NEAR SOUTHWEST SIDE COMMUNITY MENTAL HEALTH NEEDS ASSESSMENT

June 2026

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EXECUTIVE SUMMARY

On November 5, 2024, 79% of residents in the Near Southwest Side neighborhoods voted "Yes" on a binding referendum to create the Near Southwest Side EMHSP, the center for which is expected to open in 2027.[1] This set in motion the creation of a new community-funded and community-overseen mental health center serving South Lawndale (Little Village), Lower West Side (Pilsen), McKinley Park, Bridgeport, and Armour Square.

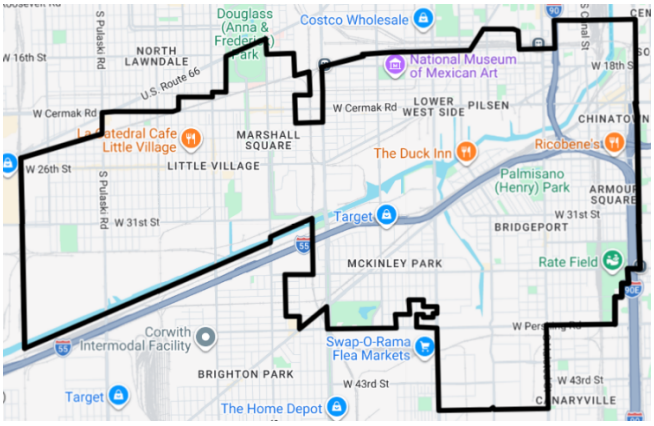
The Coalition conducted this Mental Health Needs Assessment with 22 community leader interviews and 101 community member surveys, supplemented by a review of existing socio-demographic, public health, and housing data.

Key findings from the 22 community leader interviews:

- The most significant mental health issues: anxiety (68%), depression (64%), and trauma/PTSD (55%).
- The most common stressors: financial difficulties (95%), immigrant issues/ICE fears (64%), and crime/abuse/violence (59%).
- Therapy/counseling/trauma support (77%) is the most desired service.

Key findings from the 101 community member surveys:

- Financial difficulties (73%) and quality of life/resources (47%) are the top stressors for young adults; health/healthcare (69%) is the top stressor for older adults.
- Anxiety/depression is the most cited mental health issue across all age groups, while isolation (67%) is the leading concern for older adults.
- Children (49%), homeless people (32%), and immigrants (31%) are the groups community members most want the new center to serve.
- Basic counseling/therapy (83%), education programs (53%), and activities (46%) are the most desired services.
- Only 32% of community members were aware of the EMHSP effort before the survey, yet 82% rated their likelihood of bringing someone to the center at 7 or higher on a 10-point scale.



[1]Coalition to Save Our Mental Health Centers (2024). saveourmentalhealth.org/guide-to-emhsps

BACKGROUND

The Coalition to Save Our Mental Health Centers

Founded in 1991, the Coalition works to ensure all Chicago residents have access to affordable community mental health services. Through the Community Expanded Mental Health Services Act (405 ILCS 22/), communities can create voter-approved, community-funded mental health centers. The Near Southwest Side EMHSP, approved November 5, 2024 with 79% of the vote, is the seventh such program.

The Coalition organizes community residents to approve EMHSPs, develops leadership amongst regular residents to oversee the program, and creates access networks to help refer individuals to the centers once they are created. The Coalition conducted this needs assessment as part of our effort to ensure that the mental health services provided at the center reflect the needs and desires of the residents it serves.

Mental Health in Chicago

Mental health issues are a concern for all Chicago residents. Approximately 1 in 6 adults in Illinois reports poor mental health for more than one week in a month.[2] Roughly 40% of adults in Illinois have reported symptoms of anxiety or depression, with almost a third unable to obtain counseling. For those who do not receive care, 1 in 3 identify cost as the main reason.[3]

The lack of access to mental health services affects all groups and ages. Approximately half of children ages 2–11 reported an increase in at least one mental health symptom following COVID-19.[4] 62% of Illinois residents ages 12–17 with depression fail to receive any mental health care annually. With almost 40% of all Illinois residents living in communities with an insufficient quantity of mental health professionals, improving access is pivotal.[5]

Mental Health Needs in the Near Southwest Side

A 2023 MHA/MHAI study found Cook County ranked among the top 20 counties nationally for suicidal ideation (16th), severe depression (13th), and PTSD (19th).[6] ZIP codes 60608 and 60609 show above-average depression screening rates (see Figure 1).[7]

Figure 1: Moderate-to-Severe Depression Among MHA Screening Users by ZIP Code (2020–2022)

[2]Healthy Illinois 2021. Health Data: Core Indicators. UIC & IDPH.

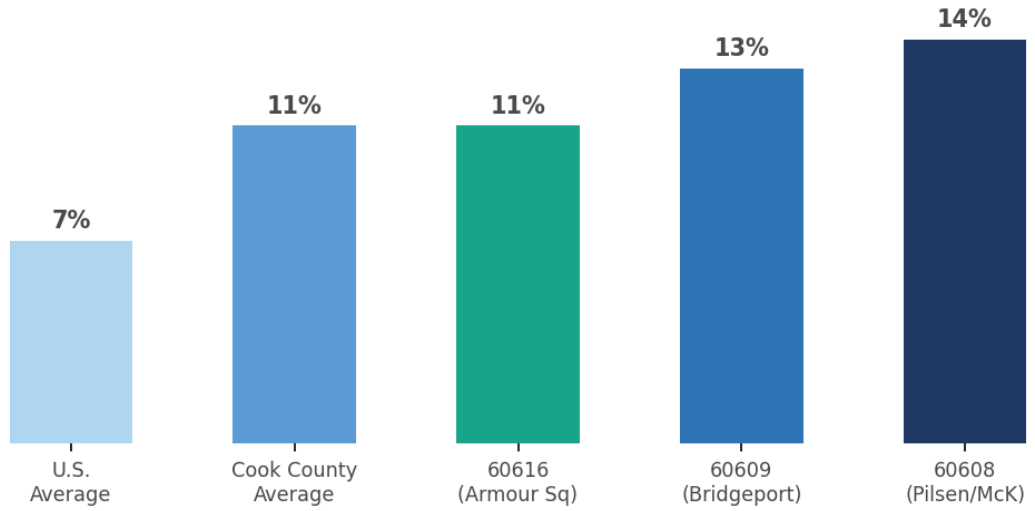
[3]Mental Health in Illinois 2021 Fact Sheet. NAMI.

[4]Symptoms of Mental Health Illness Rising Among Chicago's Young People During Pandemic 2021. Lurie Children's Hospital.

[5]Mental Health in Illinois 2021 Fact Sheet. NAMI.

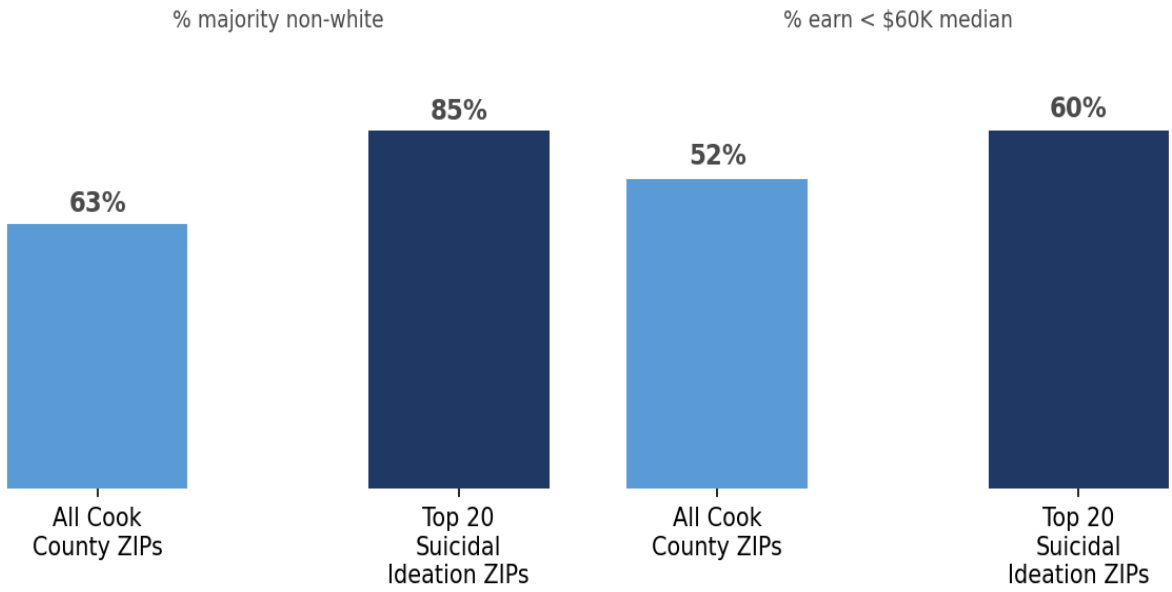
[6]Reinert et al. (2023). MHA Screening: A Local Approach in Cook County, IL. Mental Health America.

[7]Reinert et al. (2023). MHAI Screening Dashboard. mhai.org/screening-dashboard



Of the 20 ZIP codes with the highest suicidal ideation rates in Cook County, 85% are majority non-white and 60% have majority income below $60,000.[8]

Figure 2: Suicidal Ideation Disparities in Cook County (2020–2022)



Immigration Enforcement and Mental Health

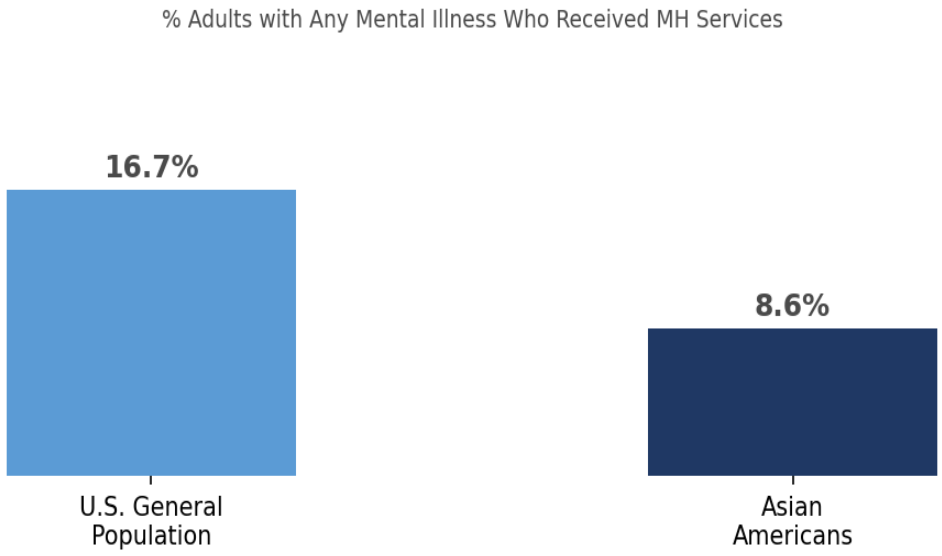
[8]Reinert et al. (2023). 85% of top-20 suicidal ideation ZIPs are majority non-white.

A 2024 Kaiser Family Foundation analysis found that immigration enforcement worsens mental health for both adults and children, including anxiety, depression, and PTSD.[9] An estimated 6 million U.S.-born children have at least one undocumented parent, and children of detained or deported parents experience profound anxiety, anger, and withdrawal.[10][11] The neighborhoods of South Lawndale (Little Village) and Armour Square (encapsulating China Town) are two communities in Chicago with large immigrant populations. These communities experienced a high degree of activity from ICE officers during Operation Midway Blitz, which began in September of 2025 and continues to deeply affect residents across the Chicagoland area.

Asian American Mental Health and Barriers to Care

Asian Americans are 50% less likely than other groups to seek mental health services.[12] Asian adults access services at nearly half the rate of the general population — 8.6% vs. 16.7% (see Figure 3).[13]

Figure 3: Mental Health Service Utilization – Asian Americans vs. U.S. General Population



Housing Displacement and Gentrification

DePaul's IHS classifies Bridgeport and Armour Square as high-displacement-pressure neighborhoods with vulnerable populations experiencing above-average home price increases.[14] The Lower West Side (Pilsen) and McKinley Park are at a tipping point where rising costs could soon displace vulnerable residents.[15]

Community Overview

[9]Kaiser Family Foundation (2024). Immigration enforcement and mental health impacts.
[10]UIC Center on Depression and Resilience (2025). Impact of detention/deportation on immigrant families.
[11]Perreira & Pedroza (2019); Eskenazi et al. (2019). Immigration enforcement and children's mental health.
[12]UCLA Health (2023). Asian American mental health barriers.
[13]MHA. Asian adults access MH services at 8.6% vs 16.7% general population.
[14]DePaul IHS (2022). Mapping Displacement Pressure in Chicago.
[15]UIC Voorhees Center. Gentrification Index.

