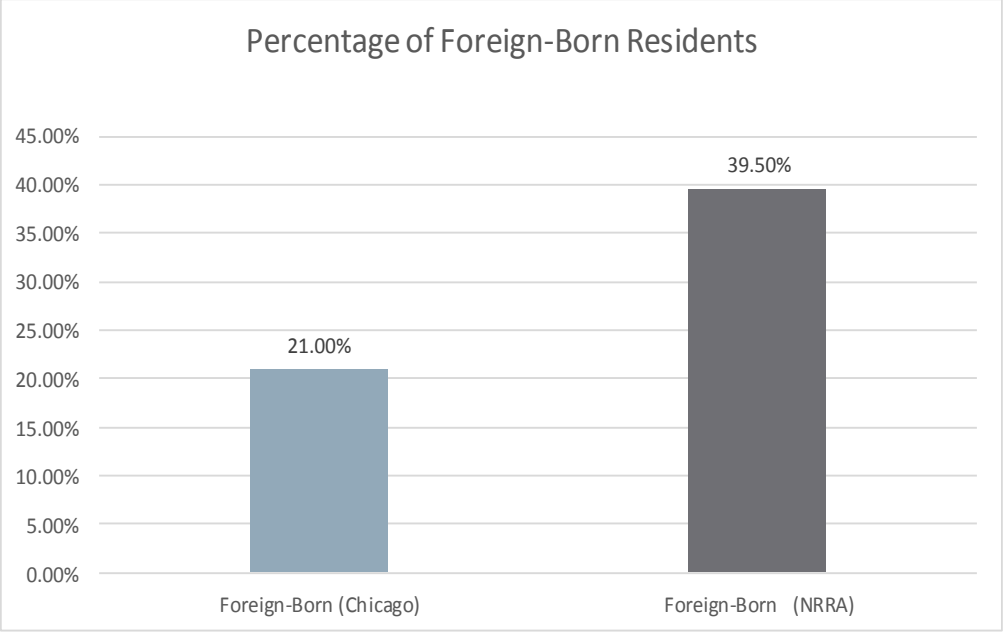
Many clergy and social service providers said that some individuals may not be familiar or comfortable with American notions of "mental health" or psychiatric diagnosis.

COMMUNITY* PROFILE

* All information in the community profile section comes from the 2011 US Census, cited as number “3” in the bibliography.

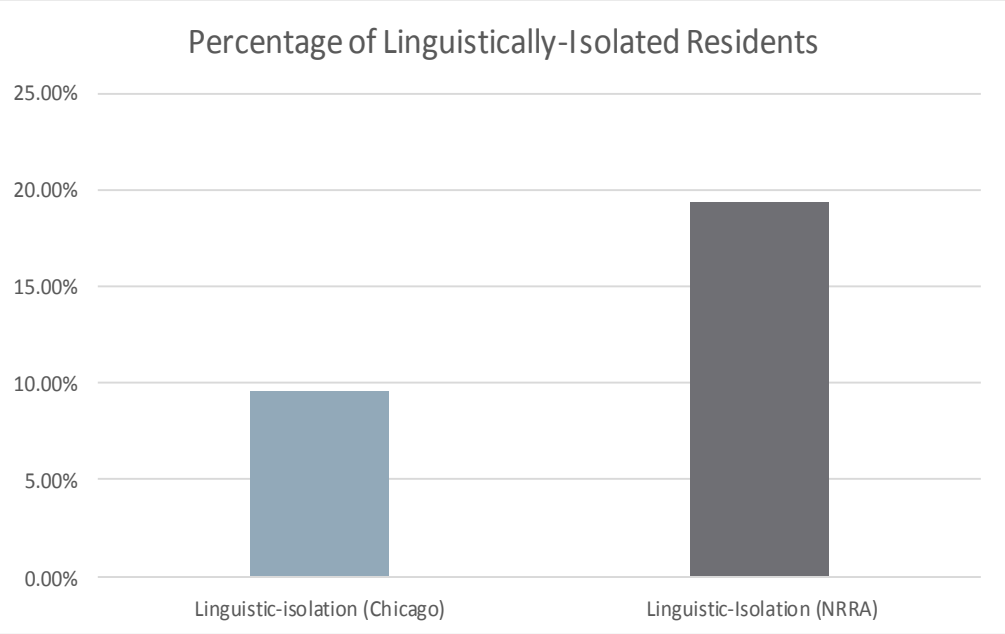


Latinos comprise the largest ethnic group in the referendum area.

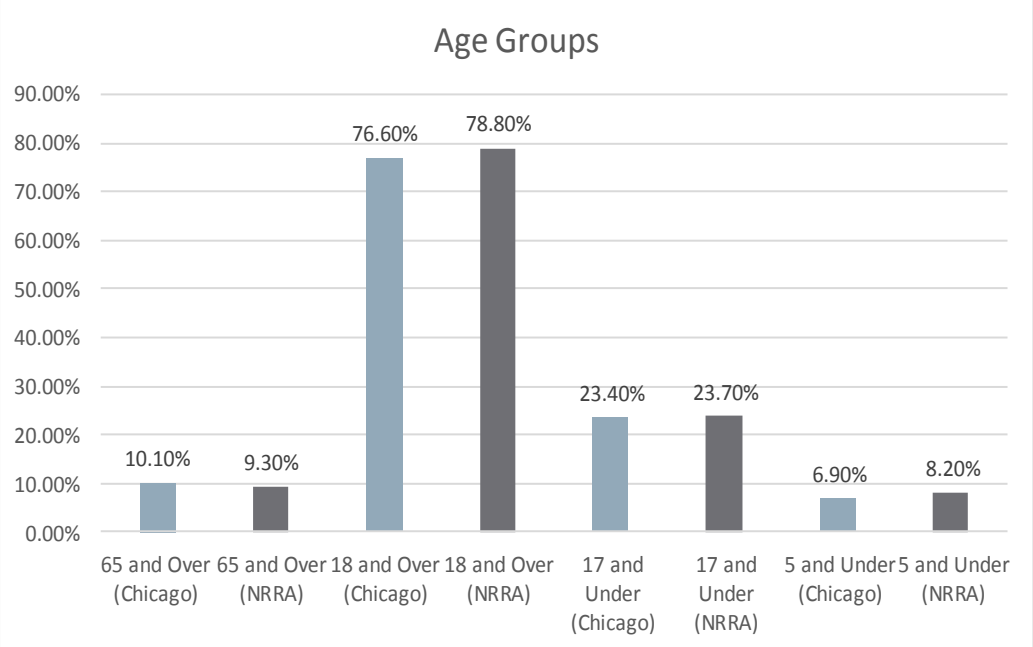


The percentage of foreign-born residents is almost twice the city-wide average.

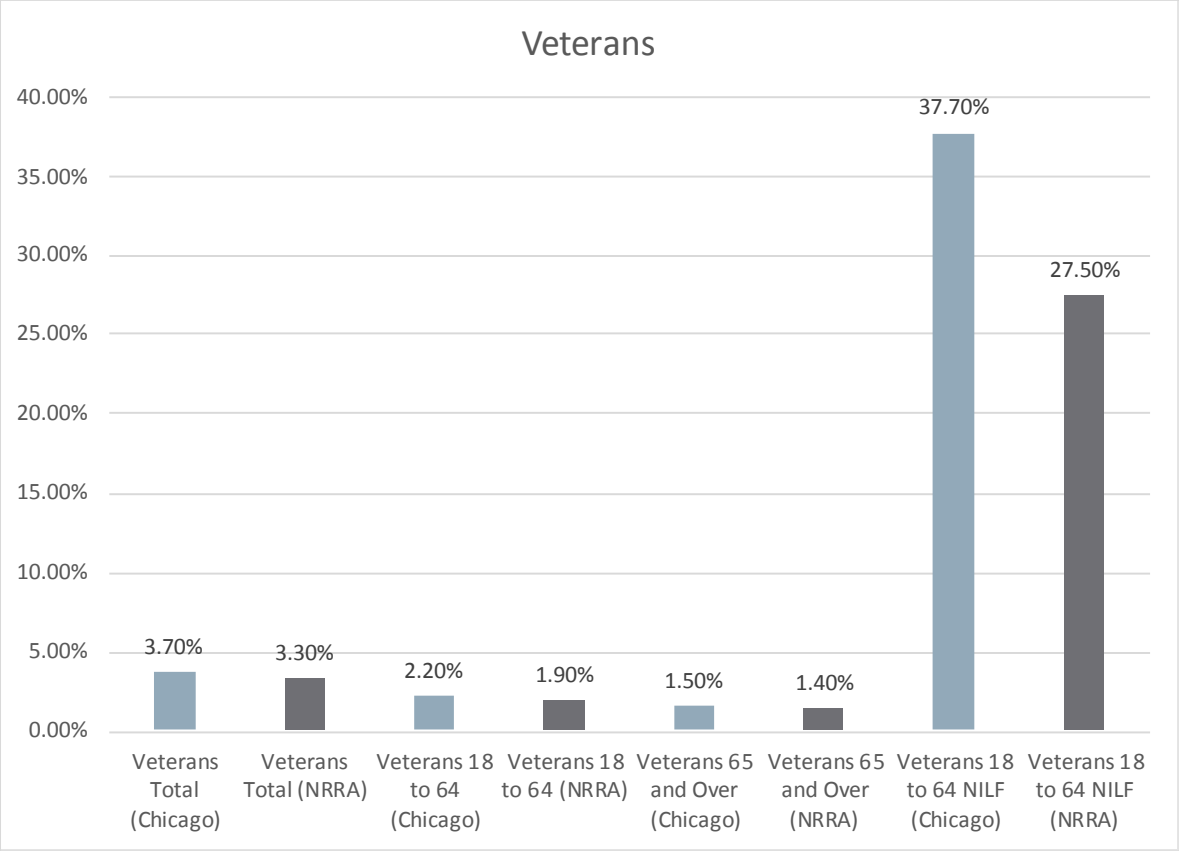
COMMUNITY PROFILE



Almost 20% of NRRA households contain no fluent English speakers.

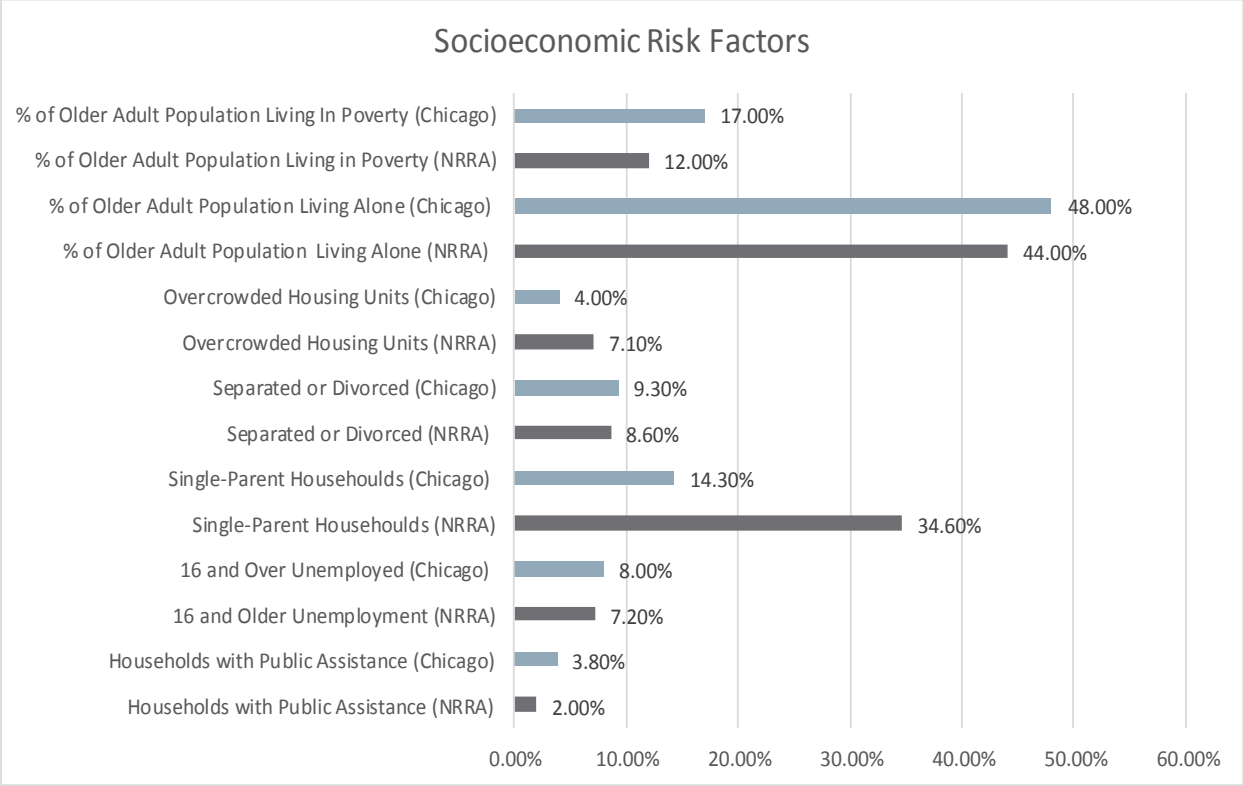


The NRRA comprises more adults over 18 and children under 6 than the average for Chicago. Adults 18 and over make up a large majority of the population, comparable to the citywide average.



The number of veterans aged 18 to 64 who are unemployed or not in the labor force (NILF) is 10% lower than the city-wide average.

COMMUNITY PROFILE



The NRRA contains more single-parent households and overcrowded housing units than the Chicago city-wide average. 44% of older adults in the area live alone, and 12% live in poverty.

GEOSPATIAL ANALYSIS

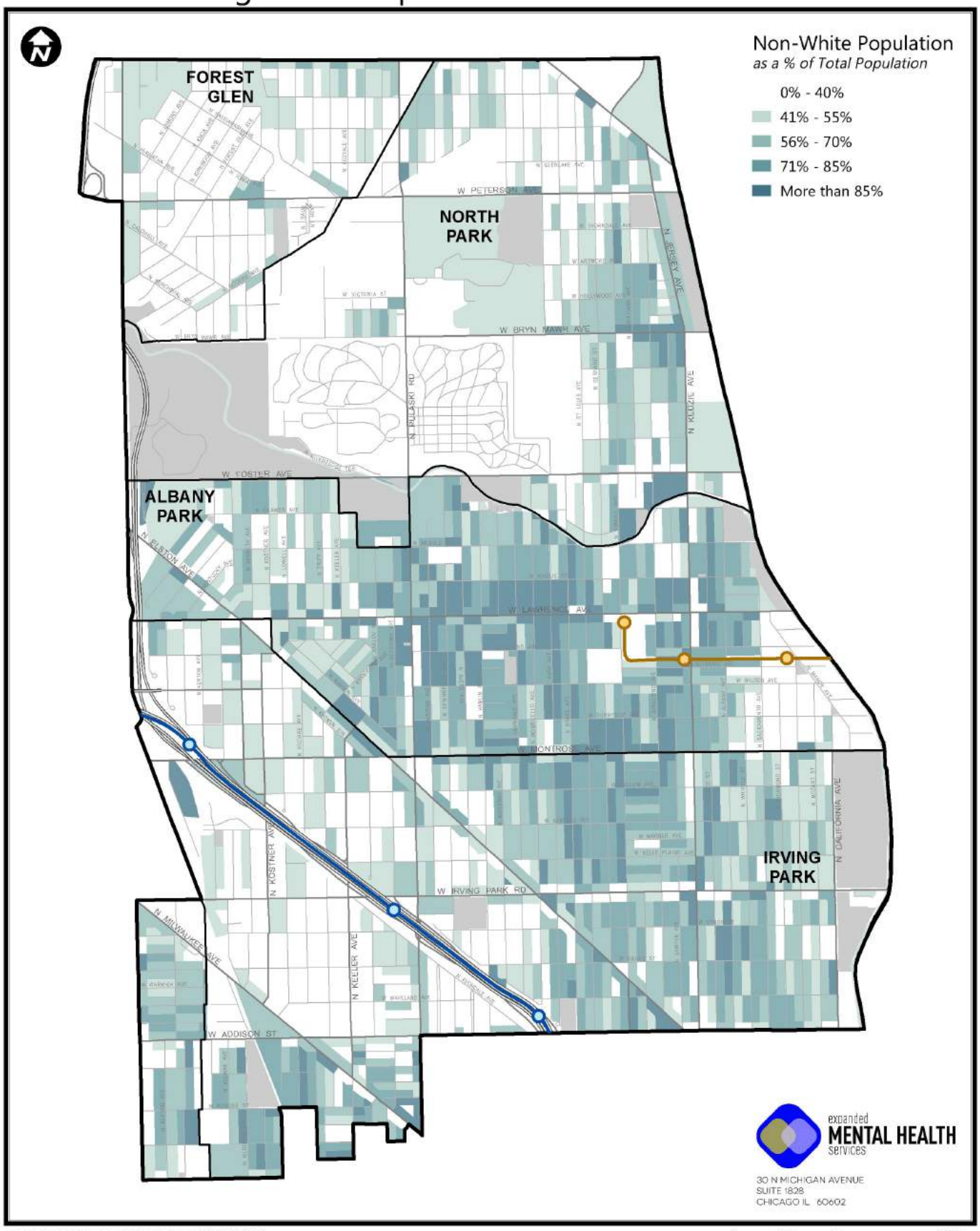
RACE AND ETHNICITY

This section focuses on the size and distribution of ethnic and racial groups in the NRRA. The following maps provide census block-level data on the percentage of the population that is: foreign born, linguistically-isolated, Asian, Black, Caucasian, and Latino. Maps about Asian, Black, Caucasian, and Latino populations are accompanied by findings from the community survey, key informant interviews, and reviews of mental health literature.

