Challenging the Narrative:
Evaluating Mental Health Services Need, Political Economy, and Accessibility in Chicago

Authors:
Kevin Rak, MA ¹
Caitlin O'Grady, PhD, LCSW ²
Danielle R. Adams, AM ³
Angelica Rosales ²
Arturo Carrillo, PhD, LCSW ²

1: University of Illinois at Chicago
2: Saint Anthony Hospital: Community Wellness Program
3: University of Chicago

Corresponding Authors
Kevin Rak, kevinrak@uic.edu, rak.kevin@gmail.com
Dr. Arturo Carrillo, acarrillo1@sahchicago.org, arturocarrillojr@gmail.com
Introduction

Community residents living in the city of Chicago’s southwest side are disproportionately impacted by poverty, unemployment and underemployment, housing challenges, under-resourced schools, and limited social service infrastructure.\(^1\) Not only do community residents experience these challenges, but the social systems with which they interact also perpetuate conditions of hardship by limiting access to the resources needed to improve their daily lives. This perpetual cycle of hardship caused by social systems is a phenomenon known as structural violence.\(^3\) Community residents impacted by structural violence may experience emotional trauma due to threats to their safety and well-being associated with their living conditions. In addition, within Chicago’s current service landscape, multiple barriers exist to accessing affordable mental health services. For example, funding cuts within the state of Illinois have led to the reduction and elimination of mental health services and programs.\(^5\) Within the city of Chicago, funding cuts starting in 2012 have decreased the number of operating Chicago Department of Public Health mental health clinics from 12 to 5. In FY2017, the Department of Public Health, which contains within it funding for mental health services, only received 0.4% of the total City of Chicago budget expenditures.\(^6\) As a result of this limited investment by the city of Chicago, treatment options are limited for residents of high economic hardship communities and for the uninsured throughout the city of Chicago.\(^7\) Within the predominantly high economic hardship community areas on Chicago’s southwest side, availability of mental health services is limited in comparison to more affluent neighborhoods in the Chicagoland area (see adjacent map).

In response to the mental health needs observed among community residents, a coalition of local organizations on Chicago’s southwest side came together to assess mental health needs and access barriers among adult community members. This study offers an important opportunity to increase awareness of the current mental health needs and access barriers among high economic hardship communities on Chicago’s southwest side. In addition, the data from this study inform recommendations for promoting emotional wellness.

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the recommendations outlined in this paper is the understanding that the structural context in which community members are situated impacts their emotional wellness. In turn, this paper provides an opportunity to raise critical awareness about the importance of challenging this oppressive structural context that prevents community residents from attaining optimal health. Next steps should involve ongoing dialogue regarding processes for implementing the recommendations outlined in this paper. Bringing service providers, program administrators, policy makers, and funders to the table with community residents is essential for creating collaborative spaces in which everyone takes ownership for implementing solutions. In so doing, all stakeholders are empowered to become “professional agents of change.”

Moreover, while the first phase of the study focused on ten communities experiencing economic hardship on Chicago’s southwest side, it is important to note that economic hardship and marginalization is not confined to these community areas. Later phases of this study made the parallels between Latinx and African-American communities clear. Stakeholders expressed a desire to build inter-community support groups and alliances, as well as to create community-driven initiatives in collaboration with the African-American community.

All of these research activities and the ensuing reports were completed without external funding.

**Mental Health Access: A Structural Analysis**

As conceptualized by this paper, access to mental health services and barriers to care are best understood through a structural analysis. Understanding mental health and treatment barriers through a structural lens provides an alternative to the traditional medical model, which emphasizes individual level characteristics associated with mental health symptoms and service use. In contrast to the medical model, a structural analysis seeks to understand the compounding effects of social institutions, social processes, social practices, and social relationships on the individual, along with understanding the impacts that our society’s ideologies have on the lives of individuals and communities. As illustrated in Figure 1 below, society is envisioned as a bridge structure, whereby the foundation on which the bridge is erected is the ideology that underpins society. Just as the foundation of the bridge is essential to sustain the structure on which it is built, yet is out of view, so too are the ideologies of society. The pillars holding up the bridge platform are the various social systems created to manage society’s primary functions, including but not limited to economic, political, and social welfare systems, among others. As social systems carry out their primary functions, they reinforce dominant ideologies and transmit these ideologies to members of society. In turn, members of society reciprocally reinforce dominant ideologies through their interpersonal interactions. Mullaly explains this process as follows: "the substructures or foundation of society consists of a dominant ideology, which is transmitted to all members of society through the process of socialization and determines the nature of a society's institutions and the relations among its people."[9]

Recognizing that social systems define access to care, our analysis of mental health needs and service use must in turn incorporate an examination of the multiple systems that influence service access. Within the local context of Chicago, literature highlights how the medical, social welfare, criminal justice, and education systems play a role in either

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facilitating or impeding access to mental health services. In the following section, we analyze how these four social systems play a part in mental health service access among community residents in Chicago.