The Near Southwest Side EMHSP has a combined population of approximately 164,850 residents.[16] At 57.8% Hispanic/Latino (vs. 29.6% citywide) and 17.2% Asian (vs. 7.0% citywide), this community is very diverse. The weighted median household income (~$50,600) is well below the City of Chicago median ($77,902).[17]

Table 1: Near Southwest Side EMHSP vs. City of Chicago

	Near Southwest EMHSP	City of Chicago
Population	164,850	2,707,648
Race (%)		
White (Non-Hispanic)	15.8	32.2
Hispanic or Latino	57.8	29.6
Black	7.6	28.0
Asian	17.2	7.0
Other/Multiple Races	1.6	3.2
Age (%)		
Under 5	5.6	5.6
5-19	18.5	16.6
20-34	26.1	26.7
35-49	20.9	20.5
50-64	17.2	17.1
65-74	8.1	8.1
75-84	3.2	3.9
85 and Over	1.7	1.7
Household Income (%)		
Less than $25,000	27.6	23.0
$25,000–49,999	24.7	19.6
$50,000–74,999	16.5	15.0
$75,000–99,999	11.2	11.0
$100,000–149,999	10.2	13.8
$150,000 and over	8.5	17.6
Median Household Income	~$50,600	$77,902
Unemployment Rate (%)	~8.3	7.1
Single Parent with Child (%)	[Pending]	9.1

Figure 6: Median Household Income by Community Area

[16]CMAP Community Data Snapshots (2025 release). cmap.illinois.gov/data/community-snapshots

[17]ACS 2019-2023 & 2020-2024 Five-Year Estimates, Table B19001. incomebyzipcode.com; data.census.gov.

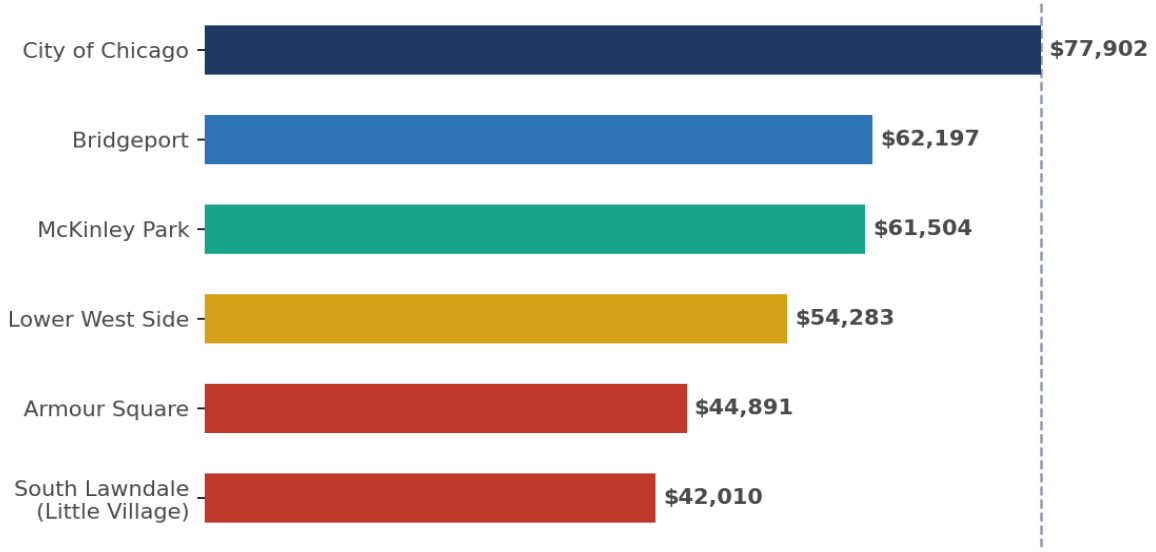


Figure 7: Household Income Distribution – EMHSP vs. City of Chicago

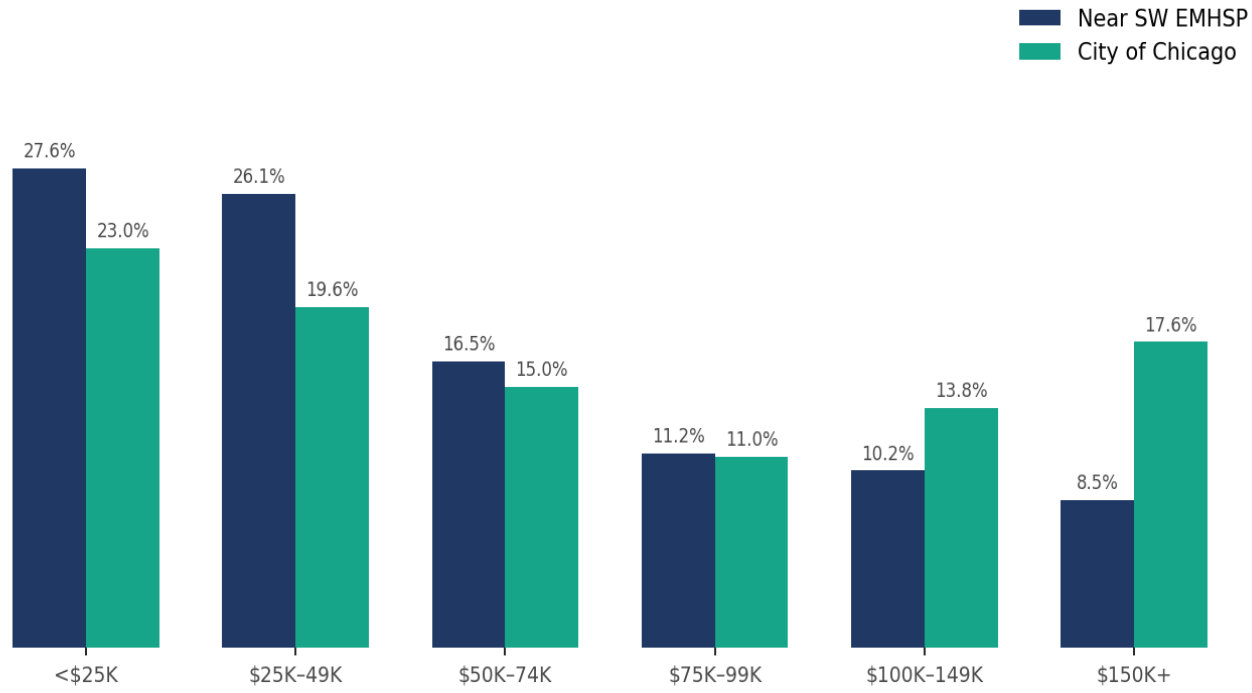


Table 2: Socio-demographic characteristics by community area

	Bridgeport	McKinley Pk	Lower West Side	S. Lawndale	Armour Sq
Population	33,091	15,443	33,279	68,798	14,239
Race (%)					
White (Non-Hisp.)	31.6	13.8	22.0	5.8	15.6
Hispanic/Latino	22.5	55.7	68.4	81.0	5.1
Black	2.7	2.6	3.3	12.2	12.2
Asian	40.7	26.4	3.6	0.7	63.6
Other/Multiple	2.4	1.6	2.7	0.3	3.5
Age (%)					
Under 5	4.0	4.4	3.3	7.8	4.9
5-19	14.5	18.3	15.7	22.4	15.8
20-34	26.4	20.4	32.2	22.6	17.7
35-49	21.3	20.3	21.5	21.0	18.5
50-64	17.7	25.1	15.1	15.8	19.6
65-74	11.3	6.6	8.1	6.4	10.5
75-84	2.9	3.7	2.8	2.8	6.8
85 and Over	1.8	1.1	1.2	1.2	6.2
Median Age (yrs)	38.2	40.4	34.5	30.2	45.1
Household Income (%)					
Less than $25,000	27.5	24.1	29.8	25.0	39.2
$25,000–49,999	22.8	27.3	26.9	28.0	21.4
$50,000–74,999	16.5	18.4	17.6	16.0	13.8
$75,000–99,999	10.8	12.2	10.4	12.0	8.6
$100,000–149,999	11.6	10.3	9.3	10.0	9.4
$150,000 and over	10.9	7.7	6.0	9.0	7.6
Median Income ($)	$62,197	$61,504	$54,283	$42,010	$44,891
Unemployment (%)	~6.5	~7.2	~8.5	~9.5	~7.8
Crime Change 22–24	–0.5%	+6.0%	–2.5%	[TBD]	–2.5%

METHODS

The Coalition to Save Our Mental Health Centers believes that the best people to participate in our research are the people who live and work in that community. This Needs Assessment was designed to incorporate community members in every step of the research process and foster a dialogue about the needs of the community. Thus, this is fundamentally a work of Community-Based Participatory Research (CBPR). Data was collected via 22 community leader interviews and 101 community member surveys. Open-ended responses were coded using the Coalition's codebook (see Appendix C). See Appendices A and B for full survey instruments.

Most of the interviews and surveys contained in this report were administered by Coalition community organizers and Near Southwest Side community members associated with the Coalition. Residents that make up the Community Action Team were trained to conduct interviews with community leaders and administer surveys to residents. In addition to survey administration, community members were essential to developing the surveys and analyzing data produced from these. Constant dialogue between respondents, administrators, and Coalition staff enabled a responsive design in which necessary adjustments were made to overcome logistical obstacles.

As reflected by our methodology, this Assessment is not intended to be a statistically-driven representation of the community. Rather, we designed the study for the purpose of constructing a specific representation of local mental health needs which can (and should) be built upon by future efforts. We conducted the Needs Assessment for the goal of producing actionable knowledge, that which can be mobilized immediately to improve the mental health and wellbeing of community residents.

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

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

- A stressor is an event, experience, activity, or anything else that causes stress.
- Mental health issues are the concerns, difficulties, and needs regarding community members' psychological and emotional well-being.
- Community is defined as Little Village, Pilsen, McKinley Park, Bridgeport, and Armour Square. All needs assessment participants were presented with these definitions.

VOICES FROM THE COMMUNITY

Dr. Francisco J. Lozornio, DSW, MSW, LCSW
Assistant Professor
Erikson Institute, Social Work Program

The Impact of Stress and Fear on Our Children

Through my work with community schools serving kindergarten through ninth grade on Chicago's southwest side, I have seen how immigration enforcement affects children's emotional well-being and their ability to learn. Educators consistently report declining attendance, lower academic performance, and reduced classroom participation during periods of heightened immigration activity. Students from mixed-status families often arrive at school distracted, withdrawn, anxious, or fearful, wondering whether their loved ones will be safe when they return home.

The effects extend beyond students. Teachers, school staff, and administrators are doing everything they can to support children, yet many feel unprepared to respond to the fear and trauma that enter the classroom. When children worry about family separation, it becomes difficult for them to concentrate, regulate their emotions, or fully participate in school. Even hearing about immigration raids in their neighborhood can leave children constantly on alert, affecting their sleep, sense of safety, and overall well-being.

Schools cannot address these challenges alone. Our children and families need accessible, culturally responsive community mental health services that recognize the realities they face and partner with schools to help restore a sense of safety, connection, and hope.

We Need a Community Mental Health Model, Not Just a Medical Model

One of the biggest misconceptions about Black, Indigenous, and People of Color (BIPOC) communities is that stigma keeps people from seeking mental health services. My experience working alongside families and community organizations on Chicago's southwest side tells a different story. The issue is not that people do not want support. The issue is how mental health services are often designed and delivered. When services are created without meaningful community involvement, people are less likely to trust them or use them. When communities are viewed primarily through a lens of illness, diagnosis, or deficits, people often feel misunderstood rather than supported.

A community mental health model begins with listening. It invites residents, parents, schools, faith leaders, and community organizations to help shape the programs intended to serve them. It recognizes that communities possess strengths, wisdom, and resilience, and that lasting change happens when solutions are built with the community, not for the community.

Community mental health is not simply about expanding access to services. It is about building relationships, strengthening trust, and creating systems of care that reflect the culture, experiences, and priorities of the people they serve.

Eunice Yu Liao, LPC

Field-Based Care Coordinator, Senior Population

Social isolation is both a contributing factor to mental health struggles and an obstacle to seeking help for them, and it's our seniors who weigh most on my mind. That isolation can stem from many sources: being an immigrant, ongoing conflict at home – whether out in the open or quietly embedded in daily life, or having accepted this is their lot in life. Add in trauma, stigma and discrimination, and you have a population that's incredibly vulnerable and needs all the help we can give them. This center has real potential to change that for seniors. Having Spanish, Cantonese, and Mandarin-speaking services - and making it free - removes two of the biggest barriers seniors in our community face.

What excites me most about this center is that we get a blank canvas: we can build this center exactly how our community needs it, from the ground up. First and foremost, that means no financial obligation for the people who come to us. It also means creating a space where people feel comfortable simply walking in with questions; a place to find resources, ask for guidance, and get help just by showing up.

社會孤立或孤立無援，不但是造成心理健康問題的原因之一，也讓人更不敢主動尋求幫助 - 而長者正是最讓我掛心的一群人。這種孤立感可能來自很多原因：像是身為移民、家裡長期有摩擦, 不管是擺在檯面上的，還是悄悄影響著日常生活的，又或者是覺得「這輩子大概就是這樣了」的心態。再加上創傷、標籤和歧視，讓長者變得特別脆弱，需要我們盡力去幫助他們。這個中心真的有機會為長者帶來改變。提供西班牙語、廣東話和普通話的服務，而且完全免費，這樣就能幫長者卸下他們在社區裡面對的兩大負擔。

讓我對這個中心最感到興奮的是，我們擁有一張白紙：我們可以從零開始，完全按照社區的需要來建立這個中心。首先，這意味著前來尋求協助的民眾不需要承擔任何費用。這也意味著打造一個讓人們可以自在地帶著問題走進來的空間；一個能找到資源、尋求指引，並且只需踏進門就能獲得幫助的地方。

Ilda Hernandez

Enlace Chicago
Promotora de Salud y coordinadora de la Red PAES.
Trabajador de salud comunitaria

Hello everyone.