The NRRA contains approximately[3]:

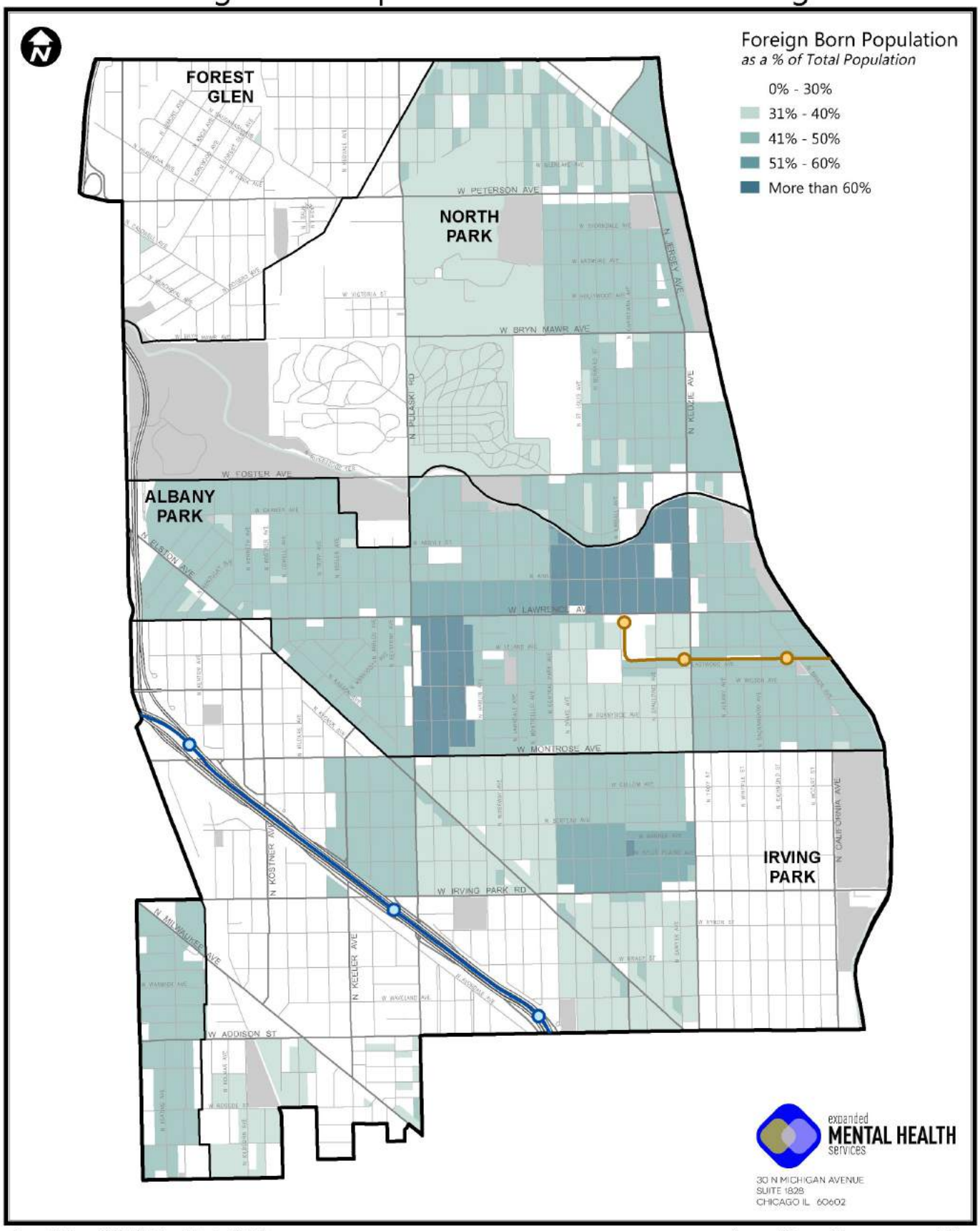
- **52,000 foreign-born** individuals
- **10,000 linguistically-isolated** households—homes with no fluent English speakers
- **54,500 Latino** individuals
- **51,500 Caucasian** individuals
- **17,000 Asian** individuals
- **5,500 Black** individuals

Percentage of Population that is Non-White

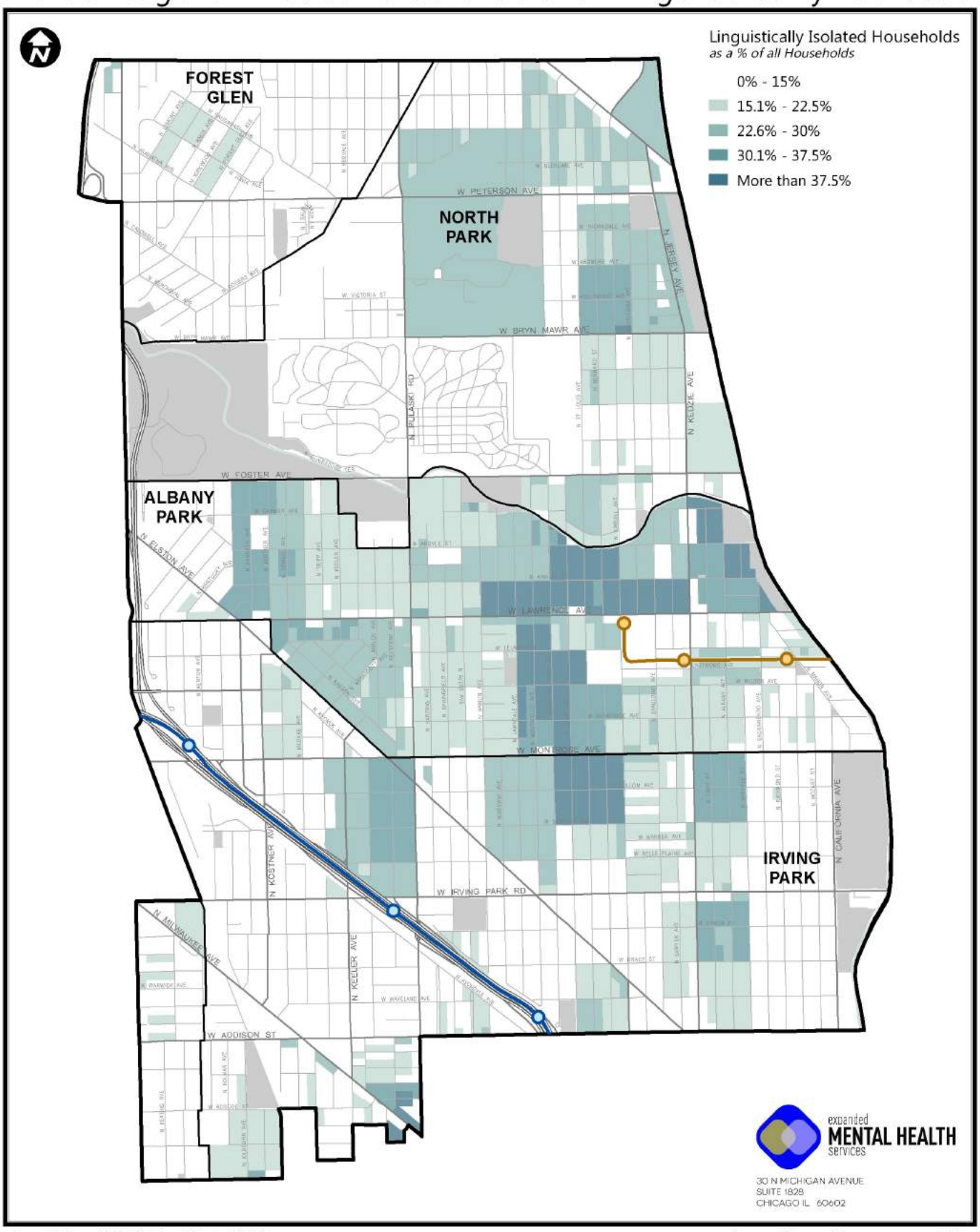


Source: US Census Redistricting Data 2010 PL 94-171

Percentage of Population that is Foreign Born



Percentage of Households that are Linguistically Isolated



expanded MENTAL HEALTH services
30 N MICHIGAN AVENUE
SUITE 1828
CHICAGO IL 60602

PERSPECTIVES: ASIAN COMMUNITY MEMBERS

> **Language barriers are a major issue affecting health care access for Asian people in the area.**
>
> **-Community Health Advocate**

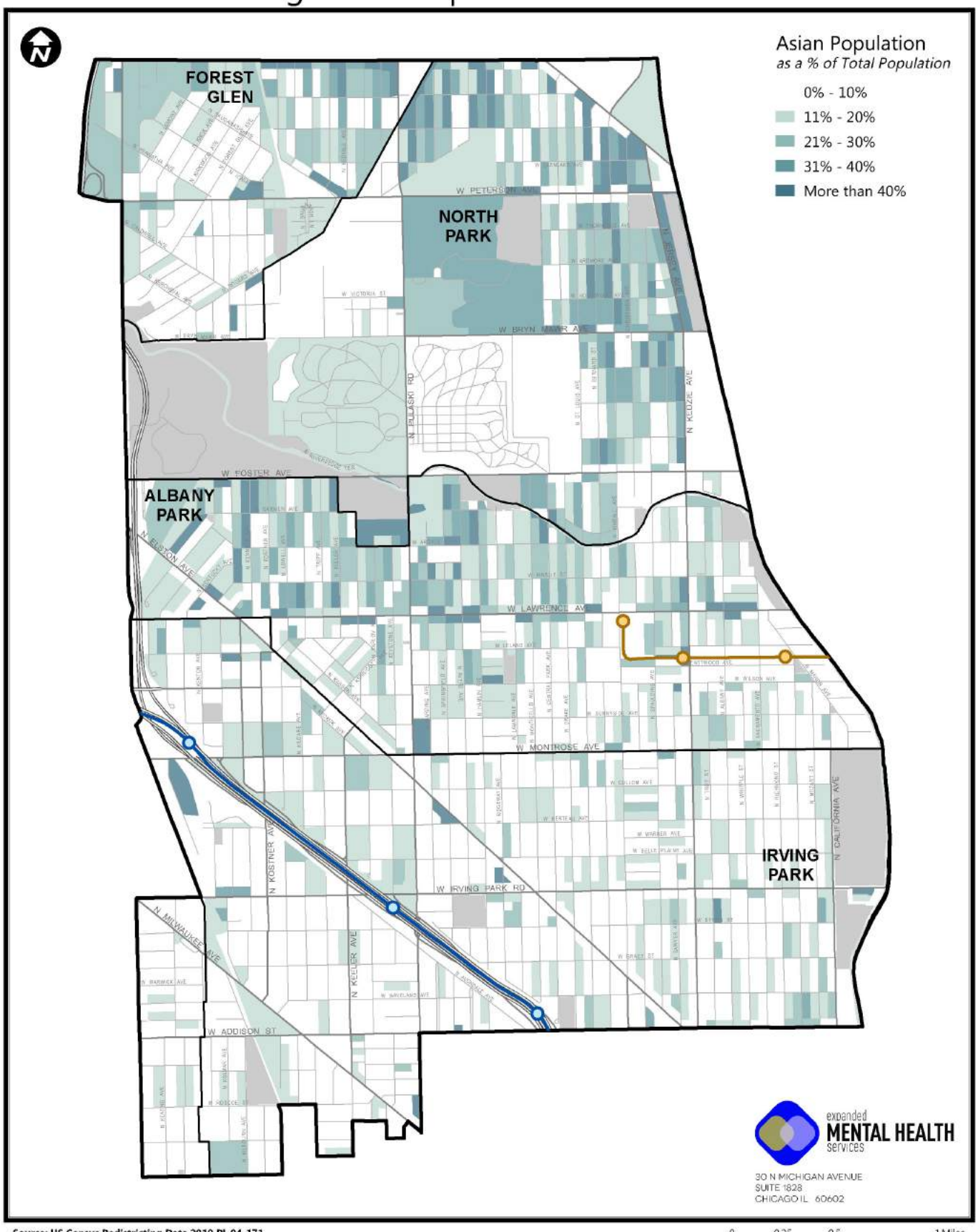
In the census data used to create this map, the term "Asian" refers to individuals with heritage from East Asia, Southeast Asia, and the Indian subcontinent. The Asian population in the NRRA is widely diverse, with immigrants hailing from countries such as Korea, Cambodia, Nepal, India, Vietnam, the Philippines, Thailand, and many others.[4] According to a social service provider from an area organization, over 25 Asian languages are spoken in the NRRA. The Asian population represents a range of socioeconomic backgrounds, as well as various faith communities practicing religions such as Islam, Protestant Christianity, Catholicism, Orthodox Christianity, Hinduism, and Buddhism. [5]

Interview respondents working in primarily Asian communities said that language barriers are a major factor affecting access to health care. Some respondents noted that non-English speakers can often find a general practitioner who speaks their language, but have trouble finding specialized services, including mental health care. In addition, some respondents emphasized that immigrants from Asian countries are often uncomfortable with American notions of "mental health." These respondents said that people would prefer to work with a practitioner who understands their language and cultural context. Furthermore, many religious leaders and social service providers working with Asian communities noted that concerns about stigma often affect people's decisions to seek mental health care. Some of these respondents said that a lot people from Asian communities are more comfortable first addressing mental health issues with a primary care provider.

Some Asian residents come from countries where they experienced war or political violence. One person working in an organization serving Cambodian residents said that she regularly meets people who are suffering from negative physical and psychological symptoms associated with torture. She said that these people can obtain specialized services through programs at Asian Human Services and the Kovler Center at the Heartland Alliance. However, she noted that are some people in the area who were negatively affected by political violence who may not meet the eligibility requirements for these programs.

Though research is limited, epidemiological studies have found that Asian-Americans have, on average, lower rates of mental illness than non-Latino whites. [6] Some subgroups, such as immigrants from Southeast Asian countries that recently experienced war or political violence, have been found to have higher rates of Post-Traumatic Stress Disorder (PTSD).[6] Many Asian cultural traditions emphasize community and social networks, which may provide protective effects against stress and mental illness.[6]

Percentage of Population that is Asian



PERSPECTIVES: LATINO COMMUNITY MEMBERS

> **Many undocumented immigrants come to the church looking for assistance because they feel uncomfortable going to government or social service agencies. I often don't know what is out there to help them.**
>
> **-Local Pastor**

Latino residents comprise the largest ethnic group within the NRRA. They represent countries throughout North and South America, and a range of socioeconomic backgrounds. According to local religious leaders, Catholicism and Protestant Christianity are the most common faiths practiced by Latinos in the area, and many local churches have Spanish-speaking services.

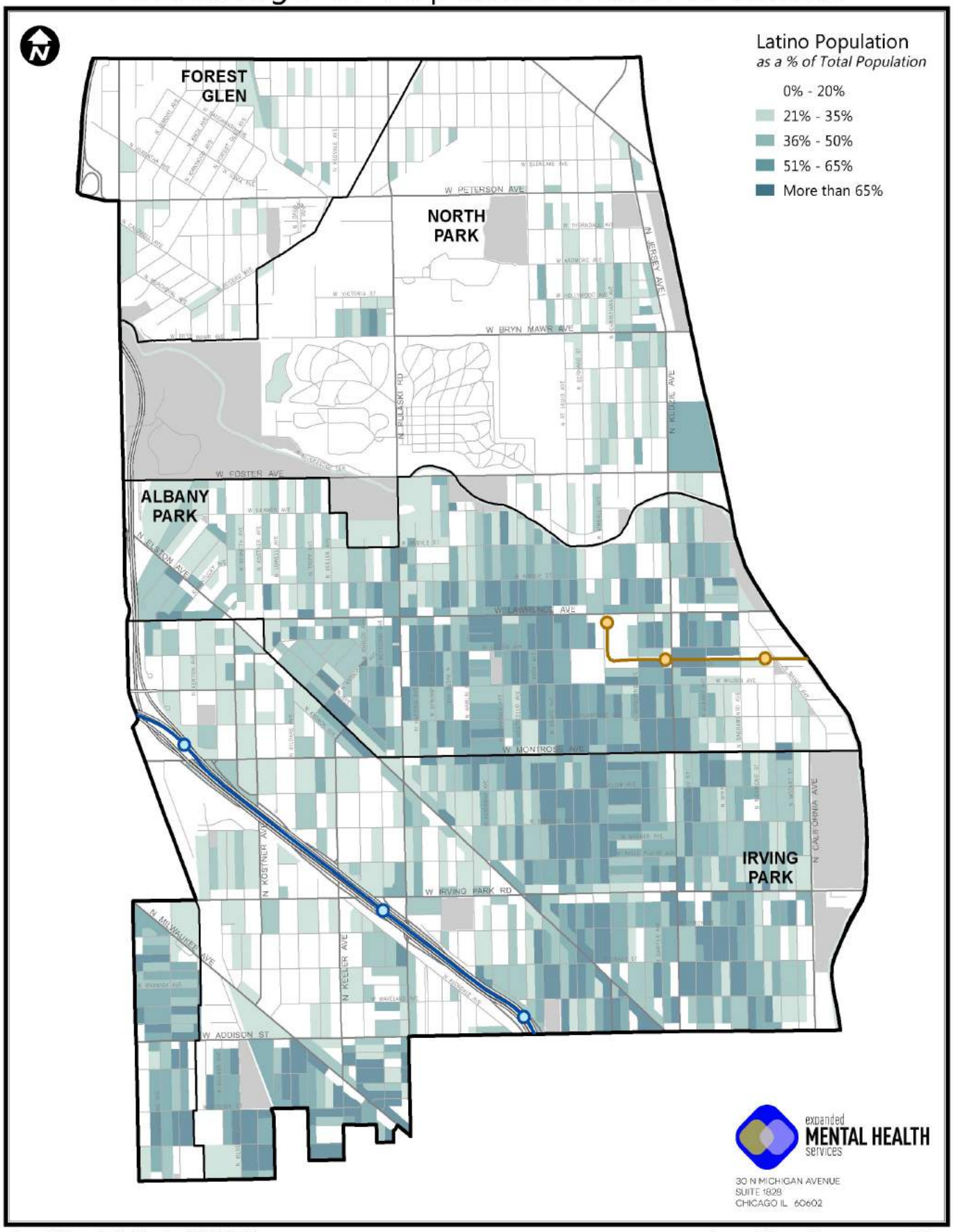
Interview respondents said that many Latinos face stressors such as poverty, language barriers, harsh working conditions, tenuous legal residency status or lack of legal documentation, and difficulty obtaining health insurance. Many also noted that Latino parents often work long or irregular hours, making it difficult to provide consistent supervision for their children.

Several respondents said that social conditions play a role in the mental health issues facing Latinos. Some theorized that lack of parent supervision due to work schedules was associated with a variety of risk factors among teenagers, including drug use, gang involvement, and sexual behavior. Additionally, some respondents said that depression and heavy drinking are common among Latino men, frequently as a response to stress about work or finances. Respondents said that alcohol use sometimes leads to domestic violence, and that women experiencing abuse may be reluctant to seek help due to cultural stigma or, among undocumented immigrants, fear of negative repercussions as a consequence of involvement with government agencies.

Several respondents stated that cultural tension between first- and second-generation Latino immigrants can be a source of strain among families. The tension included differing expectations about dating and sexuality, household responsibilities, and appropriate clothing. One minister said that he primarily sees mental health issues among second-generation Latinos, and theorized that "mental illness" was more common among people raised in American culture.

