



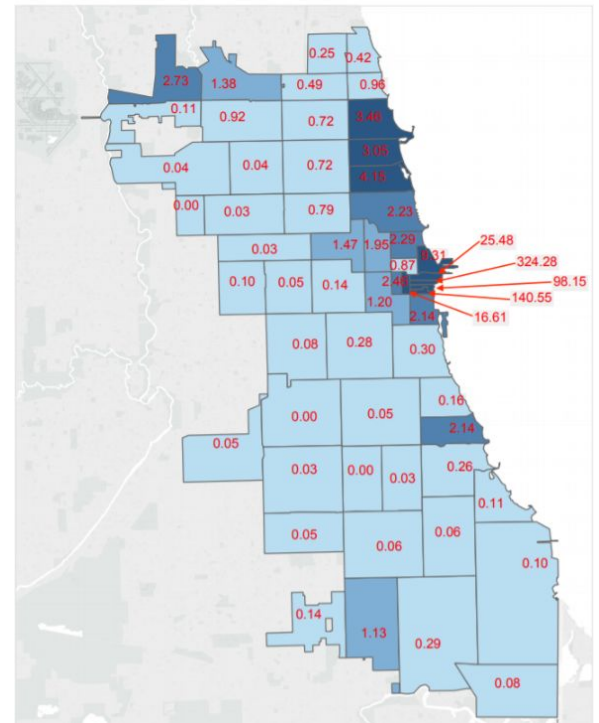
## Introduction

In May of 2018, the Collaborative for Community Wellness, a coalition of community-based organizations, mental health providers, and community residents, released findings from a mental health needs assessment conducted across ten primarily Latinx (91%) community areas on Chicago's southwest side which face high levels of economic hardship. Survey data from 2,859 community residents indicated that 80% of survey respondents reported "Yes" or "Probably yes" to the question of whether they would seek professional support for their personal problems. Although the majority of respondents indicated that they would seek services, structural barriers including cost (57%), lack of insurance coverage (38%), being unsure where to access services (38%), and lack of services in close proximity (34%) were reported as barriers to accessing mental health services. By comparison, social barriers were ranked at a markedly lower rate. Social barriers included stigma (11%), not feeling as though services would be of benefit (10%), and family disapproval (9%). A similar needs assessment was conducted over a three year span in North Lawndale. Of the 200 respondents who completed quantitative surveys, 65% reported "Yes" or "Probably yes" to the question of whether they would seek professional support for their personal problems. In addition, 62% ( $n = 86$ ) of African-American respondents answered "Yes" or "Probably yes" to this question. Survey respondents reported that cost (32%), transportation (29%), and being unsure where to access services (24%) were the top three structural and programmatic barriers impeding access to mental health services. Furthermore, findings from a systematic search of private practice licensed mental health clinicians across each zip code in Chicago indicated that the highest ratios of private practice clinicians were found in the city's most wealthy community areas (please see adjacent map).

Recognizing the barriers that individuals in high poverty communities experience in accessing mental health services, the aim of the present study was twofold: 1) to systematically assess the accessibility of mental health providers in the city and 2) to systematically assess the organizational capacity of providers to address the mental health needs of community residents across the city.

Acknowledging that a diverse range of providers is necessary to address the spectrum of mental health needs, we systematically assessed the organizational capacity of 253 providers that the Chicago Department of Public Health identified as offering mental health services. Our aim was to explore the

Mental Health Provider Rate per 1,000 Residents



following: 1) the accessibility (i.e., ease of contacting) of organizations; 2) the type of mental health support that each organization offers (i.e., outpatient, inpatient, group therapy, medication management / psychiatry, case management, school-based services, and other); 3) the current capacity of each organization to serve individuals requesting services (e.g., length of wait list); 4) and the extent to which each organization addresses barriers to accessing mental health services (e.g., offers free services and has Spanish-speaking clinicians on staff). Through this exploration, we ultimately intended to answer the question of whether the city of Chicago's current mental health infrastructure is accessible, can keep pace with the demand for services, provides adequate solutions to service access barriers, and offers an even distribution of services throughout the city. In this brief, we provide an overview of our study methodology and highlight key findings that emerged.

