Obtaining timely data from the community about the mental health, substance use, and intellectual or developmental disabilities needs in Oak Park and River Forest Townships through a survey is instrumental to decision making and strategic planning.

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The findings and conclusions presented in this report are those of the author alone and do not necessarily reflect the views, opinions, or policies of the officers and/or trustees of Northern Illinois University.
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BACKGROUND AND PURPOSE

The Oak Park Township and River Forest Township Mental Health Boards commissioned the Center for Governmental Studies (CGS) at Northern Illinois University to conduct a community needs assessment survey, which was designed to identify mental health, substance use, and intellectual and developmental disability needs of residents and provide a foundation for planning and development to address these needs. The community needs assessment was designed to provide timely data to support decision making regarding initiatives and efforts. The survey was conducted May to July 2022.

SURVEY METHODOLOGY

The questionnaire was developed by CGS and the Oak Park Township and River Forest Township Mental Health Boards staff. The questionnaire covered the following topics:

- Services, supports, and resources,
- Overall perceptions, and
- Respondent demographic characteristics.

The questionnaire may be found in Appendix A.

A random sample of 2,500 households in Oak Park and River Forest Townships was provided by Marketing Systems Group, a survey sampling firm. This sample included names, email addresses, mailing addresses, and telephone numbers.

CGS pretested the questionnaire with approximately 20 households. The pretest was designed to gauge whether the respondents understood the questions being asked and could provide the necessary information.

An invitation email with a unique ID code and a link to the survey was sent to the sampled households. This email may be found in Appendix B.

Follow-up communications are important to get responses from as high a proportion of the sample as possible, as harder to reach respondents often have different experiences and responses than easier to reach respondents. Therefore, CGS sent up to six reminder emails to those who did not respond after the initial email. The questionnaire and a cover letter were mailed to those who did not complete the survey online. Reminder calls were made to those who did not complete either the survey online or through the mail.
The survey was open from May 4, 2022 to July 29, 2022. A total of 600 surveys were received, 500 from Oak Park residents and 100 from River Forest residents. The margin of error for the findings is +/- 3.9 percentage points.

Chi-square tests were used to test significance between demographic groups. All demographic differences reported are statistically significant at the p ≤ 0.05 level.
HIGHLIGHTS

- Almost two-thirds (65.6%) of all respondents think it would be very easy or somewhat easy to get information about the mental health services available in Oak Park/River Forest.
- More than three-fifths (62.4%) of respondents think it would be very easy or somewhat easy to get information about the substance use services available in Oak Park/River Forest.
- More than three-fifths (64.3%) of respondents think it would be very or somewhat easy to get information about the intellectual or developmental disability services available in Oak Park/River Forest.
- More than one-half of respondents are aware of Sarah’s Inn (70.2%), Senior Services of Oak Park and River Forest Township (67.2%), Thrive Counseling (60.7%), and Housing Forward (53.3%). However, less than one-half are aware of the other six mental health services, supports, and resources asked about in the survey.
- Less than one-half of respondents are aware of each of the six substance use services, supports, and resources asked about in the survey.
- More than three-fifths (62.8%) of respondents are aware of Oak Leyden Developmental Services. However, less than one-half are aware of the other seven intellectual or developmental disability services, supports, and resources asked about in the survey.
- The three mental health services that respondents believe are not available for adults, teens, and children in Oak Park/River Forest are intensive outpatient, partial hospitalization, and psychiatry. Additionally, respondents believe inpatient hospitalization is not available for children.
- The three substance use services that respondents indicate are not available for adults, teens, and children in Oak Park/River Forest are intensive outpatient, partial hospitalization, and inpatient treatment.
- The intellectual or developmental disability service that respondents report is not available in Oak Park/River Forest for adults, teens, and children is respite care. Additionally, respondents state adult transition/job training programs are not available for adults and day treatment programs are not available for children.
- Respondents were asked to indicate what additional services, supports or resources the community needs to help more people. More than one-fifth (21.8%) of respondents state better communication of available resources is needed. A total of 6.9% of respondents indicate that more psychiatry services are needed, 5.2% of respondents comment crisis services are needed, and 5.2% report child/adolescent services are needed.
• Approximately two-thirds of respondents report the following barriers exist to accessing services:
  ➢ Don’t know where to go for services (66.0%),
  ➢ Cost of treatment/service (65.3%), and
  ➢ Lack of insurance/insurance does not cover service (64.9%).
• One-half (50.5%) of respondents state long wait times to get an appointment is a barrier to accessing services.
• Almost all respondents (96.8%) think substance use prevention programs are important, with three-fourths (75.1%) indicating they are very important.
• When asked to name the biggest issues or needs related to mental health, substance use, and intellectual or developmental disabilities in Oak Park and River Forest Townships one-tenth or more of respondents indicate availability of services/resources (17.4%), lack of awareness of services/resources (14.3%), access to services (11.8%), cost of services/affordability (10.8%), and children/adolescent issues/services/resources (10.5%).
• The most frequently given recommendations for addressing mental health needs/gaps are add more children/adolescent services/services in school (9.8%), increase awareness/education of available services/resources (8.7%), and provide virtual/telehealth services (8.3%).
• Most respondents know very little about the Community Mental Health Boards of Oak Park Township or River Forest Township. More than three-fourths (78.5%) of respondents have either never heard of the community mental health boards (55.5%) or have only heard the names (23.0%).
COMMUNITY SURVEY FINDINGS

SERVICES, SUPPORTS, AND RESOURCES

PERCEIVED EASE OF GETTING INFORMATION ABOUT SERVICES

The survey began with questions about the perceived ease of getting information about mental health, substance use, and intellectual or developmental disability services available in Oak Park/River Forest.

Almost two-thirds (65.6%) of respondents think it would be very easy (16.7%) or somewhat easy (48.9%) to get information about the mental health services available in Oak Park/River Forest. More than one-fourth (26.9%) think it would be somewhat hard and 7.5% think it would be very hard to find this information (Figure 1).

Figure 1. Perceived Ease of Getting Information About Mental Health Services

Demographic Differences

- Respondents who indicate they or someone in their household had ever been told by a health professional they had a mental health disorder or respondents who indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a mental health disorder (59.8%) are less likely than those that did not indicate they or someone in their household had ever been told by a health professional they had a mental health disorder or respondents who did not indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a mental health disorder (77.0%) to think it would be easy to get information about mental health services.
• No statistically significant differences are found in perceived ease of getting information about mental health services by respondent’s age, respondent’s race/ethnicity, whether there are children under the age of 18 in the household, respondent’s educational attainment, and annual household income.

More than three-fifths (62.4%) of respondents think it would be very easy (15.7%) or somewhat easy (46.7%) to get information about the substance use services available in Oak Park/River Forest. More than one-fourth (27.9%) think it would be somewhat hard and 9.7% think it would be very hard to find this information (Figure 2).

**Figure 2. Perceived Ease of Getting Information About Substance Use Services**

![Perceived Ease of Getting Information About Substance Use Services](image)

**Demographic Differences**

• Respondents who indicate they or someone in their household had ever been told by a health professional they had a substance use disorder or respondents who indicate they believe that within the last 12 months they or someone in their household experienced symptoms of a substance use disorder (52.3%) are less likely than those that did not indicate they or someone in their household had ever been told by a health professional they had a substance use disorder or respondents who did not indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a substance use disorder (68.9%) to think it would be easy to get information about substance use services.

• No statistically significant differences are found in perceived ease of getting information about substance use services by respondent’s age, respondent’s race/ethnicity, whether there are children under the age of 18 in the household, respondent’s educational attainment, and annual household income.
More than three-fifths (64.3%) of respondents think it would be very easy (17.9%) or somewhat easy (46.4%) to get information about the intellectual or developmental disability services available in Oak Park/River Forest. More than one-fourth (27.7%) think it would be somewhat hard and 8.0% think it would be very hard to find this information (Figure 3).

**Figure 3. Perceived Ease of Getting Information About Intellectual or Developmental Disability Services**

Demographic Differences

- No statistically significant difference in perceived ease of getting information about intellectual or developmental disability services exists between households with and without a member with an intellectual or developmental disability or symptoms.
- No statistically significant differences are found in perceived ease of getting information about intellectual or developmental disability services by respondent’s age, respondent’s race/ethnicity, whether there are children under the age of 18 in the household, respondent’s educational attainment, and annual household income.
AWARENESS OF SERVICES, SUPPORTS, AND RESOURCES

Next, respondents were asked about their awareness of the available mental health, substance use, and intellectual or developmental disability services, supports, and resources in Oak Park/River Forest.

More than one-half of respondents are aware of Sarah’s Inn (70.2%), Senior Services of Oak Park and River Forest Township (67.2%), Thrive Counseling (60.7%), and Housing Forward (53.3%). A total of 8.5% of respondents are not aware of any of the mental health services, supports, and resources asked about in the survey (Figure 4).

**Figure 4. Awareness of Mental Health Services, Supports, and Resources**

- Sarah’s Inn: 70.2%
- Senior Services of Oak Park and River Forest Township: 67.2%
- Thrive Counseling: 60.7%
- Housing Forward: 53.3%
- NAMI Metro Suburban: 35.3%
- Thresholds: 22.6%
- IWS Children’s Clinic: 16.1%
- AMITA/Presence Behavioral Health: 15.0%
- Smart Love Family Services: 7.8%
- FRED Support Group: 4.7%
- None of the Above: 8.5%

**Demographic Differences**
- No statistically significant differences are found for awareness of mental health services, supports, and resources between households with and without a member with a mental health disorder or symptoms.
Less than one-half of respondents are aware of each of the substance use services, supports, and resources asked about in the survey. More than one-third (36.8%) of respondents are not aware of any of the substance use services, supports, and resources asked about in the survey (Figure 5).

**Figure 5. Awareness of Substance Use Services, Supports, and Resources**

Demographic Differences

- Respondents who indicate they or someone in their household had ever been told by a health professional they had a substance use disorder or respondents who indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a substance use disorder are more likely than those that did not indicate they or someone in their household had ever been told by a health professional they had a substance use disorder or respondents who did not indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a substance use disorder to be aware of:
  - Rosecrance (households with a member with a substance use disorder/symptoms, 36.3%; households without a member with a substance use disorder/symptoms, 17.1%),
  - Haymarket Center (households with a member with a substance use disorder/symptoms, 24.2%; households without a member with a substance use disorder/symptoms, 12.5%), and
  - Way Back Inn (households with a member with a substance use disorder/symptoms, 25.3%; households without a member with a substance use disorder/symptoms, 11.7%).
More than three-fifths (62.8%) of respondents are aware of Oak Leyden Developmental Services and more than two-fifths (43.8%) are aware of West Suburban Special Recreation Association. More than one-fifth (22.4%) of respondents are not aware of any of the intellectual or developmental disability services, supports, and resources asked about in the survey (Figure 6).

**Figure 6. Awareness of Intellectual or Developmental Disability Services, Supports, and Resources**

- Oak Leyden Developmental Services: 62.8%
- West Suburban Special Recreation Association: 43.8%
- Opportunity Knocks: 25.8%
- UCP Seguin Services of Greater Chicago: 25.6%
- ASPIRE: 18.8%
- Community Support Services, Inc.: 10.4%
- Progress Center for Independent Living: 10.1%
- Parents Allied with Children and teachers for Tomorrow: 7.0%
- None of the Above: 22.4%

**Demographic Differences**

- Respondents who indicate they or someone in their household had ever been told by a health professional they had an intellectual or developmental disability or respondents who indicate they believe that within the last 12 months they or someone in their household experienced symptoms of an intellectual or developmental disability are more likely than those that did not indicate they or someone in their household had ever been told by a health professional they had an intellectual or developmental disability or respondents who did not indicate they believe that within the last 12 months they or someone in their household experienced symptoms of an intellectual or developmental disability to be aware of:
  - West Suburban Special Recreation Association (households with a member with an intellectual or developmental disability/symptoms, 55.1%; households without a member with an intellectual or developmental disability/symptoms, 37.9%),
  - Opportunity Knocks (households with a member with an intellectual or developmental disability/symptoms, 34.7%; households without a member with an intellectual or developmental disability/symptoms, 22.1%), and
➢ ASPIRE (households with a member with an intellectual or developmental disability/symptoms, 25.9%; households without a member with an intellectual or developmental disability/symptoms, 15.8%).

TOLD BY A HEALTH PROFESSIONAL THEY HAD DISORDER/DISABILITY OR EXPERIENCED SYMPTOMS OF DISORDER/DISABILITY

Respondents were then asked if they or someone in their household had ever been told by a health professional they had a mental health disorder, a substance use disorder, and an intellectual or developmental disability. If the respondent did not indicate they or someone in their household had ever been told by a health professional they had the disorder they were then asked if they believe that within the last 12 months they or someone in their household experienced symptoms of the disorder.

More than three-fifths (62.8%) of respondents report they or someone in their household has been told by a health professional they had a mental health disorder or has experienced symptoms of a mental health disorder (Table 1). Almost one-third (31.9%) of respondents state they or someone in their household has been told by a health professional they had an intellectual or developmental disability or has experienced symptoms of an intellectual or developmental disability. More than one-fifth (21.4%) of respondents indicate they or someone in their household has been told by a health professional they had a substance use disorder or has experienced symptoms of a substance use disorder (Table 1).

Table 1. Told by a Health Professional They Have a Mental Health Disorder, Intellectual or Developmental Disability, or Substance Use Disorder or Exhibited Symptoms of the Disorder

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Told by a Health Professional They or Someone in Household Had Disorder</th>
<th>In Last 12 Months They of Someone in Household Exhibited Symptoms of the Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>52.0%</td>
<td>10.8%</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability</td>
<td>27.7%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Substance Use</td>
<td>12.5%</td>
<td>8.9%</td>
</tr>
</tbody>
</table>

Respondents who indicated they or someone in their household had ever been told by a health professional they had a mental health disorder and respondents who indicated they believe that within in the last 12 months they or someone in their household experienced symptoms of a...
mental disorder were asked if they/the person in their household is currently receiving care or treatment services in Oak Park/River Forest for the mental health disorder/symptoms.

More than two-fifths (41.9%) of respondents indicate they/the person in their household is currently receiving care/treatment services in Oak Park/River Forest for the mental health disorder/symptoms (Table 2). The 58.1% of respondents who report they/the person in their household is not currently receiving care or treatment services in Oak Park/River Forest were asked to explain why not. The most common responses are they/the person in their household is receiving treatment services outside of Oak Park/River Forest, the cost, and they did not know about services available in Oak Park/River Forest (See Appendix C for verbatim comments).

Respondents who indicated they or someone in their household had ever been told by a health professional they had an intellectual or developmental disability and respondents who indicated they believe that within in the last 12 months they or someone in their household experienced symptoms of an intellectual or developmental disability were asked if they/the person in their household is currently receiving care or treatment services in Oak Park/River Forest for the disability/symptoms.

More than one-third (38.2%) of respondents indicate they/the person in their household is currently receiving care/treatment services in Oak Park/River Forest for the intellectual or developmental disability/symptoms (Table 2). The 61.8% of respondents who report they/the person in their household is not currently receiving care or treatment services in Oak Park/River Forest were asked to explain why not. The most common response is they/the person in their household no longer needs treatment services (See Appendix C for verbatim comments).

Respondents who indicated they or someone in their household had ever been told by a health professional they had a substance use disorder and respondents who indicated they believe that within in the last 12 months they or someone in their household experienced symptoms of a substance use disorder were asked if they/the person in their household is currently receiving care or treatment services in Oak Park/River Forest for the substance use disorder.

A total of 14.9% of respondents indicate they/the person in their household is currently receiving care/treatment services in Oak Park/River Forest for the substance use disorder/symptoms (Table 2). The 85.1% of respondents who report they/the person in their household is not currently receiving care or treatment services in Oak Park/River Forest were asked to explain why not. The most common responses are they/the person in their household will not admit they need help and they/the person in their household does not need treatment services (See Appendix C for verbatim comments).
Table 2. Currently Receiving Care/Treatment Services in Oak Park/River Forest

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Yes, Currently Receiving Care/Treatment Services in Oak Park/River Forest</th>
<th>No, Not Currently Receiving Care/Treatment Services in Oak Park/River Forest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health</td>
<td>41.9%</td>
<td>58.1%</td>
</tr>
<tr>
<td>Intellectual of Developmental Disability</td>
<td>38.2%</td>
<td>61.8%</td>
</tr>
<tr>
<td>Substance Use</td>
<td>14.9%</td>
<td>85.1%</td>
</tr>
</tbody>
</table>

Demographic Differences
- Respondents whose annual household income is less than $75,000 (23.6%) are less likely than respondents whose annual household income is $75,000 or more (50.8%) to indicate they are currently receiving mental health care/treatment in Oak Park/River Forest.

PERCEIVED AVAILABILITY OF SERVICES BY AGE GROUP

All respondents were asked what they think is the degree of availability of mental health, substance use, and intellectual or developmental disability services for Oak/Park River Forest residents aged 18 and above on a scale from 1 (not available) to 5 (readily available).

One-third or more of respondents are unsure of the degree of availability of each of the mental health services asked about in the survey. The three mental health services that receive the highest percentages of 1 (not available) or 2 ratings are intensive outpatient (23.8%), partial hospitalization (23.1%), and psychiatry (23.0%) (Table 3).

One-half or more of respondents are unsure of the degree of availability of each of the substance use services asked about in the survey. The three substance use services that receive the highest percentages of 1 (not available) or 2 ratings are intensive outpatient (17.9%), partial hospitalization (17.3%), and inpatient treatment (16.9%) (Table 3).