Many large epidemiological studies have found that Latinos are less likely than non-Latino whites to meet the diagnostic criteria for a mental illness or substance abuse disorder.[6] Within the Latino population, rates of mental illness are highest among people who were born in the United States.[6] Some researchers theorize that lower rates of mental illness in the Latino community may be connected to resilience factors such as a strong emphasis on family and social networks, and high rates of religiosity.[6] However, Latinos who are accustomed to strong social connections may also experience heightened emotional distress and risk for mental illness during periods when they are isolated from their support networks.[6]

Percentage of Population that is Latino



PERSPECTIVES: BLACK COMMUNITY MEMBERS

> **If there's a mental health problem among our church members, I can find help from psychologists through connections within the church.**
>
> **-Pastor, church with large African immigrant population**

Black residents make up the smallest racial group within the NRRA. In the census data used for the map on the facing page, "Black" refers to African Americans and African and Caribbean immigrants. However, Black Latinos are not included. While Black residents make up a small proportion of total NRRA residents, areas in the immediate vicinity of the NRRA, such as Edgewater, Rogers West Ridge, and Rogers Park, all have large African immigrant populations, and Uptown has large populations of both African immigrants and African Americans. [4, 8]

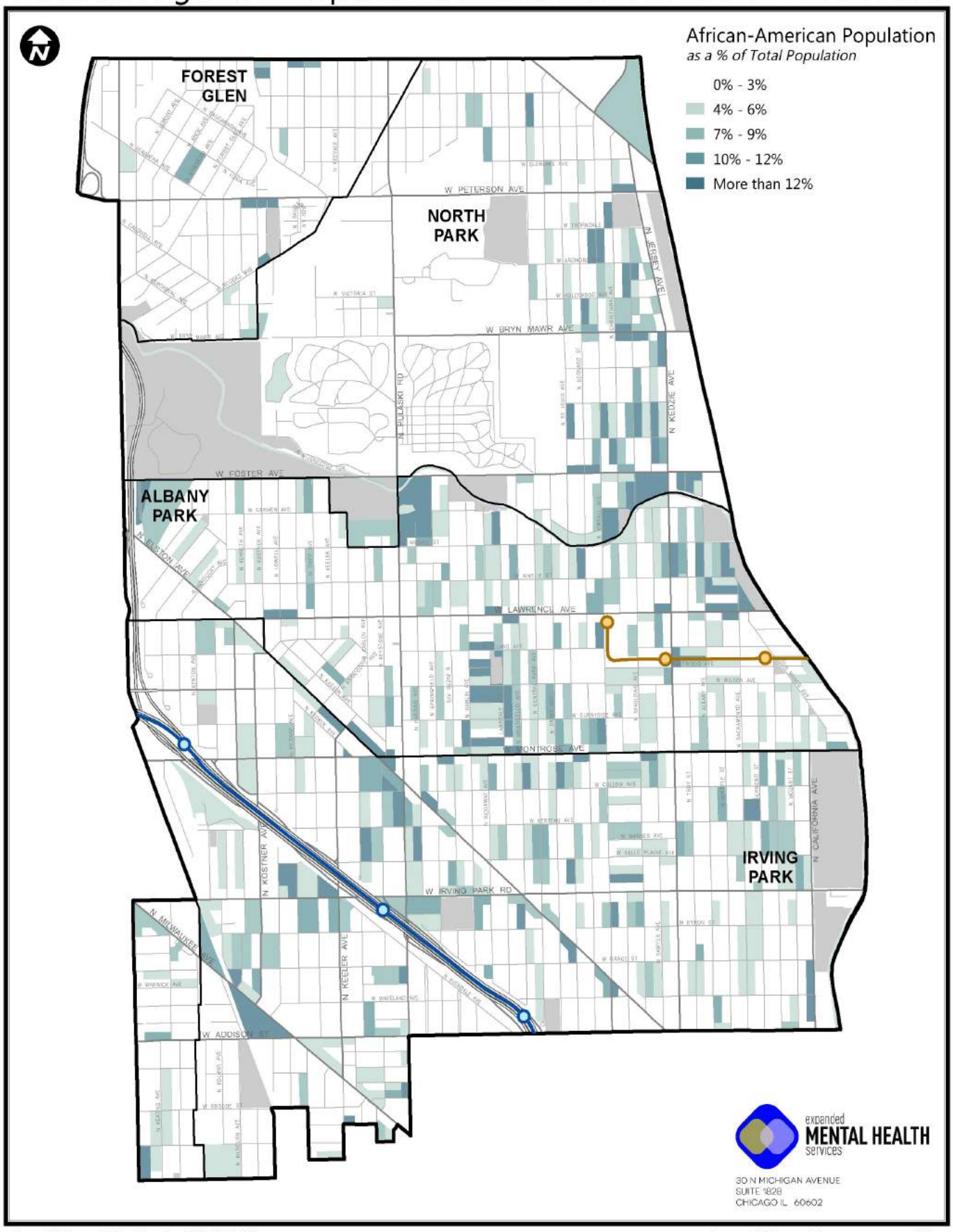
Because Black residents comprise a smaller proportion of the population, it was a challenge to obtain qualitative data about mental health concerns faced by the group. EMHS interviewed religious leaders whose congregations consist primarily of Black members, yet these respondents said that the majority of their congregants live outside the referendum area. Similarly, the social service providers who were interviewed said that most of their Black clients live outside the NRRA

While the African American community has significant cultural and socioeconomic intergroup variation, the population has collectively faced a history of racial discrimination, and currently disproportionately experience poverty, unemployment, and incarceration.[6] In large-scale surveys, many African Americans have expressed discomfort with the idea of seeing mental health providers, and described a preference for addressing emotional and psychological concerns with religious leaders and primary care providers.

Many epidemiological studies have found that African Americans have lower rates of substance abuse and mood disorders than non-Latino Whites. However, studies have found higher than average rates of PTSD among African American Vietnam veterans, which may be connected to greater combat exposure.[6] African American communities often place emphasis on family, social networks, and religion, which may provide protective factors against mental illness and stress. [6]

Some African immigrants come from countries that have experienced war or political violence. Research finds that Africans living in refugee camps have higher rates of mental illness, particularly PTSD and depression. However, research on the mental health of African refugees in the United States remains limited.[9]

Percentage of Population that is African-American



Source: US Census Redistricting Data 2010 PL 94-171

PERSPECTIVES: CAUCASIAN COMMUNITY MEMBERS

> **Undocumented immigrants from Eastern European countries have a lot of difficulty accessing health care and social services.**
>
> **-Social Worker**

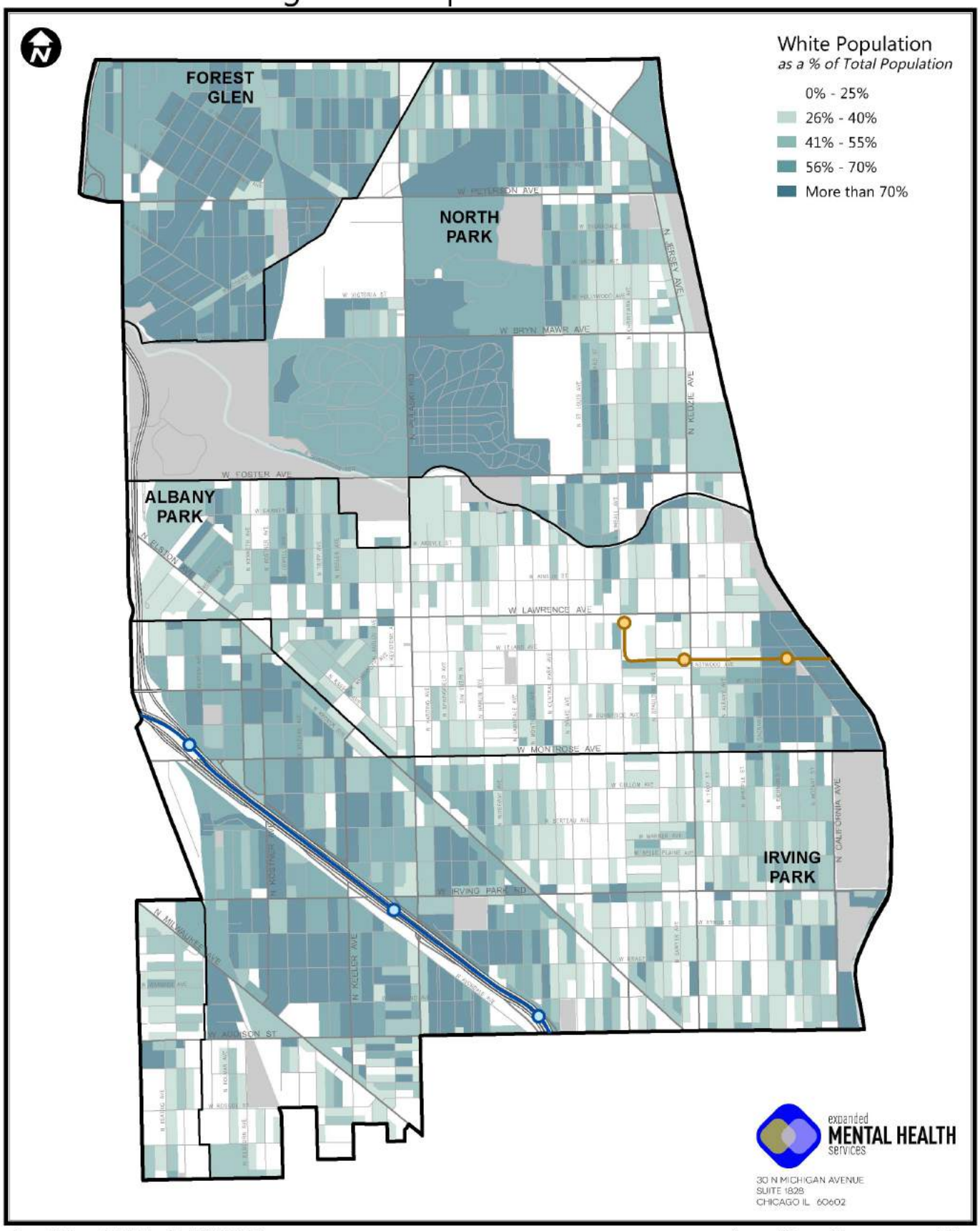
Caucasian communities in the NRRA represent diverse countries of origin or heritage, such as Croatia, Germany, Greece, Ireland, Latvia, Poland, Serbia, and Sweden. The y represent faith communities practicing religions including the Christian Catholic, Orthodox, and Protestant denominations; as well as Orthodox and Conservative Judaism.

Social service providers and religious leaders to Eastern European immigrants often shared that language barriers make it difficult for their clients and parishioners to access health care. Many such respondents emphasized that their clients would prefer to receive mental health services from a practitioners who understood their language and cultural practices. Many respondents also noted that some Eastern European immigrants are undocumented, making it difficult to access health care or public services.

One community survey respondent expressed that Orthodox Jewish residents in the area—particularly in North Park—sometimes have trouble finding mental health providers who are sensitive to their religious practices. However, other respondents from the Jewish community stated that many people have health insurance and can find religiously sensitive health care providers through referrals at schools or synagogues. Many respondents also said that Jewish residents can access high-quality mental health services through Jewish Child and Family Services and through The Ark.

The higher-income parts of the referendum area contain sizeable Caucasian populations. Survey respondents in these areas often said that they have health insurance and could obtain mental health services if needed. However, respondents also shared that it would be useful to have services that are typically not covered by insurance. Suggestions included marriage counseling, stress management groups, and behavioral therapies for children with developmental disabilities, as well as support groups for their parents.

Percentage of Population that is White



AGE GROUPS

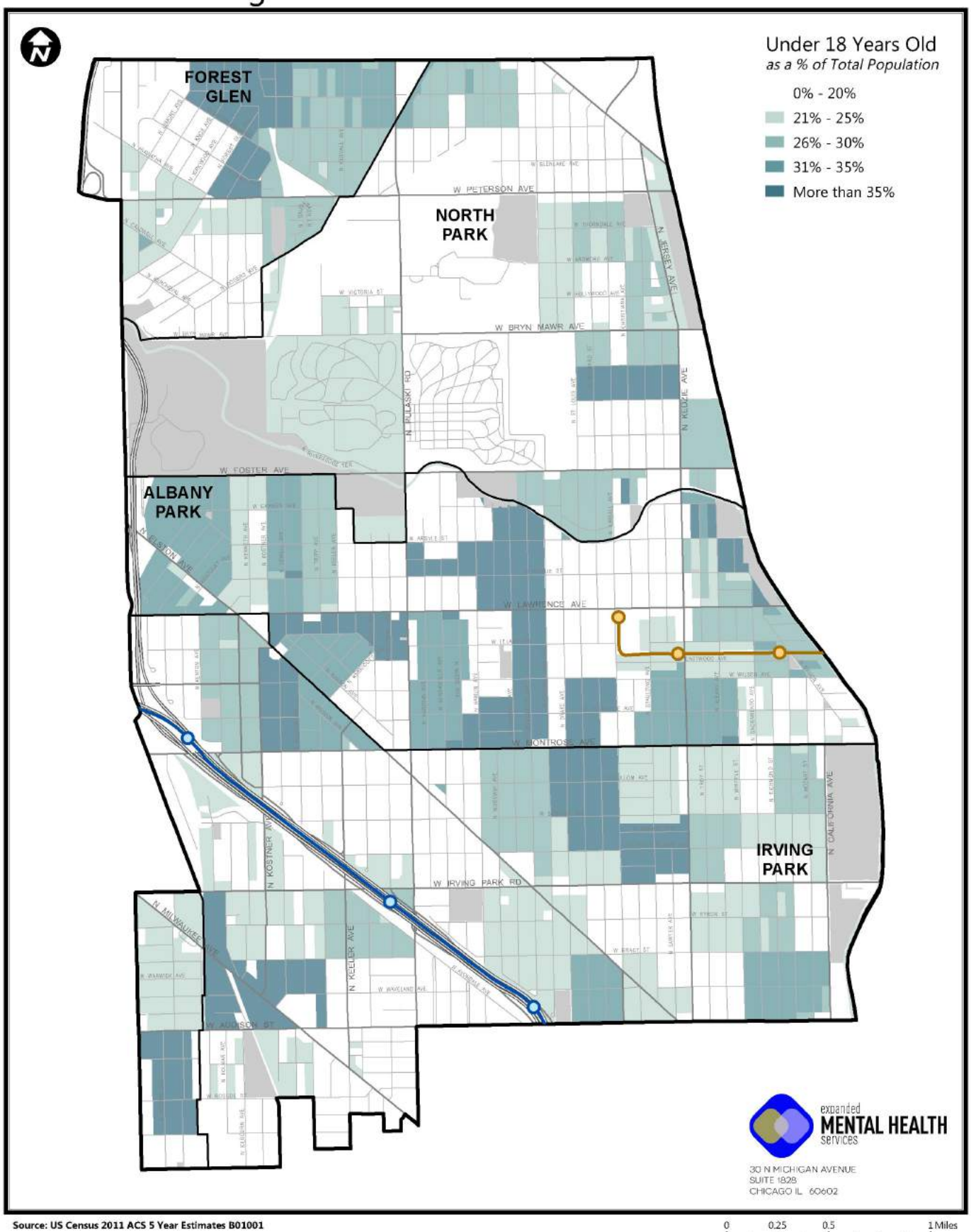
This section contains information on the size, distribution, and socioeconomic status of different age groups in the area. The following maps show the percentage of the population that is under 5, under 18, and over 64. This section also has maps showing the percentage of adults over 64 who are living alone, and the percentage who are in poverty.

The maps focusing on adults over 64 and children under 5 are contextualized by findings from the community survey, key informant interviews, and literature review.

The NRRA contains approximately:

* **103,000** adults who are **18 and over**
* **7,300** adults who are **65 and older**
* **31,000** children and teenagers who are **younger than 18**
* **10,700** children who are **younger than 6**

Percentage of Persons Under 18 Years Old



Source: US Census 2011 ACS 5 Year Estimates B01001

HIGH RISK AGE GROUPS: CHILDREN UNDER FIVE

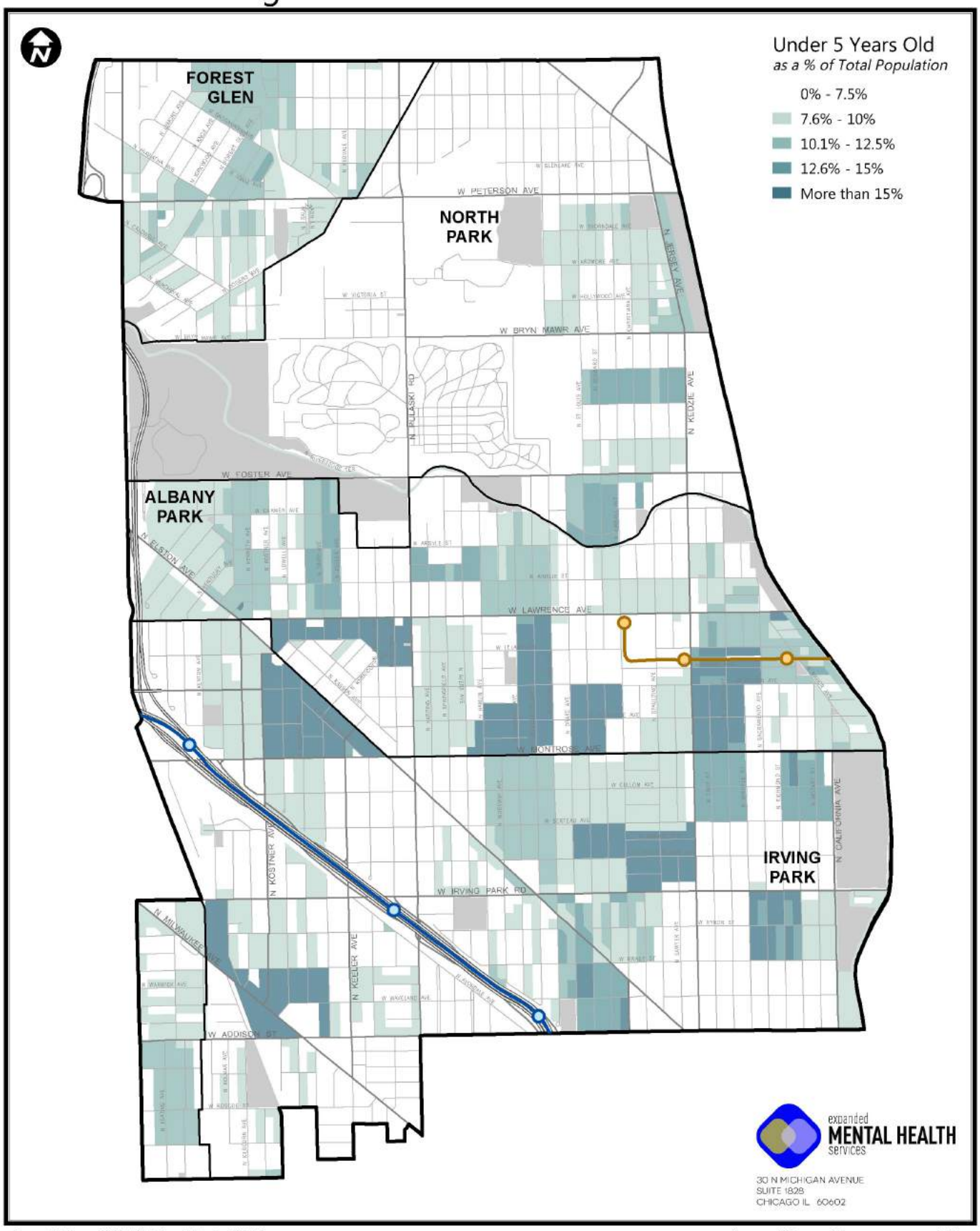
Mounting evidence indicates that experiences with high-levels of stress in a child's first five years can have lifelong effects on mental and physical health.

