



An Evaluation of Mental Health and Substance Use Statutes in the State of Illinois: Progress and Challenges

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EXECUTIVE SUMMARY

The State of Illinois has demonstrated notable progress in mental and substance use health care, ranking ninth nationally in overall mental health indicators and thirteenth for youth. Nevertheless, 20.72% of adults experience mental illness, placing the state thirty-first in prevalence. Although Illinois ranks third in access to care, indicating a robust service infrastructure, preventive and early intervention strategies remain essential. This report analyzes Illinois' legal landscape by examining statutes for explicit and implicit stigmatization, discriminatory impact, and supportive measures, drawing on key national milestones—from the 1963 Community Mental Health Act to more recent legislation such as the 2003 Children's Mental Health Act and the 2015 Youth Mental Health Protection Act. It aims to identify areas of strength, pinpoint legislative gaps, and propose actionable reforms to enhance equitable mental health services statewide.

A review of 4,221 mental health (MH) and substance use (SU)-related statutes revealed that 75% (3,167) provide supportive measures, 12.5% (527) are implicitly stigmatizing, 10.7% (451) are discriminatory, and 1.8% (76) are explicitly stigmatizing. Statutes in Public Safety, Professions and Occupations, and Veterans exhibited the highest prevalence of stigmatization, while those in Health Facilities and Regulation, Professions and Occupations, and Corrections revealed the greatest discriminatory impacts. Families, Professions and Occupations, and Criminal Procedure emerged as the most supportive domains.

Illinois' legislative framework for MH/SU spans six main categories—Government, Education, Human Needs, Health and Safety, Business and Employment, and Rights and Remedies—offering varied degrees of assistance and areas where stigma persists. Although most statutes reflect a commitment to proactive support, a subset continues to either explicitly or implicitly stigmatize individuals with MH/SU conditions, often through language or requirements that reinforce stereotypes or impose systemic barriers. For example, some Government and Education laws inadvertently disadvantage individuals with MH/SU disorders by mandating additional screenings, while certain Business and Employment statutes fail to provide sufficient accommodations for episodic impairments.

Each category also includes robust supportive provisions demonstrating Illinois' dedication to inclusive care—examples include protections against overt discrimination in housing, employment, and public accommodations, as well as the establishment of school-based health centers for early intervention. However, implicit stigmatization persists in areas such as background checks and fee requirements that disproportionately affect individuals with MH/SU conditions, highlighting the need for ongoing legislative refinement. Despite these limitations, Illinois' legal framework provides a solid foundation for MH/SU support, underscoring the importance of targeted reforms and rigorous oversight to guarantee equitable, stigma-free access to services.

Overall, Illinois' MH/SU legislation suggests a supportive policy environment, including expanded access to care and legal protections. However, there is evidence that systemic gaps and implicit biases occur in statutes governing education, housing, employment, public safety, and corrections. Future reforms should address these limitations by integrating accommodations into academic eligibility requirements, extending housing protections, strengthening anti-discrimination measures in the workplace, and offering specialized mental health training for law enforcement and correctional staff. Ultimately, comprehensive oversight, transparent data collection, and collaboration among policymakers, community organizations, and advocates are essential to ensuring that Illinois' legal framework advances equitable, evidence-based support for individuals with mental health and substance use challenges.

I. INTRODUCTION

The State of Illinois has made strides in mental and substance use health care, as reflected in the 2023 *State of Mental Health in America* report by Mental Health America. The state ranks 9th nationally in overall mental health indicators and 13th in youth-only rankings. However, with 20.72% of its adult population experiencing mental illness—ranking 31st nationally in prevalence—the need for robust preventive measures and early intervention strategies remains critical. On a positive note, Illinois ranks 3rd in access-to-care, showcasing a robust health services infrastructure.¹ This report examines Illinois' legal landscape by analyzing statutes from the State of Illinois General Assembly.² Each statute was assessed for its alignment with one or more of the following categories: explicit stigmatization (ES), implicit stigmatization (IS), discriminatory impact (DI), and supportive measures (SM).

Illinois' mental health and substance use (MH/SU) legislation reflects key national milestones that have shaped policy. Although, until the 1960s, MH/SU health care primarily focused on institutionalization, the passage of the 1963 Community Mental Health Act marked a turning point by deinstitutionalizing mental health care and establishing community mental health centers nationwide. In Illinois, the state's version of the Community Mental Health Act enabled local communities to establish mental health boards, emphasizing localized and accessible care. Over the following decades, national policies such as the 1996 Mental Health Parity Act and the 2010 Affordable Care Act influenced state legislation by promoting insurance parity and designating MH/SU services as essential health benefits. Additionally, Illinois has enacted groundbreaking policies, such as the 2003 Children's Mental Health Act, which mandated the development of comprehensive children's mental health plans, and the 2015 Youth Mental Health Protection Act, which prohibited conversion therapy for minors. Appendix 1 provides a detailed timeline of major state and national legislation surrounding mental health.