One-half or more of respondents are unsure of the degree of availability of each of the intellectual or developmental disability services asked about in the survey. The two intellectual or developmental disability services that receive the highest percentages of 1 (not available) or 2 ratings are adult transition/job training program (14.6%) and respite care (14.5%) (Table 3).
Table 3. Degree of Availability of Mental Health, Substance Use, and Intellectual or Development Disability Services-Residents Aged 18 and Above

<table>
<thead>
<tr>
<th>Service</th>
<th>% Rating 1 or 2</th>
<th>% Rating 3</th>
<th>% Rating 4 or 5</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment Screening</td>
<td>15.8</td>
<td>17.7</td>
<td>28.8</td>
<td>37.7</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>23.8</td>
<td>11.6</td>
<td>13.7</td>
<td>50.9</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>23.1</td>
<td>10.5</td>
<td>12.8</td>
<td>53.5</td>
</tr>
<tr>
<td>Medication Assisted Therapy</td>
<td>13.8</td>
<td>16.8</td>
<td>21.5</td>
<td>45.2</td>
</tr>
<tr>
<td>Individual Therapy/Counseling</td>
<td>16.2</td>
<td>16.6</td>
<td>43.1</td>
<td>24.2</td>
</tr>
<tr>
<td>Group Therapy/Counseling</td>
<td>15.9</td>
<td>13.4</td>
<td>28.0</td>
<td>42.6</td>
</tr>
<tr>
<td>Family Therapy/Counseling</td>
<td>15.4</td>
<td>15.5</td>
<td>36.0</td>
<td>33.2</td>
</tr>
<tr>
<td>Case Management</td>
<td>15.2</td>
<td>11.7</td>
<td>13.8</td>
<td>59.4</td>
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<tr>
<td>Crisis Support</td>
<td>13.3</td>
<td>13.7</td>
<td>22.5</td>
<td>50.5</td>
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<tr>
<td>Inpatient Hospitalization</td>
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<td>23.0</td>
<td>46.4</td>
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<td>Peer Services</td>
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<td>11.3</td>
<td>11.0</td>
<td>63.2</td>
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<tr>
<td>Medication Management</td>
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<td>13.3</td>
<td>21.3</td>
<td>47.5</td>
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<td>Psychiatry</td>
<td>23.0</td>
<td>16.0</td>
<td>27.0</td>
<td>34.0</td>
</tr>
<tr>
<td>Senior/Geriatric</td>
<td>10.0</td>
<td>14.1</td>
<td>31.8</td>
<td>44.0</td>
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<tr>
<td><strong>Substance Use</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Support</td>
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<td>11.9</td>
<td>18.3</td>
<td>58.7</td>
</tr>
<tr>
<td>Assessment/Screening</td>
<td>13.1</td>
<td>10.9</td>
<td>18.9</td>
<td>57.2</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>17.9</td>
<td>7.9</td>
<td>12.6</td>
<td>61.6</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>17.3</td>
<td>7.9</td>
<td>10.3</td>
<td>64.5</td>
</tr>
<tr>
<td>Medication Assisted Therapy</td>
<td>13.8</td>
<td>8.9</td>
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<td>Inpatient Treatment</td>
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<td>8.3</td>
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<td>17.9</td>
<td>57.4</td>
</tr>
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<td>8.8</td>
<td>11.5</td>
<td>66.0</td>
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<td>Support Groups</td>
<td>9.0</td>
<td>11.9</td>
<td>29.0</td>
<td>50.1</td>
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<td>Senior/Geriatric</td>
<td>9.2</td>
<td>9.7</td>
<td>20.2</td>
<td>60.9</td>
</tr>
<tr>
<td>Service</td>
<td>% Rating 1 or 2</td>
<td>% Rating 3</td>
<td>% Rating 4 or 5</td>
<td>Unsure</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------------</td>
<td>------------</td>
<td>-----------------</td>
<td>-------</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment/Screening</td>
<td>10.9</td>
<td>13.1</td>
<td>26.1</td>
<td>49.9</td>
</tr>
<tr>
<td>Day Treatment Programs</td>
<td>13.3</td>
<td>10.9</td>
<td>20.3</td>
<td>55.5</td>
</tr>
<tr>
<td>Senior/Geriatric</td>
<td>9.2</td>
<td>11.3</td>
<td>21.0</td>
<td>58.5</td>
</tr>
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<td>Adult Transition/Job Training Program</td>
<td>14.6</td>
<td>11.3</td>
<td>14.8</td>
<td>59.3</td>
</tr>
</tbody>
</table>

**Demographic Differences**

- Respondents who indicate they or someone in their household had ever been told by a health professional they had a mental health disorder or respondents who indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a mental health disorder are *more likely* than those that did not indicate they or someone in their household had ever been told by a health professional they had a mental health disorder or respondents who did not indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a mental health disorder to rate availability of the following **mental health services** a 1 (not available) or 2:
  - Intensive outpatient (households with a member with a mental health disorder/symptoms, 30.5%; households without a member with a mental health disorder/symptoms, 11.9%),
  - Partial hospitalization (households with a member with a mental health disorder/symptoms, 30.2%; households without a member with a mental health disorder/symptoms, 10.6%),
  - Psychiatry (households with a member with a mental health disorder/symptoms, 30.8%; households without a member with a mental health disorder/symptoms, 9.4%), and
  - Inpatient hospitalization (households with a member with a mental health disorder/symptoms, 26.7%; households without a member with a mental health disorder/symptoms, 7.6%).

- Respondents who indicate they or someone in their household had ever been told by a health professional they had a substance use disorder or respondents who indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a substance use disorder are *more likely* than those that did not indicate they or someone in their household had ever been told by a health professional they had a substance use disorder...
or respondents who **did not** indicate they believe that within the last 12 months they or someone in their household experienced symptoms of a substance use disorder to rate availability of the following **substance use services** a 1 (not available) or 2:

- **Intensive outpatient** (households with a member with a substance use disorder/symptoms, 30.0%; households without a member with a substance use disorder/symptoms, 13.5%),
- **Partial hospitalization** (households with a member with a substance use disorder/symptoms, 29.2%; households without a member with a substance use disorder/symptoms, 12.9%), and
- **Treatment inpatient** (households with a member with a substance use disorder/symptoms, 24.7%; households without a member with a substance use disorder/symptoms, 13.4%).

Respondents who indicate they or someone in their household had ever been told by a health professional they had an intellectual or developmental disability or respondents who indicate they believe that within the last 12 months they or someone in their household experienced symptoms of an intellectual or developmental disability (22.0%) are **more likely** than those that **did not** indicate they or someone in their household had ever been told by a health professional they had an intellectual or developmental disability or respondents who **did not** indicate they believe that within the last 12 months they or someone in their household experienced symptoms of an intellectual or developmental disability (10.1%) to rate availability of **respite care** a 1 or 2.

- **Black respondents** (22.8%) and **respondents of other races** (20.0%) are **more likely** than **White respondents** (10.2%) to rate availability of **mental health crisis support** a 1 or 2.

All respondents were asked what they think is the degree of availability of mental health, substance abuse, and intellectual or developmental disability services for Oak/Park River Forest **residents aged 13 to 17** on a scale from 1 (not available) to 5 (readily available).

One-third or more of respondents are unsure of the degree of availability of each of the mental health services asked about in the survey. The three mental health services that receive the highest percentages of 1 (not available) or 2 ratings are partial hospitalization (21.1%), intensive outpatient (20.8%), and psychiatry (19.5%) (Table 4).

Three-fifths or more of respondents are unsure of the degree of availability of each of the substance use services asked about in the survey. The three substance use services that receive the highest percentages of 1 (not available) or 2 ratings are intensive outpatient (15.7%), partial hospitalization (15.3%), and inpatient treatment (15.2%) (Table 4).
About one-half or more of respondents are unsure of the degree of availability of each of the intellectual or developmental disability services asked about in the survey. The intellectual or developmental disability service that receive the highest percentage of 1 (not available) or 2 ratings are respite care (12.4%) (Table 4).

**Table 4. Degree of Availability of Mental Health, Substance Use, and Intellectual or Developmental Disability Services in Oak Park/River Forest-Residents Aged 13-17**

<table>
<thead>
<tr>
<th>Service</th>
<th>% Rating 1 or 2</th>
<th>% Rating 3</th>
<th>% Rating 4 or 5</th>
<th>Unsure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment Screening</td>
<td>16.4</td>
<td>14.5</td>
<td>29.7</td>
<td>39.3</td>
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<tr>
<td>Intensive Outpatient</td>
<td>20.8</td>
<td>10.7</td>
<td>15.4</td>
<td>53.1</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>21.1</td>
<td>9.4</td>
<td>13.1</td>
<td>56.4</td>
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<tr>
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<td>15.8</td>
<td>12.2</td>
<td>19.7</td>
<td>52.2</td>
</tr>
<tr>
<td>Individual Therapy/Counseling</td>
<td>14.1</td>
<td>14.1</td>
<td>34.2</td>
<td>37.6</td>
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<tr>
<td>Group Therapy/Counseling</td>
<td>12.6</td>
<td>14.7</td>
<td>24.4</td>
<td>48.3</td>
</tr>
<tr>
<td>Family Therapy/Counseling</td>
<td>12.6</td>
<td>14.5</td>
<td>31.2</td>
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<td>Case Management</td>
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<td>9.9</td>
<td>14.8</td>
<td>62.2</td>
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<tr>
<td>Crisis Support</td>
<td>14.4</td>
<td>10.1</td>
<td>22.1</td>
<td>53.4</td>
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<tr>
<td>Inpatient Hospitalization</td>
<td>18.0</td>
<td>10.9</td>
<td>15.9</td>
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</tr>
<tr>
<td>Peer Services</td>
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<td>9.2</td>
<td>14.2</td>
<td>63.4</td>
</tr>
<tr>
<td>Medication Management</td>
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<td>10.7</td>
<td>18.2</td>
<td>57.4</td>
</tr>
<tr>
<td>Psychiatry</td>
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<td>13.5</td>
<td>23.3</td>
<td>43.7</td>
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<td><strong>Substance Use</strong></td>
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<tr>
<td>Crisis Support</td>
<td>11.8</td>
<td>10.3</td>
<td>18.6</td>
<td>59.2</td>
</tr>
<tr>
<td>Assessment/Screening</td>
<td>12.2</td>
<td>10.5</td>
<td>17.2</td>
<td>60.0</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>15.7</td>
<td>7.3</td>
<td>12.1</td>
<td>64.9</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>15.3</td>
<td>7.5</td>
<td>11.6</td>
<td>65.7</td>
</tr>
<tr>
<td>Medication Assisted Therapy</td>
<td>12.7</td>
<td>8.4</td>
<td>13.0</td>
<td>65.9</td>
</tr>
<tr>
<td>Inpatient Treatment</td>
<td>15.2</td>
<td>8.2</td>
<td>12.9</td>
<td>63.7</td>
</tr>
<tr>
<td>Outpatient Treatment</td>
<td>12.4</td>
<td>9.2</td>
<td>16.1</td>
<td>62.2</td>
</tr>
<tr>
<td>Case Management</td>
<td>9.7</td>
<td>8.4</td>
<td>12.6</td>
<td>69.4</td>
</tr>
<tr>
<td>Support Groups</td>
<td>9.5</td>
<td>12.3</td>
<td>17.7</td>
<td>60.5</td>
</tr>
</tbody>
</table>
### Demographic Differences

- Respondents who indicate they or someone in their household had ever been told by a health professional they had a mental health disorder or respondents who indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a mental health disorder are *more likely* than those that *did not* indicate they or someone in their household had ever been told by a health professional they had a mental health disorder or respondents who *did not* indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a mental health disorder to rate availability of the following mental health services a 1 (not available) or 2:
  - Partial hospitalization (households with a member with a mental health disorder/symptoms, 28.1%; households without a member with a mental health disorder/symptoms, 8.4%),
  - Intensive outpatient (households with a member with a mental health disorder/symptoms, 27.6%; households without a member with a mental health disorder/symptoms, 8.4%),
  - Inpatient hospitalization (households with a member with a mental health disorder/symptoms, 23.9%; households without a member with a mental health disorder/symptoms, 7.2%), and
  - Psychiatry (households with a member with a mental health disorder/symptoms, 25.7%; households without a member with a mental health disorder/symptoms, 8.3%).

- Respondents who indicate they or someone in their household had ever been told by a health professional they had a substance use disorder or respondents who indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a substance use disorder are *more likely* than those that *did not* indicate they or someone in their household had ever been told by a health professional they had a substance use disorder or respondents who *did not* indicate they believe that within in the last 12 months they or
someone in their household experienced symptoms of a substance use disorder to rate availability of the following **substance use services** a 1 (not available) or 2:

- Intensive outpatient (households with a member with a substance use disorder/symptoms, 25.5%; households without a member with a substance use disorder/symptoms, 12.2%),
- Partial hospitalization (households with a member with a substance use disorder/symptoms, 24.4%; households without a member with a substance use disorder/symptoms, 11.9%), and
- Treatment inpatient (households with a member with a substance use disorder/symptoms, 23.6%; households without a member with a substance use disorder/symptoms, 12.4%).

- Respondents who indicate they or someone in their household had ever been told by a health professional they had an intellectual or developmental disability or respondents who indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of an intellectual or developmental disability (21.5%) are **more likely** than those that did not indicate they or someone in their household had ever been told by a health professional they had an intellectual or developmental disability or respondents who did not indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of an intellectual or developmental disability (7.1%) to rate availability of **respite care** a 1 (not available) or 2.

- Hispanic respondents (30.0%) are **more likely** than non-Hispanic respondents (11.0%) to rate availability of **substance use assessment/screening** a 1 or 2.

- Black respondents (15.8%) and respondents of other races (21.0%) are **more likely** than White respondents (7.7%) to rate availability of **substance use support groups** a 1 or 2.

All respondents were asked what they think is the degree of availability of mental health, substance abuse, and intellectual or developmental disability services for Oak/Park River Forest **residents 12 year of age or under** on a scale from 1 (not available) to 5 (readily available).

About one-half or more of respondents are unsure of the degree of availability of each of the mental health services asked about in the survey. The four mental health services that receive the highest percentages of 1 (not available) or 2 ratings are psychiatry (18.8%), intensive outpatient (18.5%), partial hospitalization (18.2%), and inpatient hospitalization (18.2%) (Table 5).

Seven out of ten or more respondents are unsure of the degree of availability of each of the substance use services asked about in the survey. The three substance use services that receive the highest percentages of 1 (not available) or 2 ratings are inpatient treatment (14.0%), partial hospitalization (13.1%), and intensive outpatient (13.2%) (Table 5).
More than two-fifths of respondents are unsure of the degree of availability of each of the intellectual or developmental disability services asked about in the survey. The intellectual or developmental disability services that receive the highest percentages of 1 (not available) or 2 ratings are respite care (12.2%) and day treatment programs (11.8%) (Table 5).

Table 5. Degree of Availability of Mental Health, Substance Use, and Intellectual or Developmental Disability Services in Oak Park/River Forest-Residents 12 Years of Age or Under

<table>
<thead>
<tr>
<th>Service</th>
<th>% Rating 1 or 2</th>
<th>% Rating 3</th>
<th>% Rating 4 or 5</th>
<th>Unsure</th>
</tr>
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<tbody>
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<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment Screening</td>
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<tr>
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<tr>
<td>Partial Hospitalization</td>
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<tr>
<td>Medication Assisted Therapy</td>
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<td>Individual Therapy/Counseling</td>
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<tr>
<td>Family Therapy/Counseling</td>
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<td>Case Management</td>
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<td>9.2</td>
<td>12.8</td>
<td>66.2</td>
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<tr>
<td>Crisis Support</td>
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<td>10.1</td>
<td>17.0</td>
<td>62.4</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
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<td>6.6</td>
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<td>Peer Services</td>
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<td>Medication Management</td>
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<td>15.9</td>
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<td>Psychiatry</td>
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<td>20.9</td>
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<td>Substance Use</td>
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<td>Case Management</td>
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<td>6.5</td>
<td>8.8</td>
<td>74.1</td>
</tr>
<tr>
<td>Support Groups</td>
<td>10.8</td>
<td>6.5</td>
<td>11.1</td>
<td>71.6</td>
</tr>
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<td>Service</td>
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<td>% Rating 3</td>
<td>% Rating 4 or 5</td>
<td>Unsure</td>
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<tr>
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</tr>
<tr>
<td>Assessment/Screening</td>
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<td>11.7</td>
<td>34.9</td>
<td>45.7</td>
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<td>7.3</td>
<td>12.9</td>
<td>67.5</td>
</tr>
<tr>
<td>Case Management</td>
<td>9.0</td>
<td>11.4</td>
<td>19.6</td>
<td>59.9</td>
</tr>
</tbody>
</table>

**Demographic Differences**

- Respondents who indicate they or someone in their household had ever been told by a health professional they had a mental health disorder or respondents who indicate they believe that within the last 12 months they or someone in their household experienced symptoms of a mental health disorder are *more likely* than those that *did not* indicate they or someone in their household had ever been told by a health professional they had a mental health disorder or respondents who *did not* indicate they believe that within the last 12 months they or someone in their household experienced symptoms of a mental health disorder to rate availability of the following mental health services a 1 (not available) or 2:
  - Psychiatry (households with a member with a mental health disorder/symptoms, 23.9%; households without a member with a mental health disorder/symptoms, 9.5%),
  - Intensive outpatient (households with a member with a mental health disorder/symptoms, 24.3%; households without a member with a mental health disorder/symptoms, 7.8%),
  - Partial hospitalization (households with a member with a mental health disorder/symptoms, 23.7%; households without a member with a mental health disorder/symptoms, 7.9%), and
  - Inpatient hospitalization (households with a member with a mental health disorder/symptoms, 24.0%; households without a member with a mental health disorder/symptoms, 7.8%).
- No statistically significant differences are found for ratings of availability of substance use services by households with and without a member with a substance use disorder or symptoms.
- Respondents who indicate they or someone in their household had ever been told by a health professional they had an intellectual or developmental disability or respondents who indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of an intellectual or developmental disability (20.5%) are *more likely* than those that *did not* indicate they or someone in their household had ever been told by a
health professional they had an intellectual or developmental disability or respondents who 
**did not** indicate they believe that within in the last 12 months they or someone in their 
household experienced symptoms of an intellectual or developmental disability (7.5%) to rate 
availability of **respite care** a 1 (not available) or 2.