Research suggests that early experiences with poverty, abuse, or other forms of stress can have lifelong affects on children's mental health and physical development. Growing evidence indicates that the first five years of life are a sensitive period in which experiences with stress and deprivation can have lasting effects on neurobiological development. Individuals who report having experienced significant stress in early childhood were more likely to have problems with physical and mental health in adulthood, and were more likely to have low-incomes as adults.[10]

It has also been found that parents' mental health can have a significant effect on child development. Children whose parents have a mental illness are at a higher risk for developing similar issues in the future, which may result from a combination of genetics and stressful environments [11]. Additionally, studies have linked parental depression to increased social, emotional, behavioral, and cognitive problems in young children [11]. Many women are at a higher risk for depression or psychosis in the postpartum period [12], and all parents may experience depression or other mental health issues as a result of increased stress associated with the responsibilities of caregiving [13]. Furthermore, epidemiological studies find that areas with greater numbers of children under six also have higher rates of inpatient psychiatric hospitalization. [14]

Many respondents in the community survey expressed concern about the negative impact on young children caused by family issues such as marital conflict, domestic abuse, and parental substance use. Often respondents noted that parents frequently struggle to arrange or afford child care for young children. In addition, several local social service providers and clergy said that they perceive an increase in the number of area children with autism and learning disorders, and some parents said that it was difficult to obtain mental health care for their children.

Percentage of Persons Under 5 Years Old



HIGH RISK AGE GROUPS: OLDER ADULTS

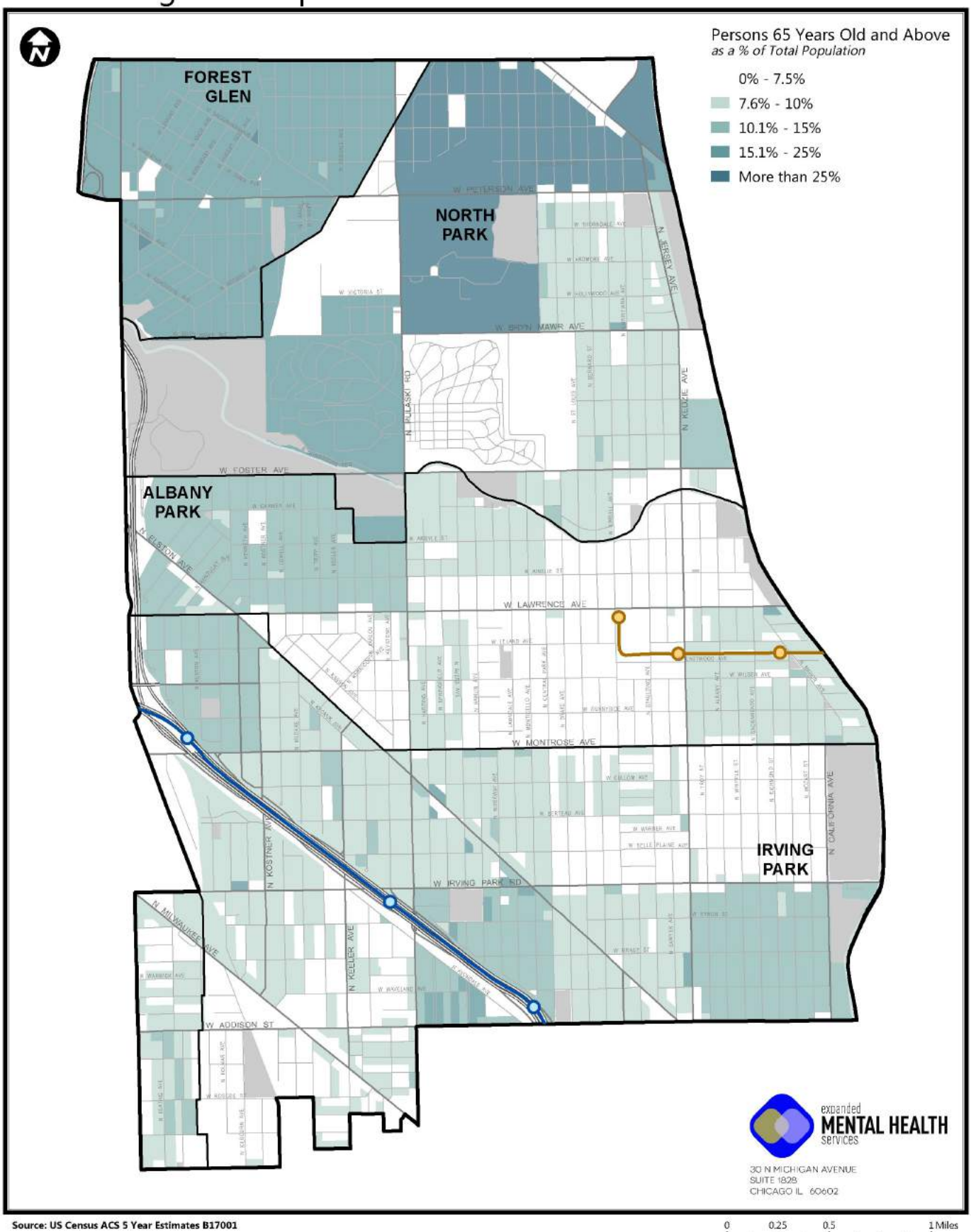
Current estimates find that 15 to 25% of older adults in the United States experience mental illness.[15] Anxiety disorders are the most common mental health issue among this group, often associated with stress related to finances, loss of independence, and difficulties with physical health.[15] Older adults are more likely to experience declines in cognitive functioning, such as normal age-associated memory decline, mild cognitive impairment, Alzheimer's disease, and vascular dementia .[15] Additionally, it is estimated that up to 17% of older adults meet the diagnostic criteria for substance abuse or dependency, with alcohol and pharmaceuticals most commonly used. [16] Drug use among older adults can result in greater risk of physical injuries, cognitive problems, and episodes of confusion or delirium. [17]

Because of overlapping symptoms, it can be difficult to accurately determine the mental health issues facing older adults. For example, dementia, depression, and substance abuse all have similar symptom profiles.[15, 16 17] Some staff from organizations that work with older adults stated that it would be beneficial to have psychological assessments available in multiple languages. These respondents said that language barriers can make it difficult for patients to communicate effectively with doctors, and that these assessments may help in determining an accurate diagnosis.

Several respondents also emphasized the importance of addressing social isolation among older adults. Many religious leaders said that they provide groups for older adults, and conduct outreach for individuals who have difficulty leaving their homes. However, some of these clergy also expressed concern that their churches are losing membership due to aging congregations with reduced mobility or declining health.

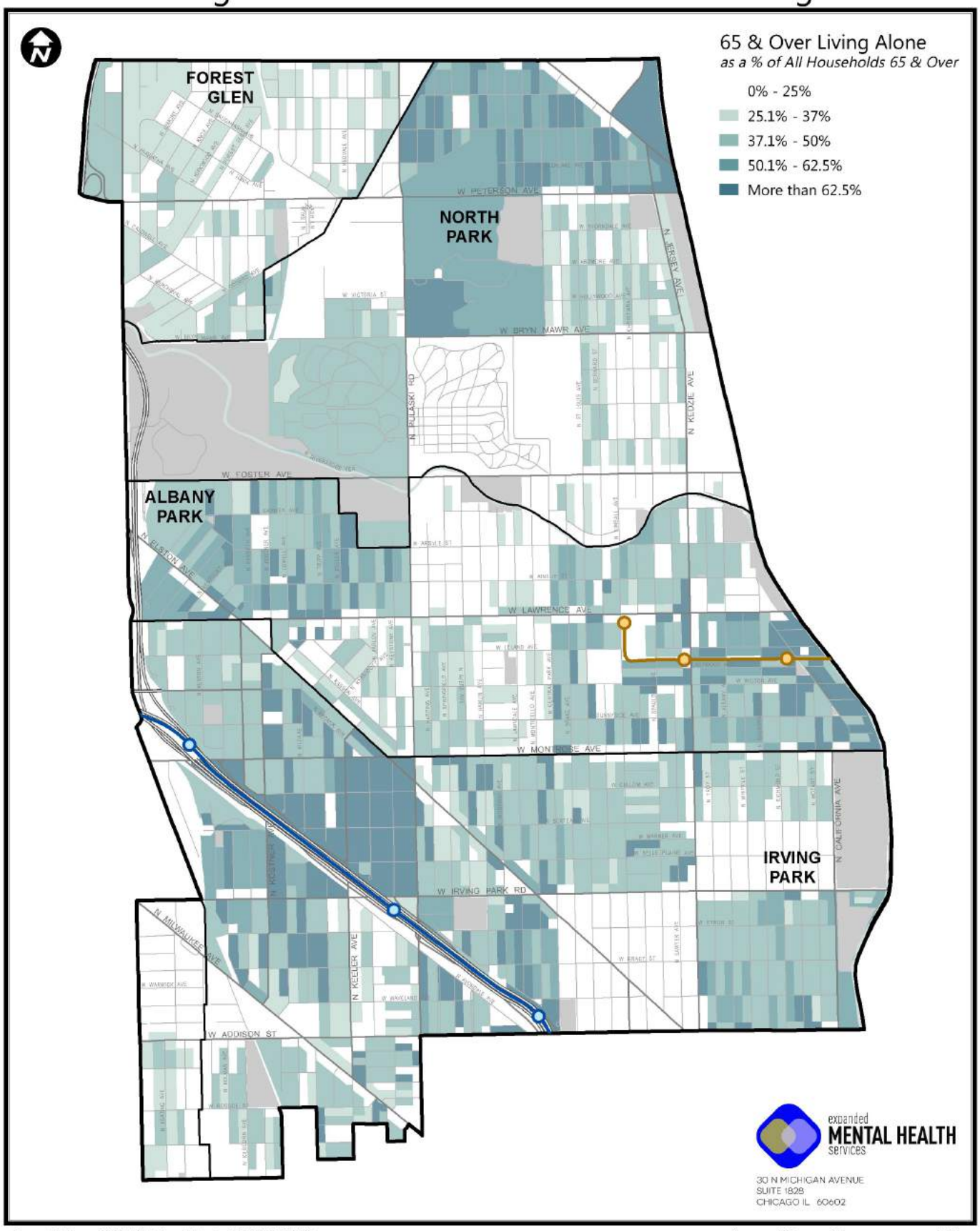
Many respondents in the key interviews and community survey expressed concern about the mental health of older adults in the area. Several religious leaders said that they often work with older adults who are experiencing issues such as depression, loneliness, and problems with cognitive functioning. Additionally, several community members told stories about older adults in their neighborhood who struggle with depression or memory problems. Some respondents shared that it is difficult to access quality mental health services for their aging parents.

Percentage of Population that is 65 Years Old and Above

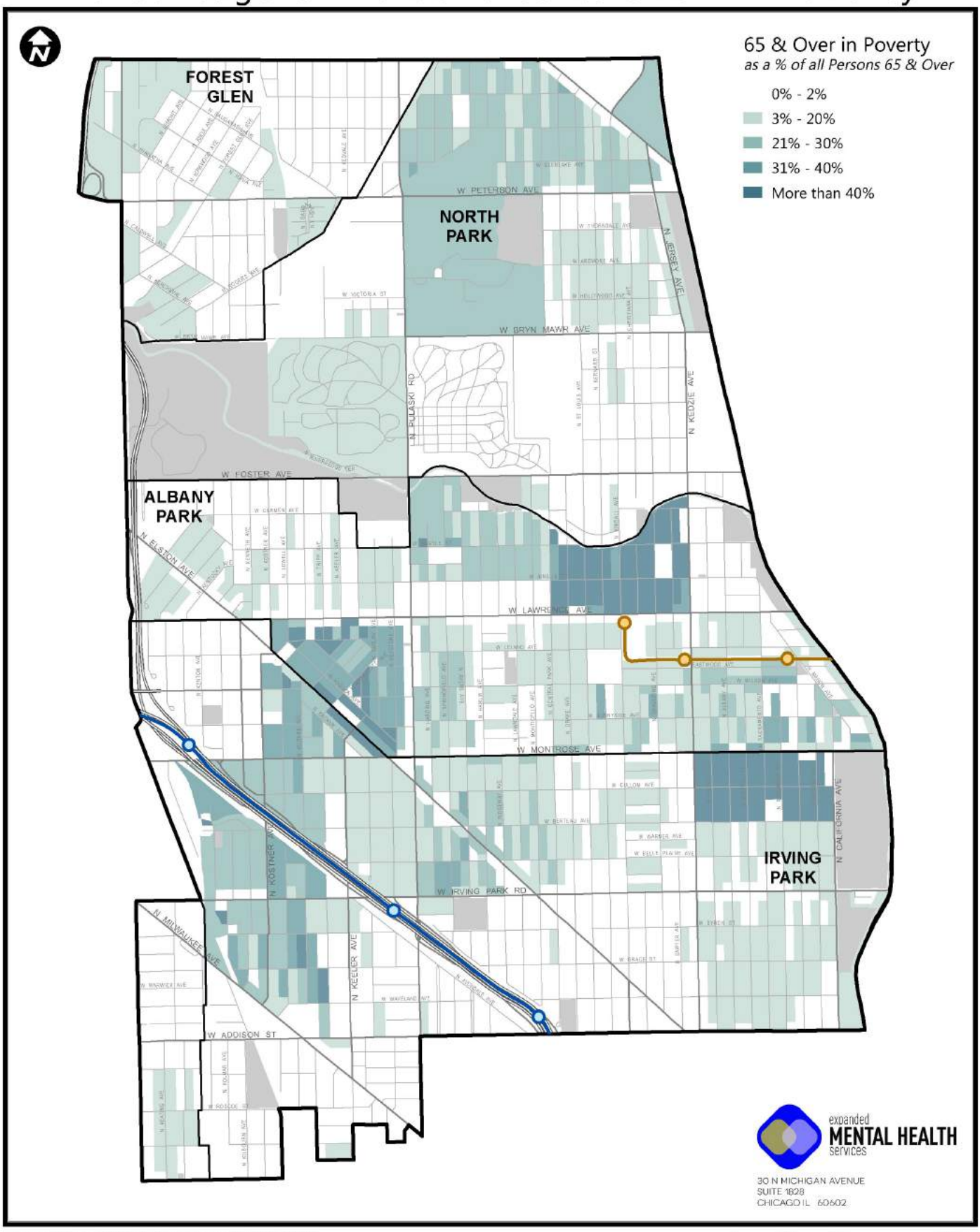


Source: US Census ACS 5 Year Estimates B17001

Percentage of Persons 65 & Over Living Alone



Percentage of Persons 65 & Over in Poverty



Source: US Census 2011 ACS 5 Year Estimates B11010 & B19037

SOCIOECONOMIC RISK FACTORS

The maps in this section provide information on five risk factors found to indicate low socioeconomic status or the rate of psychiatric inpatient hospitalization in an area:[14] the percentage of people who are unemployed; of single-parent households; of individuals who are divorced or separated; and of housing units that are overcrowded; of households receiving public assistance.[14]

The last category, the number households receiving public assistance, may underestimate the level of socioeconomic need in the area. For example, many undocumented immigrants may have low enough incomes to qualify for public assistance, but may not be eligible. Similarly, individuals with limited English ability may have trouble navigating the enrollment requirements for social assistance programs.