My name is Ilda Hernandez, and I am a health promotor.

I would like to share how important it is to have mental health services.

Being present in the community is crucial to understanding the existing needs of residents and know what resources we need to provide.

Our community has been deeply affected, first by the pandemic and now by the new administration, which makes us feel like criminals; it is not fair for our community to live in fear while mental health is on the verge of a crisis.

I would like to see more mental health centers and spaces for the benefit of our community.

Hola a todxs.

Mi nombre es Ilda Hernandez y soy promotora de salud.

Me gustaría compartir lo importante que es tener servicios de salud mental.

Estar en la comunidad es muy importante, saber las necesidades que hay y los recursos que podemos brindar.

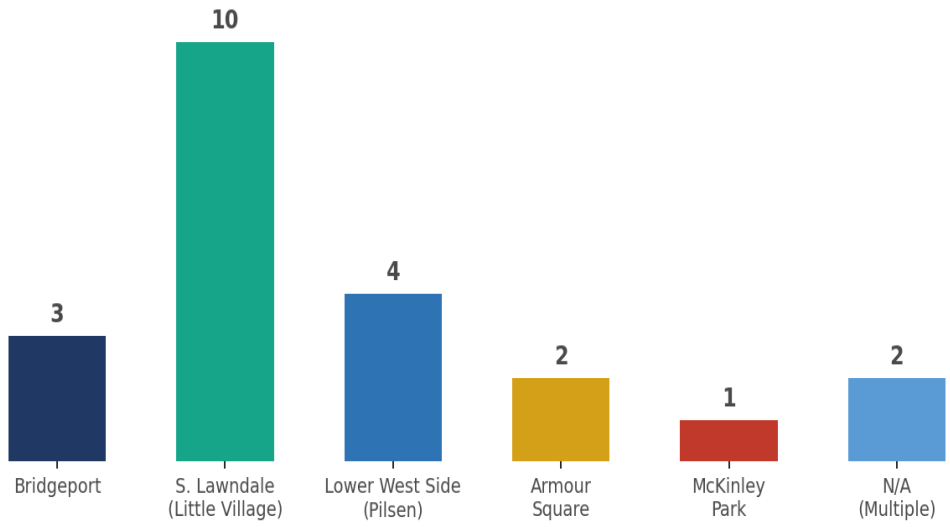
Nuestra comunidad se ha visto muy afectada, primero por la pandemia y ahora con el nuevo gobierno que nos hace sentir como criminales, no es justo que nuestra comunidad esté con miedo y su salud mental está al borde de una crisis.

Me gustaria mas centros de espacios en salud mental para beneficio de nuestra comunidad.

COMMUNITY LEADER INTERVIEW RESULTS

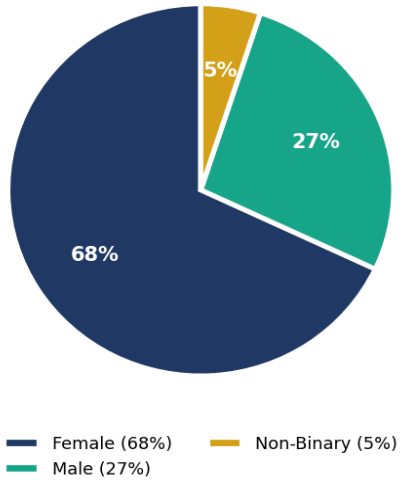
The Coalition conducted 22 interviews with community leaders.

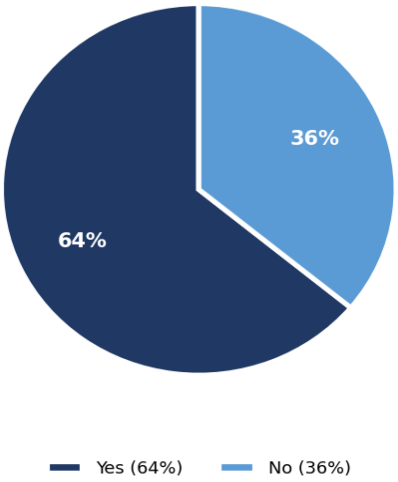
Figure 5: Community Leader Interviews per Area

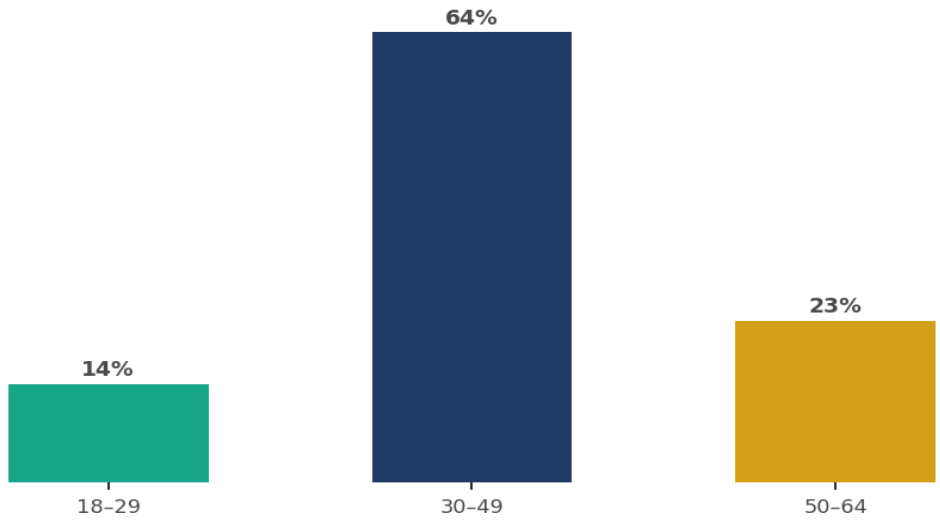


Characteristics of Community Leaders

From the interviewees, 68% identified as female, 27% identified as male, and 5% identified as non-binary. Of the 22 interviewed, 64% of interviewees reside within the EMHSP area. Lastly, 64% of participants ranged from the ages of 30–49, 23% aged 50–64, and 14% aged 18–29.



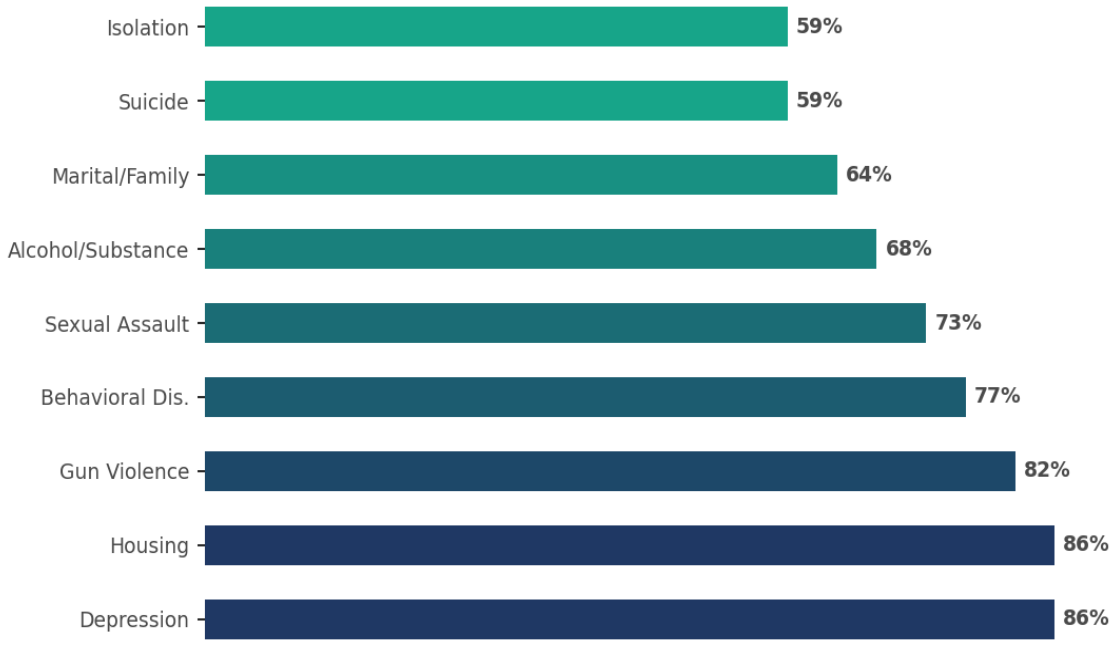




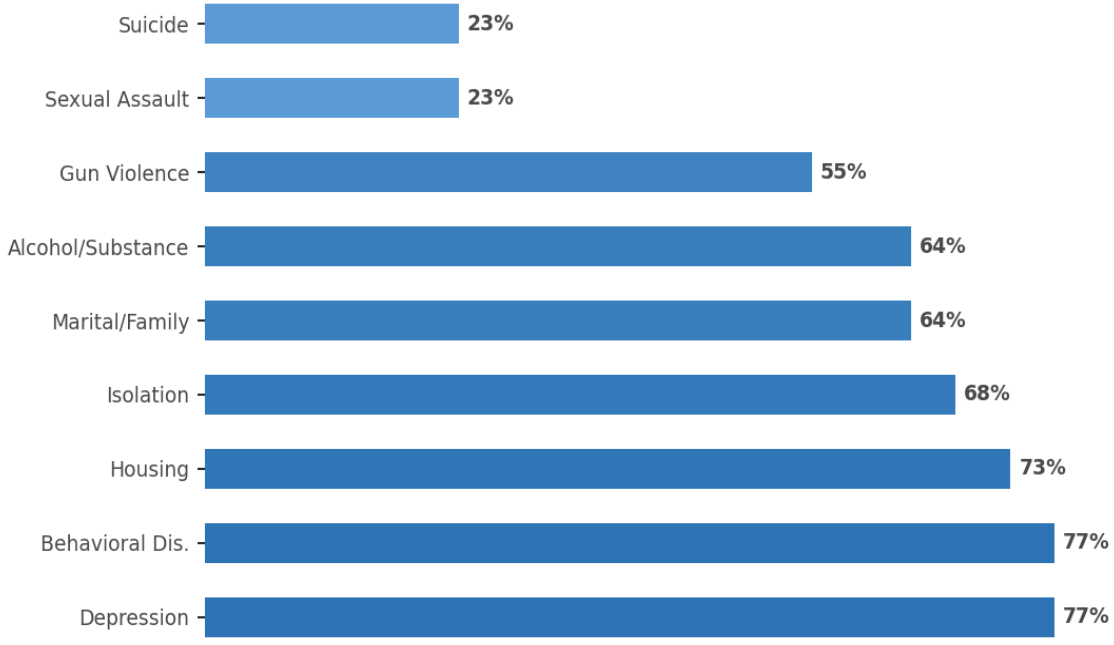
**Totals may not equal 100% due to rounding*

Mental Health Issues and Stressors

Depression (86%) and housing concerns (86%) were rated "very important" by most community leaders, followed by gun violence (82%), behavioral disorders (77%), and sexual assault (73%). Depression (77%) and behavioral disorders (77%) had the highest weekly interaction rates.



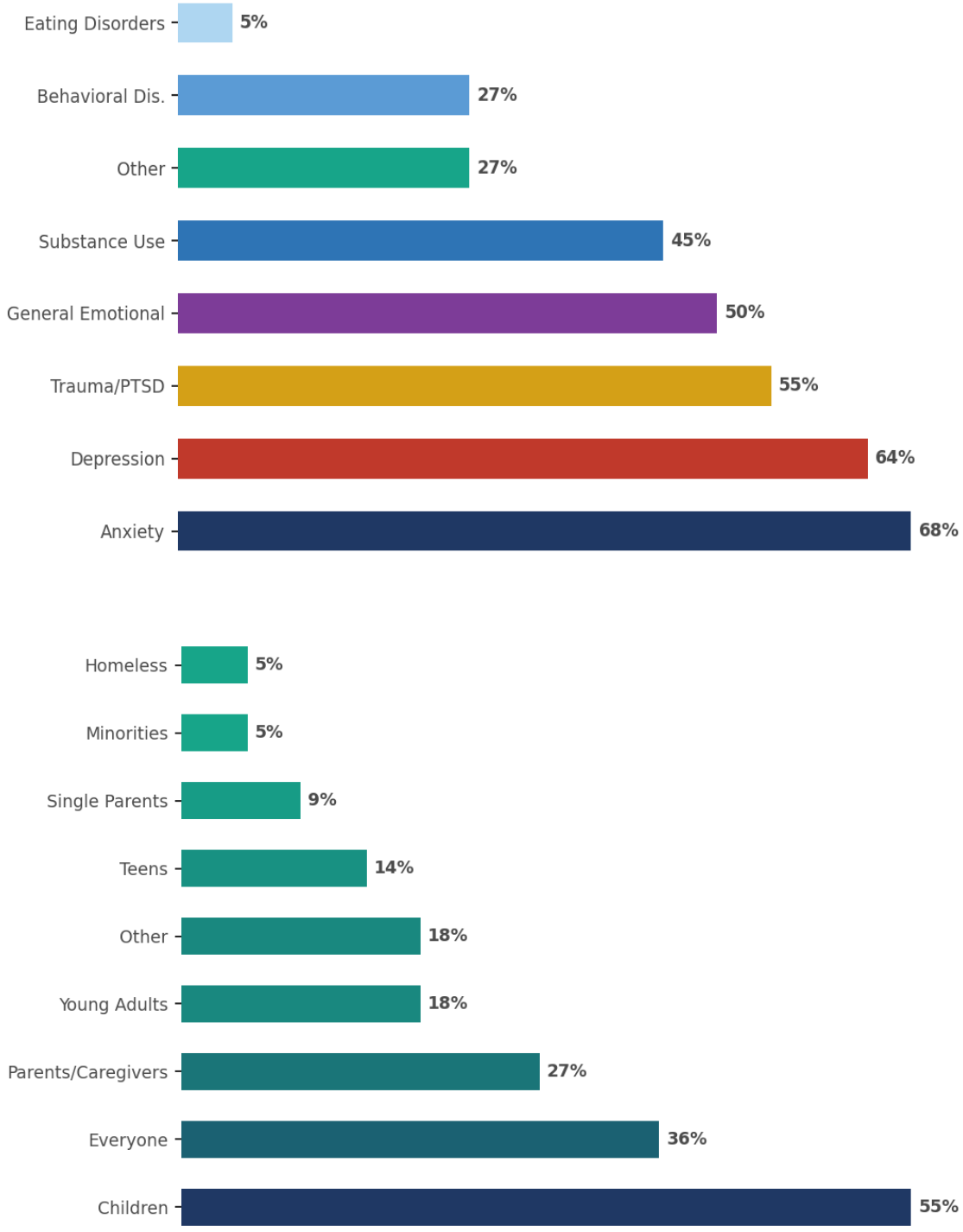
Issues Marked as "Very Important"