- Respondents who indicate they or someone in their household had ever been told by a health 
professional they had an intellectual or developmental disability or respondents who indicate 
they believe that within in the last 12 months they or someone in their household 
experienced symptoms of an intellectual or developmental disability (19.2%) are **more likely** 
than those that **did not** indicate they or someone in their household had ever been told by a 
health professional they had an intellectual or developmental disability or respondents who 
**did not** indicate they believe that within in the last 12 months they or someone in their 
household experienced symptoms of an intellectual or developmental disability (7.2%) to rate 
availability of **day treatment programs** a 1 (not available) or 2.

- Black respondents (16.1%) and respondents of other races (20.0%) are **more likely** than White 
respondents (6.0%) to rate availability of **intellectual or developmental disability 
assessment/screening** a 1 or 2.

**ADDITIONAL SERVICES, SUPPORTS, OR RESOURCES NEEDED**

Respondents were asked to indicate what additional services, supports or resources the 
community needs to help more people. This question was open-ended. Responses were grouped 
into broad categories.

More than one-fifth (21.8%) of respondents state better communication of available resources 
is needed. A total of 6.9% of respondents indicate that more psychiatry services are need, 5.2% 
of respondents comment crisis services are needed, and 5.2% report child/adolescent services 
are needed. Three out of ten (30.6%) respondents indicate another service, support, or resource 
is needed and 19.4% do not know (Table 6) (See Appendix C for verbatim comments).
Table 6. Additional Services, Supports, or Resources the Community Needs to Help More People (Multiple Responses Possible)

<table>
<thead>
<tr>
<th>Service, Support, or Resource</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Communication of Available Resources</td>
<td>21.8</td>
</tr>
<tr>
<td>More Psychiatry Services</td>
<td>6.9</td>
</tr>
<tr>
<td>Crisis Services</td>
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<td>Child Adolescent Services</td>
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<td>Senior/Geriatric Services</td>
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<tr>
<td>Services for Homeless</td>
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<tr>
<td>More Mental Health Professionals</td>
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<tr>
<td>More Substance Abuse Services</td>
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<td>Respite Services</td>
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<tr>
<td>Don’t Know</td>
<td>19.4</td>
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<td>None</td>
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<tr>
<td>Other Service, Support, or Resource</td>
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<tr>
<td>Other Comment</td>
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</table>
OVERALL PERCEPTIONS

UNMEET MENTAL HEALTH NEEDS BY AGE GROUP

Respondents were asked to select from a list the top three unmet mental health needs for different age groups.

Respondents select as the top three unmet mental health needs of adults (aged 18 or above) in Oak Park and River Forest the following: mental health individual therapy/counseling (26.4%), mental health assessment/screening (21.6%), and mental health crisis support (20.9%) (Table 7).

Table 7. Unmet Mental Health Needs of Adults (Aged 18 or Above) in Oak Park and River Forest

<table>
<thead>
<tr>
<th>Need</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Individual Therapy/Counseling</td>
<td>26.4</td>
</tr>
<tr>
<td>Mental Health Assessment/Screening</td>
<td>21.6</td>
</tr>
<tr>
<td>Mental Health Crisis Support</td>
<td>20.9</td>
</tr>
<tr>
<td>Mental Health Intensive Outpatient</td>
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<tr>
<td>Mental Health Psychiatry</td>
<td>15.9</td>
</tr>
<tr>
<td>Mental Health Family Therapy/Counseling</td>
<td>14.6</td>
</tr>
<tr>
<td>Mental Health Senior/Geriatric</td>
<td>12.1</td>
</tr>
<tr>
<td>Substance Abuse Assessment/Screening</td>
<td>13.7</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Adult Transition/Job Training Program</td>
<td>11.2</td>
</tr>
<tr>
<td>Mental Health Partial Hospitalization</td>
<td>10.8</td>
</tr>
<tr>
<td>Mental Health Case Management</td>
<td>10.6</td>
</tr>
<tr>
<td>Substance Use Crisis Support</td>
<td>9.5</td>
</tr>
<tr>
<td>Mental Health Group Therapy/Counseling</td>
<td>9.3</td>
</tr>
<tr>
<td>Mental Health Inpatient Hospitalization</td>
<td>9.3</td>
</tr>
<tr>
<td>Mental Health Medication Assisted Therapy</td>
<td>9.1</td>
</tr>
<tr>
<td>Substance Abuse Assessment/Screening</td>
<td>8.5</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Respite Services</td>
<td>8.2</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Day Treatment Programs</td>
<td>7.0</td>
</tr>
<tr>
<td>Need</td>
<td>Percent</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Mental Health Peer Services</td>
<td>6.8</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability</td>
<td></td>
</tr>
<tr>
<td>Assessment/Screening</td>
<td>6.1</td>
</tr>
<tr>
<td>Substance Use Senior/Geriatric</td>
<td>4.7</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability</td>
<td></td>
</tr>
<tr>
<td>Senior/Geriatric</td>
<td>4.7</td>
</tr>
<tr>
<td>Substance Use Treatment Inpatient</td>
<td>4.2</td>
</tr>
<tr>
<td>Substance Use Support Groups</td>
<td>4.2</td>
</tr>
<tr>
<td>Substance Use Treatment Outpatient</td>
<td>4.0</td>
</tr>
<tr>
<td>Substance Use Intensive Outpatient</td>
<td>4.0</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability</td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td>3.6</td>
</tr>
<tr>
<td>Substance Use Case Management</td>
<td>2.3</td>
</tr>
<tr>
<td>Substance Abuse Medication Assisted Therapy</td>
<td>2.1</td>
</tr>
<tr>
<td>Substance Abuse Partial Hospitalization</td>
<td>1.9</td>
</tr>
</tbody>
</table>

**Demographic Differences**

- Respondents who indicate they or someone in their household had ever been told by a health professional they had a mental health disorder or respondents who indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a mental health disorder (32.0%) are *more likely* than those that did not indicate they or someone in their household had ever been told by a health professional they had a mental health disorder or respondents who did not indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a mental health disorder (17.3%) to select **mental health individual therapy/counseling** as an unmet mental health need of adults.

Respondents select as the top three unmet mental health needs of teens 13-17 years of age and under in Oak Park and River Forest the following: mental health assessment/screening (33.2%), mental health individual therapy/counseling (24.7%), and mental health crisis support (21.4%) (Table 8).
Table 8. Unmet Mental Health Needs of Teens 13-17 Years of Age and Under in Oak Park and River Forest

<table>
<thead>
<tr>
<th>Need</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Assessment/Screening</td>
<td>33.2</td>
</tr>
<tr>
<td>Mental Health Individual Therapy/Counseling</td>
<td>24.7</td>
</tr>
<tr>
<td>Mental Health Crisis Support</td>
<td>21.4</td>
</tr>
<tr>
<td>Mental Health Family Therapy/Counseling</td>
<td>17.1</td>
</tr>
<tr>
<td>Mental Health Psychiatry</td>
<td>14.2</td>
</tr>
<tr>
<td>Substance Abuse Assessment/Screening</td>
<td>13.7</td>
</tr>
<tr>
<td>Mental Health Intensive Outpatient</td>
<td>12.7</td>
</tr>
<tr>
<td>Mental Health Partial Hospitalization</td>
<td>12.7</td>
</tr>
<tr>
<td>Substance Use Crisis Support</td>
<td>12.7</td>
</tr>
<tr>
<td>Mental Health Group Therapy/Counseling</td>
<td>9.3</td>
</tr>
<tr>
<td>Mental Health Peer Services</td>
<td>8.9</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Assessment/Screening</td>
<td>8.5</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Adult Transition/Job Training Program</td>
<td>8.2</td>
</tr>
<tr>
<td>Mental Health Case Management</td>
<td>8.1</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Case Management</td>
<td>8.1</td>
</tr>
<tr>
<td>Substance Use Support Groups</td>
<td>7.2</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Respite Services</td>
<td>6.8</td>
</tr>
<tr>
<td>Substance Use Intensive Outpatient</td>
<td>5.7</td>
</tr>
<tr>
<td>Mental Health Medication Assisted Therapy</td>
<td>5.3</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Case Management</td>
<td>5.3</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Day Treatment Programs</td>
<td>5.1</td>
</tr>
<tr>
<td>Mental Health Inpatient Hospitalization</td>
<td>5.1</td>
</tr>
<tr>
<td>Substance Use Treatment Outpatient</td>
<td>4.7</td>
</tr>
</tbody>
</table>
Demographic Differences

- No statistically significant differences are found for unmet mental health needs for teens by households with and without a member with a mental health disorder or symptoms, households with and without a member with a substance use disorder or symptoms, or households with and without a member with an intellectual or development disability or symptoms.

Respondents select as the top three unmet mental health needs of children 12 years of age and under in Oak Park and River Forest the following: mental health assessment/screening (41.2%), mental health family therapy/counseling (28.1%), and mental health individual therapy/counseling (24.5%) (Table 9).

Table 9. Unmet Mental Health Needs of Children 12 Years of Age and Under in Oak Park and River Forest

<table>
<thead>
<tr>
<th>Need</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Assessment/Screening</td>
<td>41.2</td>
</tr>
<tr>
<td>Mental Health Family Therapy/Counseling</td>
<td>28.1</td>
</tr>
<tr>
<td>Mental Health Individual Therapy/Counseling</td>
<td>24.5</td>
</tr>
<tr>
<td>Mental Health Crisis Support</td>
<td>18.4</td>
</tr>
<tr>
<td>Mental Health Psychiatry</td>
<td>15.9</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Assessment/Screening</td>
<td>15.6</td>
</tr>
<tr>
<td>Mental Health Intensive Outpatient</td>
<td>12.5</td>
</tr>
<tr>
<td>Substance Abuse Assessment/Screening</td>
<td>10.8</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Day Treatment Program</td>
<td>9.7</td>
</tr>
<tr>
<td>Mental Health Peer Services</td>
<td>9.1</td>
</tr>
<tr>
<td>Need</td>
<td>Percent</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Mental Health Partial Hospitalization</td>
<td>9.1</td>
</tr>
<tr>
<td>Mental Health Group Therapy/Counseling</td>
<td>8.9</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Case Management</td>
<td>8.2</td>
</tr>
<tr>
<td>Intellectual or Developmental Disability Respite Services</td>
<td>7.6</td>
</tr>
<tr>
<td>Mental Health Case Management</td>
<td>7.0</td>
</tr>
<tr>
<td>Mental Health Inpatient Hospitalization</td>
<td>6.1</td>
</tr>
<tr>
<td>Substance Use Crisis Support</td>
<td>5.9</td>
</tr>
<tr>
<td>Mental Health Medication Assisted Therapy</td>
<td>4.4</td>
</tr>
<tr>
<td>Mental Health Medication Management</td>
<td>4.0</td>
</tr>
<tr>
<td>Substance Use Support Groups</td>
<td>3.0</td>
</tr>
<tr>
<td>Substance Use Treatment Outpatient</td>
<td>2.1</td>
</tr>
<tr>
<td>Substance Abuse Medication Assisted Therapy</td>
<td>1.9</td>
</tr>
<tr>
<td>Substance Use Case Management</td>
<td>1.7</td>
</tr>
<tr>
<td>Substance Use Intensive Outpatient</td>
<td>1.5</td>
</tr>
<tr>
<td>Substance Use Treatment Inpatient</td>
<td>1.5</td>
</tr>
<tr>
<td>Substance abuse Partial Hospitalization</td>
<td>1.5</td>
</tr>
</tbody>
</table>

**Demographic Differences**

- Respondents who indicate they or someone in their household had ever been told by a health professional they had a mental health disorder or respondents who indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a mental health disorder (29.3%) are *more likely* than those that **did not** indicate they or someone in their household had ever been told by a health professional they had an mental health disorder or respondents who **did not** indicate they believe that within in the last 12 months they or someone in their household experienced symptoms of a mental health disorder (16.2%) to select **mental health individual therapy/counseling** as an unmet mental health need of children 12 years of age or under.
BARRIERS TO ACCESSING SERVICES

Approximately two-thirds of respondents report the following barriers exist to accessing services:

- Don’t know where to go for services (66.0%),
- Cost of treatment/service (65.3%), and
- Lack of insurance/insurance does not cover service (64.9%).

One-half (50.5%) of respondents state long wait times to get an appointment is a barrier to accessing services.

Other barriers to accessing services include:

- Stigma (45.5%),
- School system determines child is ineligible to receive services through school system (27.9%),
- Service not available in Oak Park/River Forest (27.3%),
- Transportation (19.2%),
- Racial/cultural incompetency of provider (16.7%),
- Poor quality of services (16.1%),
- Language barrier (8.9%),
- Fear of contracting COVID (8.2%),
- Only virtual services available (6.1%), and
- Only in person services available (3.6%).

Demographic Differences

- Respondents whose annual household income is less than $75,000 (77.1%) are more likely than respondents whose annual household income is $75,000 or more (61.1%) to indicate the cost of treatment is a barrier to accessing services.
- Black respondents (54.4%) and respondents of other races (55.0%) are more likely than White respondents (44.0%) to indicate stigma is a barrier to accessing services.
- Respondents with children under the age of 18 in their household (33.3%) are more likely than respondents without children under the age of 18 in their household (23.7%) to indicate the school system determines child is ineligible to receive services through school system is a barrier to accessing services.
- Hispanic respondents (27.3%) are more likely than non-Hispanic respondents (15.9%) to indicate racial/cultural incompetency of providers is a barrier to accessing services.
- Black respondents (47.4%) and respondents of other races (35.0%) are more likely than White respondents (10.6%) to indicate racial/cultural incompetency of providers is a barrier to accessing services.
Next, respondents were asked the importance of substance use prevention programs.

Almost all respondents (96.8%) think substance use prevention programs are important, with three-fourths (75.1%) indicating they are very important (Figure 7).

Figure 7. Importance of Substance Use Prevention Programs

Demographic Differences
- No statistically significant difference in importance of substance use prevention programs is found by respondent’s age, respondent’s race/ethnicity, whether there are children under the age of 18 in the household, respondent’s educational attainment, and annual household income.
When asked which substances they have been most concerned that they, a family member, or a loved one has been using, more than two-fifths (41.9%) indicate alcohol and more than one fifth (21.8%) say marijuana/THC. More than two-fifths (45.2%) state none (Figure 8).

**Figure 8. Substances Most Concerned They, A Family Member, or a Loved One Has Been Using (Multiple Responses Possible)**

- Alcohol: 41.9%
- Marijuana/THC: 21.8%
- Prescription Medication: 11.0%
- Nicotine: 10.6%
- Opioids: 10.4%
- Other Illegal Drugs: 3.2%
- None of the Above: 45.2%

**Demographic Differences**
- No statistically significant differences in concern they, a family member, or a loved one is using any of the substances asked about in the survey are found by respondent’s age, respondent’s race/ethnicity, whether there are children under the age of 18 in the household, respondent’s educational attainment, and annual household income.

**BIGGEST MENTAL HEALTH, SUBSTANCE USE, AND INTELLECTUAL OR DEVELOPMENTAL DISABILITY ISSUES OR NEEDS**

Respondents were asked to name the biggest issues or needs related to mental health, substance use, and intellectual or developmental disabilities in Oak Park and River Forest Townships. This question was open-ended. Responses were grouped into broad categories.

One-tenth or more of respondents indicate availability of services/resources (17.4%), lack of awareness of services/resources (14.3%), access to services (11.8%), cost of services/affordability (10.8%), and children/adolescent issues/services/resources (10.5%) are the biggest needs (Table 10) (See Appendix C for verbatim comments).
Table 10. Biggest Issues or Needs Related to Mental Health, Substance Use, and Intellectual or Developmental Disabilities in Oak Park and River Forest Townships (Multiple Responses Possible)

<table>
<thead>
<tr>
<th>Issue or Need</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of Services/Resources</td>
<td>17.4</td>
</tr>
<tr>
<td>Lack of Awareness of Services/Resources</td>
<td>14.3</td>
</tr>
<tr>
<td>Access to Services</td>
<td>11.8</td>
</tr>
<tr>
<td>Cost of Services/Affordability</td>
<td>10.8</td>
</tr>
<tr>
<td>Children/Adolescent Issues/Services/Resources</td>
<td>10.5</td>
</tr>
<tr>
<td>Stigma of Mental Health/Education About Mental Health</td>
<td>5.9</td>
</tr>
<tr>
<td>Not Enough Therapists/Staff</td>
<td>4.9</td>
</tr>
<tr>
<td>Wait Times/Wait Lists for Services</td>
<td>4.9</td>
</tr>
<tr>
<td>Services for Homeless</td>
<td>3.1</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>15.7</td>
</tr>
<tr>
<td>Other Issue/Need</td>
<td>19.5</td>
</tr>
<tr>
<td>Other Comments</td>
<td>1.7</td>
</tr>
</tbody>
</table>

RECOMMENDATIONS FOR ADDRESSING MENTAL HEALTH NEEDS/GAPS

Respondents were asked to indicate specific recommendations for addressing mental health needs/gaps in the community that have arisen due to COVID-19. This question was open-ended. Responses were grouped into broad categories.