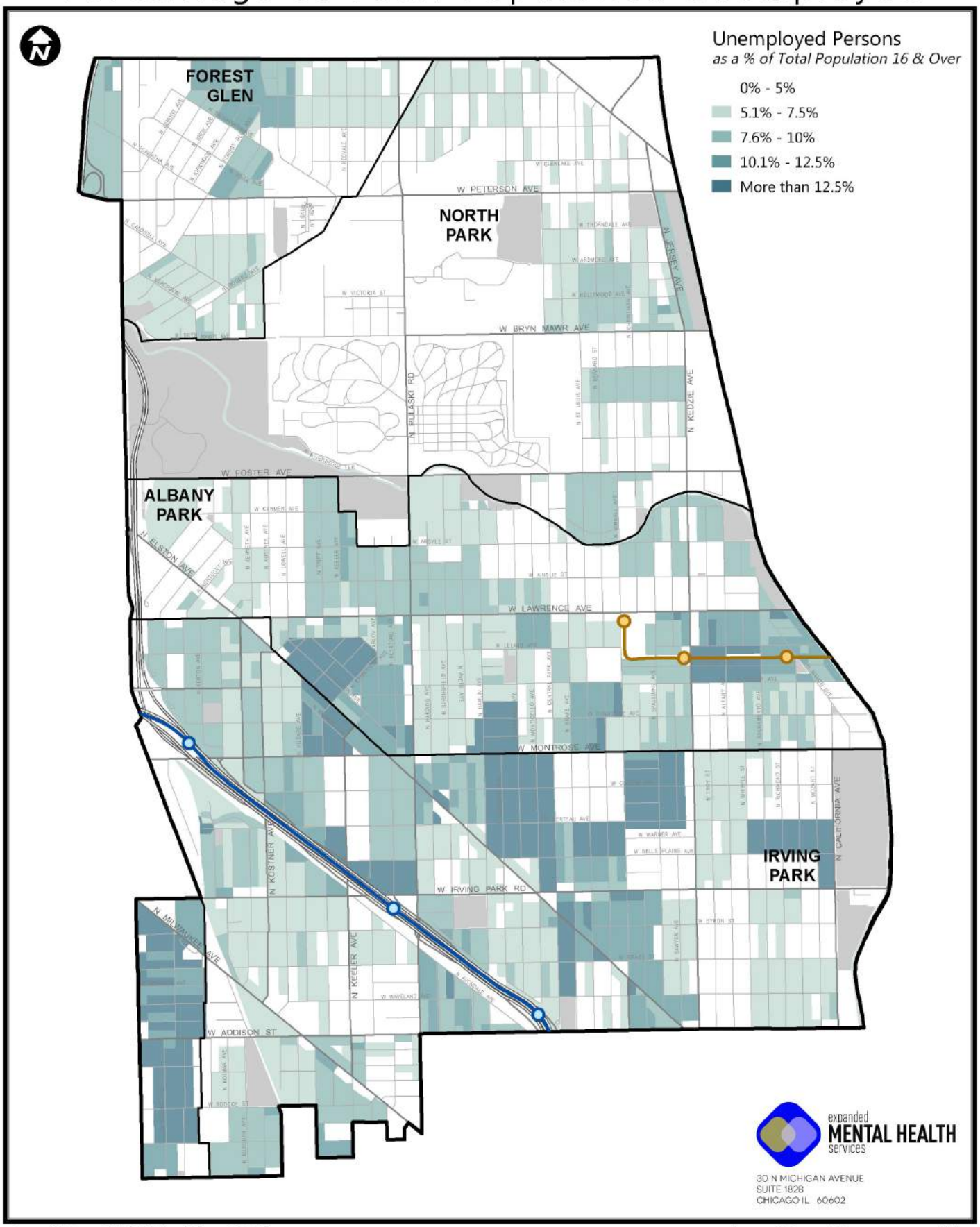
Low socioeconomic status has been found to be a risk factor for poor physical and mental health.[14] For example, numerous studies have found a link between unemployment and poor mental health.[18] In addition, research finds that single-parent households experience a higher incidence of parental depression [19] and increased rates of mental health problems among children.[20] Research on single-mothers finds that depression is often tied to financial stress and lack of social support.[19] Furthermore, longitudinal studies have found that children of divorced parents score lower on measures of psychological adjustment, academic achievement, social relations, and self-concept.[21] Given these factors, indicators of low-socio economic status provide information about potentially high-need areas within the NRRA.

The NRRA contains approximately:

* **7,700 unemployed** persons currently looking for work
* **16,000 single-parent** households
* **11,200** individuals who are **divorced** or **separated**
* **943** individuals who are receiving **public assistance** in the form of **direct cash payments from state or local governments.***

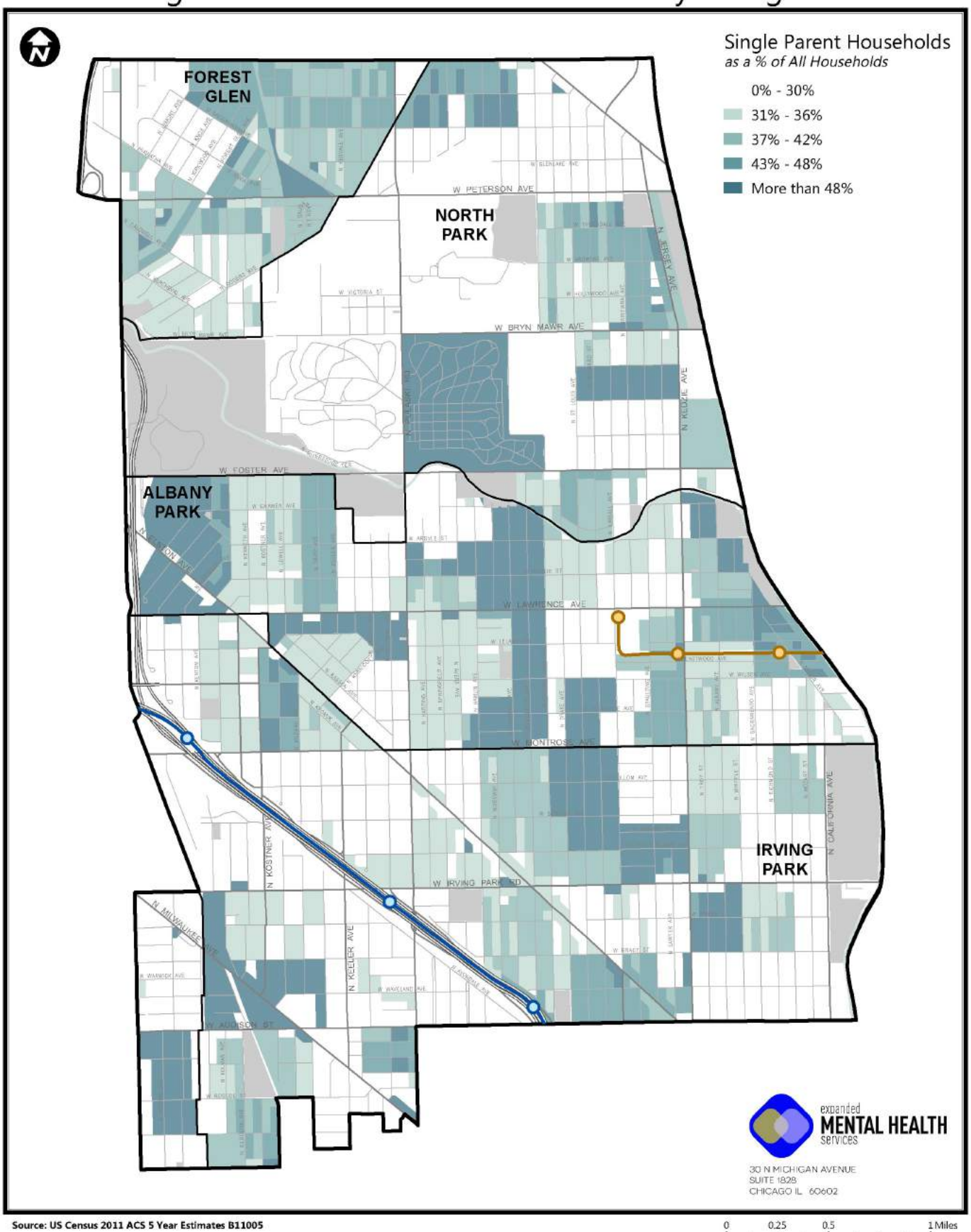
* Public assistance includes cash contributions and subsidies to persons, not in payments for goods or services or claims against the government. For local governments, this object category comprises only direct cash assistance payments to public welfare recipients. For states, it includes also veterans' bonuses and direct cash grants for tuition, scholarships, and aid to nonpublic education institutions.

Percentage of Total Population Unemployed



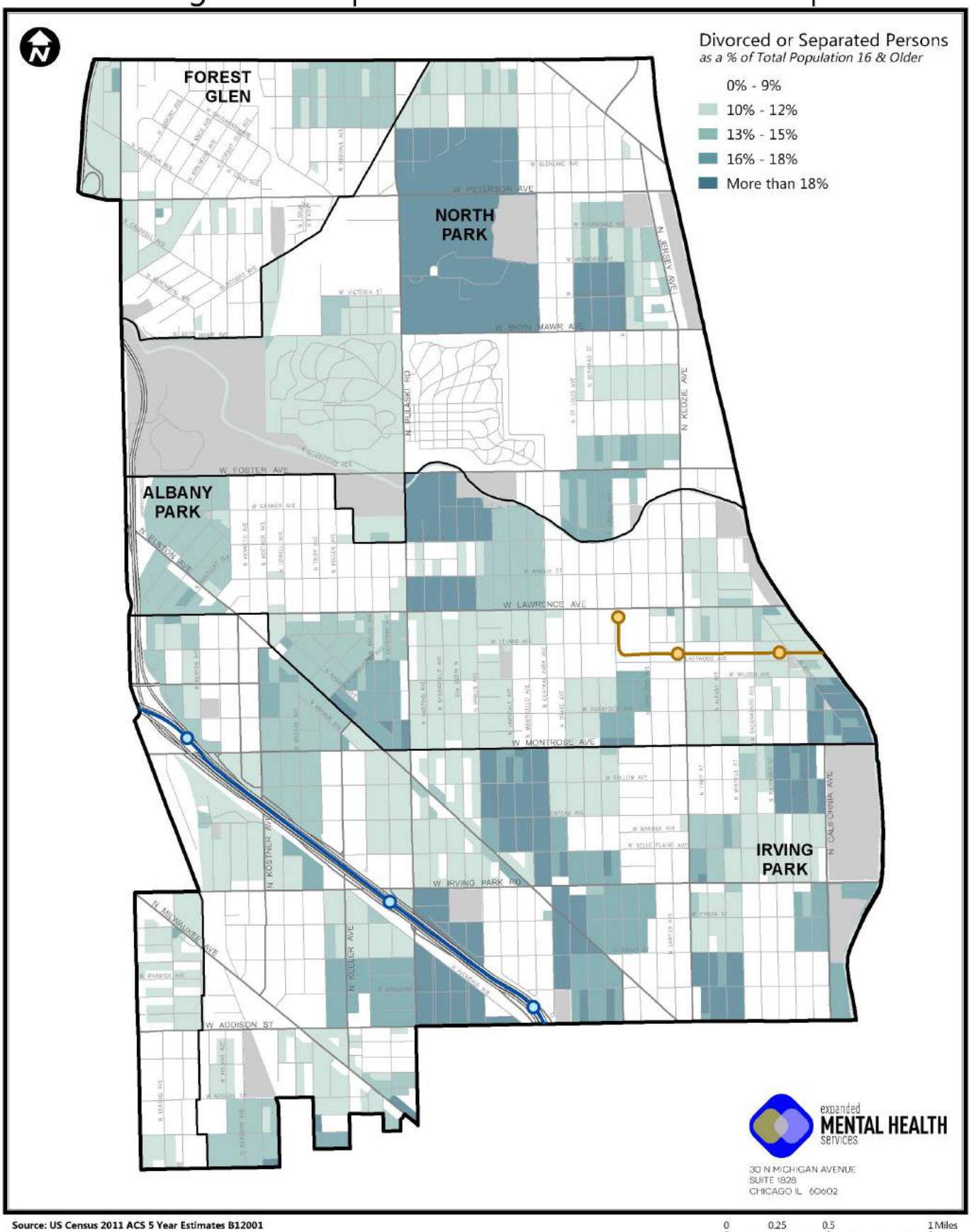
Source: US Census 2011 ACS 5 Year Estimates B23025

Percentage of Households Headed by Single Parents



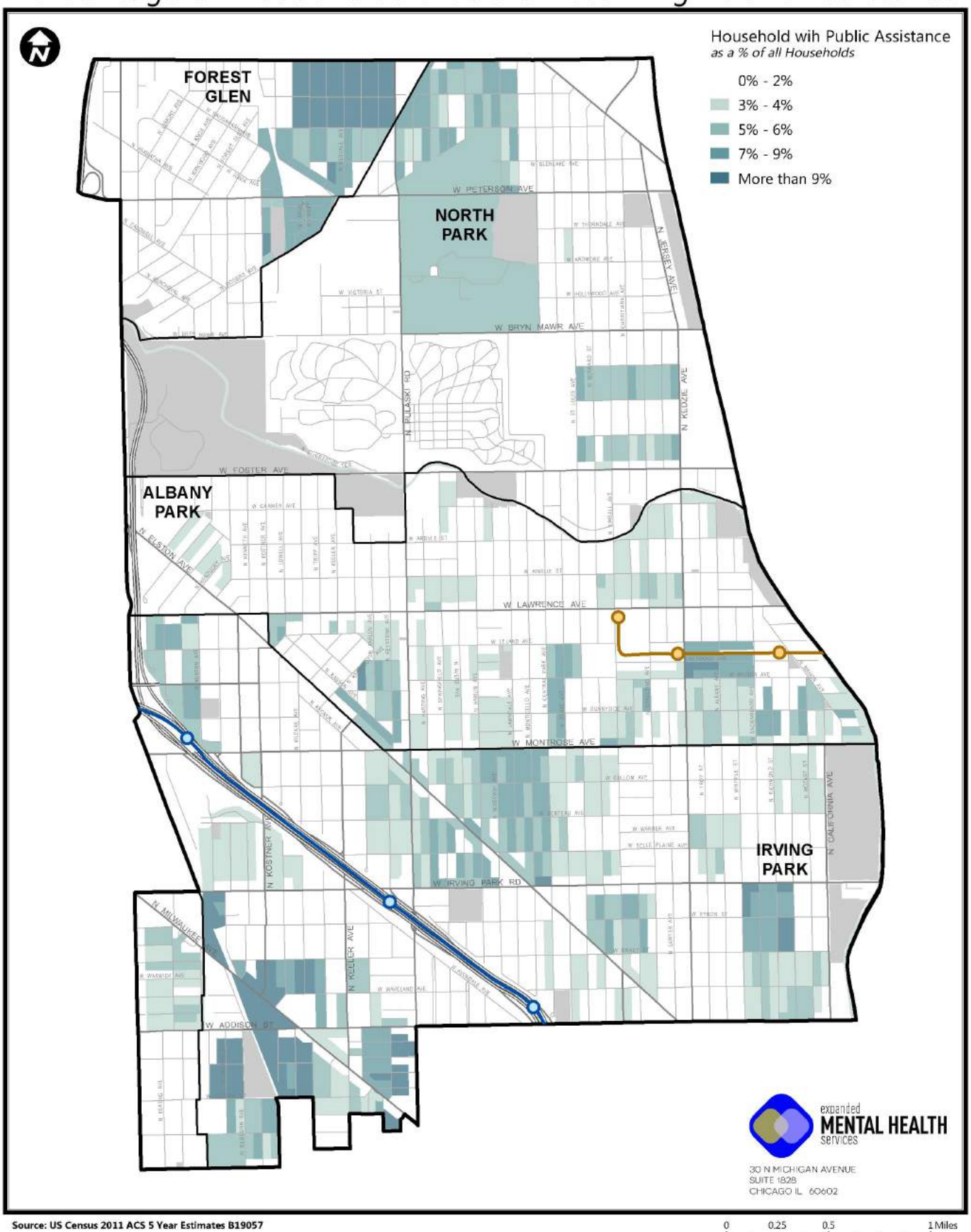
Source: US Census 2011 ACS 5 Year Estimates B11005

Percentage of Population Divorced or Separated



Source: US Census 2011 ACS 5 Year Estimates B12001

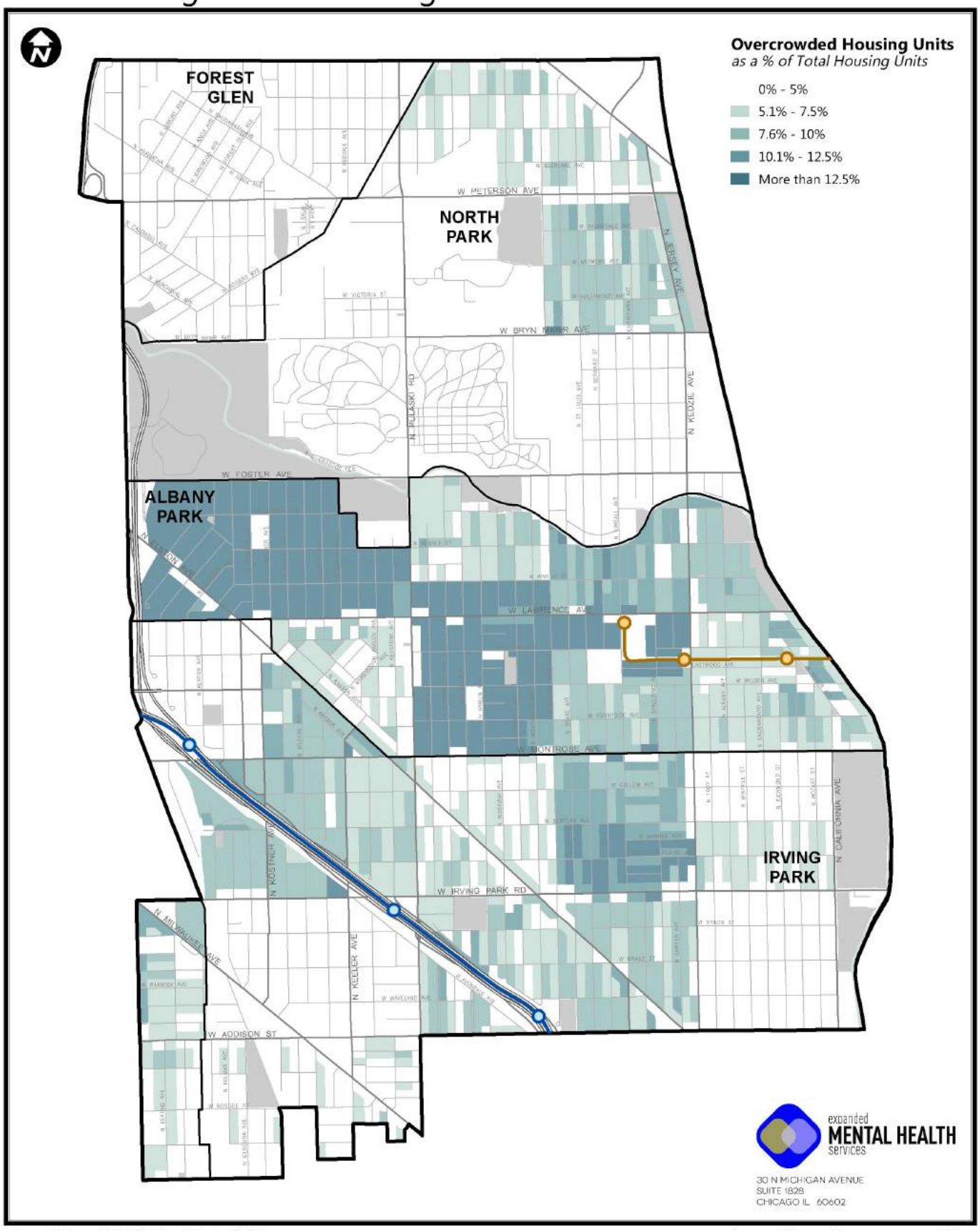
Percentage of Households that are Receiving Public Assistance



Source: US Census 2011 ACS 5 Year Estimates B19057

0 0.25 0.5 1 Miles

Percentage of Housing Units that are Overcrowded



Source: US Census 2011 ACS 5 Year Estimates B25014

VETERANS

The maps in this section provide the following information: the percentage of the population consisting of veterans, the percentage of veterans aged 18 to 64, the percentage of veterans over 65, and the percentage of veterans who are unemployed or not in the labor force (NILF).