Weekly Interactions with Mental Health Issues

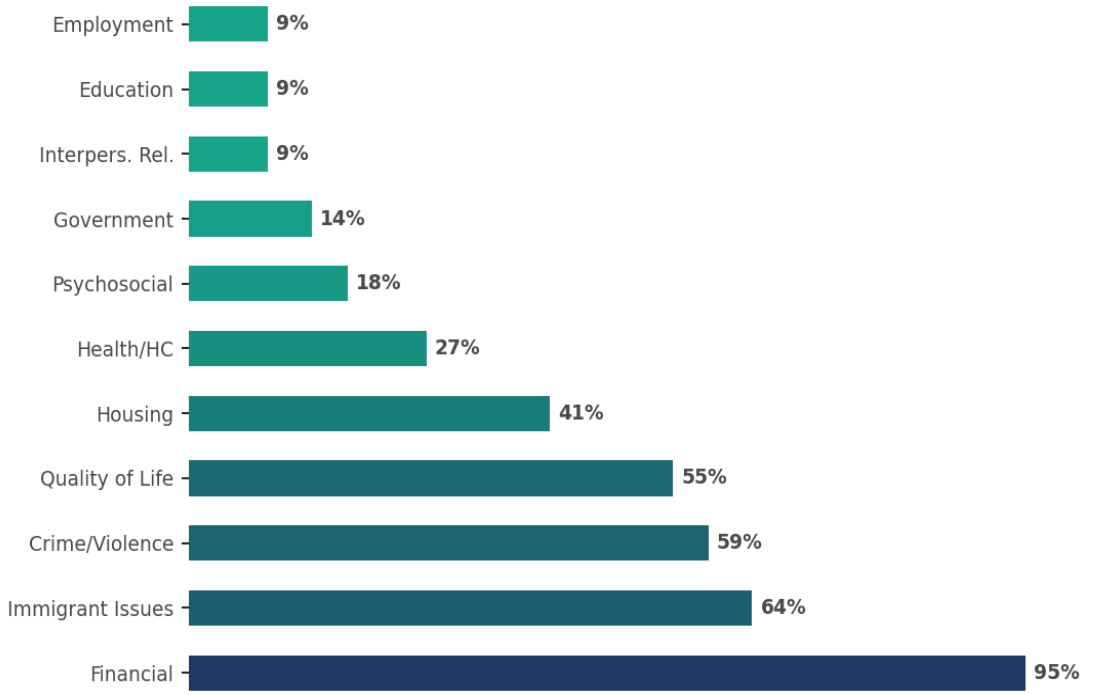
Mental Health – Community At Large

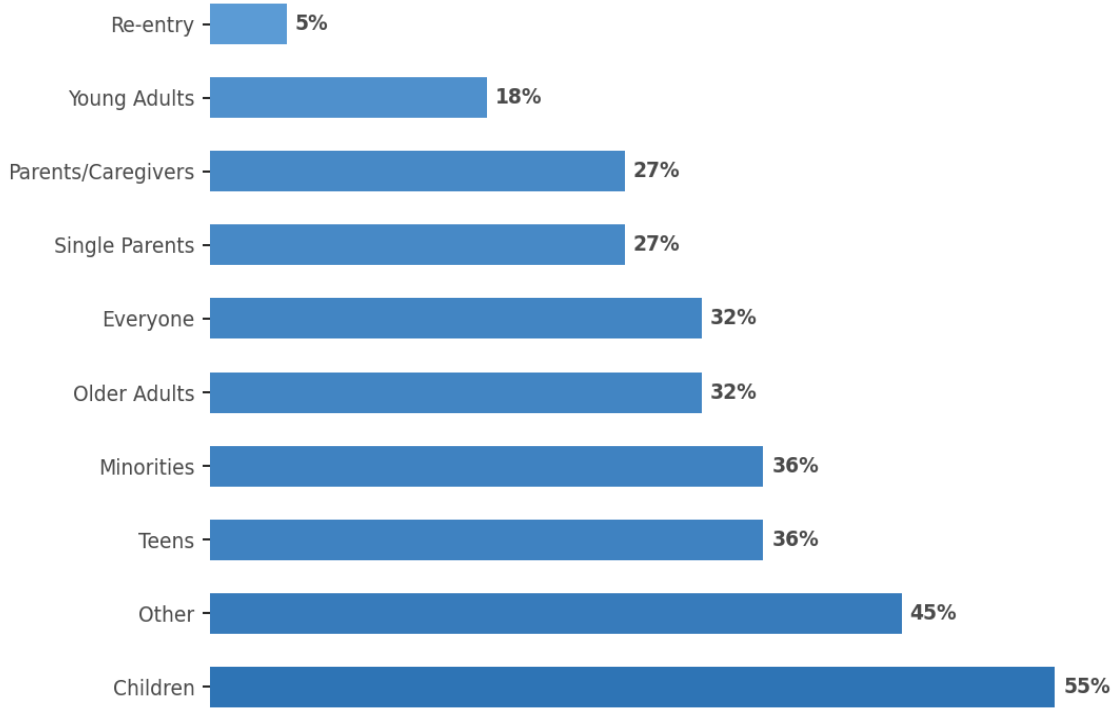
Anxiety (68%) and depression (64%) were the most cited issues, followed by trauma/PTSD (55%) and general emotional issues (50%). Children (55%) were the most affected group.



Community Stressors

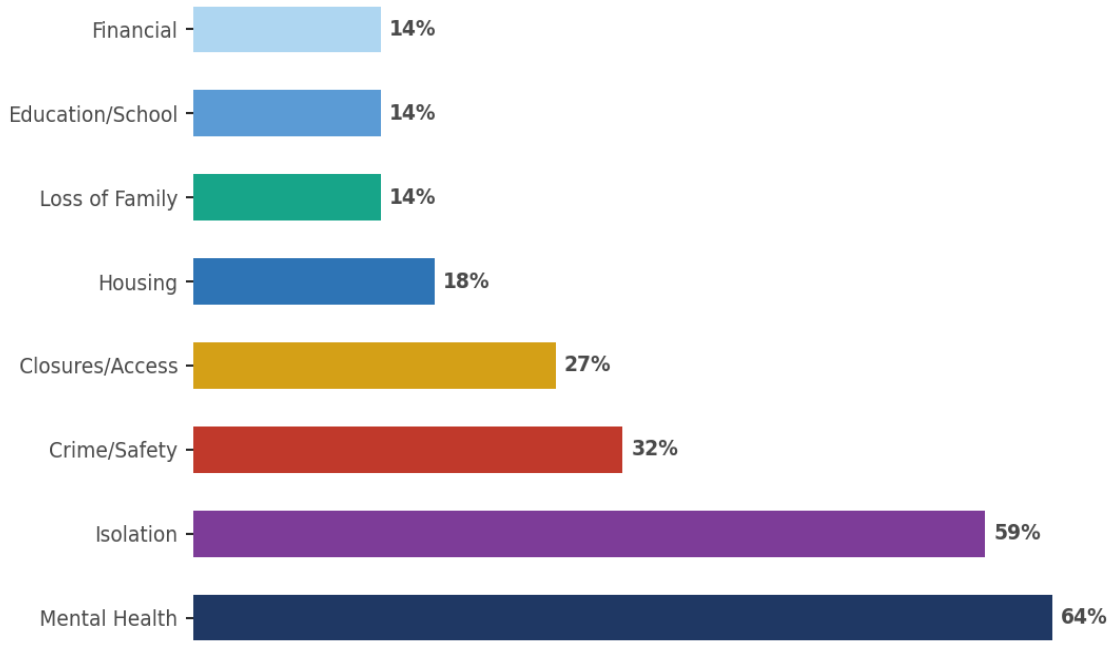
Financial difficulties (95%) were cited by nearly every respondent. Immigrant issues/ICE fears (64%), crime/abuse/violence (59%), and quality of life (55%) followed. Children (55%) were the most affected group.





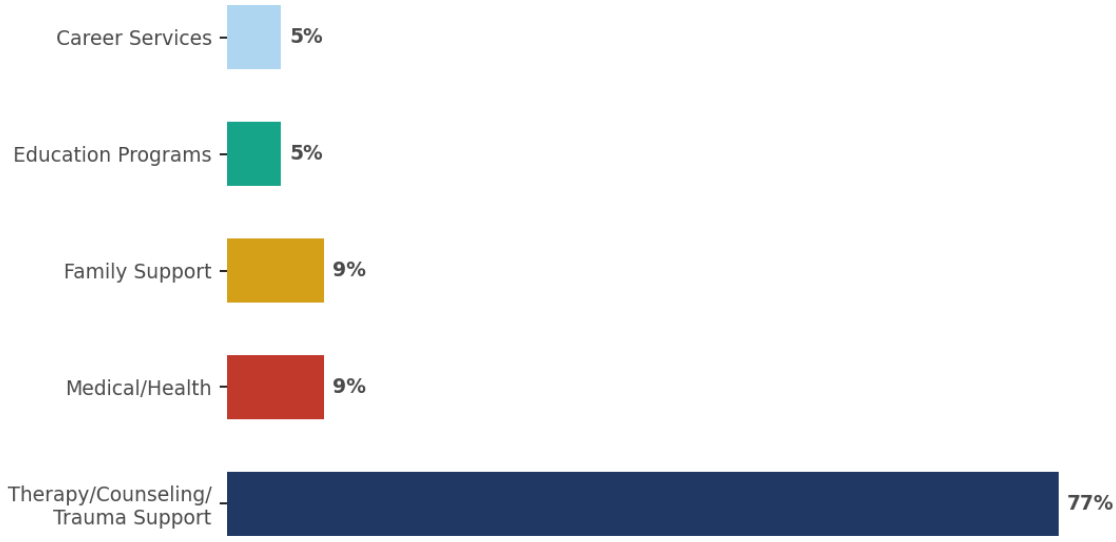
Effects of COVID-19

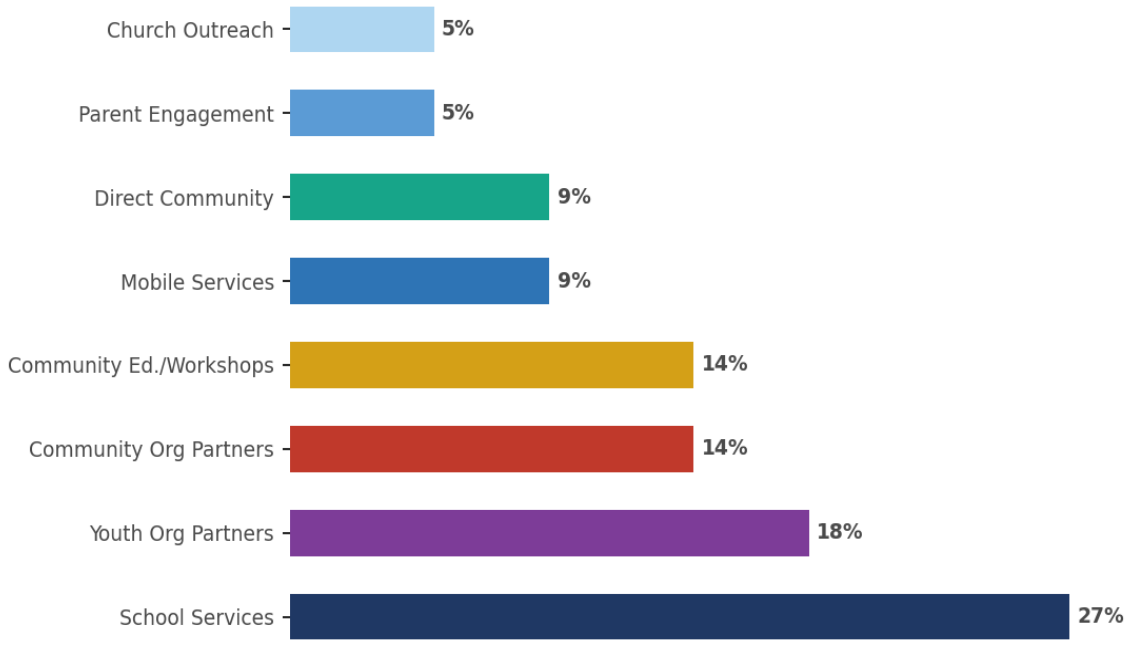
Mental health issues (64%) and isolation (59%) were the most cited COVID impacts. Crime/safety (32%) and closures/access (27%) followed.