The most frequently given recommendations for addressing mental health needs/gaps are add more children/adolescent services/services in school (9.8%), increase awareness/education of available services/resources (8.7%), and provide virtual/telehealth services (8.3%) (Table 11) (See Appendix C for verbatim comments).
Table 11. Recommendations for Addressing Mental Health Needs/Gaps in the Community That Have Arisen Due to COVID-19 (Multiple Responses Possible)

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>More Children/Adolescent Services/Services in Schools</td>
<td>9.8</td>
</tr>
<tr>
<td>Increase Awareness/Education of Available Services/Resources</td>
<td>8.7</td>
</tr>
<tr>
<td>Provide Virtual/Telehealth Services</td>
<td>8.3</td>
</tr>
<tr>
<td>More Therapists/Staff</td>
<td>5.3</td>
</tr>
<tr>
<td>Services to Address Isolation/Anxiety from COVID-19</td>
<td>5.3</td>
</tr>
<tr>
<td>More Services/Supports</td>
<td>4.5</td>
</tr>
<tr>
<td>Access to Affordable/Free Mental Health Services</td>
<td>4.2</td>
</tr>
<tr>
<td>Increase Awareness/Education of Mental Health Issues</td>
<td>3.8</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>14.0</td>
</tr>
<tr>
<td>None</td>
<td>10.6</td>
</tr>
<tr>
<td>Other Recommendation</td>
<td>19.3</td>
</tr>
<tr>
<td>Other Comment</td>
<td>9.8</td>
</tr>
</tbody>
</table>

FAMILIARITY WITH THE COMMUNITY MENTAL HEALTH BOARDS OF OAK PARK TOWNSHIP AND RIVER FOREST TOWNSHIP

Next, respondents were asked about their familiarity with the Community Mental Health Boards of Oak Park Township or River Forest Township and what they do.

Most respondents know very little about the Community Mental Health Boards of Oak Park Township or River Forest Township. More than three-fourths (78.5%) of respondents have either never heard of the community mental health boards (55.5%) or have only heard the names (23.0%). More than one-tenth (14.3%) say they know a little about the community mental health boards, and only 7.2% know a moderate amount (5.3%) or a great deal (1.9%) about them (Figure 9).
Demographic Differences

- No statistically significant differences in knowledge of the community mental health boards of Oak Park Township or River Forest Township are found by respondent’s age, respondent’s race/ethnicity, whether there are children under the age of 18 in the household, respondent’s educational attainment, and annual household income.
The final set of questions asked about the characteristics of the respondent and their household.

The table below summarizes the characteristics of the survey respondents and their households compared to the 2020 American Community Survey 5-Year Estimates for adults in Oak Park and River Forest Townships.

### Table 12: Characteristics of the Respondents and Their Households

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Respondent Percent</th>
<th>American Community Survey Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Zip Code</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60301</td>
<td>7.4</td>
<td>Not Available</td>
</tr>
<tr>
<td>60302</td>
<td>47.6</td>
<td></td>
</tr>
<tr>
<td>60304</td>
<td>28.3</td>
<td></td>
</tr>
<tr>
<td>60305</td>
<td>16.7</td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>40.1</td>
<td>46.0</td>
</tr>
<tr>
<td>Female</td>
<td>54.6</td>
<td>54.0</td>
</tr>
<tr>
<td>Gender Non-Binary</td>
<td>1.3</td>
<td>-</td>
</tr>
<tr>
<td>Gender Fluid</td>
<td>0.4</td>
<td>-</td>
</tr>
<tr>
<td>Prefer Not to Answer</td>
<td>3.6</td>
<td>-</td>
</tr>
<tr>
<td><strong>Respondent’s Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>6.6</td>
<td>15.8</td>
</tr>
<tr>
<td>30-49</td>
<td>26.8</td>
<td>36.6</td>
</tr>
<tr>
<td>50-64</td>
<td>36.4</td>
<td>26.6</td>
</tr>
<tr>
<td>65+</td>
<td>26.8</td>
<td>21.0</td>
</tr>
<tr>
<td>Prefer Not to Answer</td>
<td>3.4</td>
<td>-</td>
</tr>
<tr>
<td><strong>Hispanic, Latino, or Spanish Origin</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>6.8</td>
<td>7.4</td>
</tr>
<tr>
<td>No</td>
<td>93.2</td>
<td>92.6</td>
</tr>
<tr>
<td><strong>Respondent’s Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>4.1</td>
<td>6.3</td>
</tr>
<tr>
<td>Black</td>
<td>15.2</td>
<td>17.9</td>
</tr>
<tr>
<td>Native American or Alaska Native</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>White</td>
<td>72.1</td>
<td>65.3</td>
</tr>
<tr>
<td>Another Race</td>
<td>1.6</td>
<td>2.7</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>3.0</td>
<td>7.5</td>
</tr>
<tr>
<td>Prefer Not to Answer</td>
<td>3.8</td>
<td>-</td>
</tr>
<tr>
<td>Characteristic</td>
<td>Respondent Percent</td>
<td>American Community Survey Percent</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>--------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td><strong>Educational Attainment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than a High School Diploma</td>
<td>2.0</td>
<td>3.4</td>
</tr>
<tr>
<td>High School Diploma or GED</td>
<td>7.6</td>
<td>9.5</td>
</tr>
<tr>
<td>Trade school, some college, or Associates degree</td>
<td>17.5</td>
<td>19.4</td>
</tr>
<tr>
<td>BA degree or higher</td>
<td>70.6</td>
<td>67.7</td>
</tr>
<tr>
<td>Prefer Not to Answer</td>
<td>2.3</td>
<td>-</td>
</tr>
<tr>
<td><strong>Children in the Household</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>36.2</td>
<td>30.4</td>
</tr>
<tr>
<td>No</td>
<td>63.8</td>
<td>69.6</td>
</tr>
<tr>
<td><strong>Annual Household Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Than $15,000</td>
<td>1.3</td>
<td>8.0</td>
</tr>
<tr>
<td>$15,000 to Less than 25,000</td>
<td>1.1</td>
<td>5.6</td>
</tr>
<tr>
<td>$25,000 to Less Than $35,000</td>
<td>3.4</td>
<td>4.0</td>
</tr>
<tr>
<td>$35,000 to Less Than $50,000</td>
<td>4.7</td>
<td>6.4</td>
</tr>
<tr>
<td>$50,000 to Less Than $75,000</td>
<td>7.3</td>
<td>12.8</td>
</tr>
<tr>
<td>$75,000 to Less Than $100,000</td>
<td>11.4</td>
<td>12.6</td>
</tr>
<tr>
<td>$100,000 to Less Than $150,000</td>
<td>15.0</td>
<td>17.4</td>
</tr>
<tr>
<td>$150,000 to Less Than $200,000</td>
<td>9.7</td>
<td>10.2</td>
</tr>
<tr>
<td>$200,000 or More</td>
<td>23.0</td>
<td>23.0</td>
</tr>
<tr>
<td>Prefer Not to Answer</td>
<td>23.2</td>
<td>-</td>
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</tbody>
</table>

Lower percentages of those 18-29 years of age and those 30-49 years of age responded to the survey than is in the Oak Park/River Forest adult population. Higher percentages of those 50-64 years of age responded to the survey than is in the Oak Park/River Forest adult population (Figure 10).
Figure 10. Survey Respondent Age Compared to Population Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Population</th>
<th>Survey Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>6.6%</td>
<td>15.8%</td>
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<tr>
<td>30-49</td>
<td>36.6%</td>
<td>26.8%</td>
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<tr>
<td>50-64</td>
<td>26.6%</td>
<td>36.4%</td>
</tr>
<tr>
<td>65+</td>
<td>21.0%</td>
<td>26.8%</td>
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</table>
CONCLUSIONS AND RECOMMENDATIONS

The survey results suggest several areas for improvements, including communication, availability of services, and cost of treatment.

One area that the Oak Park Township and River Forest Township Mental Health Boards can improve is communication. The Mental Health Boards should increase its communication with community members. Awareness of the Mental Health Boards and what they do is low among community members. Most residents are not aware of the mental health, substance use, and intellectual or developmental disability services funded by the Mental Health Boards. Social media, presentations at community meetings, school communications, and other organizations’ communications could be used to communicate with residents. Community members should be directed to the Mental Health Boards’ websites for resources and information.

Another area for improvement is availability of services. Respondents believe there is a need for more psychiatry and therapy services in Oak Park and River Forest. The respondents comment the number of individuals with mental illness and/or substance use problems has increased in recent years and there are not enough services available to handle the increased demand. The respondents think more psychiatry and therapy services is especially needed for children and adolescents. The schools in particular need support. The Mental Health Boards should assist with the need for more psychiatry and therapy services and provide information to parents and teachers about how to identify mental health and substance use and where to find services.

Lastly, according to the respondents, the cost of treatment is a barrier to accessing services and is an area that needs improvement. The Mental Health Boards should address the cost of treatment and assist residents to find affordable services.
May 2022

Dear Oak Park/River Forest Township Resident,

We want your opinion on mental health, substance use, and intellectual/developmental disability services.

Nationally, public opinion is that the pandemic has significantly affected our mental well-being. The Oak Park/River Forest Community Mental Health Boards have contracted with the Center for Governmental Studies at Northern Illinois University to conduct a survey of residents to learn more about our local needs. The survey will determine residents’ perceptions and experiences with mental health, substance use, and intellectual/developmental disability services in Oak Park/River Forest Townships. The findings of the survey will help the Mental Health Boards plan for future investment into programs.

Your household is one of a limited number of households that has been randomly selected to participate, so your responses to the survey are very important to us. Your responses will be confidential. All information provided will be reported in summary form only. No information will be reported that will identify individual survey respondents.

You may complete the survey online at: https://www.research.net/r/OakParkandRiverForestTownshipMentalHealthSurvey

You will need to enter your passcode included in the top right-hand corner of this letter to access the online survey. Please complete the survey before June 3, 2022.

If you have any questions about the survey, please call 815-753-0039 and ask for Mindy Schneiderman, Assistant Director, Center for Governmental Studies.

Thank you for your participation.

Sincerely,

Cheryl Potts
Executive Director
Community Mental Health Board of Oak Park-Township

Sarah Schwarting
Mental Health Administrator
River Forest Township

[Signature]
Oak Park/River Forest Township Mental Health, Substance Use, and Intellectual/Developmental Disability Needs Assessment Survey

I. SERVICES, SUPPORTS, RESOURCES

1. If you or someone in your household had a mental health disorder, how easy or hard do you think it would be to get information about the mental health services available in Oak Park/River Forest?
   - Very Easy
   - Somewhat Easy
   - Somewhat Hard
   - Very Hard
   - Unsure

2. If you or someone in your household had a substance use problem, how easy or hard do you think it would be to get information about the substance use services available in Oak Park/River Forest?
   - Very Easy
   - Somewhat Easy
   - Somewhat Hard
   - Very Hard
   - Unsure

3. If you or someone in your household had an intellectual or developmental disability, how easy or hard do you think it would be to get information about the intellectual or developmental disability services available in Oak Park/River Forest?
   - Very Easy
   - Somewhat Easy
   - Somewhat Hard
   - Very Hard
   - Unsure

4. Which of the following mental health services, supports, or resources for people who live in Oak Park/River Forest are you aware of? (CHECK ALL THAT APPLY)
   - Thrive Counseling Center
   - NAMI Metro Suburban
   - Senior Services of Oak Park and River Forest Township
   - Thresholds
   - Housing Forward
   - IWS Children’s Clinic
   - AMITA/Presence Behavioral Health
   - Smart Love Family Services
   - FRED Support Group
   - Sarah’s Inn
   - None of the above

5. Which of the following substance use services, supports, or resources for people who live in Oak Park/River Forest are you aware of? (CHECK ALL THAT APPLY)
   - Way Back Inn
   - Haymarket Center
   - Gateway Foundation
   - Rosecrance
   - Oak Park and River Forest Township Services (i.e. Positive Youth Development, FACE-IT)
   - Local Alcohol Anonymous (AA)/Narcotics Anonymous (NA)/Other Support Groups
   - None of the above
6. Which of the following intellectual or developmental disability services, supports, or resources for people who live in Oak Park/River Forest are you aware of? (CHECK ALL THAT APPLY)
- Community Support Services, Inc.
- Oak Leyden Developmental Services
- UCP Seguin Services of Greater Chicago
- Opportunity Knocks
- West Suburban Special Recreation Association (WSSRA)
- Parents Allied with Children and Teachers for Tomorrow (PACTT)
- ASPIRE
- Progress Center for Independent Living
- None of the above

7. Have you or someone in your household ever been told by a health professional that you/they had any of the following? (CHECK ALL THAT APPLY)
- Mental health disorder, for example, depression, anxiety, OCD, schizophrenia, or an eating disorder (IF CHECKED ASK QUESTION 9a, IF NOT CHECKED ANSWER QUESTION 8a)
- Substance use disorder; for example, alcohol dependency, drug dependency, or a gambling problem (IF CHECKED ASK QUESTION 9b, IF NOT CHECKED ANSWER QUESTION 8b)
- Intellectual or development disability for example, autism, ADHD, learning delays or disabilities, and intellectual delays or disabilities (IF CHECKED ASK QUESTION 9c, IF NOT CHECKED ANSWER QUESTION 8c)
- None of the above (IF CHECKED ASK QUESTION 8)

8. Do you believe that within the last 12 months that you or someone in your household experienced any of the following? (CHECK ALL THAT APPLY)
- 8a. Mental health symptoms, for example, extreme changes in mood, major changes in eating or sleeping habits, withdrawal from activities and friends, extreme increases in fear or sadness (IF CHECKED ASK QUESTION 9a)
- 8b. Substance use symptoms; for example, using substances more than usual, secretive or suspicious behaviors, neglecting responsibilities, extreme changes in physical presentation (IF CHECKED ASK QUESTION 9b)
- 8c. Intellectual or development disability symptoms, for example, delayed learning, difficulty communicating or socializing, inability to do age-appropriate everyday tasks (IF CHECKED ASK QUESTION 9c)
- 8d. None of the above (SKIP TO QUESTION 10)
9. Are you or someone in your household currently receiving care or treatment services in Oak Park/River Forest for ...?

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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>If No, Please Explain</th>
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<tbody>
<tr>
<td>a. A mental health disorder/symptoms</td>
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<td>Please Specify________</td>
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<td>b. A substance use disorder/symptoms</td>
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<tr>
<td>c. An intellectual or development</td>
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<td>Please Specify________</td>
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<tr>
<td>disability/symptoms</td>
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</table>

10. On a scale of 1 (not available) to 5 (readily available) what do you think is the degree of availability of the following services for Oak Park/River Forest residents aged 18 and above.

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<th>Readily Available</th>
<th>Unsure</th>
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<td>Mental Health Family Therapy/Counseling</td>
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<td>Mental Health Crisis Support</td>
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<td>Substance Abuse Partial Hospitalization</td>
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<td>Intellectual or Developmental Disability Adult Transition/Job Training Program</td>
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</table>

11. On a scale of 1 (not available) to a 5 (readily available) please rate the availability for the following behavioral health services for Oak Park/River Forest residents aged 13 to 17.
<table>
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<td>Mental Health Group Therapy/Counseling</td>
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<td>Mental Health Crisis Support</td>
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</table>
12. On a scale of 1 (not available) to a 5 (readily available) please rate the availability for the following behavioral health services for Oak Park/River Forest residents 12 years of age and under.

<table>
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<tr>
<th>Service</th>
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<th>2</th>
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<th>4</th>
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<tr>
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13. What services, supports, or resources should be added to our community to help more people?