The goal of this report is to provide a comprehensive analysis of Illinois' MH/SU legislation, highlighting its strengths, identifying gaps, and offering actionable recommendations to enhance equitable and effective mental health care.

II. METHODOLOGY

For each act passed and not currently repealed, we reviewed its impact based on its alignment with one or more of the following categories: explicit stigmatization (ES), implicit stigmatization (IS), discriminatory impact (DI), and supportive measures (SM). Statutes were categorized as explicitly stigmatizing if they contained language or provisions that directly reinforced negative stereotypes or prejudices against individuals with mental health challenges. Implicitly stigmatizing statutes were identified as those containing systemic biases that indirectly disadvantaged individuals with mental health needs, even if such biases were unintended. Discriminatory impact (DI) was attributed

¹ Reinert, M., Fritze, D., & Nguyen, T. (2023). *The State of Mental Health in America 2023*.

² Illinois General Assembly. Illinois Compiled Statutes. Available at: <https://ilga.gov/legislation/ilcs/ilcs.asp>

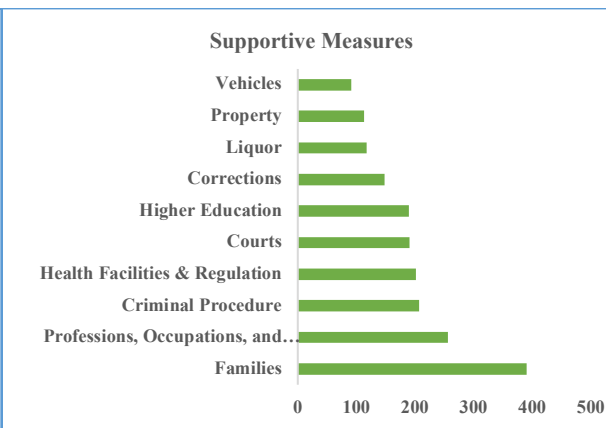
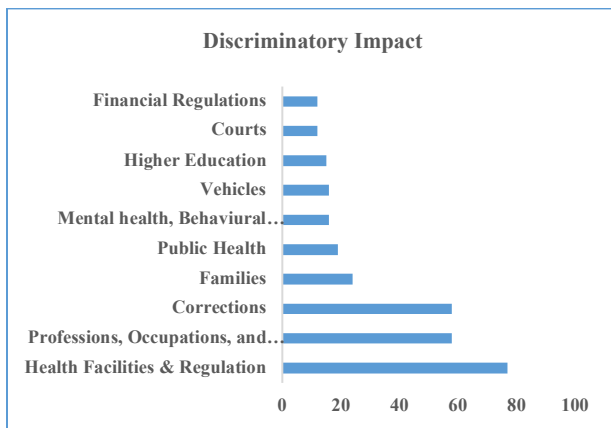
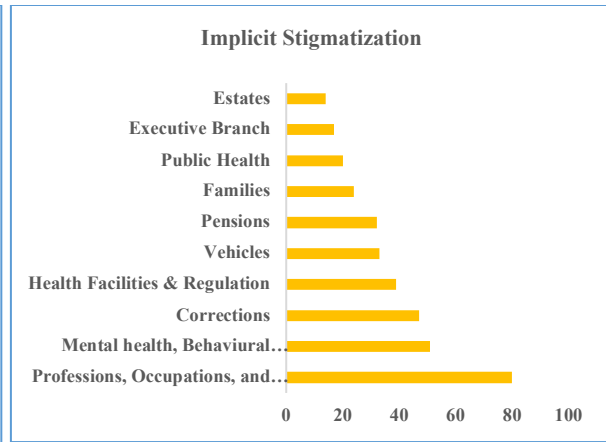
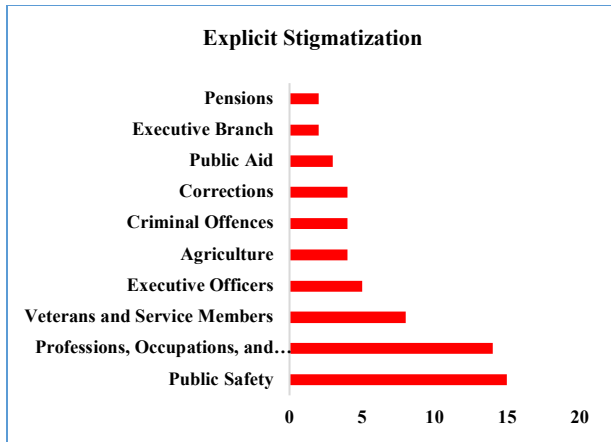
to statutes that created inequitable barriers or restricted access to resources, often affecting marginalized communities disproportionately. Finally, statutes classified as supportive measures (SM) reflected efforts to reduce stigma, enhance access to care, and promote equity and inclusion for individuals with mental health or substance use challenges. It is important to note that a statute could be classified as both stigmatizing and discriminating. Given that stigma refers to problems of knowledge, attitudes, and behavior, a statute may perpetuate harmful stereotypes (stigmatization) while simultaneously imposing practical barriers to access (discrimination).

