



**Under Pressure: Mental Wellness, Access, and
Systems of Care for Women and Girls in Sonoma County**
Sonoma County Commission on the Status of Women
Position Paper, February 2026

EXECUTIVE SUMMARY

Mental wellness for women and girls in Sonoma County is shaped by cumulative stress, trauma exposure, identity-based marginalization, and barriers to accessible, culturally responsive care. These challenges have intensified in recent years as residents have experienced repeated disruption, including catastrophic fires, the COVID-19 pandemic, and ongoing social and economic instability. This local picture reflects a broader pattern documented globally. The World Health Organization reports that more than 1 billion people live with a mental health disorder and calls for equitable financing, sustained investment in the mental health workforce, and expansion of community-based, person-centered care.¹

To help inform local policy and system improvement, the Sonoma County Commission on the Status of Women convened a public panel of mental health experts and community leaders in November 2025. Panelists included **Susan Farren** (First Responders Resiliency, Inc.), **Natalie Rogers, LMFT** (Santa Rosa City Councilwoman, District 7), **Dr. Amie Carter** (Sonoma County Office of Education), and **Dr. Jan Cobaleda-Kegler, PsyD, LMFT** (Sonoma County Behavioral Health Division), with additional expert consultation provided by **Melissa Ladrech, LMFT, BBS** (Sonoma County Behavioral Health Division).

Sonoma County has already made meaningful progress in strengthening behavioral health services and crisis response capacity, including ongoing improvements led by the County’s Behavioral Health Division and sustained work by nonprofit and community partners. Building on that foundation, this position paper synthesizes expert testimony, public input, and data from the Commission’s 2023 report to show that women’s mental wellness in Sonoma County is shaped by systems, not only symptoms. It also identifies where services remain difficult to navigate, where demand is outpacing capacity, and where additional staffing and sustained investment are necessary to meet community need. The paper highlights priorities including clearer pathways to care, stronger prevention, culturally responsive services, school-community partnerships that expand trusted adult support for youth, and clinician-led crisis response that is straightforward to access. It concludes with implications and recommendations to guide policy, coordination, and resource decisions for county officials and community stakeholders.

GUIDING QUESTIONS AND DISCUSSION FRAMING

The Commission designed the panel questions to clarify how cumulative stress and trauma affect women’s mental wellness, how identity and systemic barriers shape belonging and access to care, what local experts are seeing among women and girls in Sonoma County, and what practical steps local decisionmakers and community partners can take to improve access, equity, and early intervention. Our key recommendation is for county stakeholders to treat mental wellness as foundational infrastructure for county resilience by enabling staffing and stabilizing funding.

THE SYSTEMS SHAPING WOMEN’S MENTAL WELLNESS

Panelists described women’s mental wellness as a life-course issue shaped by cumulative stress, trauma exposure, unequal belonging, and disproportionate burden. **Dr. Cobaleda-Kegler** noted that women report higher levels of depression, anxiety, and stress than men and described how overlapping crises, including fires, pandemic isolation, and community fear related to immigration enforcement, can intensify isolation and reduce help-seeking. Findings from the Commission’s 2023 Report on the Status of Women and Girls in Sonoma County reinforce this framing. After the 2017 and 2019 fires, about one in four households reported fire-related depression or hopelessness affecting at least one household member. During the COVID-19 pandemic, the share of Sonoma County women who reported feeling “stressed” or “very stressed” rose from about one-third to nearly nine in ten. The report also identified significant gender disparities: across 2019-2021, Sonoma County women were more than twice as likely as men to show signs consistent with a serious psychological episode in the prior year.^{2,3}

These disruptions are not isolated events; their impacts compound over time, creating layered stress exposure that can intensify mental health risk and reduce resilience. Drawing on decades of emergency response experience, **Director Farren** shared that stress often becomes visible early through hypervigilance, isolation, behavior changes, and sleep disruption. She also stressed the importance of recognizing the gut-brain connection and avoiding overly narrow, medication-first responses when broader contributors remain unaddressed.

Panelists also discussed how identity-based marginalization produces chronic stress that mental health systems must treat as a real driver of outcomes. **Dr. Amie Carter** described the fatigue that comes with managing a marginalized identity, including the exhaustion of shielding one’s authentic self during the Prop 8 era. She stressed the importance of belonging and safety as mental health fundamentals, particularly for youth. **Councilwoman Rogers** shared that women, and particularly women of color, often carry expectations to be “strong,” which can delay care-seeking and deepen self-silencing.