II. GENERAL PERCEPTIONS

14. Please select the **top three** unmet mental health, substance use, or intellectual or developmental disability needs of **adults (18 and above)** Park and River Forest. **(SELECT 3 OR LESS)**

- [ ] Mental Health Assessment/Screening
- [ ] Mental Health Intensive Outpatient
- [ ] Mental Health Partial Hospitalization
- [ ] Mental Health Medication Assisted Therapy
- [ ] Mental Health Individual Therapy/Counseling
- [ ] Mental Health Group Therapy/Counseling
- [ ] Mental Health Family Therapy/Counseling
- [ ] Mental Health Case Management
- [ ] Mental Health Crisis Support
- [ ] Mental Health Inpatient Hospitalization
- [ ] Mental Health Peer Services
- [ ] Mental Health Medication Management
- [ ] Mental Health Psychiatry
- [ ] Mental Health Senior/Geriatric
- [ ] Substance Use Crisis Support
- [ ] Substance Abuse Assessment/Screening
- [ ] Substance Abuse Intensive Outpatient
- [ ] Substance Abuse Partial Hospitalization
- [ ] Substance Abuse Medication Assisted Therapy
- [ ] Substance Use Treatment Inpatient
- [ ] Substance Use Treatment Outpatient
- [ ] Substance Use Case Management
- [ ] Substance Use Support Groups
- [ ] Substance Use Senior/Geriatric
- [ ] Intellectual or Developmental Disability Assessment/Screening
- [ ] Intellectual or Developmental Disability Day Treatment Programs
- [ ] Intellectual or Developmental Disability Senior/Geriatric
- [ ] Intellectual or Developmental Disability Respite Services
- [ ] Intellectual or Developmental Disability Case Management
- [ ] Intellectual or Developmental Disability Adult Transition/Job Training Program
15. Please select the top three unmet mental health needs of **teens (13-17)** in Oak Park and River Forest. **(SELECT 3 OR LESS)**

- Mental Health Assessment/Screening
- Mental Health Intensive Outpatient
- Mental Health Partial Hospitalization
- Mental Health Medication Assisted Therapy
- Mental Health Individual Therapy/Counseling
- Mental Health Group Therapy/Counseling
- Mental Health Family Therapy/Counseling
- Mental Health Case Management
- Mental Health Crisis Support
- Mental Health Inpatient Hospitalization
- Mental Health Peer Services
- Mental Health Medication Management
- Mental Health Psychiatry
- Substance Abuse Assessment/Screening
- Substance Abuse Intensive Outpatient
- Substance Abuse Partial Hospitalization
- Substance Abuse Medication Assisted Therapy
- Substance Use Treatment Inpatient
- Substance Use Treatment Outpatient
- Substance Use Case Management
- Substance Use Support Groups
- Intellectual or Developmental Disability Assessment/Screening
- Intellectual or Developmental Disability Day Treatment Programs
- Intellectual or Developmental Disability Respite Services
- Intellectual or Developmental Disability Case Management
- Intellectual or Developmental Disability Adult Transition/Job Training Program

16. Please select the top three unmet mental health needs of **children 12 years of age and under** in Oak Park and River Forest. **(SELECT 3 OR LESS)**

- Mental Health Assessment/Screening
- Mental Health Intensive Outpatient
- Mental Health Partial Hospitalization
- Mental Health Medication Assisted Therapy
- Mental Health Individual Therapy/Counseling
- Mental Health Group Therapy/Counseling
- Mental Health Family Therapy/Counseling
- Mental Health Case Management
- Mental Health Crisis Support
- Mental Health Inpatient Hospitalization
- Mental Health Peer Services
- Mental Health Medication Management
- Mental Health Psychiatry
- Substance Use Crisis Support
- Substance Abuse Assessment/Screening
- Substance Abuse Intensive Outpatient
- Substance Abuse Partial Hospitalization
- Substance Abuse Medication Assisted Therapy
- Substance Use Treatment Inpatient
- Substance Use Treatment Outpatient
- Substance Use Case Management
- Substance Use Support Groups
- Intellectual or Developmental Disability Assessment/Screening
- Intellectual or Developmental Disability Day Treatment Programs
- Intellectual or Developmental Disability Respite Services
- Intellectual or Developmental Disability Case Management
17. What barriers exist that make accessing services difficult? (CHECK ALL THAT APPLY)
   - Stigma
   - Cost of treatment/service
   - Lack of insurance/insurance does not cover service
   - Don’t know where to go for services
   - Transportation to get to services
   - Poor quality of services
   - Service is not available in Oak Park/River Forest
   - Language barrier
   - Racial/Cultural Incompetency of Provider
   - Fear of Contracting COVID
   - Only In-Person Services Available
   - Only Virtual Services Available
   - Long wait times to get an appointment
   - School system determines child is ineligible to receive services through school system
   - Other (PLEASE SPECIFY) _______________________
   - None of the above

18. How important do you think substance use prevention programs are? For example, public education programs that help identify, understand, and respond to the signs of a substance use disorder and programs that use positive peer pressure to influence healthy choices about alcohol and drug use.
   - Very important
   - Somewhat important
   - Not very important
   - Not at all important
   - Unsure

19. Which substances have you been most concerned that you, a family member or a loved one has been using? (CHECK ALL THAT APPLY).
   - Alcohol
   - Marijuana/THC
   - Prescription Medication
   - Opioids
   - Other Illegal Drugs (PLEASE SPECIFY) _______________________
   - Nicotine
   - None of the Above

20. Overall, what are the biggest issues or needs related to mental health, substance use, and intellectual or developmental disabilities in Oak Park and River Forest Townships?

_____________________________________________________________________________

21. What specific recommendations do you have for addressing mental health needs/gaps in our community that have arisen due to COVID-19?

_____________________________________________________________________________

22. How much do you know about the Community Mental Health Boards of Oak Park Township (CMHB) or River Forest Township and what they do?
   - I have never heard of them
   - I have heard the names, but know nothing about them
   - I know a little
   - I know a moderate amount
   - I know a great deal
III. PERSONAL AND HOUSEHOLD CHARACTERISTICS

Finally, we would like to know a little more about you and your household. This information will help make sure that our data represents everyone in Oak Park and River Forest Townships.

23. What zip code do you live in?

___________________

24. What is your age?

☐ 18-29 ☐ 65+
☐ 30-49 ☐ Prefer not to answer
☐ 50-64

25. Including yourself, how many people in your household are of the following ages groups?

# of children (ages 0 – 4) ____________
# of children (ages 5 – 12) ____________
# of children (ages 13 – 17) ____________
# of adults (ages 18 – 64) ____________
# of adults (65 and over) ____________

26. Please select one or more options from the list below to define your gender.

☐ Male ☐ Gender Fluid
☐ Female ☐ Prefer not to answer
☐ Gender non-binary

27. Are you of Hispanic, Latino, or Spanish origin?

☐ Yes ☐ No

28. Please select one or more of the following categories that best describes your race. (CHECK ALL THAT APPLY)

☐ Asian ☐ White
☐ Black or African American ☐ Another race (PLEASE SPECIFY)
☐ Native Hawaiian or Pacific Islander __________________________
☐ Native American or Alaskan Native ☐ Prefer not to answer

29. What is the highest degree or level of education you have completed?

☐ Less than a high school diploma ☐ Bachelor’s degree
☐ High school graduate or GED ☐ Graduate degree
☐ Trade school, some college, or Associate degree ☐ Prefer not to answer
30. Please consider all sources of income, before taxes, for everyone living with you in 2021. What was your 2021 annual household income?

- [ ] Under $15,000
- [ ] $15,000-$24,999
- [ ] $25,000-$34,999
- [ ] $35,000-$49,999
- [ ] $50,000-$74,999
- [ ] $75,000-$99,999
- [ ] $100,000-$149,999
- [ ] $150,000-$199,999
- [ ] $200,000 or more
- [ ] Prefer not to answer
Dear [FirstName] [LastName],

We want your opinion on mental health, substance use, and intellectual/developmental disability services!

Nationally, public opinion is that the pandemic has significantly affected our mental well-being. The Oak Park/River Forest Community Mental Health Boards have contracted with the Center for Governmental Studies at Northern Illinois University to conduct a survey of residents to learn more about our local needs. The survey will determine residents’ perceptions and experiences with mental health, substance use, and intellectual/developmental disability services in Oak Park/River Forest Townships. The findings of the survey will help the Mental Health Boards plan for future investment into programs.

Your household is one of a limited number of households that has been randomly selected to participate, so your responses to the survey are very important to us. Your responses will be confidential. All information provided will be reported in summary form only. No information will be reported that will identify individual survey respondents. The survey should take 10 minutes or less to complete.

To complete the survey please click the "Begin Survey" button below.

If you have any questions about the survey, please email schneiderman@niu.edu or call 815-753-0039 and ask for Mindy Schneiderman, Assistant Director, Center for Governmental Studies.

Thank you for your participation.

Begin Survey

Please do not forward this email as its survey link is unique to you.
APPENDIX C – VERBATIM RESPONSES

Note: The numbers in parentheses indicate how many respondents gave the response.

Why not currently receiving care or treatment services in Oak Park/River Forest for a mental health disorder/symptoms?

Appropriate services not available
Because no one in my household is suffering from mental health disorder/symptoms.
Because of insurance I got my treatment for n Chicago
Between therapists -- looking for someone new
Cannot afford therapy.
Care was initially done outside of the oak park area. Therapy was halted after limited value was reached.
Cost (2)
Cost factor
Currently using Better Help online.
Currently, no symptoms present
Did not know of the services they have and do not live in Oak Park. It is hard to find services that don't have a waiting list of take our insurance
Did not know where to go or how to reach out for help.
Didn’t feel there were adequate resources. Didn’t know about these previous organizations listed.
Didn’t know available (2)
Didn't know about the resources. Go elsewhere.
Difficulty finding available practitioners.
Don’t need anything
Therapist is in Elmhurst.

Every time I call for assistance for my son who suffers from depression, anxiety and a drug induced psychosis from marijuana I get told that because of the drug of choice we cannot get assistance. He has been in 3 different mental hospitals and once he is discharged, we get no assistance from anyone other than his doctor. We have hit a brick wall at every turn trying to get help for my son to be told there is nothing that can be done. There is no help out there. They say it is but when you call your get turned away. I feel like I am going to lose my son and all this so-called help that's out there won't help him.

Everyone's depressed nowadays. Lots of competition for care
Fear
Getting care further away from household. Insurance coverage is better further away.
Getting it from a psychiatrist in Chicago
Have doctor outside of area (2)
Have tried to manage on our own
I am seeking treatment for mental health disorders/ symptoms but not in Oak Park. The previous asks about Oak Park specifically.
I am, just not in Oak Park or River Forest.
I did not know such programs existed
I go to presents in Westchester
I have a private provider for psychiatric care.
I have mild to moderate seasonal depression symptoms, generally only in winter months. Treatable with low dose meds. Not needed spring, summer, and early autumn.
I receive treatment in Chicago.
I received therapy outside of Oak Park.
I see a psychiatrist, for therapy and medicine, who practices out of Northwestern. His office is in the city.
I travel to Wheaton/Hinsdale for my provider
I tried to find services for my son for depression. He is an adult and did not have medical insurance. I made a few calls with no luck. I ended up sending him to a medical doctor for antidepressants. I think he could use someone to talk to, but I could not find anyone.
I use private insurance
I’m talking to an online therapist weekly
In a half-way house
Independently recovering from mental disorder. Person is distrustful of effectiveness of services.
Insurance covers the cost. Counselor office is in the Loop, but most sessions are held via video conferences
Insurance. Not available unless suicidal; booked/no availability at Thrive.
it is very difficult to get a person with a disorder or an abuse problem to cooperate the admission process is too difficult I have gotten them to the door but something always makes them refuse to go further
It’s been very difficult to secure services that will accept insurance
It’s self-diagnosed. I also moved and no longer live in oak park.
Just coping with it.
Just finished / graduated from therapy
Lupus - felt crazy
Most of the anxiety was pandemic related. It has improved.
Most recent provider retired. Considering online therapy
My daughter hasn't sought treatment although she has talked about it recently
My daughter is unable to regulate her emotions dependably and although we spent years trying outpatient, inpatient, and residential treatment and she has a desire to improve, she is currently in jail.
My kids are grown and don’t live here anymore
My daughter is unable to regulate her emotions dependably and although we spent years trying outpatient, inpatient, and residential treatment and she has a desire to improve, she is currently in jail.
My sister recommended a therapist in LaGrange.
My son died by suicide
My son is going through early childhood trauma therapy for pre-adoption issues.
My son is struggling with addiction and possible mental health issues, but he is over 26 and refuses to get help. He also does not have health insurance.
My wife had a stroke, any help has been a waste of time. She has short term memory issues, permanent brain damage. No one wants to help!!!
Neither I nor anyone in my household requires such services.
Never sought advice
No active symptoms or current disorder.
No appointments available
No current need for treatment.
No one in our household would say that s/he has mental health issues, based on our individual knowledge of them which I would describe as sufficient but not in-depth.
No provider sought
No serious symptoms. We are new to the area.
No time. doesn't feel like a problem big enough to warrant treatment
Not currently experiencing symptoms and have developed management strategies that appear to be working.
not currently needed
Not in Oak Park (3)
Not needed (3)
Not needed now
Not offered
Not receiving this in Oak Park, receiving in Chicago
Not required/desired
Oak Park wait time for services. Family member not interested at this time, another family member in denial.

On a waiting list for services.

On medications for depression through a doctor not in Oak Park and doing fine.

Only need PRN therapy currently

Poor response from Thrive when in contact with them. A bad experience all around.

Private insurance

Providers are in Chicago (city proper)

Receiving care but not in Oak Park

Receiving care from an organization from a different community

Receiving care outside of Oak Park and River Forest

Receiving counseling for general issues eg caregiving but not for diagnosed mental health issue

Receiving help somewhere else

Receiving support but not from provider in OP.

Receiving treatment outside of Oak Park/River Forest

Refuses (2)

Remote learning and isolation have had a tremendous impact on children and teens. We sought private mental health and tutoring resources, but I know many families who are still struggling with learning loss, depression, anxiety, social issues, family, job, and marital stress etc.

See someone in Hinsdale - closest place I could find.

Some things you simply work through. Not everything needs medication. Some things (like a breakup, etc.) just needs some time.

Someone is receiving care, but the care provider is not in OPRF. We started care with that provider before moving to OP and stayed with them.

Symptoms are not severe enough to seek treatment.

The care need passed its time, healing had resolved outstanding issues.

The family member with depression was diagnosed long before the pandemic, is being treated, and is doing well.

The issue is insurance and Thrive. My 60-year-old husband is currently doing an IOP in Oak Brook. I recommended he not go to Thrive because I have been dissatisfied with their therapists. One issue for us is that they tend to skew really young and do not have great experience working with ppl who are middle aged.

The person in question is on medication for depression which is handled by a private physician.

The person is currently living out of town

The person refuses to seek help.
The person sees a psychiatrist in the city.
The symptoms are not serious enough
Therapy services are scarce with long waiting lists.
There’s no need.
They are incarcerated
They are receiving care, just not in Oak Park. Unless you count telehealth.
They are receiving treatment just not in Oak Park or River Forest
They did go on anti-depressants for about 6 months, then went for counseling.
Too expensive
Use private services, if necessary, that are not in Oak Park
Wait lists are too long. And don't know of a resource to find psychiatrist in the area taking new patients now
Waiting for insurance support
waiting to hear about a source referral for grief counseling
We are getting treatment, but outside of Oak Park.
We are receiving care via telehealth services not in the Oak Park/River Forest area.
We are receiving care we are just not receiving that care in the Oak Park/River Forest area. We tried to find help locally, but we had a bad experience and so decided it was best to look outside the immediate area for help.
We are reviewing services outside of Oak Park in Chicago as we wanted to find a provider who was more culturally sensitive to us
We go through a private therapist and physician.
We had to send out son away to a therapeutic treatment center. We received ZERO support from the public schools. Awful experience.
Well controlled
Were at some point but discontinued services
When she sought help, she couldn’t find any resources of substance that were free to her
**Why not currently receiving care or treatment services in Oak Park/River Forest for a substance use disorder/symptoms?**

Addictive behavior passed
Appropriate services not available
Because every time we call, we get told that they can't help because he smokes Marijuana. These programs do not help like they say. They can't use insurance as an excuse because I have federal Blue Cross Blue Shield for insurance.
Continuous sobriety for 14+ years.
COVID
Currently refusing treatment
Dead
Denial
Denial that there is a problem.
Did not have insurance. Unaware of any where to go without having insurance.
Did not know they existed
Do not believe they have a problem
Don't know where to go for that out I do talk to my therapist about it
Don't believe anyone has this.
Elevated use is sporadic. I keep an eye on it and my therapist and I discuss it and have plans in case things worsen
He died
He does not want to deal with his issues.
I regularly attend AA meetings in the area. I am not certain if for the purposes of your survey this counts as 'care' or 'treatment'.
I'm not sure how often they are using as they are sneaky
In a half-way house
It is not at a level that needs outside support.
Managed on own
My son will not admit that he needs help.
No active substance abuse only past issue
No acute need
No current issues
No current need for services
No longer needed, 10 years since last relapse
No need now
No one in this family requires substance abuse services at this time.
Not a current problem
Not bad enough
Not in need of this care
Not needed (6)
Not referred
Not sure
Not sure how to convince her that she has a problem
Not sure what's available/what would be best
Nothing available that accepts our insurance
Perhaps they don’t deem their addiction as being a problem, yet!
Receiving care just not in Oak Park or River Forest
Refuses treatment
Resolved
The person became aware of the problem and has stopped abusing alcohol and is drinking a lot less often
The person thinks it is not a problem hey cannot handle themselves
The person who needs it is not ready to receive treatment
They are in recovery
They are not aware that they have a substance use disorder. They are getting treatment for their mental health issue.
They don’t think they have a problem
They were temporary and not current
Was able to self-manage substance use to appropriate levels
We are receiving care via telehealth services not based in the OPRF area.
We had to look outside of Oak Park/River Forest for care. Again - very little support in this community. Online mental health is a joke.
Why not currently receiving care or treatment services in Oak Park/River Forest for an intellectual or developmental disability/symptoms?

ADHD treated elsewhere
ADHD under control
ADHD: it was diagnosed some years ago. After a brief period of prescribed Adderall, the benefits were not worth the side-effects.
Again, no support or resources in Oak Park/River Forest. We had to look elsewhere.
Age 25, doing well, autism
Because they no longer need treatment for their learning disability since they're no longer in school.
Beyond help
Children are grown, at college. Premature twins with developmental/sensory issues. Received support in early years age 1-7.
Cost
Currently not a need. My son was adopted from Guatemala and as a toddler we used ASPIRE services.
Did not know about the resources
Did not know they existed
Did not know they had service
Didn’t know it was needed or offered.
Get services elsewhere. Did not get information about Oak Park River Forest services
Has learned to live with mild Autism - now an adult and seeing counselor to best understand emotions.
Have Medicaid waiver therefore mental health services provided by the Township do not apply.
His is over 18 and not inclined
I can't find a psychologist who accepts my HMO insurance. It's the most I can afford in the AMA marketplace. Even when I had a PPO, I could only find one psychiatrist in OP who accepted insurance. Now that I am mostly unemployed and need it more than ever, I can't afford anything that would be continuing individual care.
I don’t know how to find a good provider. It feels like so many therapists are busy. I am talking to one provider of neuropsych evaluations, and she can’t get us in until the winter and its only July. Others aren't calling me back or aren’t in our network.
I was not aware there was any
Insurance coverage is better further away from my house.

My adult son's ADHD is not an intellectual/developmental disability

My daughter has social anxiety she is taking medication

My sister, who was living with me at the time, passed away in 2008, but she was served by Sequin for 5 years or so.

My son has an IEP at OPRF and has progressed so well he takes mostly General Education classes but still has his accommodations in place for testing.

My son has ADHD also but does not want to take medication.

My son receives services at Rush downtown.

New diagnosis, exploring treatment options

No current need for services

No immediate need

No information was given for care

No longer an issue

No one can help me

No one has any, daughter had speech delay that was resolved 9+ years ago

No one in our home is receiving these services because it is not warranted.