The review process involved four team members (LB, MF, AL, FW), with at least two reviewers independently analyzing each statute. Categorization was based on predefined criteria, including the language of the statute, its implementation effects, and its alignment with mental health best practices. Through this analysis, nine thematic areas and 68 sub-thematic areas were identified. A total of 4,221 statutes with mental health (MH) and substance use (SU) abuse-related implications were reviewed. Of these, 75% (3,167) provide support, 12.5% (527) are implicitly stigmatizing, 10.7% (451) are discriminatory, and 1.8% (76) are explicitly stigmatizing. The top three sub-thematic areas with explicit stigmatization are Public Safety (15), Professions, Occupations, and Business Operations (14), and Veterans and Service Members (8). The most implicitly stigmatizing laws are found in Professions, Occupations, and Business Operations (80), Mental Health, Behavioral Health, and Developmental Disabilities (51), and Corrections (47). Statutes with discriminatory impacts are prevalent in Health Facilities and Regulation (77), Professions, Occupations, and Business Operations (58), and Corrections (58). Supportive legislation is most common in Families (391), Professions, Occupations, and Business Operations (256), and Criminal Procedure (207).

III. FINDINGS

Figure 1 provides a visual breakdown of the findings, highlighting the prevalence of explicit stigmatization, implicit stigmatization, discriminatory impact, and supportive measures across various thematic areas.

Figure 1. Visual representation of MH/SU legislation categorized by explicit stigmatization, implicit stigmatization, discriminatory impact, and supportive measures.



Main Categories Analysis

Although the analysis included the nine categories outlined by the Illinois General Assembly, this section focuses on the following major categories: Government, Education, Human Needs, Health and Safety, Business and Employment, and Rights and Remedies. Other categories (Regulations, Agriculture and Conservation, and Transportation) are summarized in the Appendix.

Government

The analysis of statutes categorized under Government reveals a nuanced landscape where stigmatization, discrimination, and supportive measures intersect concerning mental health (MH) and substance use (SU) disorders. The overall counts across categories indicate a predominance of supportive measures, suggesting significant efforts to promote inclusivity and support for individuals with MH/SU disorders, despite areas of concern.

A total of 11 statutes explicitly single out individuals with MH/SU disorders, reflecting a direct negative context surrounding these individuals. This is concerning as it reinforces stereotypes and negative perceptions. For example, certain statutes within the

Executive Officers category explicitly reference individuals with MH/SU disorders in a negative context, potentially suggesting that they are unfit for leadership roles. Specifically, statute 20 ILCS 105/3.12 defines "greatest social need" in a manner that includes factors like mental disability, which may inadvertently stigmatize individuals by associating them with an inability to perform daily tasks. The review identified 70 statutes that could implicitly stigmatize individuals with MH/SU disorders. These statutes do not directly mention these conditions but may lead to negative consequences for affected individuals. Within the Executive Branch, some statutes, though not overtly mentioning MH/SU disorders, still have implications that disproportionately affect individuals with these conditions. For instance, policies requiring the disclosure of health information for employment in government positions may lead to privacy concerns and potential discrimination. A total of 29 statutes were found to impose restrictions or barriers specifically on individuals with MH/SU disorders, leading to systemic discrimination within the legal framework. Certain regulations in the Pensions category impose restrictions on benefits for individuals with MH/SU disorders. For example, provisions that limit access to retirement benefits based on mental health status could create barriers for individuals seeking to secure their financial future. Additionally, statute 20 ILCS 105/4.03 establishes a nursing home prescreening program that may disproportionately affect individuals with disabilities by subjecting them to additional scrutiny and potential exclusion from community-based services.

A significant number of statutes (530) across various categories, particularly in the Executive Branch, Pensions, Interstate Compacts, and Executive Officers, provide supportive measures for individuals with MH/SU disorders. This indicates a strong commitment to addressing their needs. These supportive measures include access to treatment programs, funding for mental health services, and protections against discrimination. For example, provisions that mandate state-funded mental health services and outreach programs demonstrate a commitment to improving the lives of individuals with these conditions. Notable statutes such as 20 ILCS 105 and 20 ILCS 1305 highlight the state's commitment to supporting individuals with MH/SU disorders and promoting their well-being and integration into the community.

While the majority of statutes were specific to a category, there was some overlap across categories by simultaneously being supportive and/or discriminatory or stigmatizing. For instance, statute 20 ILCS 105/4.02 aims to prevent unnecessary institutionalization of seniors, including those with Alzheimer's disease, thereby promoting independent living through the Community Care Program.