Services and Outreach

Therapy/counseling/trauma support (77%) was an overwhelming priority. School services (27%) and youth organization partnerships (18%) were the top outreach approaches.

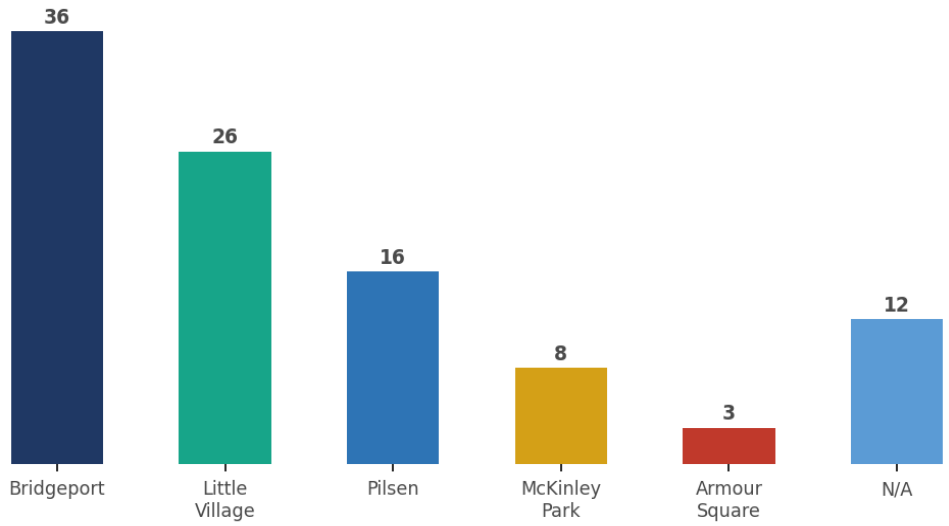



Church Outreach
5%
Parent Engagement
5%
Direct Community
9%
Mobile Services
9%
Community Ed./Workshops
14%
Community Org Partners
14%
Youth Org Partners
18%
School Services
27%

COMMUNITY MEMBER SURVEY RESULTS

The Coalition's research team administered 101 surveys to community members (including 15 in Spanish and 3 in Mandarin) residing within the Near Southwest Side EMHSP area. Figure 8 presents the number of surveys administered in each community area. The largest number of surveys were completed in Bridgeport (n=36), followed by Little Village (n=26) and Pilsen (n=16). Smaller numbers were completed in McKinley Park (n=8) and Armour Square (n=3), with 12 respondents not specifying a community area.

Figure 8: Number of Community Member Surveys Conducted per Area

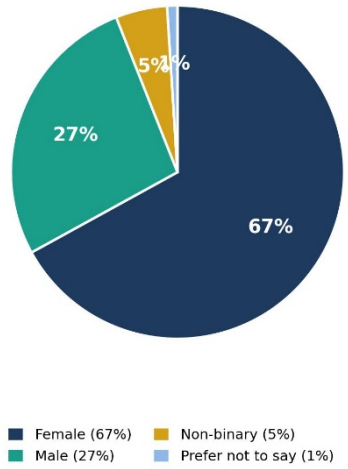


Characteristics of Community Members

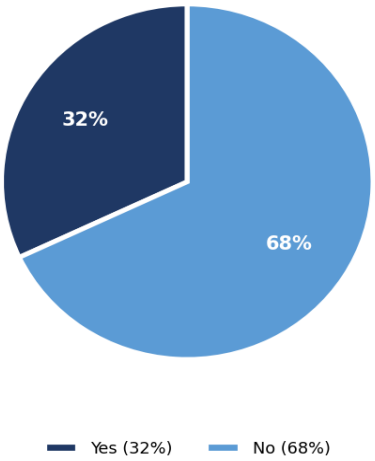
Of the 101 community members surveyed, 67% identified as female, 27% as male, 5% as nonbinary/gender non-conforming, and 1% preferred not to say. The largest proportion were aged 30–49 years (55%), followed by 18–29 years (21%), 50–64 years (16%), and 65 years and older (4%).

The racial and ethnic composition of respondents reflected the diversity of the EMHSP area: 52% identified as Hispanic/Latino, 27% as White, 9% as Asian/Pacific Islander, 6% as Other, and 5% as Black.

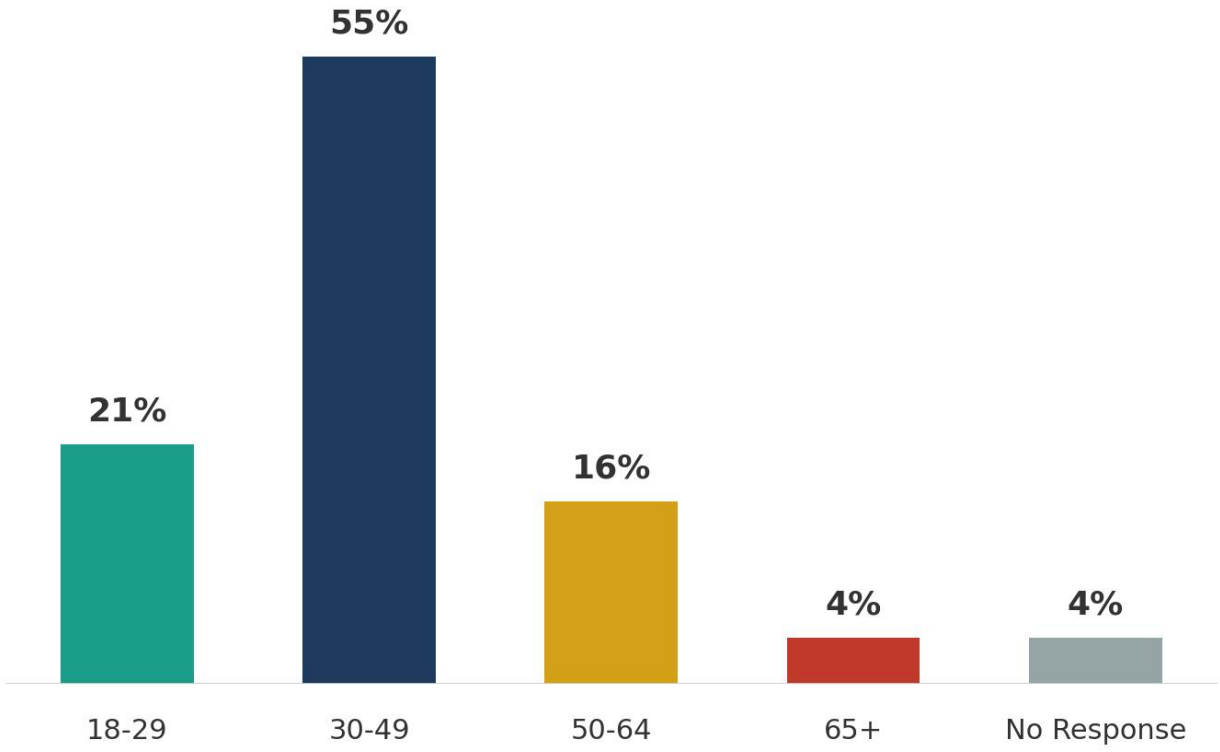
Two-thirds of respondents (68%) were not aware of the efforts to create a community mental health center before taking the survey, indicating significant opportunities for community outreach and education. Despite this, residents expressed strong interest in the new center.



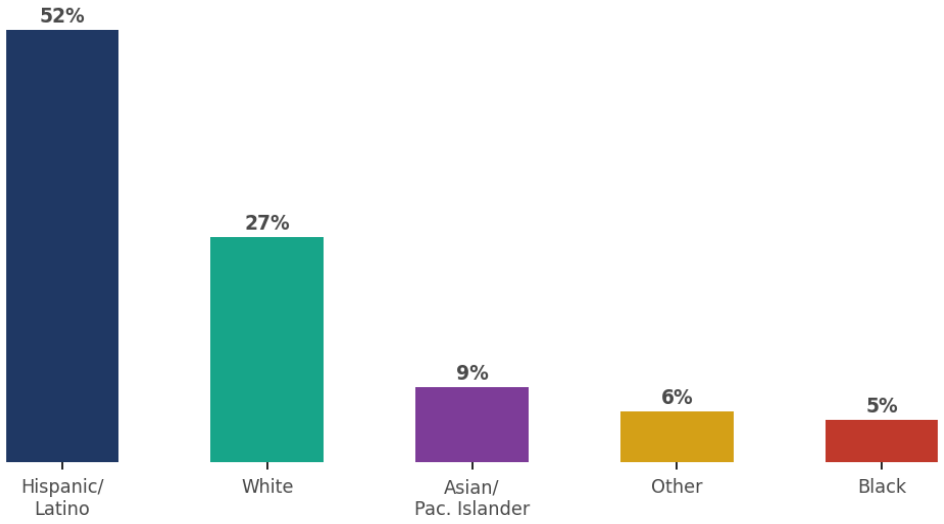
Respondent Gender



Aware of Program Before Survey?



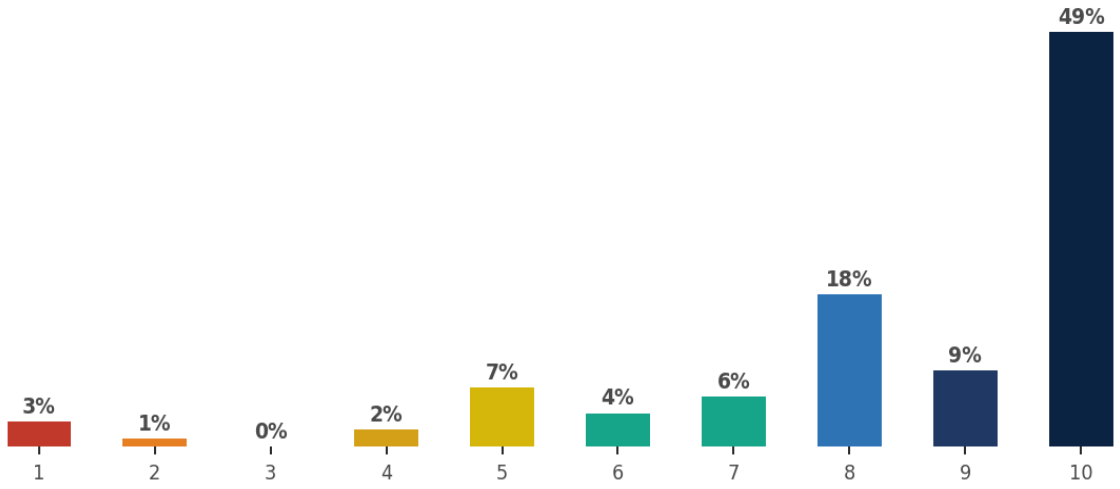
Respondent Age Group



Respondent Race/Ethnicity

Likelihood of Bringing a Friend or Family Member to the Center

On a scale of 1 to 10, community members rated their likelihood of bringing a friend or family member to the new mental health center at an average of 8.4 (median: 9). 82% of respondents rated their likelihood at 7 or higher, with 49% selecting the highest possible rating of 10. This indicates very strong community demand for local mental health services.

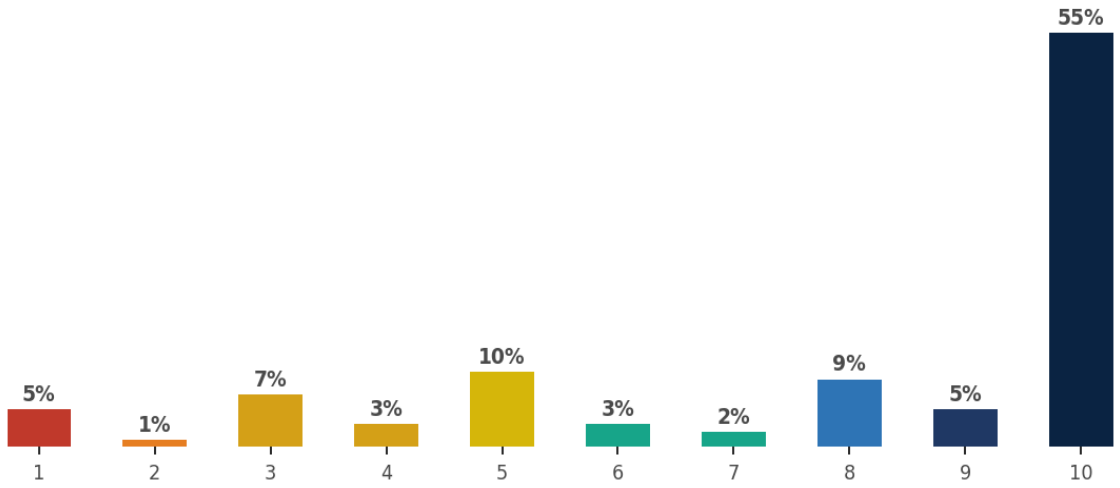


Likelihood of Bringing a Friend/Family Member to the Center (1–10 Scale)

**Totals may not equal 100% due to rounding*

Interest in Learning More About Services

Community members rated their interest in learning more about services at an average of 7.9 (median: 10). More than half of respondents (55%) selected the highest rating of 10, while 71% rated their interest at 7 or higher. Even among those unaware of the EMHSP before the survey, interest levels were high, suggesting significant latent demand.