No program will assist my son because he smokes weed.

Not an issue

Not aware of any services

Not currently in school

Not helpful

Not in Oak Park

Not in Oak Park. We go to Shirley Ryan for checkups, OT, and PT

Not necessary

Not needed (4)

Not needed any longer

Not offered

Not sure how

Our child with ADHD graduated high school and does not need ongoing supports for her ADHD at this time. She does have a medical provider we can utilize if needed.

Persons no longer needs speech therapy

Receiving treatment outside Oak Park and River Forest.
Son (just graduated from OPRF) did not want to disclose that he is diagnosed with ADHD, takes medication for management.

That person moved out of state

The child outgrew them.

The cost for learning support is too expensive and enough progress had been made.

They have been able to overcome their disability through family support and personal perseverance.

Undiagnosed and doing well despite potential challenges.

Used an online service, Circle Medical

We don’t know what services are available for a 10yo recently diagnosed with ADHD, or how to find them. Or even how to identify what services we should be seeking.

We have sought treatment out of state that seemed a better fit for our child

We received services years ago and learned to manage it ourselves.

We were reviewing respite services through CSS. But our respite worker quit and the agency has no one to replace her currently

Well controlled
What services, supports, or resources should be added to our community to help more people?

**Better Communication of Available Resources**

A good, well publicized information source, with directions to resources that can provide services without massive waiting lists.

Advertising

An all-encompassing website with resources, links to quizzes to guide you in the right direction. Facebook presence on the website and what resources are available.

Awareness raising of the support available in the community

Better communication

Communication of current resources

Communication with the community about availability of resources.

Community center with central access to information regarding all of the above, well-staffed.

Different or more advertisement of what is available, particularly for teenagers and young adults. Information about funding for the services should also be available. I think many people feel like they don't have options if they don't have private insurance that offers lots of benefits.

Directory of services

Distributing information about available services. I've lived here for ten years and am obviously ignorant of the resources.

I don't know what's available locally. I found grief counseling when I needed it easily, but I haven't needed to find services in the past.

I don't know. When members of my family needed assistance, we were able to find resources through word of mouth, Facebook and friends, and we are fortunate to have good health insurance to help us access it. I know not everyone is this fortunate.

I think making sure people are aware of the groups you already have is more important than creating more groups.

I wasn’t aware the community offered these types of services. Marketing what’s available would be a good start—maybe in the village newsletter to start.

If all those services are available, then I am an idiot because I walked into the township office looking for help for my adult son and I was sent away empty handed. You should have a handout—Mental Health for Dummies.

I’m generally not aware of community-based services, I rely on services through corporate insurance and service plans

Increase awareness of support services

Information should be easier to access. Public awareness campaigns about what is out there would be nice.
Informing the community of services; outreach, mailings, pamphlets, etc.

Marketing of programs that already exist. Low-cost office rental situations or other incentives to attract quality providers to the area. Networking and unified records system of service providers or agencies to increase cohesion of care.

Marketing. We often find out about support solely through a kind person in the schools backed up by word of mouth. But there's still a lot of work to be done to break the stigma around these services.

Maybe just send fliers in the mail of agencies who do the appropriate work to all households.

Maybe more communication in general about what's available.

More awareness of where to turn when problems arise. My son gets treatment for ADHD/anxiety through his local pediatrician. I go to someone referred to me on the West suburban area. I would have no idea where to turn here and I have lived here for nearly 10 years and am very involved in the community from coaching local sports, PTO, community volunteer roles, neighborhood groups etc. People wouldn't know where to turn for local services as it is never talked about, or facilities/services advertised or included in village news etc.

More communication about services would be important

More community education about the services

More information should be available for older seniors struggling in apartments with no direct line to available help - Do these communities know that isolated older seniors rarely know "what is out there" for help in their daily lives?

More information about mental health availability. Include services in newsletter.

More information to the community. Program visibility.

More promotion of agencies of their services

More spread of information of what's available for all groups.

Newsletter for mental health and intellectual disabilities with short articles on services available. We see private therapists and psychiatrists in Oak Park, but I have no idea what services the township provides. I get the general township newsletter.

Not sure perhaps just letting people know where to find help

Oak Park and River Forest need to promote community mental health awareness and provide more information about the resources available to the community.

Ombudsmen to inform residents and give referrals. Open houses at schools with information offered. Welcome letters to new residents including all rules and aspects of living in this area. Information available in Village Hall.

One central website with links to assessment and treatment locations with reviews from residents who have used it. Due to stigma surrounding mental health people don't always want to ask friends, but most people have used some type of service and it would be very helpful to have community reviews for these services and locations as well as how to contact them and what to expect from an initial contact.
Pediatrician should have information for local access

Perhaps have information about these things in the River Forest Village email communications to residents. I always read the newsletter from Cathy Adduci.

Probably the village could do a better job educating the public on what services are available and where to find them.

Publications and awareness of mental health available resources and how to access them

Publicize what is offered so people know how/where to find help

Publicizing what services, supports, or resources are out there to begin with.

Services that are available need to be widely known.

Should let people know about all that is available.

Somehow there are a lot of groups in this area that I don't know anything about. Better awareness campaigns about our local resources.

Something that is well communicated to the residents a help line or a center or something that can be easily accessed when people need help. Perhaps a resource center or website where people can find the services they need, easily.

There should be more proactive sharing on mental health resources for residents. Emails, social media, etc. especially for teen population.

Unsure - seems like there is a lot already available-people just have to be made aware of the options.

Users access guide to services you listed

Very easily available and visible (i.e., well-, and constantly advertised) central resource for information about everything in your survey. Link on the Village of Oak Park site main page. Stack of basic cards with information at the Oak Park Village Hall. I tried to get information about services for homeless people and nobody had a clue. Library of course, and all schools, all religious organizations, community centers, recreation places, medical offices/services, schools. Also, small sturdy cards in the mail to everyone (like the advertising sent about activities in Oak Park).

We first need to have a comprehensive website/hotline so we can find out what is actually available. If there is one place to look, few people know where that is.

We probably have enough services; we (the public) need to be told what and where they are more clearly and more often.

Well publicized centralized clearing house
More Psychiatry Services

Child psychiatry
Fund psychiatric evaluation and treatment at children’s clinic and Thrive both in person and virtually.
More access to psychiatrists
More access to psychiatry for medication management/assistance, as well as evaluations.
More psychiatrists
Psychiatric care for children
Psychiatrists for all ages
Psychiatry (3)
Psychiatry services
Skilled psychiatric help and inpatient care that is truly a loving and good help that leads to recovery
The village lacks adequate availability with actual psychiatrists. Many counselors, LCSW, Psychologists but very short on psychiatrists.
There is also a need to increase psychiatric care.
We could not find psychiatrists or psychiatric hospitalization in the Oak Park area that was both accepting patients and our insurance. Had to travel for both.
We need to add more of all these things, especially counseling and psychiatry outpatient, as there just aren't enough and waiting lists are long!

Crisis Services

Centralized organization that can answer questions and refer people in crisis
Crisis Intervention on demand by someone other than the police or specially trained officers who have the resources to follow through with clients and get them into treatment quickly.
Crisis response
Crisis response that is visible and easily accessible
Crisis support for all groups mentioned
Emergency line
Emergency team other than police to help in a mental health crisis so the person needing help gets help and doesn’t feel in trouble with 5 armed cops surrounding them after a potential suicide attempt
I had a child in crisis that needed outpatient care and the closest resource was a 45-minute drive away which created additional stress and hardship. I know I am not alone in this. Given the size of
our area and the number of kids/teens struggling, our best answer shouldn't be a list of resources far outside our area.

More crisis centers
More information on crisis support
The crisis intervention is ineffective and perfunctory.

When my daughter is released from prison -- following jail -- she will need some kind of crisis plan that involves people beyond her immediate family supporting her through an episode of psychosis or dysregulation without taking her to the hospital, which after 25+ hospitalizations I can safely say does not help.

Youth services especially for crisis

**Child/Adolescent Services**

Autism, developmental disabilities, ages 13-17.

Child and adolescent psychology/psychiatry services. ADD or ADHD assessments.

Greater access to child (<13yrs) psychological services

Group therapy, drug education/ awareness for youth

I feel it has been hard to find good therapists for teens with availability in our area. We usually went into the city, hospital referred support or near Oak Brook for any mental health/urgent/outpatient care.

I have heard from friends that inpatient access for children with mental illness (severe depression/suicidal ideation) is so short of inpatient beds that parents are left to call around to try and get their child admitted somewhere for inpatient treatment after a failed suicide attempt.

It seems we need more psychotherapists, especially for ages 10-20.

More adolescent mental health services

More child and adolescent/oriented services, especially in child psychiatry

One-on-one therapy for teens

Resources for all K-12 aged kids with lingering pandemic effects, or other issues unrelated to pandemic.

Support groups and group counseling for 10 and under

Teenagers need counseling, they are bored, irrational and need positive influences to detour them from crime.
**Senior/Geriatric Services**

Anti-loneliness support for seniors
Better senior transportation. It’s a mess now. One time I waited 1 1/2 hours for a bus ride home only 6 blocks away.
In home care givers to assist the elderly with their fundamental needs: meals, cleaning, bathing, and assistance to medical appointments
More counseling available to go to older people's homes and apartments
More senior programs
More therapists for the geriatric population who have suffered immensely during COVID
Senior counseling
Senior services
Senior support is vital and necessary especially for those with little or no family involvement in their lives.
Senior/older adult mental health services
Something to check on the seniors that are homebound to be sure they are getting the necessary support

**Services for Homeless**

From a Township perspective, we’d like to see an effort to support/reduce numbers of unhoused people in need of help at intersections and downtown. It’s not okay.
Help for homeless
I see a lot of homeless people who need help
I've noticed an increased presence of homeless people and panhandlers in front of businesses and in public spaces like the parks. There are clearly many people in need of housing and related help. Oak Park should do more to help residents who are destitute. This would improve the quality of life for all Oak Park residents.
More mental health counseling for homeless
Resources for homeless. Resources for mentally ill who are also experiencing homelessness.
Services for homeless individuals
Services to find homes for the unhoused.
We need to address the homelessness issue especially in downtown oak park

**More Mental Health Professionals**

Additional therapists to meet increased demand
More nurse practitioners, group therapy, and more clinicians of color
More psychologists, more prevention programs

Therapists (2)
There are basically no therapists available for kids/teens/adults. It is an absolute nightmare to try to find someone, let alone find an appointment time, and make sure it’s a good match. There are no male therapists either, for boys who are struggling. Insurance doesn’t cover these services well, and families are left to struggle on their own, despite reaching out and trying to find help.

We need more mental health professionals in general. We don’t have enough clinicians for all the problems people are facing.

Substance Abuse Services

More detox beds. Easy admittance procedure to program.

More meaningful long-term substance abuse programs and individual therapy to augment group-oriented strategies for teens and adult.

Programs that target all drugs. I don’t understand how because a drug is legal that it means you get no assistance. Alcohol isn’t a drug and there are more services available for that than for a person that is suffering daily because of a weed addiction.

Substance use informational educational sites

Substance abuse services (2)

Support for adult with substance use problems, housing

Respite Services

Increased availability of respite workers

More respite care

More trained respite workers for mental health issues and intellectual or developmental disabilities

Respite services (2)

Respite services for parents of children with physical disabilities
Don't Know

Don't know (4)
As an elder newcomer to the area, I have no idea on what to suggest. Just happy that I do not need services right now.
At this time, I cannot think of any additional programs or services
I am not sure
I am just not up to date on this topic so I can’t contribute here.
I do not know enough to comment.
I don’t know (3)
I don’t know the field well enough to make informed recommendations.
Not sure (10)
I have no idea what is needed.
I have no idea (3)
I really don’t know. (2)
I have no idea. I have never needed any of these services and I'm 90 years old.
I don’t know. No ne of this is an issue for me and I have no family in the community.
I’m not sure, are there really resources available? It’s hard to believe that oak park would provide anything free!
Uncertain
Unknown (3)
Unsure (7)
I’m not sure
Not sure since I am not fully aware of what is currently available
Not sure, not clear on what is available, have no need at this point
Unsure as I am not fully aware of what’s actually available in Oak Park/Forest Park
Unsure, sine I don’t know our stats or what is available.

None

None (8)
None that I know of. The Oak Park community seems to be very responsive to these needs.
Other Services, Supports, or Resources

All of them (3)

All that is available in other areas, women’s mental health, substance abuse, developmental disability needs. This should also be offered in multiple languages, not just in English. Many people in live or work in Oak Park/River Forest or surrounding areas do not speak English and are not even aware these resources exist. Moreover, these should be offered at different hours of the day, not just weekday mornings. There should be weekend programs or evening weekday programs too.

Better access for uninsured or underinsured families

Centralized and confidential screening authority

Dedicated training center for how to actively and humanely include children with disabilities in camp and other children's programming. WSSRA and the park district need to do better, a whole lot better. And private camps or activity programming have no way of learning or finding training--it's all left up to the individual parent.

Development and assessment services for educational needs

Different staffing and program models to increase access and reduce waiting times

Evaluation and case management for all ages re: mental health issues.

Family counselling and treatment

Family counseling

Family therapy and couple therapy.

First would be for public school staff to be able to help parents find support when their kid is in obvious crisis. I asked repeatedly for information on getting my kid a psychiatric evaluation, a therapist and the schools just said that he was a boy, and this is just a phase. He ended up smoking pot, getting in trouble with the police, breaking windows in the house, failing grades...the list goes on. The schools said it was a phase. REALLY????!!!!!!! The services in this community are inadequate at best and absolutely abhorrent at worst.

Free 2 -3 weeks medications post discharge.

Free counseling

Free mental health services

Funding for caregiver services-CSS voucher reimbursement program needs more money, etc.

Good, effective, outpatient mental health and substance abuse services that can be accessed by all ages/communities.

Grief counseling

Group discussions, therapy, and school engagement

I am not sure of the outpatient services available through the Thrive Center, but I believe an increased availability in outpatient services, i.e., groups, partial hospital, intensive outpatient,
individual therapy, would be very beneficial to keep people out of the hospital. This is especially important since inpatient mental health beds are very limited in this community.

I feel that the community desperately needs more group counseling/group therapy options for individuals of all ages and targeted for a variety of conditions (depression, anxiety, social skills, anger-management, trauma). This would also reduce the reliance on individual therapy only. School-based mental health services are also a huge need. I grew up in this area trying to survive with mental illness while self-medicating. I wish there had been more people to advocate for me back then. Today I wish there were more support groups offered for adults with mental disabilities trying to transition back to working part time. I wish there were more groups addressing dual diagnosis. I wish focus was put on the higher functioning mentally ill to assist with support groups for specific disorders like depression, anxiety, bipolar, schizophrenia etc. As a 1:1 private developmental coach for an adult with down syndrome I wish more services to be offered after individuals "age out" 20 something years of support from special education programs and IEPs. But minimal help offered for adults to increase life skills education at home. Respite available to families on the verge of burnout. I wish that rather than senior services be the umbrella for anyone on disability or social security that specific agencies could focus on specific help for families in need and crisis with adult children with disabilities.

I think quality services for young adults out of school is very important. As a teacher, I understand that services are available in public schools. But I am not aware of services for young adults without insurance.

I would love a central triage place that parents or adults could go to find clinicians and programs with availability. I feel like we need more doctors who can treat these conditions here and a central way to contact them. Doctors will take many days getting back to you and when they do, they don’t have quick availability

I’m not sure but you need to make the services you have more accessible

It’s not that more services are needed. I think that more staff is needed for the ones we already have. There cannot be a 3-6 month waiting list for services where help is direly needed.

Job placement for ID/DD

LGBTQ+ support services

Maybe support group for parents with children that have mental/intellectual issues

Maybe Zoom meetings where people are not in person, it's awfully hard for people to admit how desperate their situation is, and it should be ok to be in a group anonymously at first if they want to be just to know they are not alone.

Mental health house visits

Mental health services much needed, especially as Thrive Counseling Center - we’ve previously relied on it - seems to be losing many staff members, and to be offering a much lower level of assistance.

Mental health services of all kinds for all ages are in short supply. Most practices are not accepting new patients.
Mental health therapies
More availability for medication management locally.
More conversations about mental health and what we as parents can do.
More group therapy, php and inpatient
More inpatient and outpatient treatment options that have availability and accept most insurance. We had a crisis and called Thrive, told 3 month waiting list, never heard back.
More inpatient mental health beds for those in crisis and those undergoing intense treatments.
More in-school LCSW personnel
More mental health services for children and adults who have Medicaid managed care insurance
More mental health support, dietary and eating disorder help. Also, police department should have closer ties to Sarah’s Inn and Thrive services.
More money to increase help for individuals
More on call services for people in need
More opportunities for people to socialize to prevent loneliness. How about a walking group that meets daily?
More outreach to high school to get students in the system. High school graduation drops the students from assistance, after they have been supported.
More outreach. Mental health services are scarce for those with lower income.
More services that are free or take Medicaid
More support for mental health that is affordable
Multigenerational support groups or partnerships for outreach that span generations in our community
Need supportive and affordable housing options for people with mental health and DD/IDD services. Transportation assistance also needed.
No cost 30-day treatment centers
Online mental health
Partial hospitalization/day hospital for substance abuse and mental health
Perhaps at the elementary (Dist. 97), more funds should be allocated for intervention in the public schools, and outreach to the private schools.
Perhaps calling on residents who have personal experience, professional or otherwise, in any of these categories to act as liaison or assist in sorting through needs and assist in support.
Provide screening, crisis support (by phone, mobile crisis response, and in emergency depts) and case management for all families dealing with mental, developmental and substance disorders.
Providers that respect different family structures including single parent families. Availability of low cost childcare options so parents and caregivers can get support. Childcare is a huge obstacle preventing adults from getting services.