Common mental health concerns among veterans include PTSD, substance abuse, traumatic brain injuries (TBI), and depression.[22] Additionally, it is estimated that approximately 22 veterans commit suicide every day.[23] In a recent study, 37% of Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OE) veterans enrolled with Veteran's Administration (VA) met the diagnostic criteria for a mental illness.[22] Of this population, 22% were diagnosed with PTSD, 20% with a mild TBI, 17% with depression, and 10% with a substance abuse disorder.[22]

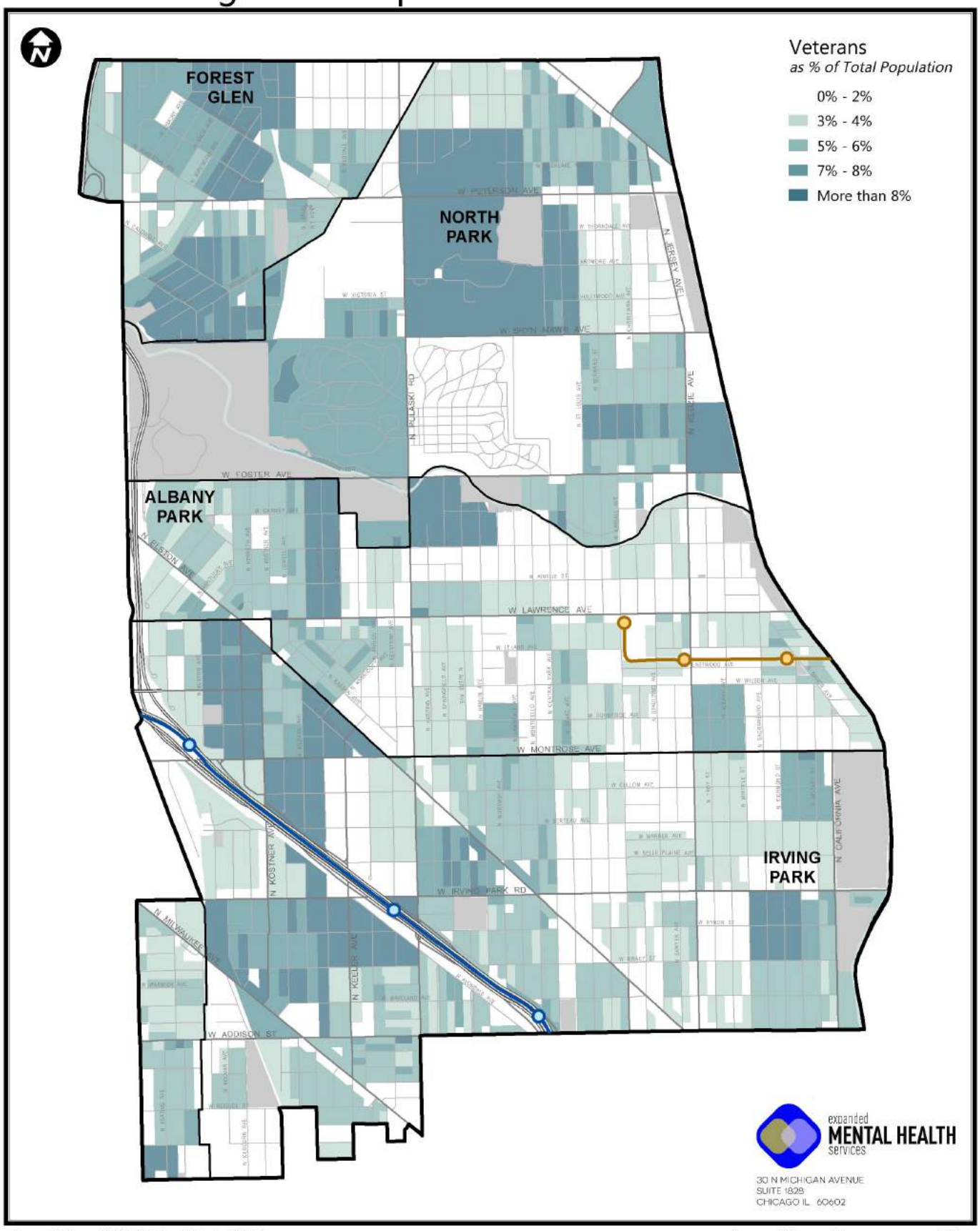
Mental health issues also present challenges for older populations of veterans. Vietnam veterans make up a substantial percentage of the homeless population [24] and the majority of veteran suicides and calls to the VA crisis line occur among people 50 and older.[23] Additionally, in recent years there has been an increase in reports of PTSD and other mental health issues among Vietnam era veterans.[25] Some mental health professionals attribute this to lifestyle changes associated with retirement, such as decreases in social interaction and structured time .[25]

While a substantial number of programs focus on mental health and social support for veterans, many veterans nonetheless struggle to access services due to issues such as long waitlists for services, difficulties documenting military involvement, and disputes about eligibility.[26] One key interview respondent who works with homeless veterans said that there is a need for greater outreach efforts to connect veterans to services and ensure that they are able to maintain their involvement with care networks.

The NRRA contains approximately:

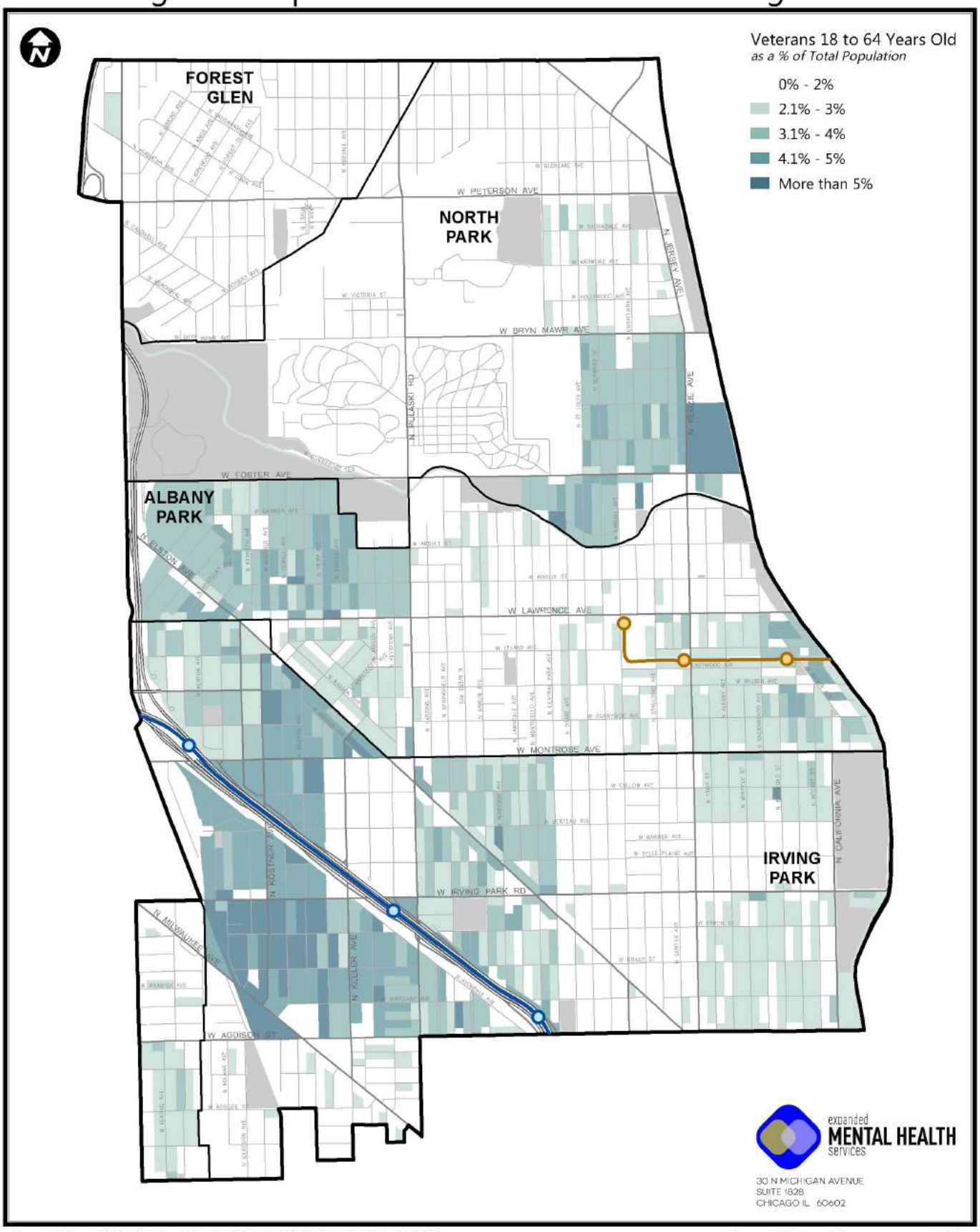
* **4,300 veterans**
* **2,500 veterans** aged **18 to 64**
* **1,800 veterans** aged **65 and older**
* **700 veterans** aged **18 to 65** that are **unemployed** or **not in the labor force** (NILF).

Percentage of Population who are Veterans



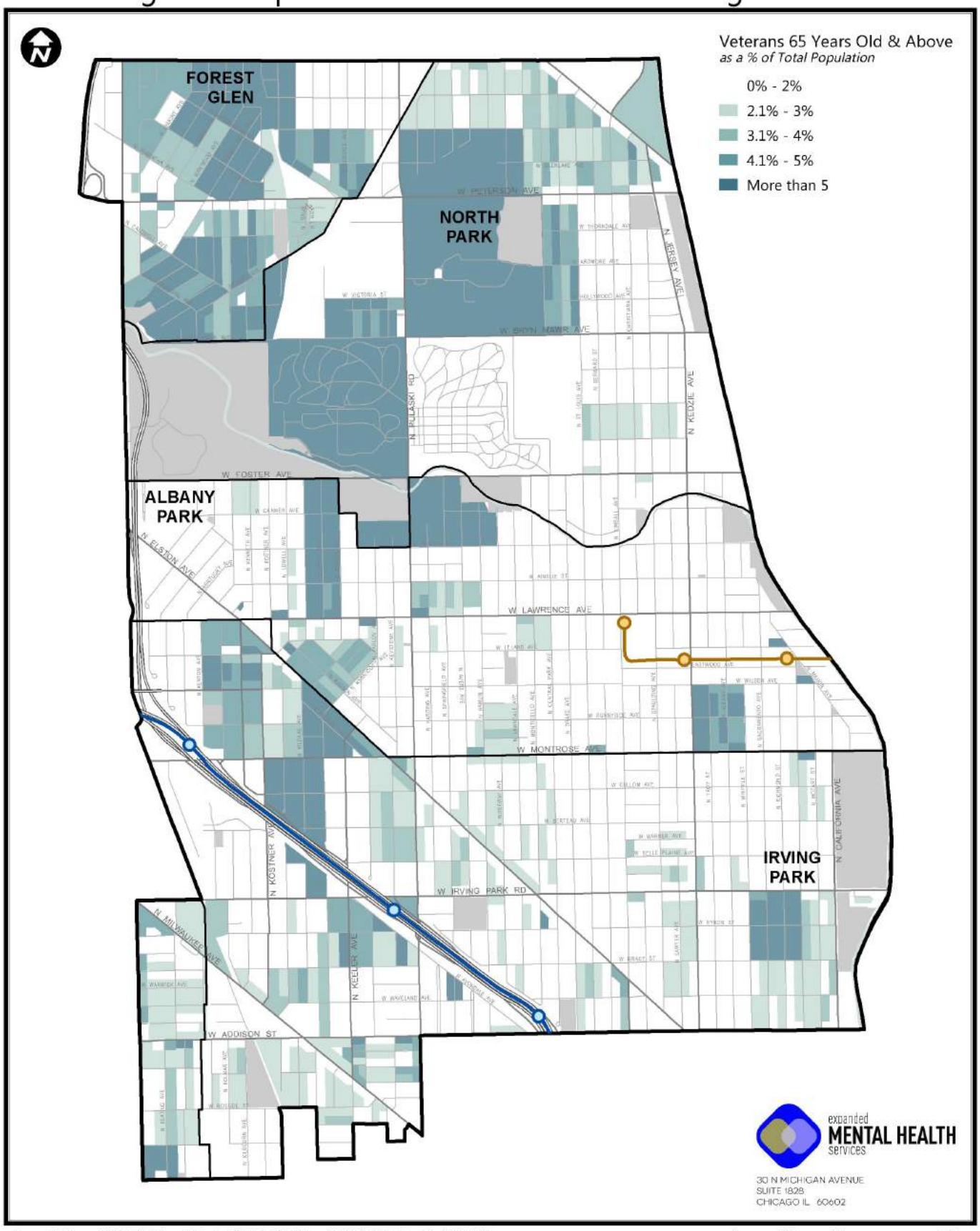
Source: US Census 2011 ACS 5 Year Estimates B21001

Percentage of Population that are Veterans Aged 18 to 64



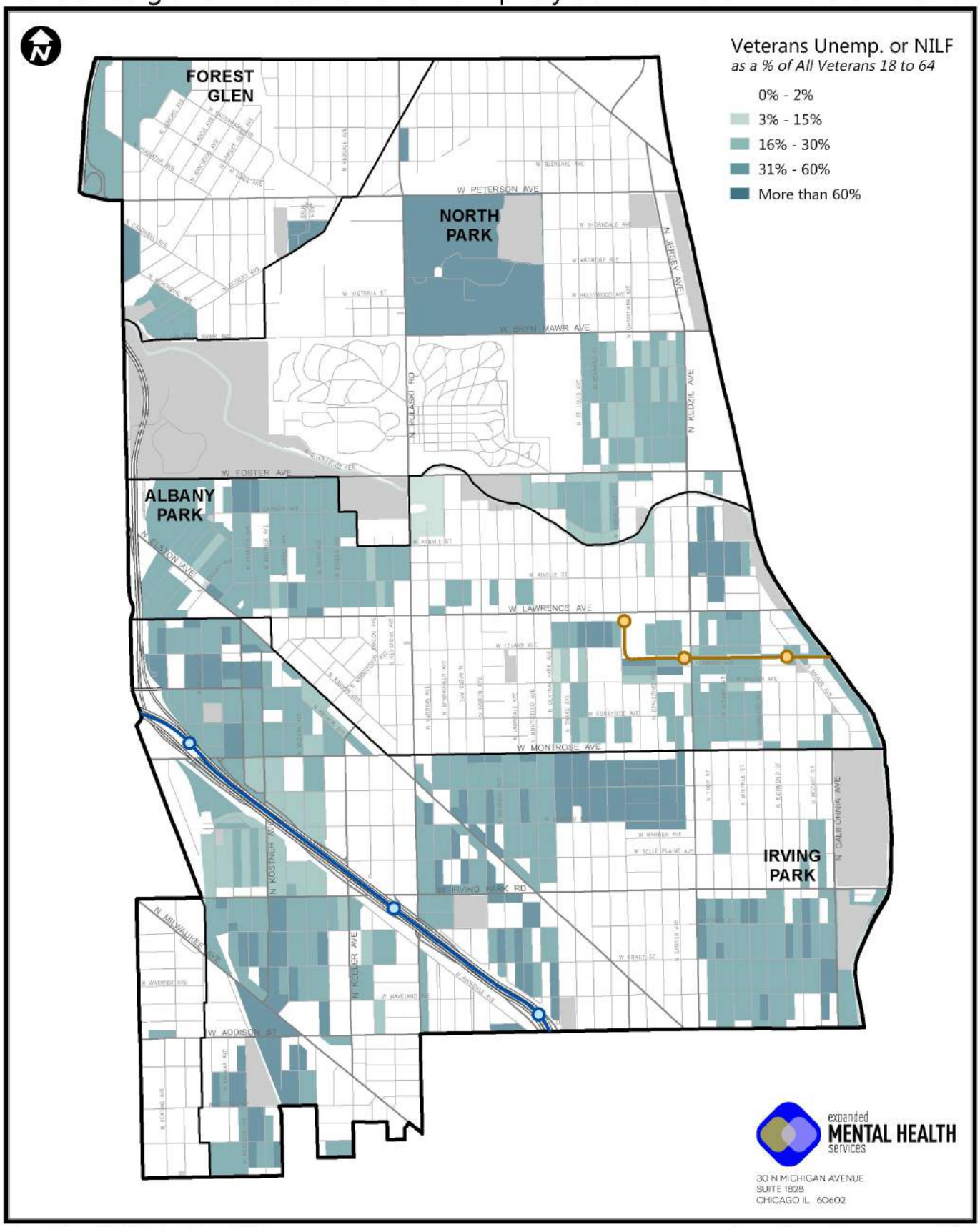
Source: US Census 2011 ACS 5 Year Estimates B21005 & 2010 Redistricting Data PL 94-171

Percentage of Population that are Veterans Aged 65 & Above



Source: US Census 2011 ACS 5 Year Estimates B21001, B21005, and 2010 Redistricting File PL 94-171

