Sonoma County MHSA Listening Sessions

FY 2022-2023 Annual Report

Prepared for Sonoma County Department of Health Services, Behavioral Health Division

by Coaction Institute

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Acknowledgements

This project is the result of the innovative efforts of Sonoma County's Mental Health Services Act Community Program Planning Workgroup, who went above and beyond in the development of a strategic plan to deepen engagement with the County's diverse communities experiencing mental health inequities. In bringing that plan to life, the heart and soul of the project lies with the community leaders and activists who stepped forward as co-facilitators to engage their communities in these important conversations. We would like to recognize their hard work and thank them for their contributions to the effort:

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- For Asian American/Pacific Islanders: Grace Villafuerte, Jerry Thao
- For immigrant and US-born Latinx youth and adults: Isabel Lopez, Renee Saucedo, Maricarmen Reyes, Dalya Amador, Mar Rivas, Victoria Amador, Oscar Lopez, Chelene Lopez
- For LGBTQIA residents: Chelsea Kurnick, Celeste Austin
- For Older Adults: Mina Newman
- Contributing to facilitator conversations and planning: Madonna Feather Cruz

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Sonoma County's MHSA Listening Sessions coordinating team includes Melissa Ladrech, MHSA Coordinator, Fabiola Espinosa, MHSA Analyst, Julie Kawahara, MHSA Consultant, and Dory Escobar, Executive Director of Coaction Institute. The project also had the support of Saoirse McCormack, MPH Candidate at the University of San Francisco.

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Background

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA established a one percent income tax on personal income over $1 million for the purpose of funding mental health systems and services in California. To effectively transform the mental health system, MHSA creates a broad continuum of prevention, early intervention, innovative programs, services, and infrastructure, technology, and training elements. State legislation requires that each County establish Community Programming Planning (CPP) specific to Mental Health Services Act (MHSA) funding. The CPP recognizes that community members are critical partners in creating an equitable community practice that inspires a cultural shift in which the voices of people in Sonoma County from all backgrounds are heard, acknowledged, and utilized in creating a system of mental health care funded by MHSA. Sonoma County's CPP Workgroup's 2022 Strategic Plan expanded upon its original mandate to establish a process whereby these community voices are elevated and incorporated into MHSA program planning.

The [Sonoma County] Office of Equity states that "*Equity is an outcome whereby you can't tell the difference in critical markers of health, well-being, and wealth by race or ethnicity, and a process whereby we explicitly value the voices of people of color, low income, and other underrepresented and underserved communities who identify Solutions to achieve that outcome*." In alignment, the Department of Health Services Behavioral Health Division appointed a new DEI Development Manager to ensure division policies and practices are non- discriminatory and inclusive, promote the diversification of a behavioral health workforce, ensure equity and cultural relevance in program services, and strengthen management and administrative performance relative to DEI.

The Sonoma County Community Program Planning workgroup, comprised of stakeholders, has adopted the following statements as foundational guiding principles in developing a sustainable, inclusive community engagement plan responsive to MHSA and the broader public mental health system:

Transformation:	Information:	Education:	Representation:	Participation:	Consideration:
We have the right to a public mental health system that embraces the Recovery Model of Care and is fully committed to all General Standards for programs and services set forth by the MHSA.	We have the right to full transparency in our public mental health system.	We have the right to fully understand the meaning and implications of facts and data relevant to our public mental health system.	We have the right to competent and adequate representation when important decisions are made in our public mental health system.	We have the right to shape policy and meaningfully participate in all important programming and funding decisions in our public mental health system.	We have the right to submit grievances1 to our public mental health system, to have our grievances acknowledged, and to receive thorough and timely responses to our grievances.

The purpose of the Sonoma County CCP workgroup is to establish a process whereby community voices are elevated and incorporated into MHSA program planning for the behavioral health system. This workgroup is comprised of a diverse group of individuals interested in developing strategies and

taking action to engage a broader community than themselves. The CPP's vision is that all people from various cultural backgrounds and languages have accessible opportunities to influence how MHSA funding support behavioral health programs and services in a system of care that is people centered and community driven. Community members in Sonoma County are acknowledged as critical partners in creating an equitable community practice that inspires a cultural shift in which the voices of people in Sonoma County from all backgrounds are heard, acknowledged, and utilized in creating a system of mental health care funded by MHSA.