Quality of resources needs to improve. Too much reliance on interns developing their skills.

Quality services, supports, and resources - more counselors, more support centers, and more money and resources to support mental health and substance use needs.

Quality therapists who accept insurance and Medicaid and Medicare

Readily available inpatient services for those without insurance.

Some we could afford

Stress management

Support for vulnerable teenagers who might drop out of school, join gangs etc.

Support with or without insurance, destigmatize mental health services to normalize getting help.

The options for mental health are very limited. We need to add individualized help that is truly help not just template owed screenings that have zero follow up I’ve been trying to help my daughter for the past three years and nothing has changed she just gets worse. The school in particular has lumped her in with other behavioral and intellectual social disabilities that do not fit her unique needs

Therapies for autistic children

There are many Oak Park Facebook pages. Families really seem to be struggling and providing support for each other. Audit those pages for direct guidance to support services?

There needs to be more professionals hired in the schools to assist with and address the mental health and substance use crisis. More positive advertisement in support of recovery, just say no campaigns against drugs, more positive advertisements promoting abstinence from alcohol and drugs and it’s “cool” to say no to getting high, vaping. The Way Back Inn has sponsored some good workshops on recovery and panel discussions for the community.

There should be liaisons through the township to help guide families through the process of identifying necessary services and connecting them to care when a diagnosis is suspected, and certainly after a doctor has diagnosed a family member.

We have the services, but the access is an issue. Appointments in the midst of a crisis are often delayed which negatively affects long-term results.

We need more services overall. Oak Park probably has more services than some communities, but I think those organizations are overwhelmed with demand.

When my son was struggling in middle school with ADHD, it was very difficult to get support because there weren’t enough resources available.
Other Comments

Diversity. Oak Park thinks that because they have Blacks they are diverse. We also have Latinos, Asians and others that need support.

I always was the one to seek out services from outside services and to do research. I know these programs because I sought them out. The village didn't help me search these out. I never thought the village was there to help me with these matters. If I was not knowledgeable about how to advocate for my loved ones, I would not know to go to the village to seek guidance.

I often hear how teens can get help, not adults

I’m sure that the information is available but I have not had to seek it out.

In Oak Park, outside of this community there are many resources.

Our community has a tendency to enable problems. Instead of offering a support towards healing, functioning, coping, it offers enabling and excuses. It's quite unfortunate.

Since I am unsure about the availability of the services listed in the survey, I cannot recommend any others. I think it is only when you need these services that you become aware of them. Perhaps instead of adding services, make sure that the ones you have are well staffed, well-funded, and are well advertised.

The basic ones aren't available, focus on that.

This happens to be the weekend that the National Suicide Prevention Lifeline is being (re)launched with a 3-digit phone number, 988. How would or could this service help people locally connect with community mental health resources?

Thrive lost its psychiatrist (prescriber) and my therapist left. It would be great if they would be replaced.
Overall, what are the biggest issues or needs related to mental health, substance use, and intellectual or developmental disabilities in Oak Park and River Forest Townships?

**Availability of Services/Resources**

Access to inpatient hospital care when needed

Availability of assistance for these areas of need.

Availability of psychiatric care and affordable medication.

Availability of services (11)

Availability of services to children under 12

Availability of programs

Available services

Depth of services (need along the continuum)

Except Thrive Counseling Center, which was excellent but is losing most staff members, there aren’t any places offer mental health assistance.

Having services available, and reachable by both people in crisis, and on-going (case management) to help develop effective life strategies that prevent (or minimize) future issues.

I can’t say with certainty, 2 years ago, my then husband, was abusing some substances and attempted to commit suicide. We had to travel to a Chicago to get help. He was transferred to a rehab hospital in Schaumburg because it was the closest to OPRF. There were zero support groups within OPRF but one, that had already too many people and the hours were challenging to meet due to work responsibilities. He ended up going to Christ hospital for outpatient intensive treatment because it was in the evening, and he could go to work before going to this treatment. He went to Austin AA group and another in Maywood because there were none that meet his schedule. There was also zero support for families, I ended up in Forest Park religious group (I am not religious at all) for support. It would have been great to get support closer to home/work. It was challenging to find an inpatient rehab substance abuse and intensive outpatient programs in the evening within Oak Park/River Forest. It was challenging to find non-religious support groups in the evening or weekends for the families. Also, I had a terrible experience with Thrive, the therapist there took our information and pulled us to her private practice instead of keeping us at Thrive. She did this without our permission. Not sure how Thrive allowed this! I am now single and receiving individual therapy in Chicago once a month. It would be great to get services in Oak Park that are not that expensive.

I think that services are there maybe not enough, but they exist.

Lack of immediate availability of services outside of the ER.

Lack of intensive outpatient therapies

Lack of psychiatry services (2)

Lack of services/resources (3)
Limited services

More beds. Easier admittance procedure.

More services for kids under 12 in all areas

Need more child psychiatrists, and local availability in our area

Need to go out of Oak Park/River Forest for some services

Not enough help available

Not enough resources

Not enough resources for help.

Not enough services for mental health (Psychiatry, therapists, inpatient beds, school counselors),

People are moving into the area from other areas because of the schools -- which is fine. Too many condos are going up and population is increasing which means that more services will be needed. Our services have not grown in proportion to the housing.

Provide more programs with certified mental health teams.

Psychiatric inpatient services

Quality hospitalization that accepts insurance. We had to go to Linden Oaks in Naperville. We have to go to Elmhurst for a psychiatrist.

Same problems that exist nationwide. Not enough resources.

Services need to be located within the villages and not require traveling into the City or further suburbs

Substance abuse services needed (3)

The availability of services.

They are not available. I called Rush Oak Park for mental health services and was told there was a 300-person waiting list. I asked for other places and was asked about my insurance 1st then references were given.

Very limited group therapy/counseling options which result in the overuse of individual therapy. Very limited psychiatry services for all ages.

Lack of Awareness of Services/Resources

A central place to learn and access what is available. I have a son with autism and don’t even know where to start half the time

Access to and knowledge of available resources

Awareness of existing programs

Awareness of services

Awareness of what services are available (4)

Awareness of what’s available
Awareness that services exist
Concise, easily accessible centralized information sources about resources available
Difficulty of older seniors to "know" what is available to help them deal with problems relating to aging, covid, loneliness, health, etc.
Educating residents on the resources available
Education on service offerings in all primary schools
Education. I didn't even know we had village services of this kind until I got your survey. Please put out information about these programs. Even if I don't need them right now it could be useful to know where the find them if I ever need to.
First and foremost, publicizing what services are available. This would not be a one-and-done deal but needs to be ongoing through multiple methods (e.g., news articles, social media).
I don't even know where to go to begin to understand the services available promoting more broadly what Oak Park and River Forest Townships have to offer would be great.
I don't believe it's as easy for people who rent to become aware of the services available.
I feel like we need more information on what there is and how to access it
I feel the need for the community and schools to know about services available to our residents for these issues.
I think that there needs more education re how to easily access.
Knowing what’s available
Knowing where to go and how to get started with support
Knowledge of existence of such programs
Lack of awareness about what services are available. Residents should be reminded of these services several times throughout the year.
Lack of awareness and visibility as to what is available in the townships.
Lack of awareness of services (2)
Lack of information about available services (2)
Make information about such services more widely available.
Making services known, accessible
More clarity on where to turn when help is needed. What services are available in our town and how to navigate getting started. Nobody knows what services exist and how to use them when needed.
More could be done to share with the community what resources are available.
Not enough awareness of what's available
Obviously getting information about programs out.
People knowing what services are available
Program promotion is an ongoing need.
Promotion of mental health agencies and what services they provide.
The lack of a comprehensive website offering specific information and support for people diagnosed with mental, substance, or developmental issues. I get more information from the UKs national health site than I do any American site. To search through tons and tons of pages to piece together a list of possible resources is time consuming and frustrating. You could spend a lifetime trying to compile a complete list of recognized resources in the area. And when someone is struggling with their own or a loved ones issues, they just can't possibly do all this on their own.
Where to go for help when an issue on one of these areas impacts you/family for the first time.

**Access to Services**
Access to care in a timely fashion
Access to care, even in such a resource-rich community.
Access to impatient services for those without insurance.
Access to individualized services needs to be readily available.
Access to quality services for un- and underinsured
Access to services (5)
Access to services (specifically intellectual) for adults in the community
Access to services. There is so much need and so few resources. and those taking new patients often do not accept insurance.
Access to therapy/psychiatrist is often not covered by insurance.
Accessibility of services (6)
Accessing services. Insurance problems.
Availability for those with state provided insurance
Availability of services for all
Having accessible programs that work
I can only comment on mental health services and the reality that so many practices are closed to new patients. When people are in crisis, "sorry we don't have any openings" is a devastating response to hear.
Lack of access. Several doctors in the area don’t take my insurance or have appointments for months.
Lack of providers that take our insurance and who are seeing new patients
Longer term services not reliant on insurance payments
Making services accessible
More support overall .. whether the person can pay or not!
Most providers are full and/or don't take insurance.
People on disability insurance get poorer care than those on private insurance
Quality of care, regardless of income tier
Too many private practice folks and not enough public service-oriented clinicians
Very difficult to find mental health providers - particularly for children. Not only is it hard to find providers that will take new patients, very few take private insurance outside of Blue Cross Blue Shield.

**Cost of Services/Affordability**
A lack of free services
Access can be expensive
Affordability
Affordable access
Affordable care especially for those without insurance.
Assisting with cost
Awareness of low-cost services
Cost (7)
Cost of care high and not covered by insurance
Cost of services (2)
Cost of therapies
Effective treatment that is affordable to each individual (a carefully prepared sliding-fee scale, for which the formula can be adjusted according to unique situation/needs.
Free counseling
Free treatment
Having affordable programs
Insurance coverage and cost
Local services are cost-prohibitive for many families, as a lot of mental health providers don’t accept insurance, or only accept very limited insurance plans.
Low or no cost quality services
Making services affordable
Making services free or affordable
Reasonable costs
Services are not affordable
The lack of affordable therapy, treatment
Too few avenues for people with fixed income to access help.

**Children/Adolescent Issues/Services/Resources**

- Anxiety is a big issue among kids, and it needs to be addressed.
- Binge drinking by teens. Crisis and substance abuse ie to pandemic
- Children not being diagnosed with mental health and developmental/intellectual disabilities early enough. Maybe substance use in certain areas.
- Children, young adult services
- Finding support for kids
- Getting teens care earlier and helping them to deal with the pressures they are facing before the pressure becomes too great to bear
- Help parents with teens better understand what normal teenage development is and what are warning signs. More outreach to students and families about the dangers of fentanyl in illegal drugs.
- Helping parents identify these issues in their children. The school system isn’t built for this and won’t do it so parents are on their own. But I didn’t know that my child’s behavior was related to intellectual disability or mental health. I thought he was acting out. When I did decide to take him to therapy, the therapist wasn’t able to make headway but didn’t tell us she was ineffective, so we just stayed with her. Now my child is 18 and we are dealing with bigger problems. I feel lost in this system — I’ve talked to many people, but we are still struggling to line up the resources we need.
- I can't speak to the broad needs, but I do know of many adolescents who are struggling and parents who are simply lost.
- I hear that OPRF High School has a tremendous problem with illegal drugs. Students get high during the school day. Anything that can curb teen drug use would be a huge help,
- Lack of support outside the school system.
- Mental health services for youth
- Mental health, substance abuse and suicide prevention for children and teens especially throughout Covid
- More information to teens/young adults about fentanyl
- Open conversations. Messaging to the kids.
- OPRF need to focus on kids in schools
- Positive approaches to mental health with community support, proactive peer groups, proactive youth outreach, neighborhood referral, and possibly more prevalent parent support services.
- When crisis happens you have to work fast, sometimes we’d call whoever the hospital
recommends, which is not always a good fit or comes with stressful logistical challenge. Young parents don’t always have that wise and discrete neighbor, or local understanding friend, don’t know where to go.

Readily available (according to students) drugs at OPRF High School

Ready access to marijuana (gummies!) will increase use among youths, whose brains are still developing. Likely increase in cannabis addiction and onset of psychosis among those who are vulnerable

Resources regarding Identifying a need in a child

Screening kids for substance abuse and mental health.

Sheer numbers of adolescents and the lack of supports at school and home

Students with needs but lack of knowledge or what’s available.

There is a very desperate need for mental health and substance abuse especially for teens, young adults. Plus, the AA/NA groups in Oak Park or River Forest are older men, vagrants and not good for teens who would greatly benefit from group therapy. Also, Sarah’s Inn should be more available to the grammar schools and especially OPRF. I unfortunately was in an abusive household and my daughters and I greatly benefited from Sarah’s Inn. I was not happy with the services Thrive provided.

There is no guidance for where to turn when a child has received a diagnosis after a neuropsych exam (not to mention that the exam itself is hard to find and extremely expensive).

There is not nearly enough support for mental health or developmental delays at the school level, especially coming out of Covid and the educational delays and isolation of the previous 2 years. High incidents of kids falling further behind and/or in serious mental health crises with very limited ability of schools to support these riding numbers.

We need healthy supervised indoor places for teens just to hang out

We need to find ways to provide access to educational and recreational activities that will promote meaningful engagement that helps our young people feel that they have a future, that they can make a meaningful contribution to our community, that they are valuable people. Because of the income disparities, many children in Oak Park are not able to participate in academic support and/or recreational programs that would build them up and help them be successful. We must be willing to provide more free/low cost programs - which might include work study or work exchange scholarships, apprenticeships, internships, etc. for our students starting no later than middle school. Early identification and positive engagement are crucial. I am not so sure that Oak Park really is committed to making sure that all of our children thrive.

Youth anxiety and depression
**Stigma of Mental Health/Education About Mental Health**

Awareness and education about mental health issues

Education, de-stigmatization

Greater awareness about mental health

I believe it is overcoming the stigma, which is still incredibly prevalent.

Information on how to detect mental illness and how to help the individual

More about mental health being a ‘health’ issue and reducing the stigma attached to seeking resources.

More community awareness about mental health

On top of that, in general, how do we remove or reduce stigma to get people needed help?

**Stigma (7)**

The community is not educated enough about mental health issues. We need this.

There should be a stronger emphasis on awareness of mental health, reducing stigma, awareness of substance abuse as it is rampant among teens especially. Specifically with mental health issues there is nowhere for the kids to turn, and they end up refusing school and just wasting away their high school years. The outpatient programs are in affective as many of the teens have been in 3 to 4 times and just come back and repeat the same behaviors. Clearly, they are not working. There needs to be less emphasis on politics and virtue signaling and more emphasis on each individual.

**Not Enough Therapists/Staff**

Access to a good psychiatrist

Appropriate counselors for the individual

Availability of counselors and psychiatrists. We have had to go to service providers in Oak Brook and Westmont for our family.

Availability of psychologists, counselors, and psychiatrists

Availability of skilled therapists/psychiatrists

Case managers and limited number of qualified therapists/psychiatrists in Oak Park

Having enough clinicians available to provide services

Lack of access to enough providers

Lack of available counselors

More service providers are needed.

Not enough professional therapists

Provider scarcity for more long-term individual counseling

Respite workers not available
Too few practitioners

**Wait Times/Wait List for Services**

- Ability to quickly access care without long wait for appointments.
- Availability of appointments
- I will say that it is challenging getting a timely appointment with a therapist.
- Lack of available appointments
- Lead times for services can be long.
- Long wait times (3)
- No waiting time for Php program when someone is discharged from mental hospital
- Services cannot be obtained in a timely manner
- Wait times for individual therapy are long
- Waiting list for services/available diagnostics
- Waiting lists
- Waitlists are extremely long

**Services for Homeless**

- Aggressive mentally ill pan handlers everywhere!! No enforcement of safety of citizens - I do not feel safe going to any of the downtown shopping areas in Oak Park anymore.
- Can we do anything for/about the homeless people? Especially the people collecting money on the expressway ramps and in the middle of the streets
- Helping others stay off the street
- Homeless drug addicts
- Homelessness and hunger.
- Intervention for homeless people
- Making sure intersections and downtown areas are safe and don’t become a magnet for the unhoused.
- Mentally ill that are also experiencing homelessness and public feel (?) due to their behavior and want them put in jail versus getting them help
- So many homeless people all around who are most likely abusing substances, which leads to mental health problems. There needs to be some type of outreach program to help them get the services necessary.
**Don’t Know**

Don't know (10)

Have never had to use this type of service so don’t feel qualified to answer.

Honestly, I am not sure

I cannot make an informed recommendation.

I do not know enough to comment on this question.

I don’t have enough information about the population to answer this question.

I don’t know (7)

I don’t know. I haven’t had any exposure to these issues and don’t have children.

I have no idea about this question

I have no idea about this topic.

I have no idea. (4)

I'm not sure.

I’m not sure. I gave up after the debacle with my son.

Not ever having a need, I can't comment

Not sure (3)

Unsure (9)

Unsure as not an issue

**Other Issues/Needs**

Adequate and accurate screening

Affordable housing with supports in Oak Park/River Forest for people with IDD and mental health needs. Supported employment and case management for these people.

Anxiety and depression from the past 2 years of the pandemic

Assessment is a critical component to determine those that are in need of services.

Availability to seniors with no transportation.

Avoiding services because of denial or stigma or lack of recognition.

Awareness of the public health impact of ageism

Clients knowing how to access the system

Confidential screening

Covid and isolation

Covid related anxiety and depression from social isolation

Diverse providers
Earlier screening and intervention - much more effective to address issues when kids are young than after years of struggle

Early intervention and crisis management that is caring versus punitive

Early intervention and prevention services

Families that prioritize achievement and activity over social-emotional health.