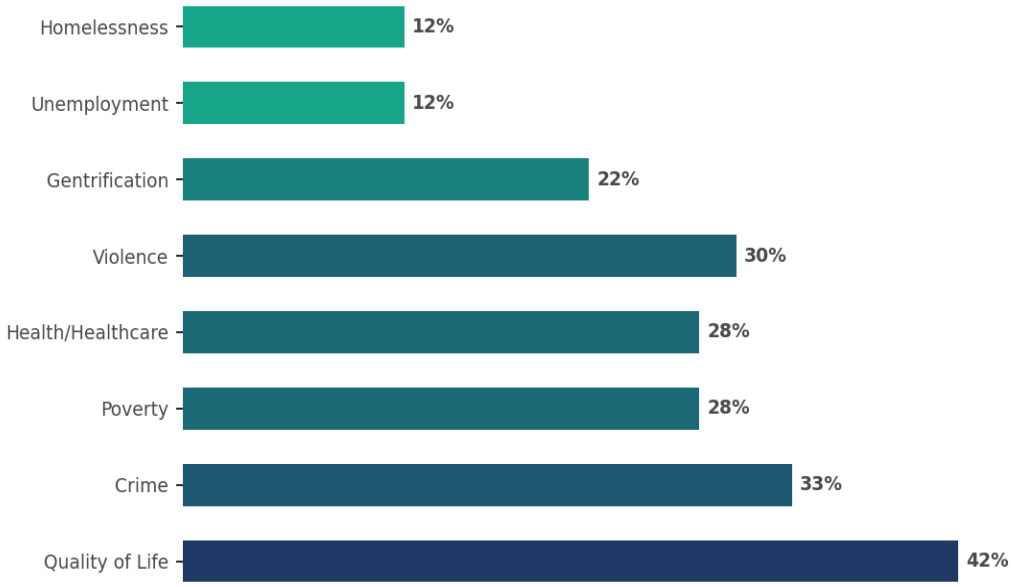


Interest in Learning More About Services (1–10 Scale)

Stressors by Age Group

Community at Large

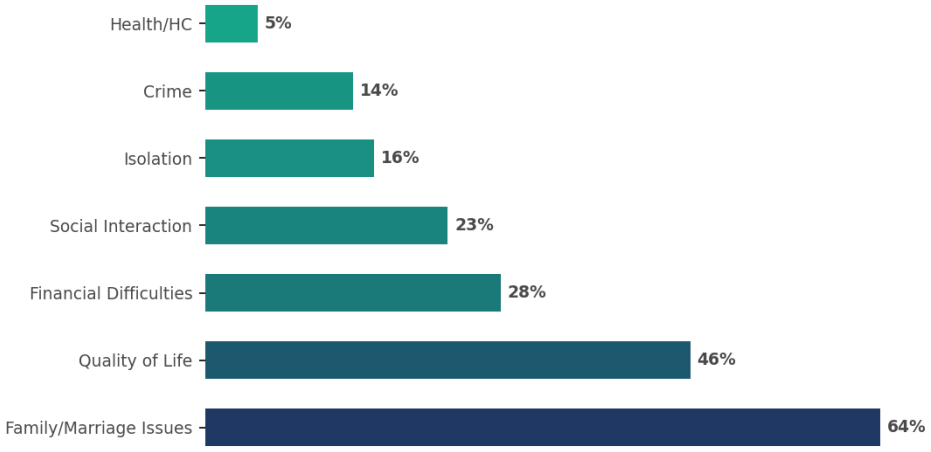
The most commonly identified stressors affecting the community at large were quality of life concerns including resources, housing, and education (42%), crime (33%), and violence (30%). Poverty and health/healthcare (28% each), gentrification (22%), and unemployment/homelessness (12% each) were also frequently cited.



Main Stressors Affecting the Community at Large

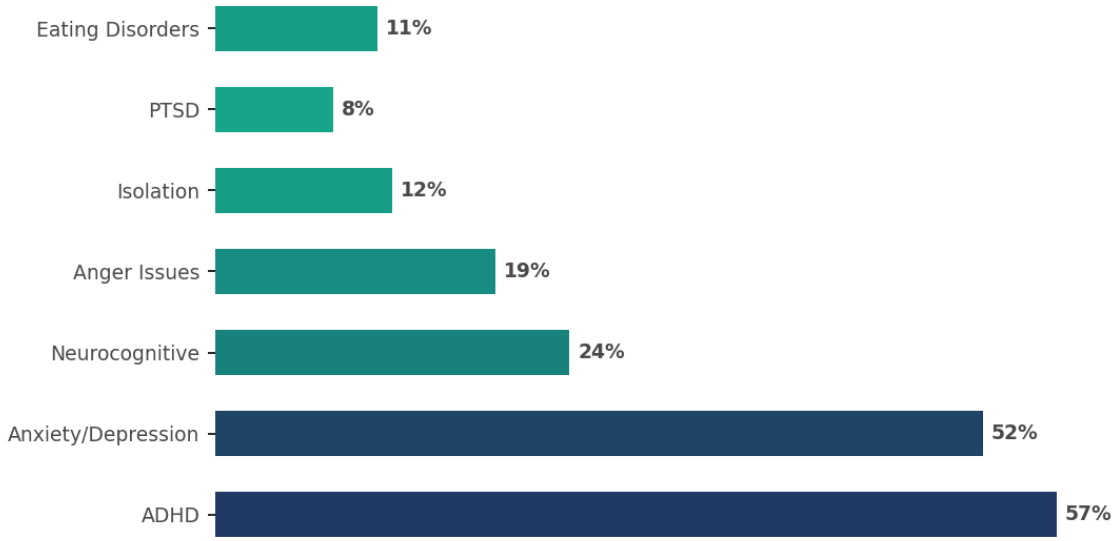
Children (12 and Under)

For children, family/marriage issues (64%) and quality of life/resources (46%) were the most commonly identified stressors, followed by financial difficulties (28%) and social interaction concerns (23%).



Stressors Affecting Children

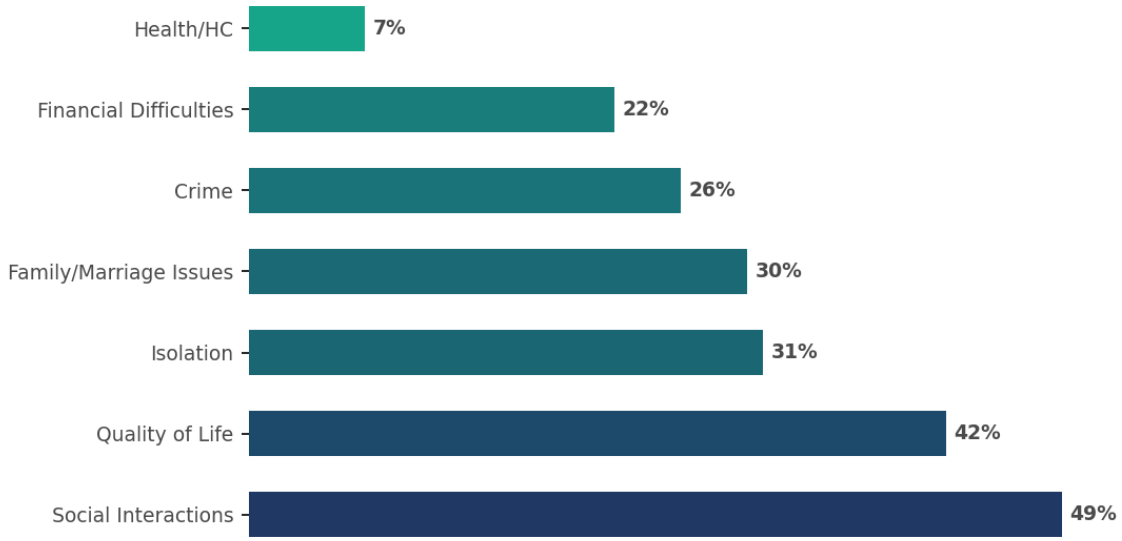
ADHD (57%) and anxiety/depression (52%) were the most cited mental health issues for children, followed by neurocognitive disorders (24%) and anger issues (19%).



Mental Health Issues Affecting Children

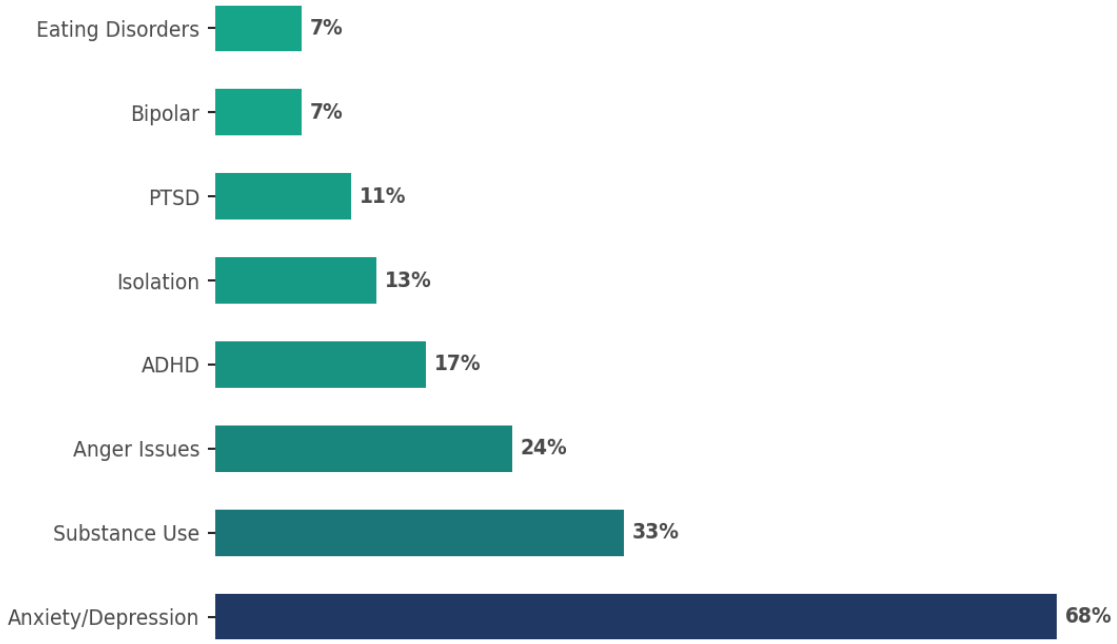
Teenagers (13–19)

Social interactions (49%) and quality of life/resources (42%) were the top stressors for teenagers, followed by isolation (31%) and family/marriage issues (30%).



Stressors Affecting Teenagers

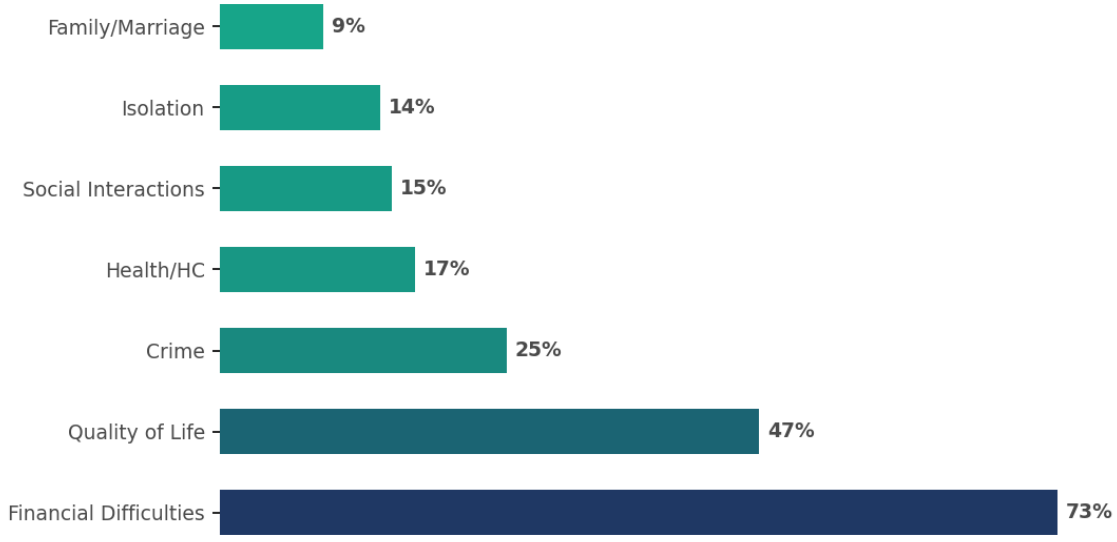
Anxiety/depression (68%) was the dominant mental health concern for teenagers, followed by substance use (33%), anger issues (24%), and ADHD (17%), and PTSD (11%).