![Superstructure and Substructure Diagram]

**Superstructure**
Consisting of:
i) social relations among all social groups; and
ii) social institutions that carry out society's functions

**Substructure**
an ideology that underpins all social institutions and determines the nature of social relations

Figure 1. Structural view of society.¹⁰

![Conceptual Model Diagram]

**Medical System**
- Hospitals
- FQHCs
- Managed Care
- Pharmaceutical industry
- DSM-V (APA)

**Welfare System**
- Social Service Organizations
- Community Based Orgs.
- Philanthropy
- Publicly funded MH Services
- DCFS

**Criminal Justice System**
- Chicago Police Department
- Cook County Jail
- DCFS

**Education System**
- Early Childhood Education
- Elementary Schools
- High Schools
- Colleges
- Universities

Figure 2. Conceptual model adapted from Mullaly (2007) to reflect the access points to mental health treatment in Chicago.¹¹

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¹¹ Ibid.
The Chicago Context

Chicago is an urban area with severe and persistent economic inequality. Any study of mental health access in Chicago needs to take this local context into account. Within the city of Chicago, there are 26 community areas with predominantly African-American and Latinx (majority Mexican) populations that are designated as high economic hardship communities (Figure 3), based on their ratings for six social and economic indicators. These indicators include: the unemployment rate among residents over age 16, the percentage of community residents over age 25 without a high school diploma, per capita income, the percentage of community residents below the federal poverty level, the rate of crowded housing, and the percentage of the population under age 18 and over age 64. Structural violence is a concept that captures the understanding that systems are designed in a way that create conditions of inequality, and these conditions of inequality cause harm in people’s lives. Structural violence also perpetuates these same conditions by limiting people’s access to the resources needed to improve their lived reality. Experiences of poverty, unemployment/underemployment, challenges with housing, attending under-resourced schools, limited social service infrastructure, and ease of access to firearms, among other factors, all have a combined effect on the mental health of individuals and the well-being of families living in these marginalized communities. The story, highlighted below, demonstrates the profound impact of structural violence.

Study Methodology

McKinley Park, Pilsen, West Elsdon, and West Lawn) to collect quantitative data on their three most pressing emotional needs, desire to access professional mental health services, and barriers to accessing professional mental health services. During phase two of this project, we used qualitative methods to conduct 9 individual interviews and 8 community forums with community stakeholders, where we presented findings from the surveys and further explored mental health needs, access barriers, and solutions for addressing mental health needs. We additionally conducted a community member check comprised of community residents and stakeholders to verify the accuracy of our findings and to solicit additional feedback.

Investigating: We next undertook a systematic search of available therapists promoting services on various websites (psychologytoday.com, yellowpages.com, wellness.com, goodtherapy.org, and yelp) to determine the number of private practice licensed mental health clinicians listed for each zip code in the city of Chicago. We then compared these with the populations of each zip code to get a provider rate for each zip code.

Questioning: 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.

Key Findings - Documenting

- **Depression, anxiety, acculturative stress, parenting support needs, and trauma are prevalent mental health concerns.** According to unweighted results from quantitative surveys, slightly less than half of survey respondents reported experiencing depression (49%), over one-third reported experiencing anxiety (36%) and acculturative stress (34%), and over one-fourth expressed a need for parenting support (29%) and reported being impacted by trauma (27%). Qualitative findings from individual interviews and community forums suggested that experiences of trauma may be even higher than reported in the quantitative surveys, as community stakeholders identified trauma as underlying symptoms of depression and anxiety. Furthermore, community stakeholders indicated that experiences of trauma may go unrecognized because trauma is a common part of community residents’ daily lives.