Funding (2)

Funding for programs

General lack of screening on all levels

Getting appropriate services to people quickly and coordinating care.

Getting past the fact that people who use the services are either categorized as capable on many levels of finding their own assistance, or generalized services that are subpar for those that cannot navigate the system on their own

Great need for young senior services for people mid-60’s and up. Loneliness.

I think there’s significant mental health burnout for all ages post-covid, there’s a psychological fatigue.

Identification and assessment

Information and individuals available to help those in need to access programs needed

Lack of Federal support

Lack of parental discipline and guidance

Making sure that the individuals who truly need it are aware that there is help for them and that they should not be ashamed to ask for help

Many working-class people have a lot of demands on their time (jobs, family commitments) where a traditional M-F 9-5 timeframe for services is unhelpful.

Mediocre parenting

Mental health and relationship to social media use by school-aged children.

No resources for those who age out of the system. Lack of people with knowledge to deal with this and in a sensitive, less blame worthy way. People just don’t want to deal with intellectual disabilities.

Opioids

Overall lack of care for the elderly

Overcoming the stigma and accessing the available resources.

People turn to substance abuse to hide emotions, sadness, boredom, anxiety. Pain anger. They need other avenue to release the emotions with counseling, knowing they are not alone. And feeling a part. Low-income people don’t have access to gyms, park district functions, swimming, skating. Things to burn anxious energy.
People want to believe they are ok. That there is no problem
Prevention, screening, and treatment
Private reporting so they can reach out and get help without being stigmatized and receiving
caring and empathetic person on the phone.
Program financing
Programs geared to one’s overall wellbeing. Inner Engineering, yoga programs.
Rapid access for assessment and then treatment
Resources for seniors living alone
Right now, getting over being cooped up for two years worrying about COVID.
Scheduling outside of working hours
Services for adults with developmental disabilities.
Services for seniors
Strengthening families
Stress management
The dangers of weed and alcohol on teenagers underdeveloped brains.
The fact that I must travel to other states. other towns in IL just to get basic care or even get
information on how to help a family member is ridiculous. We are a white family and I feel like
the school system just expects that we are fine and don’t need help because we are not people of
color. our concerns and cries for help were ignored, we were told it was a phase, that it was
because he was a boy (!!!), that they couldn't provide help for my son's issues. Worst experience
and when we finally got him help, he was diagnosed with bi-polar disorder. Did the teachers not
see that his arms were slashed up? That him acting out was a cry for help? That he was smoking
pot in the school bathroom in middle school? I moved him for a time to Burr Ridge and he
attended Hinsdale South High School briefly. When he had an outburst there, they immediately
had us in a meeting the next day with their school social worker, his teachers, mental health
professionals. mazing. Never once did I get that kind of support from anyone in Oak Park.
Transition programs for adults with disabilities
Transitioning from schools to adulthood needs to be considered, respite care
We need more trained and well-supported MH professionals available by dispatch for incidents
and conflict mediation in lieu of police officers.
What path to take after your child turns 22 and school system has completed.
**Other Comments**

Government workers that waste taxpayer money and are lazy. Wasting time in on useless surveys, then doing absolutely nothing to help people.

Just being a single mother. Every time i want to help out. They treat us like we're weird. Cause we are not the same race.

Stop wasting money on surveys

Systemic racism

This area is very fake progressive. There's a lot of talk about bullying, mental health, kumbaya nonsense. The truth is that there are socioeconomic barriers on TOP of racial/identity barriers that are silently destroying some folks. I will never forget how horribly Brooks managed my child's needs. The principal, the Felicia lady from the administration...they are doing nothing around here but protecting themselves from liability. End the stigma, address the deep inequities in this area...and put it on blast how much it's normalized for white students to drink, smoke, sniff, pop pills and get away with it. It's disgusting.
What specific recommendations do you have for addressing mental health needs/gaps in our community that have arisen due to COVID-19?

**More Children/Adolescent Services/Services in Schools**
Adolescent community services- educating the adolescents how to get help directly
Anxiety among kids--more services needed
Assessment in schools to help parents identify issues.
Assessment of teens and young adults who have been isolated and experience depression.
Groups for children under 18 to force them to socialize and be outside.
I believe more peer groups for people under 18 would be the most important because that age group would relate more to peers instead of adults.
Kids need help socializing, getting back to normal. It’s has not been easy for introvert youth.
Making resources free, accessible, and readily available to kids mostly in the 12-18 age group.
More attention to school kids
More check ins with kids, regular therapy sessions, teaching coping mechanisms
More health professionals in schools. Schools are understaffed with limited crisis and mental health professionals. Social workers and teachers are trying to help and are overburdened.
Parents need to attend seminars about recognizing signs, so teachers aren’t in charge of convincing parents there is a problem.
More options for kids to connect. More opportunities without devices. More school testing for children
More support to schools, especially private schools in the area that serve a lot of Oak Park/River Forest families
More supports in schools and education for the kids and families
Need to focus on the under 18 population
Open up places that help out our teens
Required social skills training in the schools. Many kids missed organic opportunities to develop habits around things like making plans with friends outside of school and interacting with adults around job opportunities.
School programs
Screening children for substance abuse and mental health concerns at earlier ages, more psychologists and social workers in our schools
Social emotional learning, including strategies and practice with peer support, would be valuable not only as a unit popped into gym class briefly, but as a standalone mandatory class at all grade levels.
Start hiring more mental health/special education staff at all D97/D200 schools.
Students need a safe way to connect with one another - as a mental health issue.
Teen mental health
Teenage exposure to drugs and alcohol and opioids
The high school could have set therapy/counselor visits with their student. Once a month for a mandatory check in.

**Increase Awareness/Education of Available Services/Resources**

Advertising
Awareness of available services (2)
Education. People can't look for help they don't know is there.
Get easy to understand information to people directly to their homes. Send out stickers or magnet with crisis and other care phone numbers.
Getting the word out about programs in the community
Having some kind of fair that could lay out all the available resources for community members. Also making sure that resources are provided to teachers at the public and private schools so they can pass them on to families. Being a public-school teacher myself in the community I feel like school social workers have many resources but those often don't get passed down to teachers unless they ask or reach out, and many teachers do not know to do that, or that resources even exist.
Identify resources that are easily available
Information on point of mental health care available
Just as they do campaigns and buses for the vaccines, next to that they should have free mental health services on the spot for people who may want to speak with someone or who may want to set up a session or obtain information of where they can go or whom they can call.
Maybe more advertisement of available services
Maybe virtual sessions on what it is and what services are available and how to find help.
Messaging available services with asks for what else is needed
More advertising of the availability of these services in newspaper, social media, online, etc.
More information about services
More visibility about what is available
More ways to communication that services are available
Promote services.
Public announcement campaigns addressing mental health issues in this community and where a person can get the help they need.
Public announcement. Mailings to residents' homes about available services.
Send information or an information sheet to the River Forest and Oak Park Public libraries that those libraries can post on their websites or provide a paper copy for patrons. Have the schools (public and private) send information to students' parents and students too about the availability of services. Design a kid-friendly and parent-friendly brochure or flyer. Survey the residents as you did in this survey.

There is not enough visibility and awareness creating vehicles to advise residents what is available to them in the villages.

Where to find services

**Provide Virtual/Telehealth Services**

Continue providing virtual services - they are often easier to reach for people either in crisis or worried they may be sliding towards crisis.

Continue to offer telehealth

Continue virtual meetings and in-person counseling sessions.

Expand access to telemedicine options and adapt in-person settings to accommodate for social distancing and masking, etc.

Free locations for accessing virtual therapy

Have virtual available

Have virtual sessions available to residents. And if the resident wishes, offer in-person sessions as long as the current safety practices to prevent COVID-19 are followed.

Having both virtual services and in-person services

More availability for phone or video appointments.

More available virtual support for Sarah's Inn, Thrive and any other support system for domestic abuse, eating disorders and overall mental health

More videoconferencing options

More virtual appointments (2)

Offer telehealth services

Offering telehealth to protect staff and clients when possible, but in person as needed.

Use precautions for meeting face to face during outbreaks and couple with virtual meetings.

Using internet to make available counseling

Virtual appointments

Virtual services

Zoom meetings
Zoom option, host demographic specific group Zoom, meetings, use social media. Offer some pro bono group or individual sessions? A handful of crisis walk in sessions
Zoom support groups and sessions are actually more beneficial and more accessible to people with mental health issues. A therapist can actually see into your home and see how you really are doing. Support groups are less pressure based when online.

**More Therapists/Staff**

Hire professionals to the level of need
Increased number of psychiatrists and therapists in the area
Increased staffing,
It would be helpful to have more therapists who are able to see people both individually and in group. Group work in schools and senior living.
Lack of availability of doctors and crisis managers.
More professionals available
More staff, more therapists and more psychiatrists need to be hired in the area.
More therapists (4)
Recruiting and retaining therapy providers is paramount.
Telehealth is great but we need more qualified counselors, period. We could offer all the telehealth in the world but there is simply a lack of qualified counselors to meet the demand.
There is a basic lack of mental health professionals - particularly MD. I think this is widespread everywhere. Our community need more professionals in this field.

**Services to Address Isolation/Anxiety from COVID-19**

Acknowledgement of the stress it has caused. Ways to help with the stress and anxiety it has caused. Programs and treatment for those having difficulty.
Address the weirdness of returning back to normal life. Our kids are beating the *** out of each other because they have no clue how to resolve conflict, they've been living on screens and we're all struggling to support.
Addressing isolation for immunocompromised
Anxiety recognition and treatment
Empathy training in schools and workplaces could help address the years of isolation and only seeing/interacting with those "like" you. In general, it seems empathy has declined as a result of the pandemic.
Facilitate ways to help people reconnect with one another.
Increase social support to decrease isolation
Isolation has been a significant issue. Needs more services to address it.
Isolation: fear of returning to normalcy--services needed.
Services for anxiety and isolation
Services to address isolation (2)
Social gatherings opportunities for those that are alone
Try and get people to socialize again

**More Services/Supports**
Increase range of services.
Make clinics more available
Make programs available.
More outpatient services and subsidized medication
More programs (2)
More support groups
More support groups. More available psychiatry for medications.
Need more services (2)
Need to have more services available. It's hard to get appointments, we have to go to providers in Chicago which is inconvenient. Also, need services in schools.
Not enough crisis services for all subgroups mentioned.

**Access to Affordable/Free Mental Health Services**
Access to free mental health services
Community based programs that are income appropriate
Financial support to access
Free assessments for adults
Free group therapy on anxiety, depression, and substance abuse.
Make it affordable
Make it free/affordable
Make the resources affordable
More affordable and accessible providers and treatment options at earlier levels of need. So many people end up in the ER because they cannot access care before issues reach crisis levels.
Reduce cost of services
Services should be provided on a sliding scale
**Increase Awareness/Education of Mental Health Issues**

- Bringing more attention/awareness to it.
- Continued education about mental health issues
- Effective public communication campaign about mental health issues.
- Have more people open up to others so that people get help and understand that it's nothing to be embarrassed about
- Increase awareness of services
- More awareness and being open and honest as a community about how it affects people.
- More education about mental health issues
- Start in the middle schools/junior high schools making kids aware of mental health issues and how to ask for help. Possibly even 3rd and 4th graders. The more aware people are the better we can handle and address their needs before they spiral out of control!
- To always look for cues and clues—education needed
- Town hall meetings to promote education, social media page providing tips and latest therapies.

**Don’t Know**

- Don’t know (12)
- Have no idea
- I am not certain how to address this issue.
- I am not expert enough
- I cannot make an informed recommendation.
- I do not have suggestions because I do not know.
- I do not know enough to answer this
- I really don't know.
- I’m not sure (2)
- No comment: I haven't thought about this; and am not in tune with the needs.
- No idea (4)
- Not sure (6)
- Unsure (5)

**None**

- None (28)
**Other Recommendations**

Accompanied mental health professional to support police response for crisis or mental health calls.

Acknowledge; develop the programs and options for funding support.

Begin teaching awareness of the complex nature of health (physical, mental, spiritual, community).

Co-create solutions with impacted communities instead of doing surveys and then developing solutions based on the responses from a survey.

Competency regarding race, gender and class issues and the impact they have on accessing services.

Create better/tighter system of care

Creative models of care

Get more funding for facilities and programs that everyone can afford.

Get ready for 988 implementation and educate the public about using it.

Grief counseling.

Help people get over this irrational fear.

Home psychiatry therapy, in person and virtual. Good case manager. Hire empathic people that are kind on the phone during intake.

I would love a phone number to call that could hear the main issues and then recommend good clinicians or programs with immediate availability.

Increase teaching people about community working together to solve problems, and to decrease polarizing following recommended treatment. I suspect it’s very difficult for immunocompromised children and adults to know where they will be safe, and how to be part of the community instead of having to be completely isolated.

Increasing assessments for prevention of all the conditions mentioned.

Inner Engineering Yoga program. Helps to bring awareness and balance to one’s mental, emotional, and overall wellbeing.

It is important that we return to a safe and normal way of operating. We should promote in person services.

It would be great to have community liaisons. People we could reach out to when we suspect a family member is suffering from an illness or disorder, or after we’ve received a diagnosis. The liaisons should have solid knowledge of the common needs people have when suffering from different mental illnesses (for example, knowing that occupational therapy can be helpful for a child with ADHD). And they should be experts on the services that are provided within this community and the costs associated with different providers.
It would be helpful to have a central location where local agencies can report availability of services, and this communicated to residents seeking help.

Make it easier to find and speak with a clinical expert

Mental health issues are more complex than previously handled. It would be cost prohibitive to have staff after staff creating a whole new bureaucracy. Talented caring people with firsthand knowledge need to be encouraged to participate to make the system effective.

More funding

More in person services

More intentional follow up with patients

More mental health services for adults and kids with state provided insurance

More online mental health resources

More outreach programs

More training for police to deal with mental health issues

Need more activities for seniors in a group setting. Maybe volunteer positions for seniors that are bored. Maybe more structured exercise for seniors stuck in their apartment. Volunteers to check on seniors isolated.

Need more in person seniors group support

Need more in person counseling now. Need in-person peer support groups

Once again there needs to be more emphasis on the individual. There should be programming in place for teens and adults/older adults to gather as a group or individually for support. There should be mindfulness sessions yoga classes group therapy all readily available. For example, I own a yoga studio and would happily open up sessions daily for those in need.

Open more inpatient facilities (30 days)

Outreach programs to meet the people where they are.

Outreach to school aged kids; listening sessions with them, assessments of how they are doing; attention to possible substance abuse issues, especially amongst teenagers.

People need to be with others more often and to exercise more often.

Perhaps some method could be set up to find out who is "out there" in the community that is now invisible but needs some support in their lives.

Program support for COVID long haulers

Protocol for reducing people who live by panhandling and living on the street; intervention for families with children who cannot learn in school or who behave in dangerous ways

Reach out to parents?

Reduce wait times for services

Reduce/eliminate virtual mental health sessions. Get the mental health providers back into their offices.
Reopen programs that are available
Resume in person services as much as possible.
Screening for mental health problems across ages
Seminars/workshops available to the community.
Social worker visits
Support for parents who have children with special needs or anxiety.
Telehealth should always be an option but, not the only option.
Work with local mental health providers to support offering more group psychotherapy options for all age groups.
Write up a pamphlet on a strategy for people to develop good habits (exercise, enjoying themselves, good nutrition) getting over having been cooped up for two years.

Other Comments
Again - the question is all about more you need to do. Cut non-core programs and focus on key issues only. OP should reassess whether the Health Department is valuable and see how those dollars could better support the community. For example, shovel sidewalks for older residents and fund vaccine drives. Keep it simple and focused.

Don’t know what to say. Covid has changed and challenged all of us.
Free outdoor theater, rotating shows for various age groups, i.e., something you can’t really experience on a screen but have to be with other people for.
Free summer school for all of the students who are lagging behind due to poor educational instruction over the past years
Get children back to school. Re-engage teens to work as teams and in person.
Get vaccinated and wear masks.
Getting individuals vaccinated then testing too
Great to get first two shots through Oak Park public services. Hard to find a booster shot via the same.
I believe we should all be vaccinated. But also, aware. That we have to contracted to be immune. And yes, people dye. But people also die from a common flu, and other thing because they’re unhealthy.
I think that Thrive Counseling has done a particularly good job of outreach in addressing mental health concern that are secondary to the pandemic.
Keep our kids in school and stop the "remote learning". Stop brushing it off with "the kids are resilient" and start facing the fact that the shutdowns have damaged them.
Keep trying
Make people mask and follow hand washing and social distancing properly
Marketing, make people aware of safe gatherings. Flyers. Offer them something to show up. It is only natural to have an increase in mental health, due to the world circumstances, we have to work in overdrive to encourage people.

No masking

Our family has had close contact and help because of friends and family in spite of COVID years. Sorry don't know need presently

Stop anything online. It is killing our kids. Oak Park went way overboard with the mask mandates, vax requirements, etc. The mental health of our kids has suffered and continue to suffer. My son's issues really got bad when he went online, and he remains in an out of state boarding school to this day.

Stop being so hysterical over Covid-19

Stop lock downs

Stop paying for useless surveys and actually do work. Stop wasting money and understand we are trying to feed our families in this stupid economy.

Teaching tolerance and stopping the mask shaming - either if someone is or isn't wearing a mask.

This is all very new to me. I've never considered these topics before. I've lived in Oak Park 33 years.

Truth and reconciliation would help on a national level. America has been lying to itself for hundreds of years. We cannot heal in the environment that delivers constant trauma. American culture is trauma culture. COVID has amplified that which is already far out of balance. I am not sure where to start. But treating symptoms doesn't solve systemic problems. I may not be the best person to ask.

Vulnerability of citizens all ages when in crisis i.e., pandemic consequences

Wear and provide masks and vaccines