## Methodology

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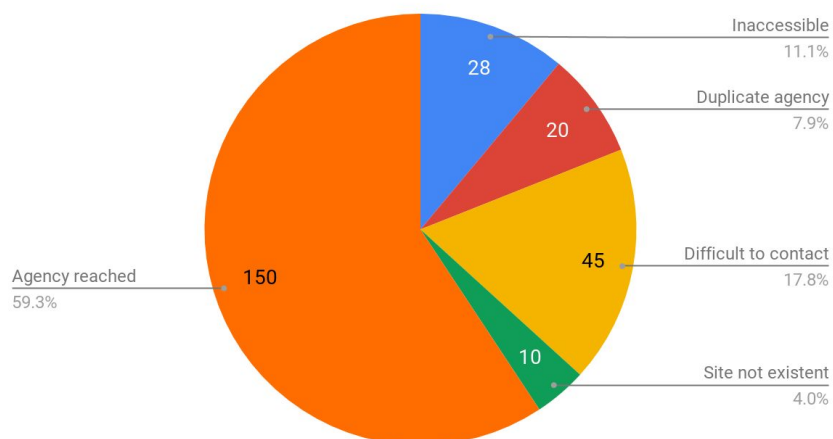
To understand real-world accessibility of mental health services, we systematically contacted each agency on the list that the Chicago Department of Public Health provided ( $N = 253$ ) between December 28, 2018 - January 15, 2019. Phone calls were conducted so as to replicate the experience of a community resident placing phone calls to obtain information and initiate services through the organization. We developed a script to ask agencies: a) do you provide mental health services, b) if so, what type of services do you provide, and c) for each service provided, how long are the wait lists? Additionally, we inquired about organizational factors which may determine accessibility, such as the number of part-time and full-time clinicians and the number of clinicians who speak Spanish. We also inquired about cost of services. We made a minimum of two attempts to each agency in this time period.

## Results

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**Problems with accessibility of listed providers:** Of the 253 providers, we were only able to connect with 59% (150); 11% (28) were inaccessible (phone was disconnected/not in service); 8% (20) were duplicate listings/providers; 18% (45) were difficult to reach (left at least two voice messages and couldn't make contact); 4% (10) were not existent (e.g., agency or site had closed).

Accessibility of Providers from CDPH List



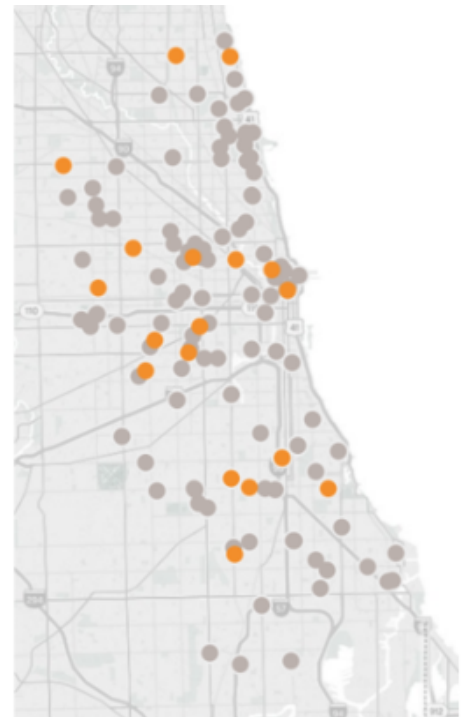
**Provision of Mental Health Services:** Out of 150 providers who we were able to connect with, 138 (92%) providers responded to our questionnaire, a high response rate. From there, 126 (91%) reported that they provided mental health services with 12 (9%) stating that they do not provide mental health services.

- Given that FQHC's are cited as an available resource for increasing access to mental health services in Chicago, it is important to note that 13% of the FQHC's that were contacted (4 out of 32) stated that they did not provide mental health services.
- Of the 53 agencies which CDPH listed as providing secondary mental health services, we were only able to get confirmation that 24 (45%) of these organizations actually provide mental health services.

**Wait list overall:** Of the 115 providers who answered the question about wait list, 34 (30%) reported having a wait list.