Percentage of Veterans Unemployed or Not in Labor Force



Source: US Census 2011 ACS 5 Year Estimates B21005

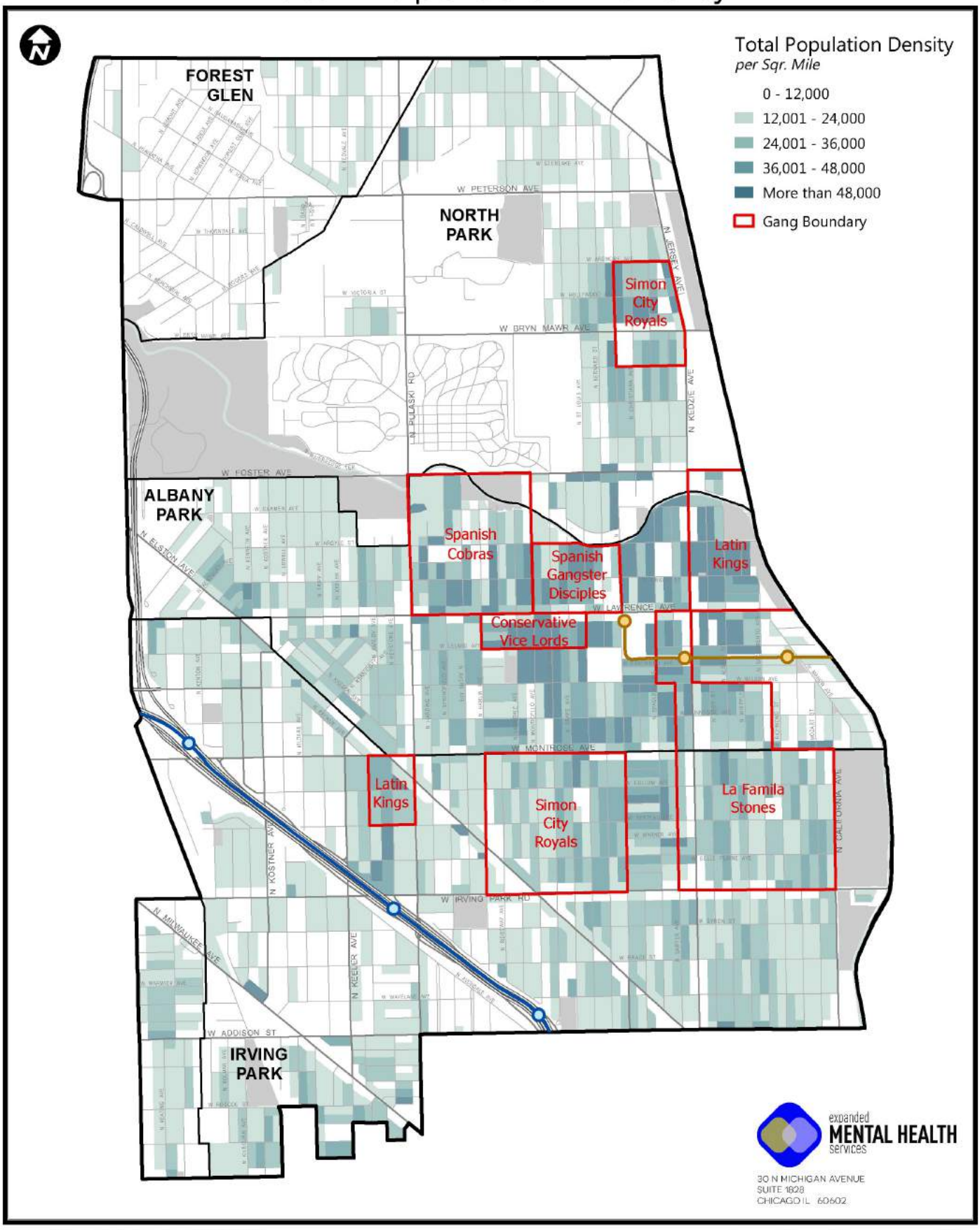
CRIME

The maps in this section provide the following information: total population density, the density of all crimes, and the number of crimes per capita. The maps also show the boundaries of local gang territories. The boundaries come from a report created by the Chicago Police Department (CPD) and published by WBEZ Chicago. Because gang boundaries are often fluid and difficult to determine, the maps only offer an approximate indication of gang activity in the NRRA. The appendix to this report includes detailed information about the types of crime occurring in the different gang territories, and a comparison of crime rates between those areas and other sections of the NRRA.

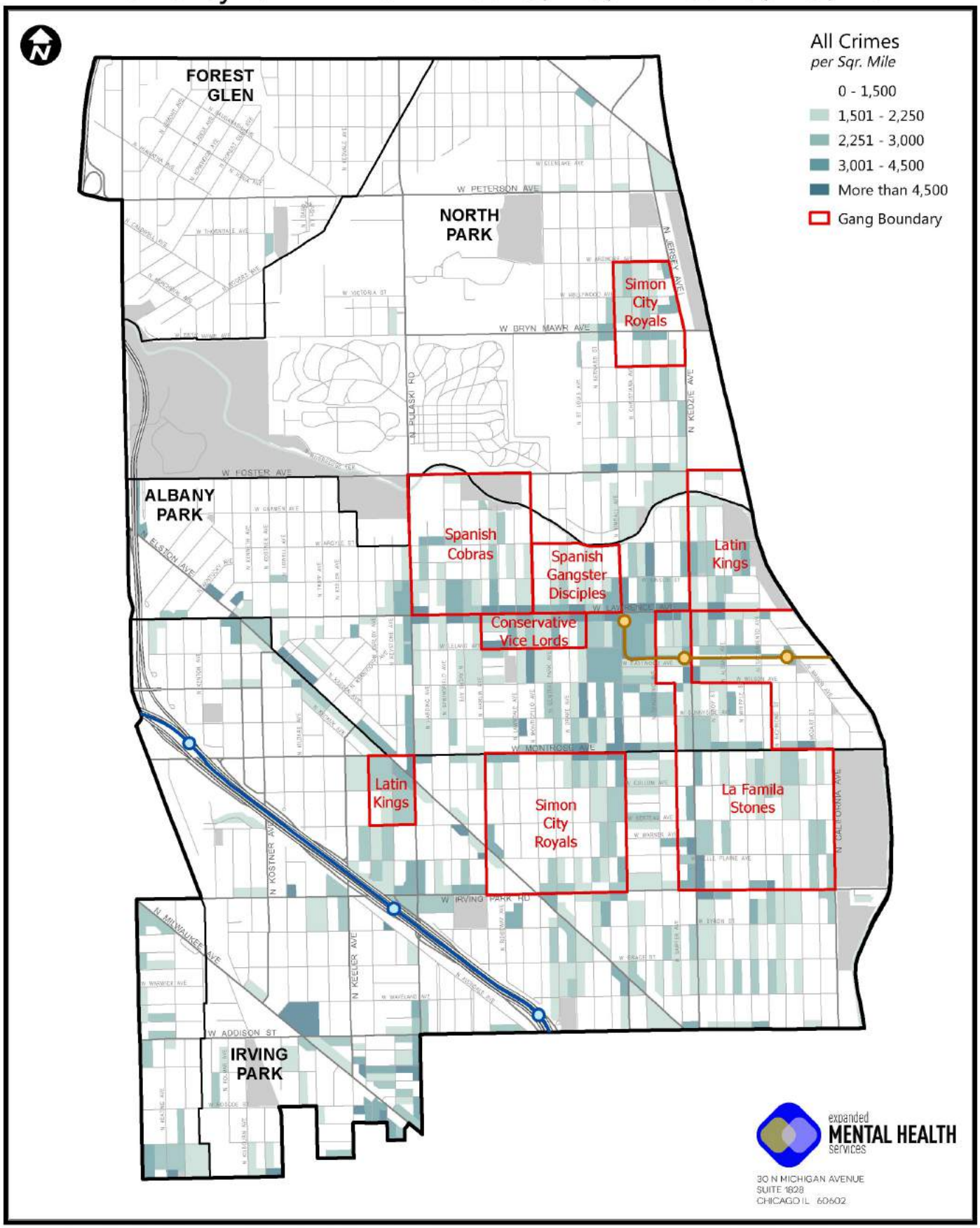
In the community survey and key respondent interviews, many individuals expressed concern about crime in the area. These concerns included anxieties about becoming a victim of crime as well as worries that youth in the area were becoming involved in criminal behavior. Several religious leaders shared that they work with youth who have joined gangs, expressing concern that gang involvement may result in negative outcomes such as drug use, exposure to violence, and incarceration. Some of these religious leaders noted that young teenagers are often targeted for gang involvement, which some theorized was because juveniles are less likely to experience harsh legal consequences for criminal behavior. In addition to its negative consequences for gang-involved youth, gang activity in the area can make all community members feel less safe—a concern shared by several religious leaders and other area residents. Recent research has found connections between gang involvement and problems with mental health. A study published in the *American Journal of Psychiatry* found that gang involvement was associated with higher rates of anxiety disorders, psychotic disorders, anti-social personality disorder, and drug use.[28]

Out of 77 Chicago community areas, Albany Park has the 33rd most violent crime per capita. North Park and Irving Park are tied for 53rd, and Forest Glen ranks 70th. [27] The gang territory map outlines six organizations in the area: the Conservative Vice Lords, La Familia Stones, the Latin Kings, the Simon City Royals, the Spanish Cobras, and the Spanish Gangster Disciples. According to Chicagogangs.org, La Familia Stones, the Latin Kings, the Spanish Cobras, and the Spanish Gangster Disciples consist predominately of Latino members, whereas the Conservative Vice Lords have a primarily African-American membership and the Simon City Royals are comprised mostly of Caucasians .

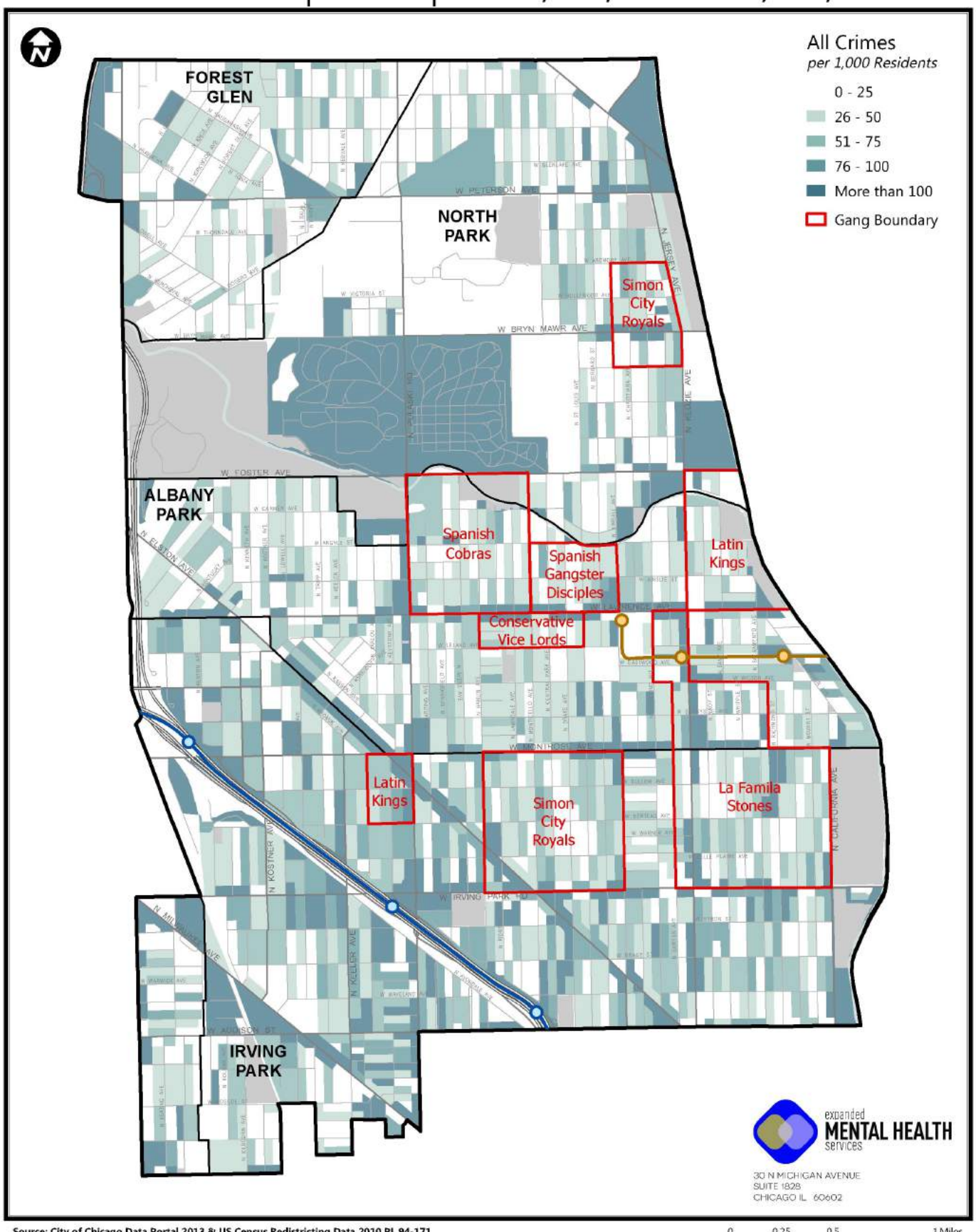
Total Population Density



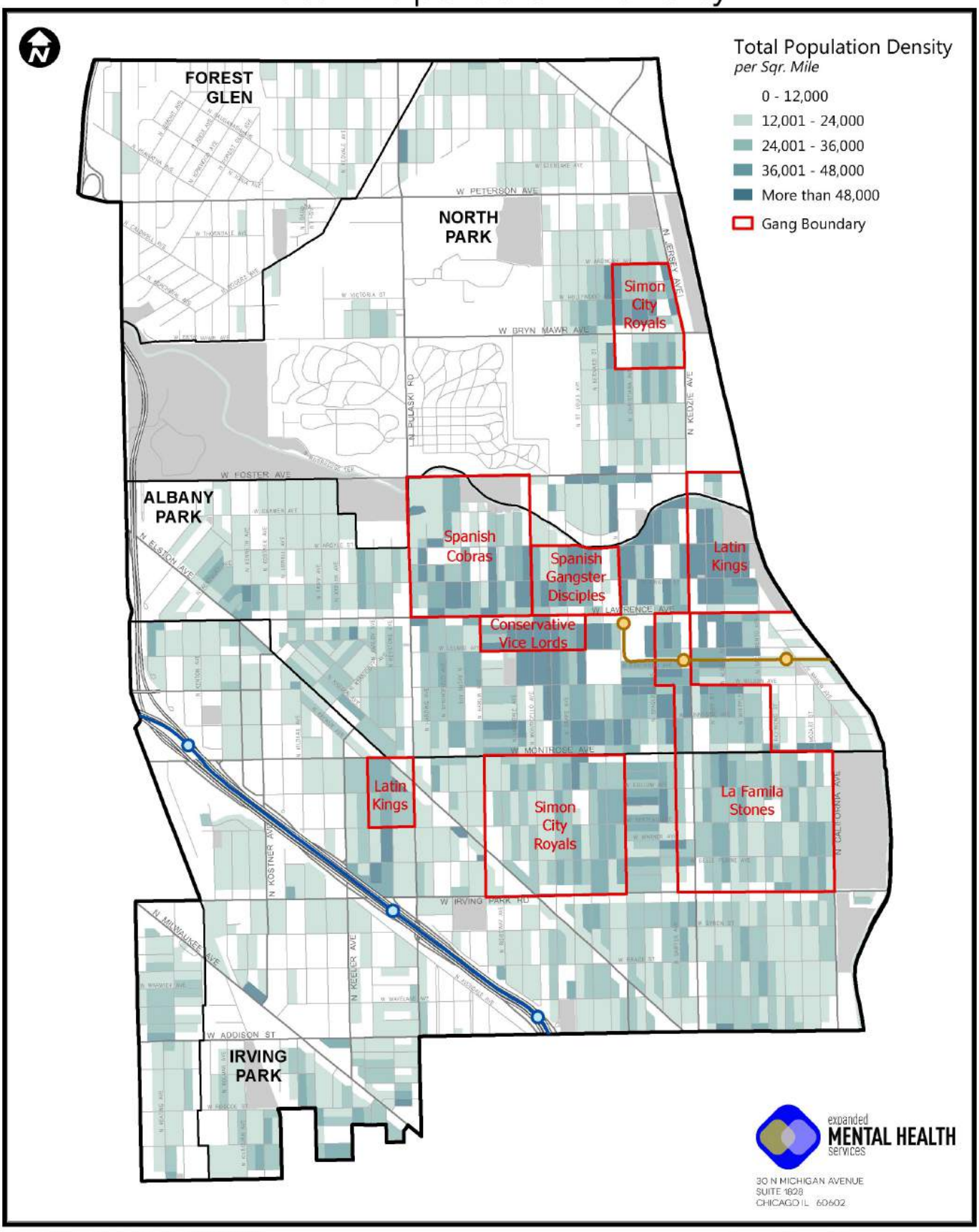
Density of All Crimes 8/26/12 to 8/19/13



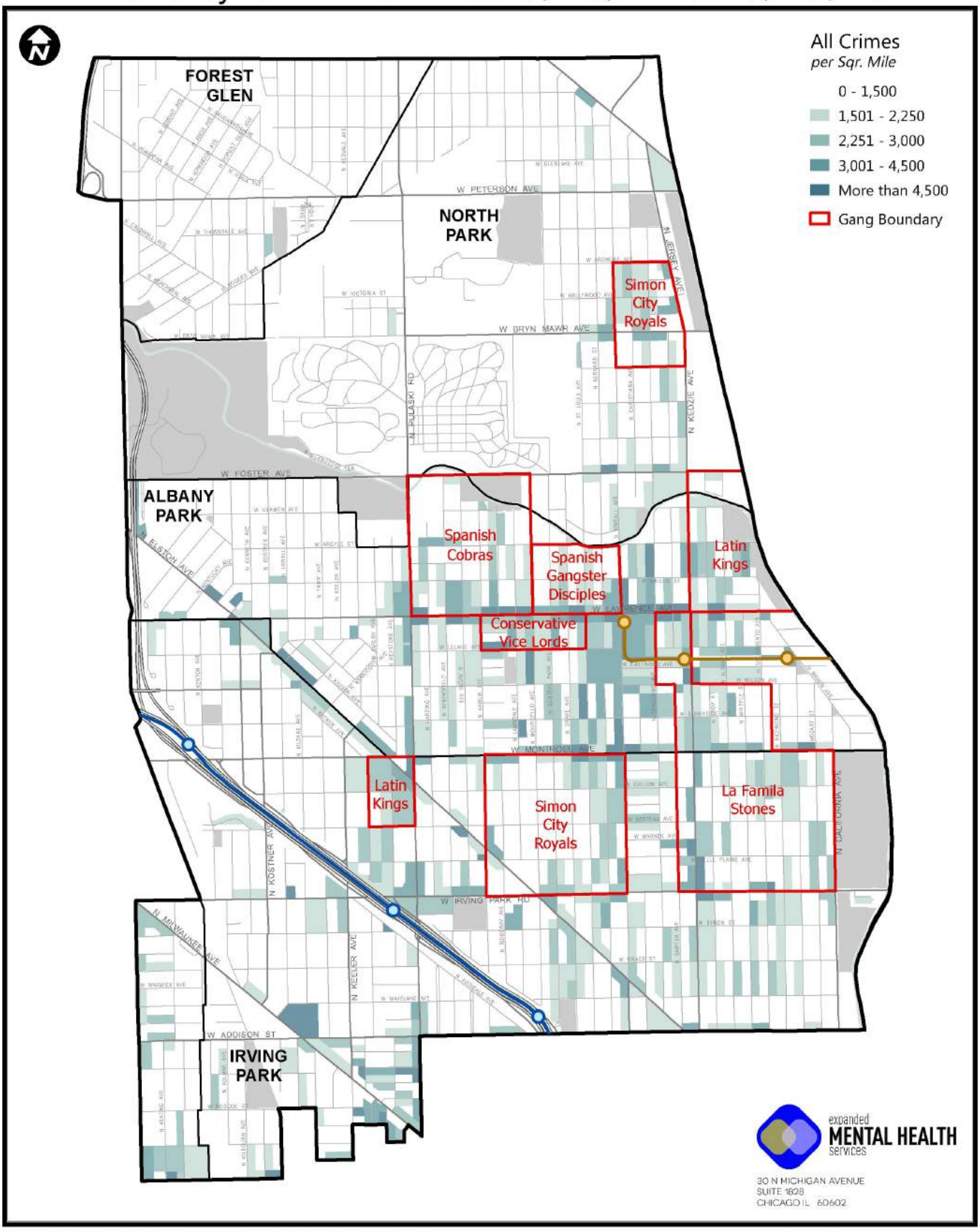
All Crimes per Capita 8/26/12 to 8/19/13



Total Population Density



Density of All Crimes 8/26/12 to 8/19/13



COMMUNITY MENTAL HEALTH RESOURCES

The following two maps provide information on the proximity of area residents to community mental health providers. The first map estimates the distance between each census block and the five closest mental health providers. The information used in this map comes from the Illinois Service Provider Database (SPD). Because the database is citywide, some mental health providers used in the proximity analysis are located outside the referendum area. For example, the closest mental health providers to residents in the Northeast side of the referendum area may be located in Ravenswood. The proximity analysis also includes estimates for the transportation time to each mental health center. For example, if two census blocks are located an equal distance from a mental health center, the block with the faster transportation route would be rated as having greater proximity.