Education

Illinois' education statutes demonstrate a strong commitment to providing supportive measures for students and employees with MH/SU challenges, while also highlighting areas where implicit stigmatization or discriminatory impacts may occur. Several statutes emphasize support for individuals with MH/SU disorders. For example, Public

Act 105 ILCS 129/20, the ‘School Health Center Act,’ ensures the establishment of school-based health centers to increase access to essential health services for students. These centers provide a safe space for addressing mental health needs, reducing barriers to care, and promoting early intervention for students experiencing MH/SU challenges. Similarly, Public Act 105 ILCS 10/1, the ‘Illinois School Student Records Act’, emphasizes the protection of student records, ensuring privacy and confidentiality for sensitive information, including data related to mental health and substance use challenges. By preventing unauthorized access to school records, the Act fosters a supportive environment for students managing MH/SU conditions.

Despite a clear emphasis on protecting students’ rights and mental health, some policies, such as those requiring threat assessments (105 ILCS 128/45), risk indirectly stigmatizing students with mental health conditions by potentially leading to increased scrutiny or profiling. These assessments could disproportionately target students exhibiting behaviors associated with mental health challenges, inadvertently creating a discriminatory environment.³ Similarly, stringent academic requirements in higher education statutes—such as GPA thresholds or performance-based eligibility criteria—may unintentionally discriminate against students whose academic performance has been impacted by mental health challenges. These requirements often fail to account for the systemic barriers and episodic crises that students with mental health conditions face, potentially excluding them from scholarships, advanced placement opportunities, or extracurricular programs. The ‘College Planning Act’ (110 ILCS 17), for example, focuses on increasing college readiness and postsecondary enrollment among students, particularly those from low-income and first-generation backgrounds. While well-intentioned, the Act neglects to address the significant role mental health plays in a student’s ability to meet academic and behavioral expectations. The requirement for students to maintain a cumulative GPA of at least 2.5 on a 4.0 scale and avoid felony convictions (110 ILCS 17/20) fails to consider the challenges faced by students with mental health conditions, who may experience fluctuating academic performance due to episodic crises or untreated symptoms.⁴ Additionally, while the Act emphasizes proactive counseling and college planning, it does not mandate training for counselors on mental health awareness or trauma-informed care. First-generation and low-income students are statistically more likely to experience mental health challenges due to systemic inequities and socioeconomic stressors.⁵

Several other statutes raise concerns about systemic bias. For instance, 105 ILCS 10, the ‘Illinois School Student Records Act’, includes subjective data such as psychological and personality test results in student records. Without stringent oversight, such data could embed systemic biases, disproportionately affecting students from marginalized communities and perpetuating inequities in educational and disciplinary decisions. Additionally, while the Act delegates the creation of regulations to the State Board of

³ <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2735>

⁴ <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3362&ChapterID=18>

⁵ Lipson, S. K., Diaz, Y., Davis, J., & Eisenberg, D. (2023). Mental health among first-generation college students: Findings from the national Healthy Minds Study, 2018-2021. *Cogent Mental Health*, 2(1), 2220358. <https://doi.org/10.1080/28324765.2023.2220358>

Education (105 ILCS 10/3), it does not establish mechanisms for ongoing oversight or public reporting on compliance. This lack of accountability could lead to inconsistent enforcement across schools, undermining the intended protections for students.⁶

Human Needs

Public Acts surrounding Human Needs in the State of Illinois provide several protections for individuals struggling with mental health and substance use (MH/SU) challenges, focusing on improving access to care, ensuring equitable treatment, and addressing social determinants of health. However, some statutes unintentionally perpetuate systemic inequities, highlighting the ongoing need for evaluation and reform. One of the most important acts is 305 ILCS 5, which establishes the framework for public assistance programs. This act requires individuals to file for unemployment compensation benefits as a condition for qualifying for public assistance. While well-intentioned, this requirement may inadvertently impose barriers for individuals with MH/SU challenges who are unable to work or navigate the unemployment application process. The same act also restricts eligibility for cash assistance for individuals convicted of certain drug-related felonies, as outlined under the Illinois Controlled Substances Act, the Cannabis Control Act, or the Methamphetamine Control and Community Protection Act. While this provision aims to deter illicit drug activities, it disproportionately impacts individuals with substance use disorders, who often face systemic barriers to rehabilitation and employment. These restrictions may exacerbate economic instability and limit access to essential resources, further entrenching cycles of poverty and poor mental health. In terms of continuity of support, 305 ILCS 5 also imposes a five-year lifetime limitation on receiving cash assistance for adults. Given that several mental health challenges may be lifelong or episodic in nature, the five-year lifetime limitation under 305 ILCS 5 creates significant gaps in support for individuals who depend on public assistance during periods of instability or recovery.