- **Experiences of structural violence impact mental health.** During individual interviews and community forums, community stakeholders described mental health symptoms as stemming from experiences of marginalization within multiple social systems. Community residents are often denied access to employment and educational opportunities, as well as to public benefits such as health insurance coverage, based on immigration status. In turn, limited access to opportunities and supports makes it difficult for individuals and families to meet their material and health-related needs. The current political climate poses an additional stressor to community residents. In the context of increased deportations by the previous and current presidential administrations, there is a heightened fear of deportation and familial separation, a fear that is accentuated when individuals and families come into contact with the
criminal justice system. Within the local context of Chicago, community residents are further impacted by ongoing exposure to community violence and limited access to resources in the high economic hardship communities where they live.

- There is an overwhelming demand for professional mental health services. According to findings from quantitative surveys, 80% of respondents reported “yes” or “probably yes” to the question of whether they would seek professional support for their personal problems. These data suggest that it is not a lack of interest that stops community residents from seeking mental health services, but instead that community residents are unable to seek out services due to the structural and programmatic barriers outlined below.

- Structural and programmatic barriers, not social barriers, are the primary factors preventing access to mental health services. According to both unweighted and weighted survey results, respondents overwhelmingly identified structural and programmatic barriers as posing the greatest challenges to mental health service access. The unweighted percentage breakdowns for each category of barriers are reported below.
  - Structural barriers. The cost of services was the highest ranked barrier among survey respondents, with more than half (57%) of respondents identifying cost as posing a challenge to mental health service access. Additional structural barriers included a lack of insurance coverage (38%) and a lack of services in close geographic proximity (34%). Among all survey respondents, 38% also identified being unsure where to go to access services as a barrier, confirming a scarcity in resources in the community areas surveyed for this assessment.
  - Programmatic barriers. Survey respondents identified a range of barriers associated with organizational operations that limit the ability of community residents to access services. In particular, survey respondents noted barriers stemming from limited organizational infrastructure to facilitate attendance at appointments. The highest ranked programmatic barrier was a lack of childcare (23%), followed by services not being offered in an individual’s preferred language (22%), transportation difficulties (21%), and inconvenient hours of operation (21%). Limited availability of culturally and linguistically appropriate services was a related programmatic barrier that emerged during analysis of qualitative findings, with community stakeholders reporting that not only is it difficult for community residents to access services in their native language, but that community residents also encounter challenges with finding providers who demonstrate an understanding of their cultural heritage and their experiences within the local community context in which they live.
  - Social barriers. While survey respondents identified barriers associated with how others would perceive them for accessing services, these social barriers were the lowest ranked among all the challenges that respondents reported. Of all survey respondents, 11% reported perceived stigma as an access barrier, while 10% reported that they did not believe services would help and 9% reported concerns about partner or family disapproval.

- Organizations can facilitate service access by addressing structural and programmatic barriers. During individual interviews and community forums, community stakeholders discussed the need for organizations to develop the infrastructure to deliver culturally and linguistically appropriate services. They further discussed that culturally and linguistically appropriate service delivery does not only mean that services reflect an understanding of the individual's cultural values and are delivered in the individual's native language, but also that services are aligned with needs that arise as a result of experiencing economic hardship. With this expanded
understanding of what it means to deliver culturally and linguistically appropriate services, it naturally follows that organizations should address the structural and programmatic barriers such as cost, transportation, and child care that prevent community members from accessing services.

- **There is a need to redefine mental health.** Qualitative findings additionally indicated that community residents may be deterred from seeking mental health services when the primary focus is on reducing symptoms. Community stakeholders recommended shifting the dialogue around mental health to a dialogue around emotional wellness, which focuses on promoting the health of the whole person and addressing the structural context that impacts well-being rather than focusing solely on decreasing symptoms. This focus on emotional wellness also recognizes that short-term services focused on symptom reduction are not enough to promote lasting healing from trauma.

**Key Findings: Investigating**

As highlighted in the Mental Health Provider map, zip codes with the highest ratios of licensed clinicians are predominantly concentrated in low economic hardship areas in the north and central regions of Chicago. For example, 60602 zip code, corresponding to affluent community areas in the center of the city, yielded the highest ratio in Chicago, with over 324 licensed clinicians per 1,000 individuals. In contrast, zip codes corresponding to high economic hardship community areas on Chicago’s west, southwest, and south sides consistently yielded less than 1 licensed clinician per 1,000 residents.
Key Findings: Questioning

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).

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.

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.
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.