The Sonoma County CPP's mission is to increase community input into program planning decision making by establishing regular, timely, meaningful, safe, culturally appropriate opportunities for (1) deep listening, (2) free exchange of ideas, and (3) determining action based on those ideas. Results should be demonstrated by policies, procedures and program outcomes of the community service programs funded by the MHSA plan. The following values guide the CPP's efforts:

Practice deep listening: Listen to learn, listen to understand, listen without judgement.

Be strategic: Leveraging community and financial resources, respond to opportunities expediently, plan for long-term impact.

Recognize and support community resilience: Encourage healthy communities to work collectively for greater impact, acknowledge historical trauma, self- determination.

Promote community voice in all decision making: Respect and honor individual expertise about their needs and solutions, Focus on strengths and aspirations.

Act with transparency: Make the purpose, expectations, and impacts of stakeholder participation explicit.

Be inclusive: Commit to diverse multicultural and unserved, underserved and inappropriately served populations, Share responsibility and accountability

Utilize the MHSA principles as foundational guidance.

Build capacity of community members: advocate for meaningful stakeholder participation, promote public education and training in CPP activities.

Conduct multiple methods of outreach: Dedicate efforts to increase accessibility.

The CPP established the following goals in January 2022:

Expand and strengthen the community's knowledge of the public mental health system, specifically MHSA funded programs and services.

Expand and strengthen community partnerships and relationships with diverse representation.

Expand and strengthen partnership and relationships with consumers and family members.
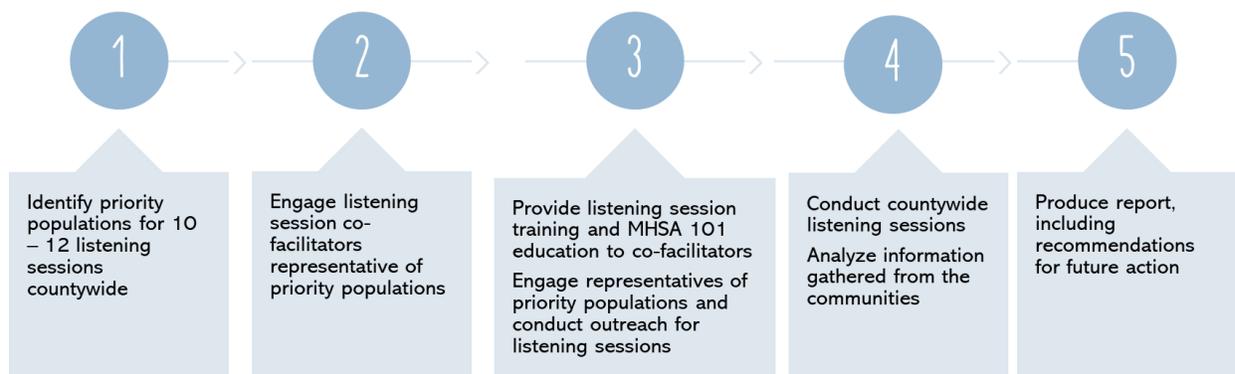
Increase the engagement of community representatives in existing and emerging CPP opportunities. The listening sessions were particularly focused on achieving this goal, as described below.

Project Process

Incorporating Community-Based Participatory Research (CBPR) practices into a local community program planning process strengthens and assures that the voices of consumers, family members, and stakeholders are represented in decisions, actions, and results of the planning process. CBPR involves a partnership between researchers and community members in all aspects of the process: defining the research questions, deciding who participates, how the data is collected and analyzed, and determining how to share the findings. CBPR has been shown to provide an opportunity to build greater trust between institutions and the community, explore the depth of local knowledge and perceptions, empower community members toward self-determination, and improve health equity within a system of care.

This project took place in five phases:

1	2	3	4	5
Identify priority populations for 10 – 12 listening sessions countywide	Engage listening session co-facilitators representative of priority populations	Provide listening session training and MHSA 101 education to co-facilitators Engage representatives of priority populations and conduct outreach for listening sessions	Conduct countywide listening sessions Analyze information gathered from the communities	Produce report, including recommendations for future action

Phase I focused on identifying the populations most likely to experience inequities in mental health status and access to and utilization of mental health services and programs. It became clear that it would be impossible to engage in one year with all the people whose voices needed to be heard, and so a two-year plan was developed. Some of the population groups were still quite diverse and the team recognizes the benefits of both targeted groups with strong affinity and more diverse groups that still share some identity. Multiple listen sessions with Latinx residents were planned for FY 2022-2023 given the size of and diversity within that population in Sonoma County and the unmet needs and mental health inequities identified in recent local assessments. During Phase I of the project the following population groups were prioritized for engagement over two years:

FY 2022-2023	FY 2023-2024 (provisionally planned)
African American/Black	African American/Black Youth
Asian American/Pacific Islander	Agricultural Workers
Latinx Youth (immigrant & US-born)	Asian American/Pacific Islander Youth
Latinx Adults (immigrant) – Sonoma Valley	Indigenous (central County)
Latinx Adults (immigrant) – Cloverdale	Indigenous (coastal)
Latinx Adults (low-wage earners) – Guerneville	People with Physical Disabilities
LGBTQIA	Transitional Age Youth
Older Adults	Unhoused Adults

During Phase II of the project, with recommendations from the CPP members and support from community-based organizations, fifteen residents representing the priority populations for FY22-23

were recruited to work in pairs as co-facilitators. During Phase III the co-facilitators received orientation about MHSA, including its history, purpose and structures on state and County levels. This was followed by training for the listening sessions, which included the following topics:

Project Orientation
- Project Overview & Team Building
- FY22-23 Listening Session Groups
- Health & Safety for In-Person Activities
- Co-Facilitator Expectations
- Review of Administrative Forms
- Team Meetings Overview and Scheduling
- Zoom Tips

Facilitator Training
- Introduction
- Guiding Principles
- Listening Session Questions
- Participant Recruitment
- Facilitation Skills
- Planning and Preparation of Listening Sessions
- Interpretation of Input & Recommendations
- Understanding Secondary Traumatization

The listening session questions used were an adaptation of those developed by the California Mental Health Services Oversight & Accountability Commission for Transitional Age Youth listening sessions conducted in 2022. Upon review, the co-facilitators found that they were relevant to each one of the populations to be engaged. The only modifications made to the question was to translate them for the Spanish-speaking groups. The Sonoma County MHSA listening sessions co-facilitators used the following questions for this project:

What are the most critical mental health needs of people in your community today?	Has the need for support increased, decreased, or stayed the same in the past year compared to previous years?	How and where do people find that support? What barriers do they face in trying to get the help they need?
Who often gets overlooked when it comes to making mental health services available to your community?	Which types of organizations do folks go to when in need of mental health support or services and why?	What are the most important characteristics of an organization that advocates for and serves the behavioral health needs of your community?
	What else should we know about the mental health needs of people in your community?	

After completing the training, the co-facilitators planned their listening sessions and worked with community partners to conduct targeted outreach to potential participants. Each listening session was limited to a maximum of fifteen participants, to ensure that the listening sessions would be comfortable and safe spaces, and that every voice in the room could be heard. In addition to recruitment, co-facilitators addressed all the logistical issues for their sessions. Groups were conducted fully in English or in Spanish, and though initially considered in the project, language interpretation was unnecessary. Food and stipends were provided to the participants to thank them and recognize the value of their contributions and this, too, was planned during Phase III. Monthly facilitation team meetings began during Phase III and continued through Phase IV to monitor progress, celebrate successes, troubleshoot challenges, and process what the co-facilitators were hearing from the communities.

The listening sessions were conducted during Phase IV. The sessions were audio-recorded to ensure that the participants' input was not lost. Before launching into the dialogue, participants in each session were presented with the purpose and process of the listening session and asked for their verbal consent for participation in the session and for the audio recording. One hundred percent of the participants gave their consent to participate and to be recorded. In the case of the Latinx Youth listening session, a written consent form for parents of minors was explained and obtained by the facilitators.

The final phase of the project for FY 2022-2023, Phase V, was the analysis and interpretation of the data collected in Phase IV, as well as formulation of recommendations made by the facilitation team to the Sonoma County MHSA CPP and MHSA Coordinator for future project implementation. Periodic updates were provided throughout the project to Sonoma County's MHSA Steering Committee and the CPP.

Qualitative data was captured through transcripts of the audio recordings of the listening sessions, along with facilitator notes taken during their sessions. A review of the transcripts revealed emerging themes in each listen session, as well as themes that were common to several or all the groups. A simple thematic table was composed for each listening session, followed by a identification of common themes. As a community-based participatory project, the engagement of community representatives to serve as listening session facilitators was key and they were trained and supported to lead their own groups. In some cases, technical issues, and lack of experience in documenting listening sessions led to incomplete or missing transcripts. So, some data has been supplemented with notes of listening session facilitators and observers and is included as a paraphrase of what was said by participants.