Other acts that may inadvertently perpetuate systemic inequities include Public Act 310 ILCS 10, which grants Housing Authorities the power to police their properties and enforce regulations for the protection of residents, employees, and visitors, and Public Act 310 ILCS 70, which outlines forms of housing assistance aimed at preventing homelessness. While Public Act 310 ILCS 10 is intended to ensure safety and reduce illegal activities—such as street gang-related offences, controlled substance violations, and firearm-related crimes—it may disproportionately affect individuals with MH/SU challenges who reside within public housing facilities. The impact is twofold. First, individuals experiencing mental health crises may be misinterpreted as disruptive or dangerous, resulting in punitive measures rather than access to appropriate care. Second, residents with substance use disorders may face heightened vulnerability to eviction or legal consequences, further destabilizing their lives. Similarly, while Public Act 310 ILCS 70 provides essential housing assistance aimed at preventing homelessness—such as payment of rent or mortgage arrearages, security deposits,

⁶ <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1006>

and utility bills—the act's provision that caps total assistance at the equivalent of six months of rent or mortgage payments may be insufficient for those requiring extended support to achieve stability.

However, while there are significant areas where these acts could be improved, Illinois still demonstrates a strong commitment to addressing human needs, particularly for vulnerable populations such as children, the aging population, and Veterans and service members. For example, Public Act 325 ILCS 15 (Child Sexual Abuse Prevention Act) focuses on protecting children from abuse through education and community awareness, helping to mitigate the long-term mental health impacts of trauma. Similarly, Public Act 325 ILCS 3 (Department of Early Childhood Act) establishes a comprehensive system for overseeing early childhood programs, ensuring that mental health and emotional well-being are prioritized, even in cases of relinquishment or neglect. For the aging population, Public Act 320 ILCS 10 (Respite Program Act) and Public Act 320 ILCS 65 (Family Caregiver Act) provide respite care services for family caregivers of older adults, which directly supports the mental health of caregivers while also indirectly benefiting older adults by ensuring they are cared for by refreshed and attentive caregivers. Lastly, the mental health of Veterans and service members in Illinois is protected under Public Acts such as 330 ILCS 65 and 330 ILCS 126. Public Act 330 ILCS 65 (Housing for Veterans with Disabilities Act) ensures accessible and stable housing for veterans with disabilities, including those with mental health conditions such as PTSD. Similarly, Public Act 330 ILCS 126 (Veterans' Health Insurance Program Act of 2008) guarantees access to affordable health insurance, including mental health services.

Health and Safety

Illinois' health and safety statutes reflect a robust yet complex framework that aims to support individuals facing MH/SU challenges. While many laws demonstrate a commitment to promoting rights, access, and equity, critical gaps remain where implicit stigmatization, explicit stigmatization, and discriminatory impacts persist. A review of 737 statutes across six sub-thematic areas—Mental Health, Behavioral Health, and Developmental Disabilities; Public Health; Environmental Safety; Nuclear Safety; Fire Safety; and Public Safety—provides insights into both progress made and challenges yet to be addressed.

The Mental Health, Behavioral Health, and Developmental Disabilities sub-thematic area stands out for its extensive supportive measures, with 256 statutes aimed at protecting individual rights, fostering recovery, and improving access to care. Public Act 405 ILCS 5/2, the Mental Health and Developmental Disabilities Code, is a cornerstone of this legal framework. It guarantees fundamental rights for recipients of mental health services, including informed consent, humane treatment, and the right to refuse medication in non-emergency situations. These protections promote individual autonomy and dignity, essential for fostering an inclusive environment for individuals

with MH/SU disorders. However, some statutes within this area reveal implicit stigmatization. For example, laws 405 ILCS 5/108-110 requiring the imposition of financial liability on responsible relatives might be considered stigmatizing. Similarly, Public Act 405 ILCS 5/4, which permits involuntary admission based on perceived danger, reinforces the stereotype that individuals with MH/SU disorders are inherently threatening. This framing not only stigmatizes individuals but may also dissuade them from seeking treatment, exacerbating existing barriers to care.

Public health statutes illustrate a strong emphasis on wellness promotion and disease prevention, with 190 supportive measures identified. For instance, Public Act 410 ILCS 130, the Illinois Park District Programs, which prohibits discrimination against persons with disabilities from participating in a summer camp, educational program, or other similar program provided by a park district benefits individuals with MH/SU disorders by eradicating fears of judgment and neglect. Nonetheless, implicit stigmatization and discriminatory impacts are evident in specific policies. For example, contact tracing laws under 410 ILCS 325 may be stigmatizing for individuals identified as infected. Similarly, statutes on issuing sexual assault services vouchers may foster indirect stigmatization based on inclusion of a photo and other personally identifiable records (410 ILCS 70), potentially creating social and legal barriers.

Statutes within environmental safety, while limited in number, also play an important role in the health of individuals with MH/SU challenges. The majority of the act addresses pollution control and environmental safety, recognizing the critical role of a clean environment in overall mental health. However, stringent disposal regulations for waste treatment and storage could contribute to stigma surrounding addiction (415 ILCS 5/56.2). Public safety statutes exhibit significant challenges in combating explicit stigmatization, with 15 laws perpetuating harmful stereotypes about individuals with MH/SU conditions. For instance, firearm possession restrictions under Act 430 ILCS 167 explicitly target individuals with certain MH/SU diagnoses, overlooking the nuanced nature of recovery and risk assessments before issuing or renewing firearms restraining orders. The inclusion of mental health treatment history as a criterion for issuing restraining orders can perpetuate the stereotype that individuals with mental health issues are inherently dangerous.