Local data reflect these patterns. In the Commission’s 2023 report, mental health ranked among the top challenges for roughly 30% of survey respondents across income groups and emerged as a cross-cutting issue across racial and ethnic communities, with higher reporting among Hispanic/Latinx, Black/African American, and Asian American/Pacific Islander respondents. Panelists stressed that these patterns are a predictable outcome of how systems are structured and resourced in environments where chronic strain is normalized and care remains difficult to access. They also noted that resilience depends in part on protective factors, such as safe environments, supportive relationships, and community connection, and that when those supports are limited, recovery from disruption becomes harder to sustain.

YOUTH MENTAL HEALTH AND SCHOOLS AS ACCESS POINTS

Youth mental health also emerged as an urgent concern, shaped by conditions that schools and communities are actively navigating. Panelists described intensified pressures on young women and girls linked to social media and identity-based harassment, including racial, disability, and 2SLGBTQIA+ bullying. **Dr. Carter** highlighted strain within local school systems, including staffing cuts and reduced stability, and noted that students consistently ask for trusted adults on campus. She emphasized that youth want support without shame and are often ahead of adults in destigmatizing mental health.

Local student feedback reinforces both the scale of distress and the central role of schools as access points. In a Sonoma County YouthTruth report, “feeling depressed, stressed, or anxious” emerged as the most frequently cited obstacle to learning among secondary students. The same report found that only about one-third of high school students felt like a real part of their school community.⁴

Youth distress also intersects with elevated suicide risk for specific student populations. The Sonoma County Suicide Prevention Strategic Plan (2024-2029) reports significant disparities by sexual orientation and gender identity, including substantially higher self-reported suicidal ideation among bisexual and gay or lesbian students, transgender students, and non-binary or gender non-conforming students.

You Are Not Alone: Please remember that help is available through local and national resources. If you or someone you care about is in emotional distress or thinking about suicide, help and support are available from a wide variety of services including the 24/7 hotline at 988. For help identifying local resources, call 211.

In response, **Councilwoman Rogers** highlighted the value of group-based approaches, which can be especially effective for youth and can reduce isolation in ways that individual support alone often cannot. Panelists also pointed to recent state approval to bill Medi-Cal for services delivered on campuses as a concrete opportunity to expand access, if systems can staff, coordinate, and sustain implementation. Together, these findings underscore the need to treat schools as front-line mental health access points, not only sites of academic instruction.

GETTING HELP: ACCESS BARRIERS, NAVIGATION, AND SYSTEM CAPACITY

Panelists described barriers to behavioral health support as both structural and practical. This discussion focused not only on access to treatment, but also on how residents locate support, move between services, and receive crisis response when needs escalate. Common challenges include affordability, limited workforce diversity, cultural mismatch, and systems that are difficult to understand or navigate. **Councilwoman Rogers** stressed that culturally responsive care requires both representation and respect for cultural values in treatment, with patients positioned as experts on their own needs.

Dr. Cobaleda-Kegler described several system improvements already underway, including Medi-Cal changes, a “no wrong door” approach intended to support assessment and referral regardless of entry point, and expanded mobile crisis teams staffed by clinicians rather than law enforcement. Panelists also noted that Sonoma County benefits from a strong nonprofit and community-based ecosystem, but that fragmentation and service duplication can persist when coordination is limited, and service gaps are not clearly mapped.

At the same time, panelists emphasized that Sonoma County has already made meaningful investments in behavioral health infrastructure and crisis response, and that additional improvements are in progress. The Behavioral Health Division has also developed practical navigation tools, including a Behavioral Health Resource Map designed to help residents connect with local supports.⁵ However, system capacity remains increasingly constrained by workforce shortages and hiring limitations, even as community demand rises and new state expectations under the Behavioral Health Services Act (BHSA) approach implementation.

IMPLICATIONS, CONSIDERATIONS, AND NEXT STEPS

As mental health needs intensify, Sonoma County faces a clear implementation challenge: demand is rising faster than the system’s ability to provide timely, navigable support, especially under current workforce and hiring constraints. While meaningful progress is already underway, the evidence gathered for this paper clarifies where policy, coordination, and investment decisions are most urgent. The following implications highlight what must be strengthened next to improve mental wellness outcomes for women and girls.