Findings

The facilitation team reviewed and discussed the results of the data analysis, using the following questions to guide their discussion:

Triggering Issues
- What issues seemed to be particularly triggering for participants or generated strong feelings or opinions?
- What ideas do you have about why this might be?

Frequent Themes
- Why do you think that one theme may appear more often than another?

- How does that compare with what you might expect?

Related Themes
- In what ways are themes related, influence each other, or interact?

Unique Concerns
- What issues seemed to be of great importance to some participants, even if they were not mentioned by many others?
- How might these still be addressed?

Summary of Findings

Tables with the raw data from each listening session can be found in the appendix of this report. A summary of findings heard across listening sessions is presented below.

Increase in mental health concerns

Increasing social isolation and loneliness were mentioned as a priority concern throughout the listening sessions. This is congruent with national trends and the recent declaration of loneliness as a public health crisis in the United States. Isolation is associated with increased stress, anxiety, and depression. While social isolation became a greater problem during the COVID-19 pandemic, it did not begin with it. Intimate partner or family violence, loss of loved ones, sustained unemployment, political divisiveness and other issues can also lead to isolation and increase a person's risk for the mental health issues associated with it. Listening session participants expressed concern in particular for the increased isolation of children, youth, and older adults during the pandemic.

"The need increased quite a bit due to all the social issues not only historically that we've endured, but [also] the most recent four to five years."

"Everything's happening at the same time. Social isolation, stress, and depression have increased a lot."

"When the world stopped people had time to look at themselves and become aware of their depression."

"Social isolation leads to loneliness and are triggers for mental health crises."

Participants in all the listening sessions noted an increase in stress and depression among their community members. Speakers associated the increase with natural disasters and the pandemic, which exacerbated and made more visible existing issues.

Age-specific mental health needs

"Youth are having emotional crises and there aren't enough therapists in schools. Teachers should have QPR training to understand what's behind behavior problems to support and not label students."

"[There's a] constant overload and misinformation that hits older adults harder and causes secondary trauma and stress."

Listening session participants identified children and youth and older adults as being particularly vulnerable to mental health issues and in need of specialized attention. Concerns raised included the heightened risk for isolation among these age groups that increased during the COVID-19 pandemic.

Impact of racism and discrimination on mental health

Racism and other forms of discrimination occur on systemic, institutional, and interpersonal levels; and each one negatively impacts mental health. It communicates to certain populations that their lives and concerns are of lesser value than those of the majority. Experiencing discrimination directly and indirectly is traumatizing, increases isolation, and can lead to mental health concerns. Every population group engaged in this project identified discrimination as a significant threat to mental health and wellbeing.

"Mostly white dominated spaces people of color can be very intimidating and entering spaces can feel really uncomfortable."

"Asian Americans don't necessarily show up as any significant demographic on any reports regarding mental health or health services, etc., so it plays into that myth of the model minority where we don't need mental health services."

Influence of cultural and familiar norms on mental health

"Some people don't know how to say I have an issue. Being an African American male, asking for help [isn't] something that comes easily for me to ask for help. Because that would mean something's wrong."

"[There are] cultural taboos against talking about mental health. We weren't raised to communicate, and that's the basis of everything."

"I grew up in a family system where no one talked about how they felt or knew how to manage their emotions and feelings. We don't talk about it. You just buckle up and you move forward."

Mental health concerns are not openly discussed in many cultures, with the implication being that the individual is "crazy," or in some way defective. Asking for help is seen as a sign of weakness for not only the person in need, but by extension for the entire family or cultural group as well. Cultural and familiar norms that impede acknowledging and addressing mental health concerns were mentioned in nearly all the listening sessions.

Relationship between housing status and mental health

Listening session participants pointed to the lack of access to stable and affordable housing as a significant risk factor for mental health in Sonoma County. Unhoused residents were identified as some of the most vulnerable to mental health disturbances and whose mental health concerns are often not considered or sufficiently addressed by the system. It was noted that there can be a cyclical relationship between housing instability and mental health problems, each one potentially exacerbating the other.

"Housing and just basic survival is a constant mental health stressor, especially in Sonoma County."

Need for sensitive and culturally aware and relevant services

"We want people that we can trust… the most important characteristic for me when it comes to care is being culturally responsive, having people that look like us, that understand us."

"Some providers or organization staff don't seem sincerely interested, like they're just doing their jobs. Can feel intimidating, dismissive, or condescending. Makes it hard for people already having a hard time asking for help. Need providers to be nonjudgmental, authentically interested in me and my story."