Business and Employment

Illinois' statutes related to business and employment reflect a mixed landscape of supportive measures and areas where implicit stigmatization or discriminatory impacts may arise. The legal framework, while aiming to promote equity and inclusivity, highlights gaps in addressing the unique challenges faced by individuals with MH/SU disorders. While there are no statutes that explicitly stigmatize individuals with MH/SU disorders, there are several statutes that could indirectly impact them. Additionally, some statutes impose discriminatory barriers, highlighting the need for legislative reform to address these issues. Specifically, under the Court sub-theme, statute 805 ILCS

5/8.50 outlines fiduciary responsibilities for corporate officers; while competency requirements are essential, they may indirectly stigmatize individuals with episodic MH/SU conditions if no accommodations are provided for temporary impairments. Similarly, statute 805 ILCS 305/5 regulates professional licensing for business entities; provisions for revoking licenses on grounds of mental incompetence could lead to exclusion if clear guidelines for evaluation and accommodations are not established. These statutes could benefit from amendments that explicitly mandate reasonable accommodations for individuals with MH/SU disorders in leadership and professional roles. Clarifying such provisions would reduce potential implicit stigmatization and foster a more inclusive business environment.

The Business Transaction sub-theme statutes also present certain implicit stigmatizations. For instance, 815 ILCS 505/2F enhances penalties for fraudulent practices, including those involving individuals with MH/SU disorders. While intended to prevent exploitation, this statute could disproportionately impact individuals if they are unfairly categorized as high-risk. The employment sub-theme presents a mix of supportive measures and provisions that could result in discriminatory impacts. For example, 820 ILCS 305/4 (Workers' Compensation Act) imposes stringent proof requirements for mental health claims, creating barriers for employees seeking compensation for MH-related conditions. Also, 820 ILCS 175/5 (Employee Background Check Act) allows employers to conduct background checks that may disproportionately affect individuals with a history of substance use disorders, potentially limiting their employment opportunities.

On the positive side, a significant number of statutes provide supportive measures, reflecting efforts to promote inclusivity and support for individuals with MH/SU disorders. For instance, statute 805 ILCS 105/103.10 promotes the inclusion of nonprofit organizations supporting mental health initiatives, encouraging the establishment of businesses with a focus on MH/SU services. 810 ILCS 5/9-102 includes provisions that promote access to credit and financial services for individuals with disabilities, indirectly supporting individuals with MH/SU disorder by encouraging non-discriminatory financial practices. Similarly, statute 815 ILCS 122/1-1 (Consumer Installment Loan Act) mandates fair lending practices, indirectly benefiting individuals with MH/SU disorders by promoting equitable access to credit. 820 ILCS 55/10 protects employees' privacy by prohibiting employers from demanding access to personal social media accounts, indirectly supporting individuals managing MH/SU conditions.

The presence of numerous supportive measures is encouraging. However, statutes requiring mental competency evaluations should be revised to ensure they are conducted by qualified professionals under clear and unbiased criteria. Enhancing oversight mechanisms for financial institutions could prevent discriminatory practices. Revising workers' compensation statutes to reduce the burden of proof for MH-related claims and expanding protections against biased hiring practices would enhance equity in the workplace. Expanding supportive measures to include explicit protections for

individuals with MH/SU disorders when engaging in commercial transactions would strengthen the legal framework. Additionally, incorporating training for financial institutions on accommodating MH/SU conditions could mitigate potential biases.

Rights and Remedies

Spanning various sub-thematic areas, including courts, criminal offences, corrections, families, civil liabilities, and human rights, the review of Illinois statutes under this theme highlights a nuanced and complex landscape where individuals with MH/SU disorders may face various forms of stigmatization and discrimination. However, there are also numerous supportive measures in place to protect and assist these individuals. Notable specific patterns, key provisions, and their implications are discussed below.

Statutes related to court operations reflect a mix of implicit stigmatization and supportive measures. Provisions under 705 ILCS 130 establish various court fees and funds aimed at supporting judicial services. While these statutes generally provide mechanisms to ensure access to justice, there are instances where individuals with MH/SU conditions could be indirectly impacted, particularly when fee waivers or exemptions are not explicitly provided for those facing economic hardship due to their conditions. Statute 705 ILCS 105/27.1b offers fee waivers in specific circumstances, promoting better access to justice for vulnerable populations. However, the lack of explicit mention of MH/SU challenges in many statutes may result in indirect stigmatization by failing to recognize the unique barriers these individuals face in legal proceedings.