Mental Health Issues Affecting Teenagers

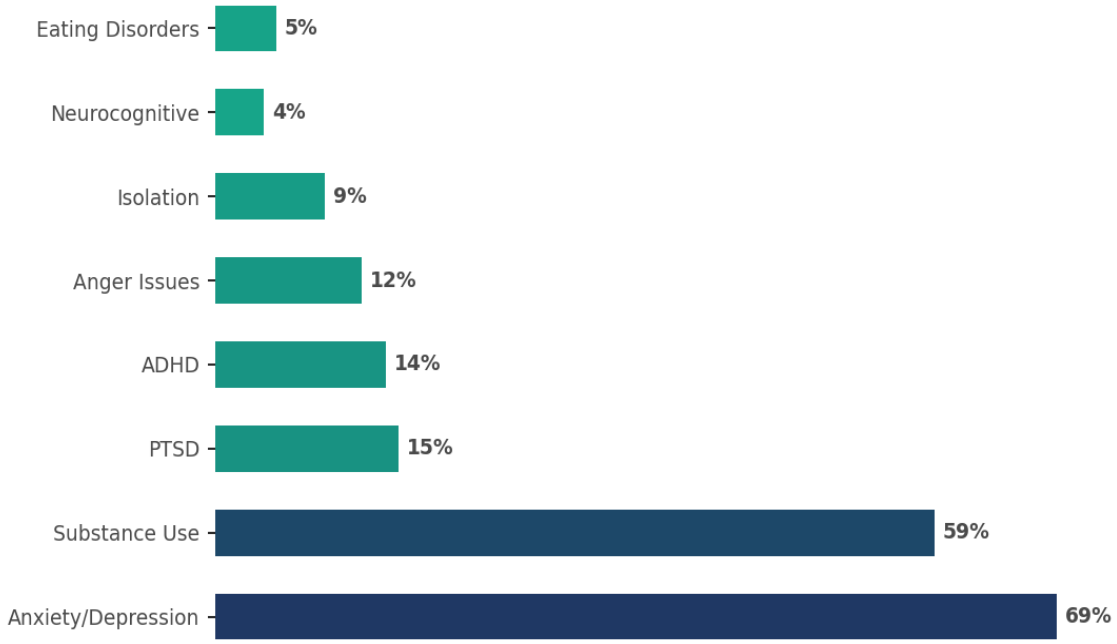
Young Adults (20–39)

Financial difficulties (73%) were overwhelmingly the top stressor for young adults, followed by quality of life/resources (47%) and crime (25%).



Stressors Affecting Young Adults

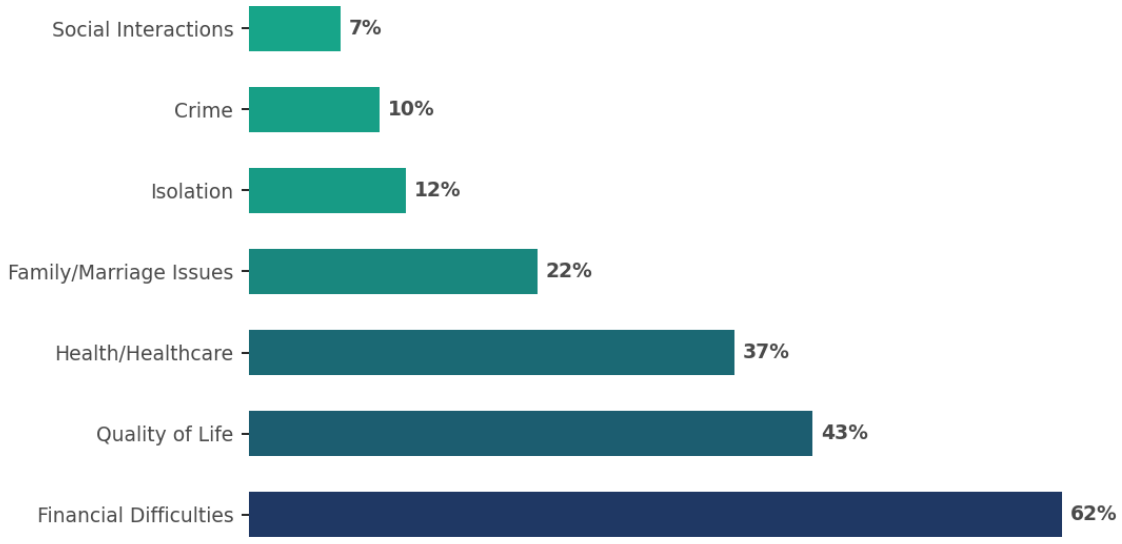
Anxiety/depression (69%) and substance use (59%) were the leading mental health concerns for young adults, followed by PTSD (15%) and ADHD (14%).



Mental Health Issues Affecting Young Adults

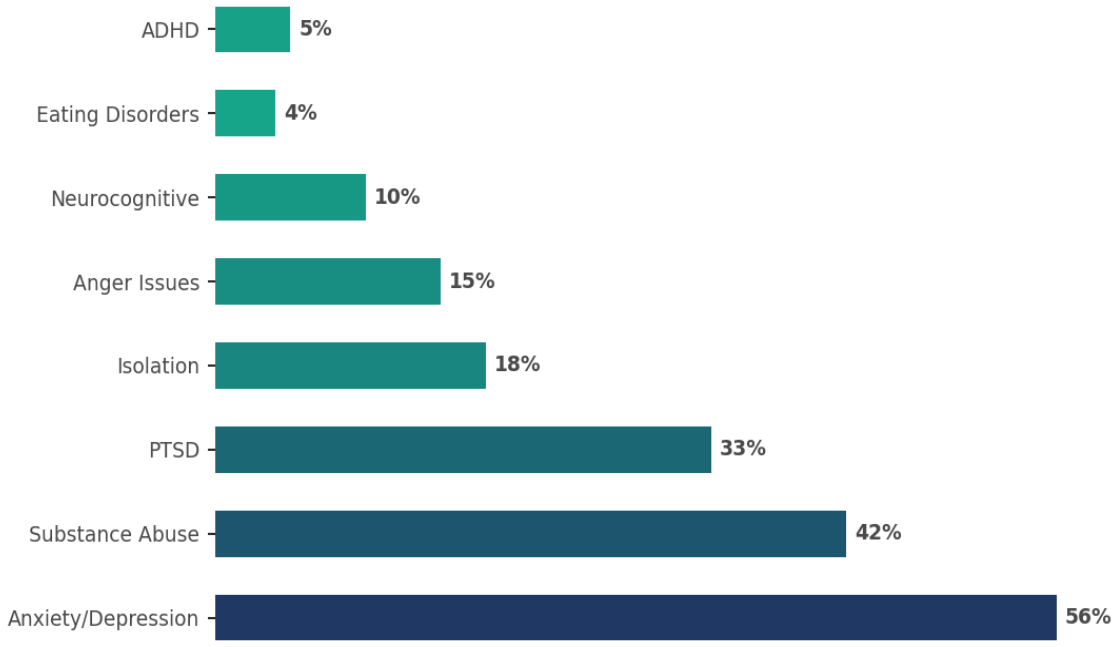
Middle-Aged Adults (40–64)

Financial difficulties (62%) and quality of life (43%) were the top stressors for middle-aged adults, followed by health/healthcare (37%) and family/marriage issues (22%).



Stressors Affecting Adults (30–64)

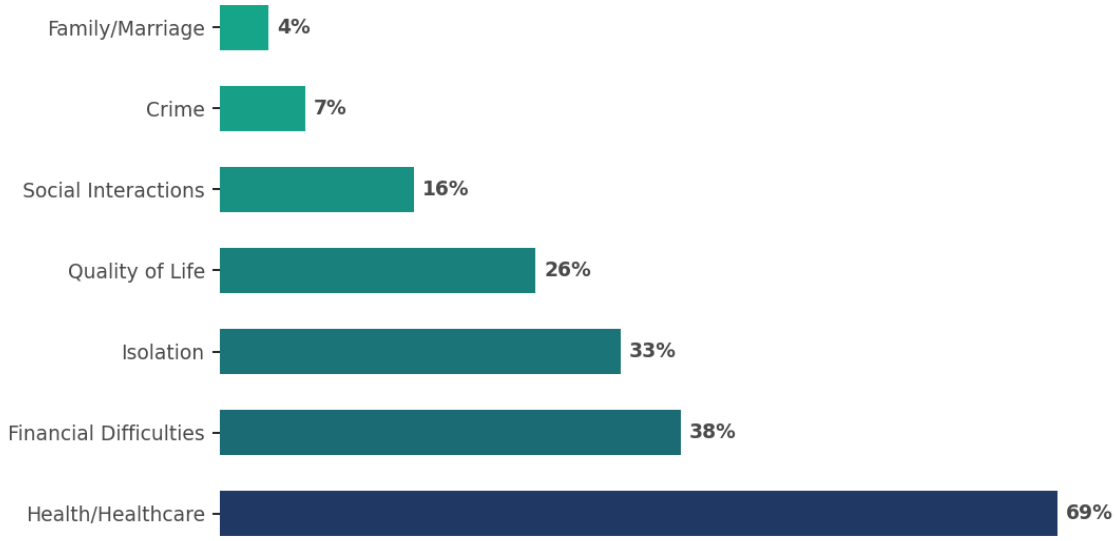
Anxiety/depression (56%) remained the top mental health concern, followed by substance abuse (42%), PTSD (33%), and isolation (18%).



Mental Health Issues Affecting Middle-Aged Adults

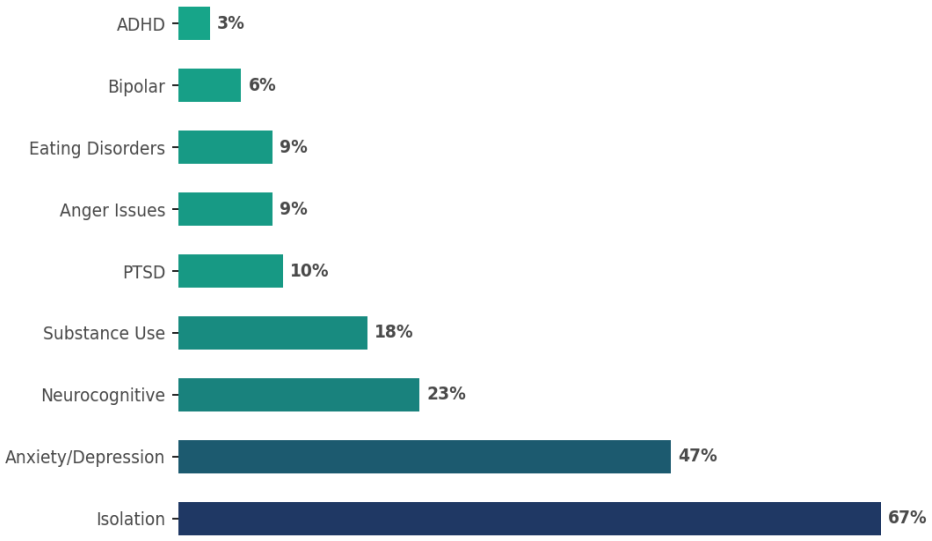
Older Adults (65+)

Health/healthcare (69%) was the dominant stressor for older adults, followed by financial difficulties (38%), isolation (33%), and quality of life/resources (26%).



Stressors Affecting Older Adults

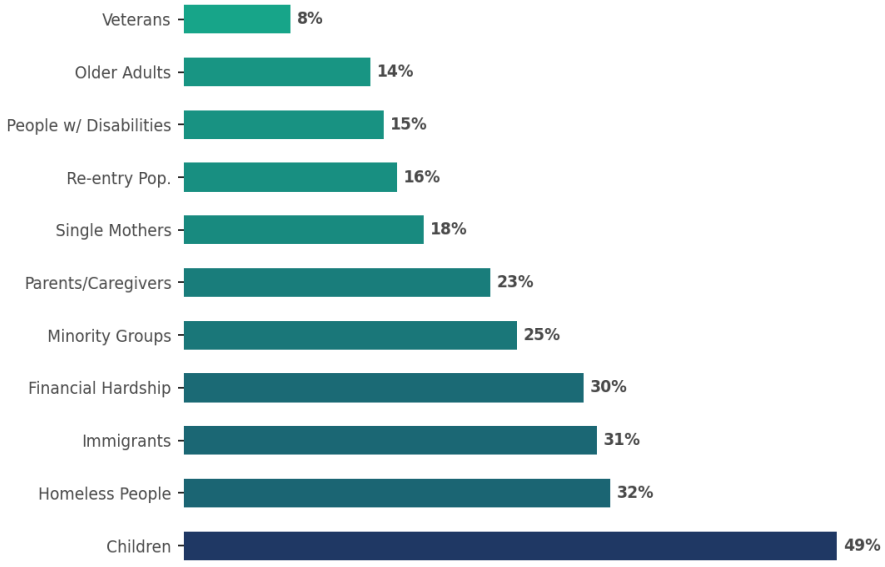
Isolation (67%) was the leading mental health concern for older adults — making it the only age group where isolation outranked anxiety/depression (47%). Neurocognitive disorders (23%) and substance use (18%) were also significant.