Some mental health providers in the referendum area are not registered in the SPD, and are not included in the proximity analysis. These include health clinics at Roosevelt High School and Hibbard Elementary, and mental health programs at Lutheran Social Services, the Polish-American Association, the Salvation Army, and the Albany Park Community Center. In the map, census blocks are divided into five quintiles. Blocks in the top quintile have the greatest proximity and blocks in the bottom have the least.

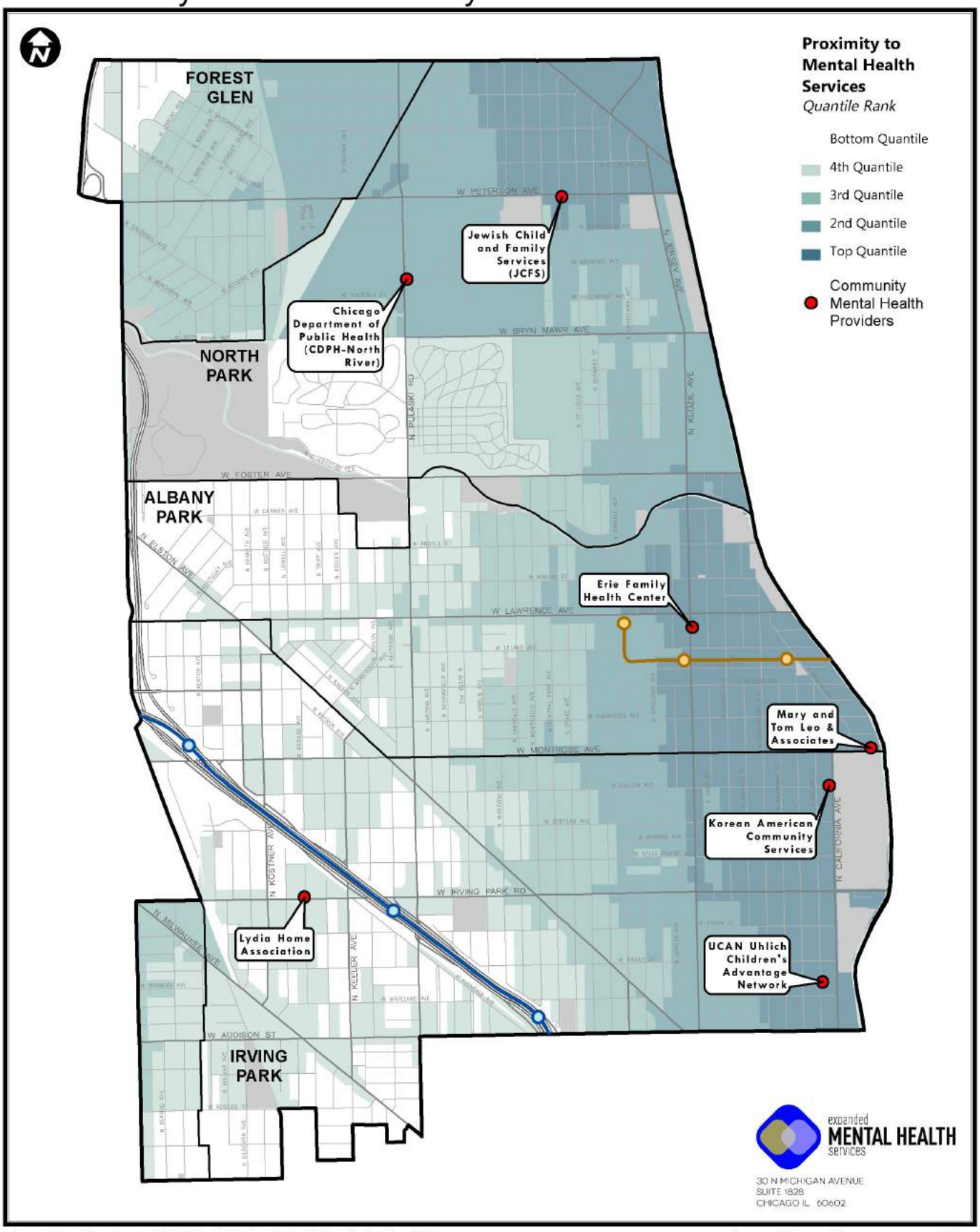
The second map shows the census blocks in the referendum area with relatively fewer options for mental health services. This gap is concentrated on the western side of the referendum area.

The referendum area contains:*

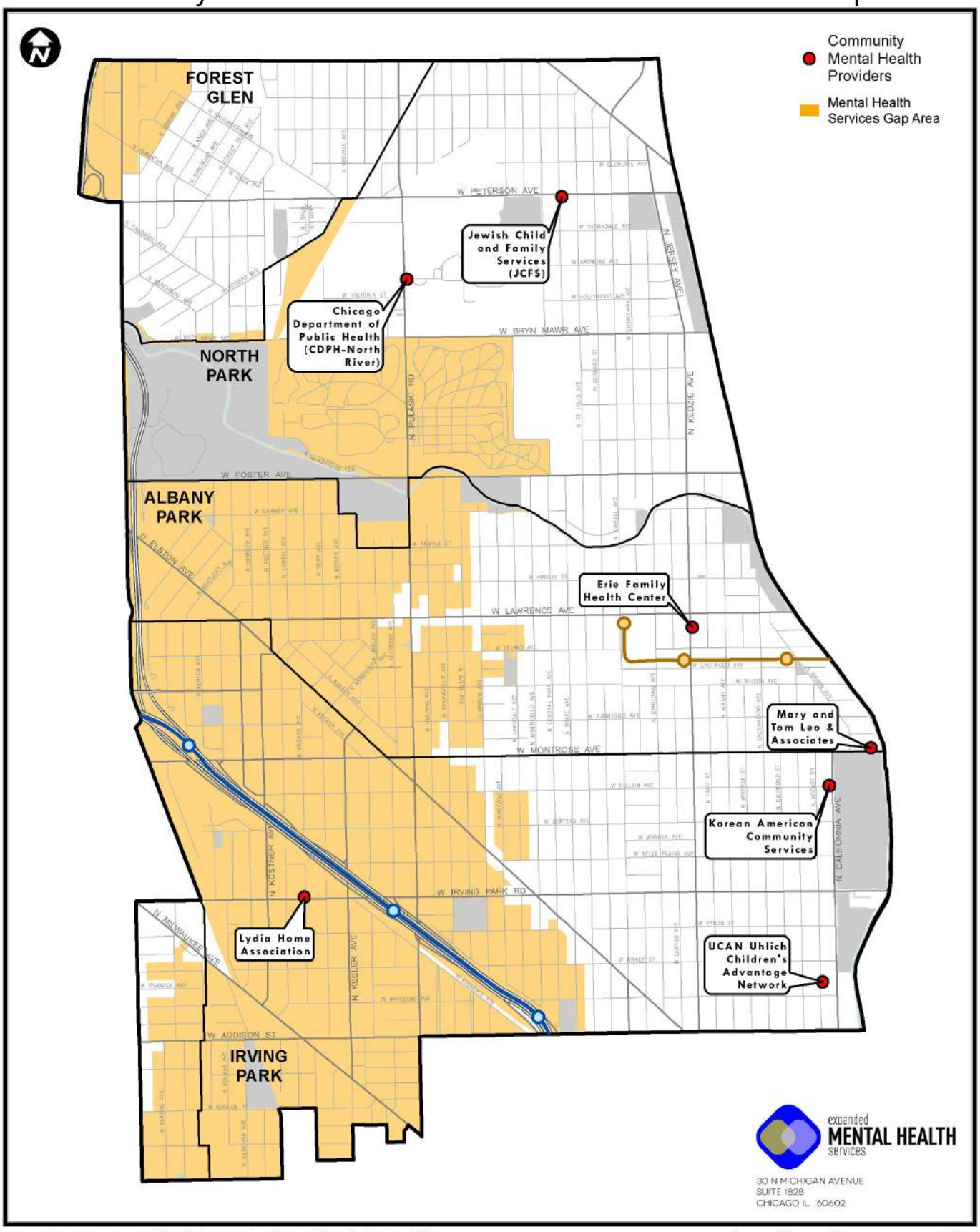
- **1 city-run mental health clinic**
- **1 community health clinic** providing **mental health services.**
- **2 school-based primary care clinics** providing **mental health services.**
- **8 social service agencies** providing **mental health services.**
- **2 mental health organizations** focused on **youth and family services.**

*The names of these community mental health providers are listed in the appendix to this report.

Proximity to Community Mental Health Providers



Community Mental Health Providers Service Gap Area



Source: Illinois Department of Child & Family Services Statewide Provider Database 2013

HEALTH CARE REFORM

The following map shows the estimated percentage of the NRRA population that will gain access to health insurance due to the Affordable Care Act (ACA). This map is based on calculations conducted by a public health geographer from the Feinberg School of Medicine at Northwestern University.

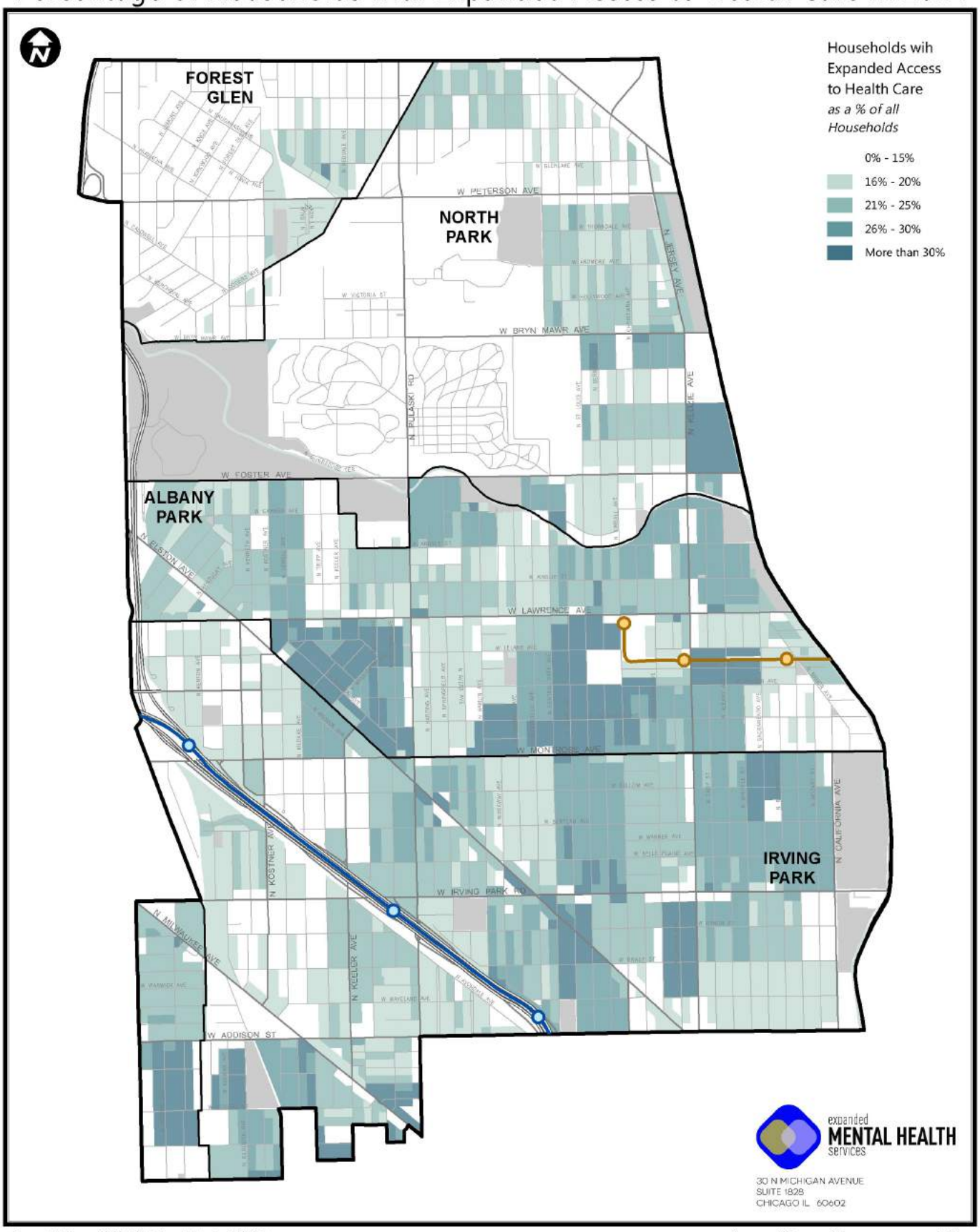
The ACA provides some key benefits for mental health consumers and providers. With some exceptions, all health insurance plans must provide mental health and substance abuse treatment services.[29] Under parity requirements, plans may not charge higher rates for mental health services than they do for other types of health care. For example, insurance companies cannot charge higher copays for mental health services, or place extra restrictions on authorized mental health services.[29] The ACA also specifies that insurance companies cannot deny individuals coverage due to pre-existing conditions.[29] This may make it easier for people with mental health issues to obtain medical insurance, and increase consumers' comfort with using their insurance benefits to obtain mental health care.

While the ACA will increase health insurance access for area residents, the legislation does not provide increased coverage for undocumented immigrants. Additionally, people with language barriers may have difficulty navigating the process of obtaining coverage.

Implementation of the ACA will result in:

* An estimated **10,000 households** becoming eligible for coverage.
* **22% of the population** becoming eligible for coverage.

Percentage of Households with Expanded Access to Health Care in 2014



Source: US Census 2011 ACS 5 Year Estimates B19037

APPENDIX

KEY INTERVIEWS: RELIGIOUS ORGANIZATIONS

* Agape India International Church
* All Saints Antiochian Orthodox Church
* Bethany United Methodist Church
* Bride of Christ Church
* Brynford Bible Church
* Bultasa Buddhist Temple
* Christ Church CMA
* Church of Christ Presbyterian
* Cross and Crown Community Church
* Felician Sisters Covenant
* First Vietnamese United Methodist Church
* God's Army Ministries
* Grace Evangelical Covenant Church
* Harvest Christian Center

* Iglesias del Pacto Evangelico de Albany Park
* Immaculate Heart of Mary
* Irving Park United Methodist Church
* Jesus House Chicago
* Korean United Presbyterian Church of Chicago
* Mount Olive Evangelical Free Church
* New Life Community Church
* Northwest Church of Christ
* St. Hillary Parish
* St. Odisho Assyrian Orthodox Church
* St. Viator Catholic Church
* Tabernaculo Del Amor
* Tabor Evangelical Lutheran Church
* Young Israel of Albany Park

AREA MENTAL HEALTH RESOURCES

City-Run Mental Health Clinic

* The North River Mental Health Center

School-based Primary Care Clinics

* Heartland Health Center at Roosevelt High School
* Heartland Health Center at Hibbard Elementary

Community Primary Care Clinic

* Erie Helping Hands Health Center

Community Organizations and Social Service Agencies with Mental Health Programs

* The Albany Park Community Center
* Jewish Child and Family Services
* Korean American Community Services
* Lydia Home Association
* Lutheran Social Services
* The Polish American Association
* The Salvation Army (focused on services to women experiencing sex trafficking).
* UCAN Children's Advantage Network

Mental Health Organizations Focused on Youth and Families

* Mary, Tom, Leo & Associates
* Tuesday's Child

Hospitals Providing Psychiatric Care (both located directly outside of the referendum area).

* Kindred Heart Hospital
* Swedish Covenant Hospital

QUESTIONS FOR RELIGIOUS LEADERS

1. What types of mental health concerns do you think are common among the people you work with in this community?
2. What groups in particular stand out to you as needing services
3. What are the mental health needs of children younger than twelve?
4. What are the mental health needs of adolescents?
5. What are the mental health needs of working age adults?
6. What are the mental health needs of adults 65 and older?
7. Do you feel that community members have sufficient access to services for people experiencing domestic violence or other forms of abuse?
8. What are the biggest stressors affecting the individuals you work with in this community?
9. What sorts of barriers prevent the individuals you work with from accessing mental health services?
10. As a religious leader, do you feel like you are able to access sufficient resources to help address the mental health concerns of the people with whom you work?
11. If EMHS started a community mental health center, in what ways could we support the congregation or outreach projects in which you are involved?
12. How can EMHS provide care in a way that would make the people you work with feel more comfortable seeking and receiving services?

QUESTIONS FOR COMMUNITY SERVICE PROVIDERS

1. What factors prevent North River residents from accessing mental health services?

2. What sorts of mental health concerns do you think are common in the North River Area?

3. What do you think are the areas of unmet need for mental health services in North River?

4. What groups in particular stand out to you as needing services?

5. What are the mental health needs of children younger than twelve in the community?

6. What are the mental health needs of adolescents?

7. What are the mental health needs of adults?

8. What are the mental health needs of adults 65 and older?

9. In terms of area services, what are some possible areas of need for people experiencing domestic violence or other forms abuse.

10. What do you think are the biggest stressors affecting the mental health and well-being of North River residents?

11. If EMHS started a community mental health center, in what ways could they coordinate with and support the organization with whom you work?

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