Statutes under criminal offences and procedures demonstrate significant areas of concern, particularly in terms of discriminatory impact. For example, provisions under 730 ILCS 5/3-7-2.5, which pertain to controlled substances, impose stringent penalties that disproportionately affect individuals with substance use disorders. Such penalties, while aimed at deterrence, often lead to long-term stigmatization and barriers to reintegration. On a more positive note, statutes under 725 ILCS 5/104-110 provide for the admissibility of evidence regarding a defendant's mental state, which can serve as a mitigating factor in criminal proceedings. This represents a critical supportive measure, emphasizing the importance of context in judicial outcomes.

The Corrections sub-theme presents a striking example of systemic challenges faced by individuals with MH/SU disorders. Statutes under 730 ILCS 5/3 outline various correctional programs but also highlight the high prevalence of implicit stigmatization and discriminatory impact. For instance, the lack of tailored rehabilitation programs for those with MH/SU conditions may exacerbate recidivism risk and hamper successful reintegration. Supportive measures are present in statutes such as 730 ILCS 5/3-15, which mandates mental health services within correctional facilities. However, the effectiveness of these measures may be undermined by resource constraints and inconsistent implementation across facilities.

Family-related statutes exhibit a dual dynamic: while there are supportive measures aimed at protecting the rights of individuals with MH/SU conditions, certain provisions indirectly contribute to stigmatization. For example, under 750 ILCS 5, which governs child custody determinations, a parent's mental health condition can be a factor in custody decisions. While the statute aims to ensure the child's best interests, it risks perpetuating stigma by not mandating a nuanced assessment of how MH/SU conditions actually affect parenting ability. Conversely, statutes under 750 ILCS 60, which pertain to domestic violence protection, explicitly include provisions for individuals experiencing MH/SU challenges. This represents a critical supportive measure, ensuring that mental health conditions do not preclude access to protective orders.

Civil liability statutes, particularly those under 740 ILCS 57, impose obligations on service providers and landlords to accommodate individuals with disabilities, including MH/SU disorders. However, the absence of explicit guidance on reasonable accommodations for mental health conditions can lead to inconsistent enforcement and indirect stigmatization. On the other hand, statutes under 745 ILCS 10, which grant immunities to public entities and employees, do not explicitly account for the potential discriminatory impact of actions taken against individuals with MH/SU disorders. This omission can perpetuate systemic biases and hinder accountability.

The Human Rights sub-theme provides some of the strongest supportive measures. Provisions under 775 ILCS 5, the Illinois Human Rights Act, explicitly prohibit discrimination based on mental health conditions. This statute serves as a cornerstone for promoting equity and reducing stigma in various aspects of life, including employment, housing, and public accommodations. However, enforcement remains a critical challenge. While the statute establishes a legal framework for addressing discrimination, individuals with MH/SU disorders may face significant barriers to accessing legal remedies, such as a lack of awareness or financial constraints.

IV. CONCLUSIONS

The main goal of this project was to provide a comprehensive analysis of Illinois' mental health legislation, highlighting its strengths, gaps, and areas for improvement. By analyzing statutes that are both directly and indirectly associated with mental health, we identified key patterns of support, stigmatization, and discrimination embedded within the state's legal framework.

This analysis reveals that Illinois has made significant strides in promoting mental health equity through supportive measures, such as expanding access to care and protecting individuals' rights under laws like the Illinois Human Rights Act. However, areas of concern persist, particularly regarding implicit stigmatization and systemic barriers that disproportionately affect marginalized communities. For example, statutes related to education, housing, and employment sometimes inadvertently perpetuate inequities or fail to address the unique needs of individuals with MH/SU challenges. Similarly,

statutes related to public safety and corrections often reflect implicit biases, reinforcing stereotypes about individuals with MH/SU challenges.

Future legislative efforts should focus on addressing these gaps and building on the progress already made to create a more equitable and inclusive legal framework for individuals with MH/SU challenges. For instance, education statutes should address systemic inequities, such as GPA thresholds, by incorporating mental health accommodations into eligibility criteria for scholarships and advanced opportunities. Much like several universities already provide for exam testing and other academic processes, accommodations for those with mental health challenges should extend beyond testing to include broader academic and extracurricular support. This could involve flexible deadlines, access to mental health counseling, and tailored interventions for students facing episodic crises or ongoing conditions. Such measures would ensure equitable access to opportunities often limited by rigid policies.

Similarly, housing statutes should focus on creating safeguards for individuals with MH/SU challenges. This includes expanding protections against eviction due to behaviors linked to untreated mental health conditions and increasing access to stable housing programs with mental health support services. Housing assistance programs should also consider extending time limitations on support to accommodate the recovery timelines of individuals with chronic or episodic conditions. In the realm of employment, future legislation should address implicit biases in hiring and workplace policies by mandating anti-discrimination training for employers and expanding workplace accommodations for individuals with mental health challenges. For example, reforms to workers' compensation statutes should lower the burden of proof for mental health-related claims, and licensing requirements for certain professions should incorporate clear, unbiased criteria that ensure individuals are not unfairly excluded due to episodic conditions.