Participants shared concerns about deficiencies in culturally aware and relevant mental health services and agency staff. Barriers cited included lack of Spanish-speaking providers and support staff, culturally relevant outreach materials and information about how to maneuver the system, as well as education about mental health-related topics. Likewise, many participants reported a lack of sensitivity to the needs of those seeking services, regardless of their cultural identity.

Need for improved access to services

In addition to the cultural or linguistic barriers noted above, the following barriers to access to mental health services that were also noted in the listening sessions: affordability, long waiting lists, lack of transportation to services, inconvenient hours, and lack of easily accessible information about services available.

Participants in all the listening sessions conducted outside of Santa Rosa addressed the need for decentralized services to help overcome these obstacles.

"I have healthcare, cannot get into a mental health professional, have been on a waiting list for like eight months. So even individuals that have health care or benefits not able to utilize them."

"I think it's very important that our county have resources go to people. And this is something that has been a little bit of a shift. We can no longer keep having people go to the services. The services have to go to the people."

Intergenerational Trauma

"We have that generational trauma. It's in our DNA and comes out in adaptive behaviors that we learn and get passed on from generation to generation without you even knowing that you're passing on that trauma, because it's something that we use to protect ourselves."

"Parents have trauma, war, trauma, evacuation trauma, whatever trauma it is. That plays out in families, and nobody says anything."

Participants spoke about the experience of intergenerational trauma in their families and communities and about its influence on their mental health. Unresolved trauma experienced by previous generations can repeat and be expressed in generations that follow. Traumas associated with racism or other forms of discrimination, interpersonal or socio-political violence, migration experiences, natural disasters, or other causes can be internalized and expressed as anger, irritability, anxiety, sleep disturbances, and mistrust and inability to bond with others.

Value of formal and informal peer support

Participants noted that a person's mental health status does not depend exclusively on access to professional service providers. Throughout the listening sessions, they spoke of the importance of formal and informal peer support to promote and restore mental health. Each group highlighted the importance of emotionally safe spaces such as the listening sessions as a way to support each other and, in that way, also themselves. They frequently asked how these spaces could be sustained and in two communities, Cloverdale and the Sonoma Valley, community partners have already stepped up to help make that happen.

"Peer support groups get together and they're not in denial about their situation or their condition. They're just saying this is how we cope; how we can live the best life we can live. how to become more selfless to one another and carry this conversation that we're having here outside in everyday life to other people and help other people just talking."

"I'm not a trained therapist, but I'm able to reach out to people who tend to reach out to me because I'm around their age and they are more comfortable with me talking about their problems…there's not always a format where we can talk about this openly in a safe space with other folks. How do you create more spaces for these conversations to occur?"

"We need more spaces like this. Can we meet again?

Key Takeaways

Themes found across culturally specific listening sessions include:
- Culturally aware and relevant services
- Cultural norms and stigma
- Increased mental health concerns including isolation, depression and stress
- Intergenerational trauma
- Racism and discrimination
- Formal and informal peer support
- Access to services
- Decentralized services

Facilitators who are representative of the listening session participants are at increased risk of experiencing and conflating primary and secondary trauma and need ongoing support.

Social isolation, stress, anxiety, and depression increased in recent years in all populations represented in the project. Participants identified the pandemic, fires, interpersonal violence, racism, and recent political divisiveness as contributing factors.

Stigma and cultural or familial traditions can impede accessing help when needed. This is common to different cultural groups. Each one identifies it as an issue unique to them, suggesting that along with cultural-specific spaces for dialogue and mutual support on mental health, intergroup dialogue would also be supportive of building connectedness and mutual support.

More culturally aware and age-specific outreach and community education about available services is needed.

There is a need for greater access to services before the mental health concerns becomes a crisis, not only prevention, but widely available early intervention services for all income levels.

Intergenerational trauma is experienced in diverse populations in Sonoma County and is discussed or addressed to varying degrees and in different ways.

Culturally relevant peer support is critical, in some cases increased since the start of the pandemic and needs to be supported and expanded.

Decentralized (beyond Santa Rosa) and more culturally aware and relevant services and providers are needed to increase access and utilization by diverse populations.

Regardless of population, services need to be provided by organizations and individuals who are welcoming; authentically interested in and respectful of people's concerns, experiences, and perspectives; nonjudgmental; empathic; compassionate; and trustworthy.