- **Women’s mental wellness needs in Sonoma County are widespread and measurable, and demand is rising.** Sonoma County has built important behavioral health capacity and system improvements are underway; however, local data show a dramatic rise in women’s reported stress during the pandemic, and national treatment trends show increasing utilization since 2019, indicating growing system volume and the need for timely, navigable access pathways, especially as staffing and funding constraints shape what the system can deliver.
- **Disaster-related trauma is ongoing and cumulative.** Fire- and pandemic-related depression and hopelessness reported at the household level point to long-tail effects that should be treated as a continuing public health priority, not a closed chapter.
- **Disparities are persistent and prevention must be equity-informed.** Women experience higher levels of psychological distress than men, and local planning documents indicate elevated suicide-related risk indicators for 2SLGBTQIA+ and gender-diverse youth, underscoring the need for stigma-free, culturally responsive prevention and clear crisis pathways.
- **Schools are a high-need setting and a high-impact intervention channel.** Youth are asking for trusted adults and stigma-free support, while schools face resource constraints that require county-community partnership; local student feedback reinforces that emotional distress is a major barrier to learning and belonging.

POLICY AND PROGRAMMATIC RECOMMENDATIONS

To strengthen mental wellness outcomes for women and girls in Sonoma County, the Commission on the Status of Women recommends the following actions:

1. **Treat mental wellness as foundational infrastructure for county resilience by enabling staffing and stabilizing funding.** Sonoma County’s ability to meet community need will increasingly depend on whether the behavioral health system can sustain and grow its workforce. As implementation of the Behavioral Health Services Act (BHSA) approaches, staffing capacity, including expanded integration of peer roles, must be sufficient to meet state requirements and deliver timely access. The Commission recommends that the County prioritize fiscal decisions and funding structures that allow Behavioral Health to fill essential positions, reduce workforce strain, and stabilize service capacity. This investment should also strengthen cross-system coordination so services are easier to navigate and gaps are clearly identified. Use local data showing widespread stress, disaster-related trauma effects, and persistent gender disparities to justify sustained investment, and reduce reliance on short-term funding cycles that incentivize “innovation” over continuity and core capacity.
2. **Improve access so getting help and navigating crisis pathways is clear and straightforward.** Strengthen and promote simple, public-facing guidance on how to access care, where to start, and what residents can expect at each step, including clear direction on when to call 988, when to call 911, and how to use 211 to identify local resources. Expand real-time referral capacity and follow-

up practices, including warm handoffs from crisis response to ongoing care, so residents can move from immediate support to next-step services without avoidable delays.

- 3. Treat schools as front-line access points for youth mental wellness.** Use the new ability to bill Medi-Cal for campus-based services to expand staffing models that provide consistent youth-facing support, including group-based services, referral coordination, and trusted adult presence. Pair implementation with inclusion-focused practices that reduce identity-based bullying and strengthen belonging for students most at risk of isolation and harm.
- 4. Strengthen culturally responsive care through workforce diversification and peer models.** Invest in recruitment, retention, and training to diversify the behavioral health workforce and improve cultural responsiveness across settings. Expand peer support roles as a trusted bridge into care, especially for residents who face cultural mismatch, prior system harm, or difficulty identifying providers who understand their lived experience.
- 5. Scale prevention and early identification in everyday community touchpoints.** Embed brief, practical education on early warning signs of chronic stress and trauma exposure (including sleep disruption, hypervigilance, isolation, and behavior changes) into primary care, community-based services, and school-linked supports. Pair screening and education with clear “what to do next” steps, including warm handoffs when elevated risk is identified, to reduce escalation into crisis.

CONCLUSION

Mental wellness challenges facing women and girls in Sonoma County are real, measurable, and shaped by systems that can be strengthened through clear policy and programmatic choices. The Commission’s 2023 data captures the depth of community stress and trauma, and expert testimony from this public panel highlights where current systems fall short, and where progress is within reach. Sonoma County can improve outcomes by investing in easier pathways to care, prevention and early support, culturally responsive services, school-community partnerships that expand trusted adult presence, clinician-led crisis response, and stable behavioral health infrastructure.

¹ WHO, Global Call to Scale Up Action on Mental Health: <https://www.who.int/news/item/02-09-2025-over-a-billion-people-living-with-mental-health-conditions-services-require-urgent-scale-up>.

² *2023 Report on the Status of Women and Girls in Sonoma County*. Please contact the Commission at csw@sonomacounty.gov to receive a copy of the Report. Available in Spanish and English.

³ A “serious psychological episode” is defined as an episode during which there is impaired social and/or professional functioning as a result of mental health issues. See California Health Interview Survey (CHIS): <https://ask.chis.ucla.edu>.

⁴ Youth Truth 2024 Survey: <https://www.sonomacf.org/nonprofits/the-sonoma-county-youthtruth-survey>.

⁵ Behavioral Health Resource Map for Sonoma County: <https://sonomacounty.gov/health-and-human-services/health-services/divisions/behavioral-health/resource-map>.