Public safety and corrections statutes should focus on reducing stigmatization and discriminatory impacts by promoting mental health-informed approaches. This includes offering law enforcement officers specialized training to manage encounters with individuals experiencing mental health crises and ensuring that correctional facilities have adequate mental health services. Rehabilitation programs tailored to individuals with MH/SU disorders should also be expanded to address recidivism rates and support reintegration into society.

Finally, all legislative efforts must be backed by strong oversight mechanisms to ensure equitable implementation. Transparency in data collection and reporting will be critical to evaluate the effectiveness of reforms and identify persistent gaps. Cross-sector collaboration among policymakers, community organizations, and mental health advocates will also be vital in designing comprehensive, evidence-based solutions.

IV. APPENDIX

APPENDIX 1

Timeline of Major National Legislations

1963 - Community Mental Health Act, which deinstitutionalized mental health care and established community mental health centers nationwide.

1996 – Mental Health Parity Act (MHPA), which required large group health plans to offer mental health benefits equivalent to medical and surgical benefits in terms of annual and lifetime benefits.

2008 – Mental Health Parity and Addiction Equity Act (MHPAEA), which mandated that insurance plans provided equal coverage for mental health and substance use disorders as they do for physical health conditions.

2010 – Affordable Care Act, which designed mental health and substance use disorder services as one of the ten essential health benefits that must be covered by insurance plans.

2016 – The 21st Century Cures Act, which included provisions to improve mental health care, such as funding for mental health programs and initiatives to integrate primary and mental health care.

2018 – Family First Prevention Services Act, which aimed to reform the child welfare system and included funding for mental health services for families and children at risk of entering foster care.

Timeline of Major State of Illinois Legislation

1963 – Community Mental Health Act (405 ILCS 20/)⁷, which allowed Illinois communities to establish and fund mental health boards to provide local mental health services.

1979 – Mental Health and Developmental Disabilities Code (405 ILCS 5/)⁸, which outlined the rights of individuals receiving mental health services, procedures for voluntary and involuntary admissions, and standards for treatment.

⁷ <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1499>

⁸ <https://www.ilga.gov/legislation/ilcs/ilcs4.asp?ActID=1496&ChapterID=34>

2003 – Children’s Mental Health Act (405 ILCS 49/)⁹, which mandated the development of a Children's Mental Health Plan to promote comprehensive mental health services for children and ensure early intervention and prevention programs.

2007 – Mental Health Court Treatment Act (730 ILCS 168/)¹⁰, which created specialized mental health courts to divert individuals with mental illnesses from the traditional criminal justice system into treatment and rehabilitation programs.

2013 – Illinois Mental Health First Aid Training Act (405 ILCS 105/)¹¹, which established training programs to help individuals identify and respond to signs of mental illnesses and substance use disorders.

2015 – Youth Mental Health Protection Act (405 ILCS 48/)¹², which prohibited mental health providers from engaging in conversion therapy with minors to protect youth from harmful practices.

2019 – Mental Health Early Action on Campus Act (110 ILCS 58/)¹³, which required Illinois public colleges and universities to provide mental health resources and training to proactively address student mental health needs.

2021 – Community Emergency Services and Support Act (50 ILCS 754/)¹⁴, which integrated 911 and 988 services to improve responses to mental health crises and reduce law enforcement involvement.

2023 – Strengthening and Transforming Behavioral Health Crisis Care in Illinois Act (405 ILCS 160/)¹⁵, which mandated the development of a comprehensive behavioral health crisis response system, including crisis call centers and mobile crisis response teams.

2023 – Interagency Children's Behavioral Health Services Act (405 ILCS 165/)¹⁶, which established an interagency team to coordinate children's behavioral health services across multiple state departments.

⁹ <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2481&ChapterID=34>

¹⁰ <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2947&ChapterID=55>

¹¹ <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3506&ChapterID=34>

¹² <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3669&ChapterID=34>

¹³ <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=4013&ChapterID=18>

¹⁴ <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=4210>

¹⁵ <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=4431&ChapterID=34>

¹⁶ <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=4455&ChapterID=34>

APPENDIX 2

Additional categories (Regulation, Agriculture and Conservation, and Transportation) are summarized in this section. The majority of statutes did not correlate with the stigmatization or supportive categories concerning mental health and/or substance use disorders. However, text in these sections may implicitly stigmatize individuals with mental health and/or substance use disorders by not addressing these individuals and issues explicitly. In many instances, the textual language penalized individuals without considering the role of mental health for specific circumstances. In particular, the Transportation section considered the role of alcohol consumption to play a vital role in determining ineligibility for a driver's license in addition to a multitude of other factors. While this is highly pertinent in determining road safety, the statutory language may indirectly stigmatize individuals struggling with substance use. The Agriculture and Conservation section primarily provided supportive measures towards individuals with mental health issues, and the Regulation section included statutes that could be seen as stigmatizing as they request individuals to state their mental health and/or disability status when filling out specific forms. Although each section had stigmatizing factors, each section also provided supportive measures that aimed to benefit individuals of the public with mental health and/or substance use disorders.