Mental Health Issues Affecting Older Adults

Most Important Groups to Serve

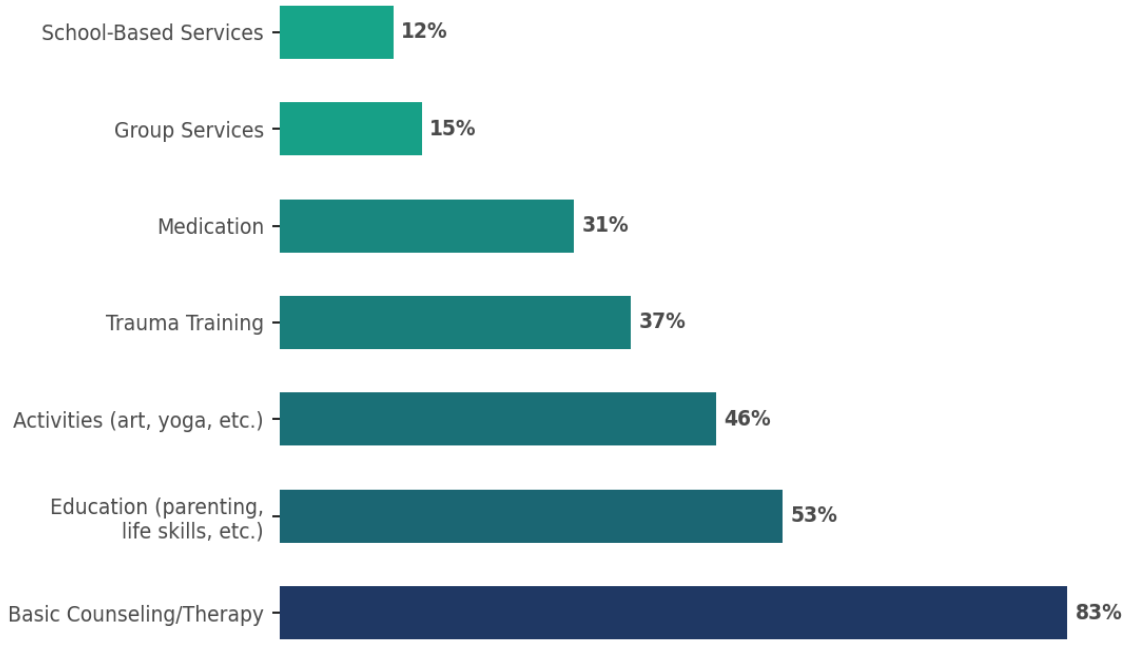
Community members identified children (49%) as the most important group for the new center to serve, followed by homeless people (32%), immigrants (31%), those experiencing financial hardship (30%), and minority groups (25%). Parents/caregivers (23%) and single mothers (18%), re-entry population (16%), people with disabilities (15%), older adults (14%), and veterans (8%) were also frequently cited.



Most Important Groups to Provide Services To

Services to Offer at the Community Mental Health Center

Basic counseling/therapy (83%) was the overwhelming top priority — consistent with community leader findings. Education programs including parenting and life skills classes (53%) and activities such as art therapy, yoga, and guest speakers (46%) were the second and third most desired services. Trauma training (37%), medication management (31%), group services (15%), and school-based services (12%) were also noted.



Most Important Services at the New Mental Health Center

IMPLICATIONS & NEXT STEPS

This Needs Assessment draws on demographic data, public health research, 22 community leader interviews, and 101 community member surveys to provide a comprehensive picture of mental health needs in the Near Southwest Side EMHSP area.

Community leaders and community members converge on several key priorities. Both groups identify anxiety/depression and trauma as the most pervasive mental health issues. Both cite financial difficulties as the dominant community stressor, and both overwhelmingly want basic counseling and therapy as the core service at the new center. Children are consistently identified as the group most in need of services by both leaders and residents.

The community member surveys add important nuance. The age-specific analysis reveals that stressors and mental health issues shift significantly across lifespan: from family/marriage issues and ADHD in children, to social interaction and substance use in teenagers, to financial difficulties and substance use in young adults, to health/healthcare and isolation in older adults. This pattern suggests the new center should offer a continuum of age-appropriate services.

Three themes unique to the Near Southwest Side require targeted attention: (1) immigration enforcement and fear of ICE, cited by 64% of community leaders as a top stressor; (2) the need for linguistically accessible services in Spanish, Mandarin, and Cantonese; and (3) the high rate of isolation among older adults (67% of community members cited isolation as the top mental health issue for those 65+), particularly in the Asian senior population of Armour Square.

The finding that only 32% of community members were aware of the EMHSP before the survey — yet 75% rated their likelihood of using the center at 7 or higher — underscores both the demand for services and the opportunity for outreach. The Coalition will create a Community Access Network as referrals and community engagement are of top priority for the success of the new mental health center.

This needs assessment will be publicly available at saveourmentalhealth.org.

ACKNOWLEDGEMENTS

Special thanks to the organizations whose leaders and staff participated in interviews including:

Boys and Girls Club

Chicago Youth Boxing Club

La Villita Community Church

Minnie Miñoso Academy

Erikson Institute

Mount Sinai Chicago

CPD 10th District

Enlace

Southside Healthy Community Organization

Pui Tak Center

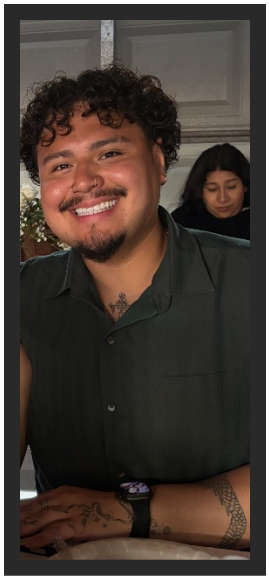
Central States SER/SERCO

Lawndale Christian Health Center

Benito Juarez Community Academy

Cadinho Bakery and Cafe.

RESEARCH TEAM

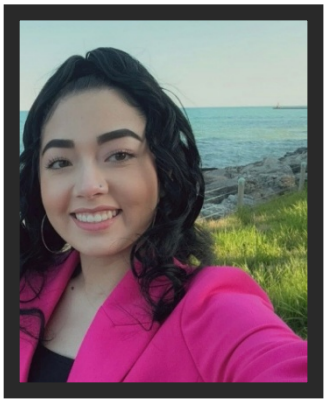


Isaac Aleman, *Lead Community Organizer*

I began my journey with the Coalition to Save Our Mental Health Centers as a summer intern before my senior year at Loyola University, helping collect signatures for the West Town–Humboldt Park area. After graduating from Loyola University Chicago in 2023 with a degree in Biology, I joined the Coalition full-time as a Junior Community Organizer.

Working alongside Diana Aguirre, I was able to help lead the organizing efforts in the Near Southwest Side, ultimately contributing to the creation of the program in November of 2024. With a new program created, I co-led all community leader interviews with my colleague Citlalli Pineda for the Near Southwest Side surveys. We focused our efforts on outreach and data collection with community members across the area to make sure the community's main needs and opinions were included in this report. The new mental health center coming to these communities will focus on addressing the residents identified issues and mental health concerns.

Now serving as a Lead Community Organizer and guiding efforts for a new program, I continue to feel energized by the work we do every day at the Coalition. I am grateful for the chance to give back to my city, knowing that every conversation, every signature, and every connection strengthens the collective well-being of Chicago.



Citlalli Pineda, *Junior Community Organizer*

My name is Citlalli A. Pineda and I am a Junior Community Organizer for the Coalition to Save Our Mental Health Centers. I am a Chicago native currently residing in the Garfield Ridge neighborhood. For my undergraduate studies I attended Loyola University and majored in Biology with a Pre-dental track. After graduating from Loyola, I decided to attend Roosevelt University and earned my Masters in Biomedical Science.

Mental health is very important to me as I have had my own personal experiences with mental health struggles and understand the overwhelming feelings of anguish when there are not enough resources to help residents cope with their own emotional well-being. Everyone deserves a chance at becoming the best version of themselves. This personal passion for creating more mental health resources for those in need was what directed my attention to the Coalition. During the summer of 2024 I came across an opportunity to become an intern with the Coalition and work in the Near Southwest Side area. It was a very memorable experience that allowed me to improve my communication and teamwork skills. Engaging with community residents that summer really opened my eyes to the struggles and needs of each community. After the summer of 2024, I stayed on the team as a part time employee to help with the fall campaign and then to assist with conducting the leader and member surveys for the Near Southwest side. I was able to continue with the Coalition as a team lead for the Mid-Northside area. I have led the canvassing efforts for the Mid-Northside for both the summer of 2025 and now 2026 in hopes of having another community area approve a new mental health program in Chicago.

APPENDICES

APPENDIX A: COMMUNITY LEADER INTERVIEW QUESTIONS

Background and Demographics:
1. Name:
2. Title/Position (and how long they have held that position):
3. Organization Name:
4. Organization Address:
5. Primary Constituency of Organization (who do you mainly serve/who makes up your membership? i.e. race/ethnicity, children/students, adults, veterans, single mothers, etc.):
6. Location of Organization:
7. Do you live inside the program area? (Near Southwest Side)
8. What is your age group? [check one]
9. Gender:

Close-ended Questions:
10. How relevant is it to address depression to improve the mental health of the community?
11. How often do you interact with someone dealing with depression in the community?
12. How relevant is it to address alcohol/substance abuse to improve the mental health of the community?
13. How often do you interact with someone dealing with alcohol/substance abuse in the community?
14. How relevant is it to address housing concerns to improve the mental health of the community? This includes rising housing costs/gentrification, displacement, and unstable housing/access to housing.
15. How often do you interact with someone dealing with the effects of housing concerns in the community?
16. How relevant is it to address marital/family conflict to improve the mental health of the community?
17. How often do you interact with someone dealing with marital/family conflict in the community?
18. How relevant is it to address behavioral disorders in children to improve the mental health of the community? This includes the lack of ability to properly focus and control impulsive behaviors and difficulty with interpersonal relationships.
19. How often do you interact with someone dealing with behavioral disorders in children in the community?
20. How relevant is it to address isolation to improve the mental health of the community?
21. How common is isolation in the community?
22. How relevant is it to address suicide to improve the mental health of the community?
23. How often do you interact with someone dealing with suicide in the community?
24. How relevant is it to address sexual assault to improve the mental health of the community?
25. How often do you interact with someone dealing with sexual assault in the community?
26. How relevant is it to address gun violence/gang activity to improve the mental health of the community?
27. How often do you interact with someone dealing with gun violence/gang activity?

Open-ended Questions:
28. Since the height of the pandemic, how has COVID-19 impacted the mental health of

residents you serve in the community? Do you think there are additional things that can be done in this area?
30. What do you think are the most common stressors in the community?
31. Which community members are most affected by these stressors? For example: older adults, veterans, single mothers, children, ex-offenders.
32. What do you think are the most common mental health issues at your organization/church and at the community at large?
33. Which community members are most affected by these mental health issues at your organization/church and at the community at large?
36. Describe one service you would like to see provided at the new mental health center.
37. Describe one outreach program you would like to see provided at the new mental health center.

APPENDIX B: COMMUNITY MEMBER INTERVIEW QUESTIONS

Background:
1. Which community area do you live in? [check one]:
2. Provide the block and street of participants who live in the Near Southwest Side but not at the residence.
3. What is your age group?
4. Which gender do you most identify with?
5. What race/ethnicity do you most identify with?

Baseline Questions:
6. Before today, were you aware of the efforts to create a community mental health center to provide services specifically to the Near Southwest Side residents?
7. If a friend or family member of yours was struggling with a mental health issue, how likely would you be to bring them to a mental health center that provides services specifically to Near Southwest Side residents, on a scale of 1 to 10, where 1 means not likely at all and 10 means extremely likely?
8. How interested are you in learning more about services offered at a mental health center that provides services specifically to Little Village, Pilsen, McKinley Park, Bridgeport, and Armour Square residents, on a scale of 1 to 10, where 1 means not interested at all and 10 means extremely interested?

Stressors:
9. What 2 main stressors/problems most affect the community at large?
10. What stressors/problems most affect children (12 and under)?
11. What stressors/problems most affect teenagers (13 - 19)?
12. What stressors/problems most affect young adults (20 - 29)?
13. What stressors/problems most affect adults (30 - 64)?
14. What stressors/problems most affect older adults (65+)?

Mental Health:
15. What mental health issues most affect children (12 and under)?
16. What mental health issues most affect teenagers (13 - 19)?
17. What mental health issues most affect young adults (20 - 39)?
18. What mental health issues most affect middle aged adults (40 - 64)?
19. What mental health issues most affect older adults (65+)?
20. What are the most important groups of people that this new mental health center should provide services to?
21. What are the most important services that this new mental health center should provide both onsite and/or offsite in the community?

APPENDIX C: CODES AND SUB-CODES

Stressors:

- Financial difficulties
- Crime/abuse/violence
- Quality of life
- Education/school
- Health
- Interpersonal relationships
- Social media
- End of life
- Government
- Employment
- Psychosocial issues
- Life transitions
- Immigrant issues
- Housing/homelessness

Mental health issues:

- Anxiety
- Trauma/PTSD
- Depression
- Psychotic disorders
- Behavioral disorders
- Substance use
- Neurocognitive disorders
- General emotional issues
- Issues with treatment
- Eating disorders