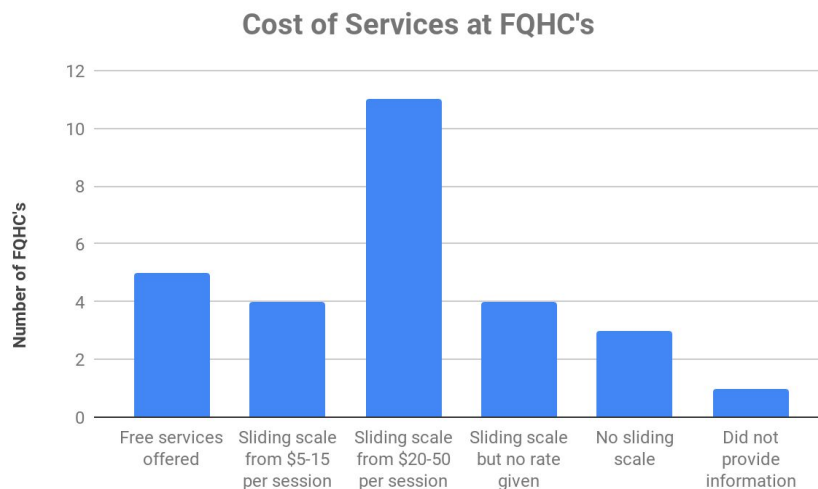
**Access to free services:** Given previous research that indicates cost as a significant prohibitive barrier to accessing long-term mental health services, it is noteworthy that out of the 126 agencies which provide mental health services, only 19 (15%) offer mental health services free of charge (see map):

- Of these 19 providers, 16 provided information about their waiting list.
- Of the 16 who provided information about their waiting list, 31% of organizations have a waiting list of at least 3 months.



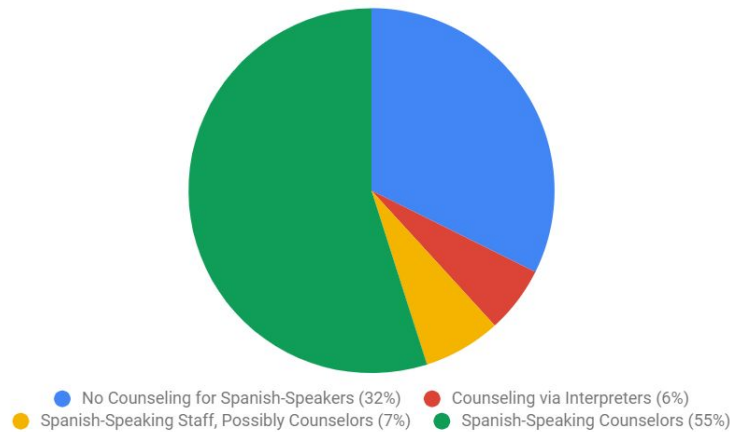
Map shows the location of organizations which provide free mental health services throughout the city among all the respondents

**Cost of services:** Of the 28 FQHC's offering mental health services that were contacted: 5 (18%) offer services free of charge; 4 (14%) have rates between \$5-\$15; 11 (40%) have rates between \$20-\$50; 4 (14%) have sliding scales but did not report their lowest rate; 3 (11%) do not offer sliding scale rates or only accept insurance; and 1 (4%) did not provide this information.



**Spanish-speaking providers:** Of the 102 organizations who answered the question about whether they have Spanish-speaking staff, almost one-third ( $n = 33$ ) reported that they do not provide services in Spanish. Additionally, 6% ( $n = 6$ ) of organizations stated that they rely on interpreters to provide services to Spanish-speaking program participants. 62% ( $n = 63$ ) of organizations reported that they have Spanish-speaking staff.

Ability to serve Spanish-speaking clients



## Discussion

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Findings from this analysis offer important insight into a person's experience in navigating Chicago's mental health service landscape of available resources. The list of 253 identified mental health providers included 20 duplicate entries (8% of the total sample). Our data also raise concerns regarding the accessibility of the mental health providers that the Chicago Department of Public Health has identified. Not only were 15% of the listed providers inaccessible either because they lacked a working phone number or because the site had closed, but there were also an additional 18% of organizations where the caller could not connect with a staff member after placing at least two phone calls. These data point to the challenges associated with navigating the mental health service delivery system and connecting with needed services. Furthermore, recognizing that cost has been found to be a primary barrier to mental health service access, the fact that only 15% of the surveyed providers offer free mental health services indicates that mental health services throughout the city are not truly accessible to low-income, uninsured, and underinsured community residents. Finally, the map on page 3 above demonstrates that organizations offering free services are not evenly distributed across all areas of Chicago. Taken together, these findings point to the dire need for increased investment in a mental health service infrastructure in which services are more readily accessible to marginalized community residents throughout the city.

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### About the Collaborative for Community Wellness

The Collaborative for Community Wellness is convened by Saint Anthony Hospital as a collaborative that brings together mental health professionals, community-based organizations, and community residents to address the lack of mental health access and to redefine mental health to match the needs of the community.

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