Discussion

Based on findings from quantitative surveys and qualitative interviews and community forums, our key implications for mental health providers and program administrators, policy makers, and funders are among the following:

Key Implication for Mental Health Providers and Program Administrators: There is a need for providers and administrators to drive the organizational change that is required to deliver culturally appropriate, trauma-focused services.

Findings from this study indicate that limited availability of culturally and linguistically appropriate services is a major programmatic barrier preventing mental health service access among Latinx community residents on Chicago’s southwest side. Community stakeholders emphasized that delivering culturally and linguistically appropriate services requires more than simply speaking an individual’s native language and demonstrating an understanding of an individual’s cultural values. To truly deliver culturally appropriate services, mental health providers must also understand the negative impact of economic hardship on well-being. In turn, because factors associated with economic hardship, including the cost of childcare and transportation, pose barriers to service access, program administrators can play an invaluable role in addressing these barriers in their program design. Offering free, on-site childcare and providing transportation assistance are concrete ways that program administrators can develop the organizational infrastructure needed to deliver culturally appropriate services. It is noteworthy that the demand for professional mental health services among male respondents was on par to that of female respondents, despite mainstream narratives that often portray males as being reluctant to engage with services. Mental health providers must recognize the necessity to develop programming that facilitates men’s engagement in services in order to meet this demand.
In addition, as qualitative findings indicated, trauma is a common element of community residents’ daily experiences on Chicago’s southwest side. It is of critical importance that while organizations operate in accordance with this more expansive cultural and contextual understanding, culturally appropriate service delivery becomes integrally connected to trauma-focused care. Delivering services that are aligned with the needs of community residents therefore requires that program administrators invest in developing their organizational capacity to offer free, long-term mental health services that promote healing from trauma.

Key Implications for Policy Makers: There is a need to advocate for structural change.

As findings from this study indicate, it is critical that policy makers advocate for legislation that restructures how mental health services are funded in order to facilitate the accessibility of long-term, trauma-focused services both nationally and in the local context of Chicago. Our data demonstrate that existing systems of service delivery by way of the managed care model are not structured to facilitate access to the comprehensive mental health treatment that marginalized community residents need. The emphasis of the managed care model on reducing cost imposes limitations on the type and quality of care that individuals receive. For low-income and uninsured community residents, the burden of paying out-of-pocket for services makes the possibility of long-term, trauma-focused mental health care unattainable. Policy makers can play an invaluable role in advocating for stable funding for free, long-term, community-based mental health services.

Within the city of Chicago, there is a historical precedent for investing in these services. Utilizing funds from the Community Mental Health Act of 1963, which reflected a national shift from institutionalization to community-based mental health care, the city of Chicago created a system of 19 community mental health centers to address the needs of marginalized community residents in the 1960’s and 1970’s. While the city has disinvested in these services since the 1990’s, findings from this study indicate that reinvestment in this model of public mental health care is critical to protecting an individual’s right to access the care necessary to attain optimal health, regardless of income, insurance status, and immigration status. As this study examines the mental health needs of the city’s southwest side, home to Chicago’s largest continuous segment of Latinx immigrant neighborhoods, these findings are directly applicable to Chicago’s position as a Welcoming City. If Chicago is to truly be a city that is welcoming of immigrants, it is necessary for the city to increase its investment in sustainable funding to ensure that the immigrant community, as well as other marginalized populations, have access to free mental health services.

Key Implication for Funders: Funding is needed to support long-term, trauma-focused mental health services.

As noted above, within the local context of Chicago, Illinois state budget cuts and Chicago Department of Public Health mental health clinic closures profoundly limit the availability of mental health resources to marginalized community residents. Just as policy makers can play an important role in advocating for funding, private funders can offer invaluable support

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19 Ibid.
in providing funds to organizations experiencing fiscal challenges. Community stakeholders have identified that short-term behavioral health services focused on symptom reduction (such as those provided by Federally Qualified Health Centers) are not enough to promote long-term healing from traumatic experiences. Private funders can therefore support initiatives to address the mental health crisis on Chicago's southwest side by funding time-unlimited, trauma-focused mental health therapy services, delivered by licensed clinical professionals, for underinsured and uninsured community residents. It is important to note, that although there is a need for funding for mutual support initiatives, financial investment in these initiatives should not supersede financial investment in formal long-term, trauma-focused clinical services and therapeutic groups facilitated by mental health professionals.