In some cases, participants stated there are no services available in their community or in their preferred language when, in fact, there are. Regardless of that fact, their perception is of great importance and indicates a need for improved culturally aware and relevant outreach, education, and information about services and how to access them.

Recommendations for Further Action

Provide support to trusted community-based organizations to sustain safe spaces like these listening sessions in the community.

Support cultural groups/organizations to build upon existing or create welcoming and safe culturally aware and representative centers to foster connectedness and provide information about resources.

Organize some listening sessions with even more focused, specific cultural groups to promote greater affinity to build emotional and social safety and encourage participation.

Continue to support capacity building within Sonoma County's diverse cultural populations to facilitate dialogue about mental health and institutionalize their voice and influence within the MSHA system, structures, and processes.

Provide community education about intergenerational trauma and engage community representatives to provide information about culturally aware and relevant ways to dialogue about and address it.

Improve and increase culturally aware and relevant outreach, education, and information about services and how to access them.

Ensure that mental health services are not only linguistically appropriate, but culturally appropriate for the diversity within populations that speak the same language.

Expand facilitator's training on understanding the difference and interaction between primary and secondary traumatization, protective factors, and when to reach out for support to address secondary trauma when facilitating listening session.

Ensure 1:1 support as needed to listening session facilitators from someone trained and experienced in secondary trauma.

APPENDIX 1

FY22-23 MHSA Listening Sessions Themes

African Americans/Blacks

Themes	Illustrative Quotes
Person-centered care	we need to be more what I want to say more directive to the person is specific basically. And so that means you're going to have to get to know that person to develop a plan that's going to work for them and is what I might need is different than what somebody else would need. And so I think that's something that should be highlighted moving forward when we're thinking about mental health. That is not a cookie cutter situation. It has to be specific.
Culturally aware and responsive services	more cultural culturally responsive therapists… we want people that we can trust and understand our stuff… we have to actually love the people that we're interacting with. the most important characteristic for me when it comes to care, not just mental health care, all care because we also have issues with our medical system is being culturally responsive...don't put us in a bucket and say, Oh, you're just like everybody else, because they have been very detrimental to our population. When we go in for medical care…they just ignore us and they just brush us off. So being culturally responsive, having people that look like us that understand us, that is one of the main characteristics that needs to go into mental health and whatever other services need to be compassionate .,,have grace and mercy… we need an African American Resource Center… We need to be at these meetings when all of this stuff and I'm no, I'm not allowed. But a lot of times I've had meetings. I'm the only one black there. But this is what I'm making those decisions. And so and I mentioned it to him, we have to be at these meetings and we know that these meetings by the time we hear about it's already made… we need more black people's on these committees.
Respectful culturally aware treatment of unhoused people with untreated mental illness	…my uncle died on the streets with schizophrenia….they kicked him out of the shelters… the police the way they address them that needs to be they need to be trained on how to address African Americans who have mental health issues or conditions.
Physical health, spirituality, and the arts as mental health	Those also have to be talked about because you just can't talk about mental health without also talking about what you're putting inside your body… your spirit, and your soul. All of those things go into mental health…research has been done to show the positive effects of music and dance and just being physical overall, as a part of that their counseling.
Increased and improved outreach to increase use of services	You see, people have a hard time with the stigma with mental health, or how it's looked at or how you look at it. How can we make it more accessible and engaging in and more informing for our people to go in and get some help? before it becomes a crisis?... we have to really be able to encourage our folks to take that step. So, we do have a lot of things here in Sonoma County. But a lot of times I hear people complain or talk about something, they don't know where to go. And so usually for mostly bills and nonprofits and so forth, they'll tell you go sign up online. And so that's just one mode of signing up. And that's not the only way people should be able to sign up. So, we have to really look at meeting people where they are in order for them. To get the service that they need. ...in the hospitals they used to have a someone who was a, like if you had cancer they would would meet with the counselor. And then they would tell you these are your this is what you can do. This is where and then that would be a they will give you this little book here. This is everything you

Themes	Illustrative Quotes
	need to know about how you can get treatment for cancer. And that's something that I think we should also have as well are like a little magnet that you can put on your frigerator these are all the numbers that you can call that they can, you know send out for that kind of thing, but definitely older people need.
Normalizing looking for help, challenge cultural norms, reduce stigma	being an African American man, that was one of my biggest issues, someone trying to diagnose me, you know, I may be just, you know, rambunctious, and all of a sudden it's got a name, you give it a name. So now I'm pigeonhole. So mental health isn't always pigeon. Is it always mental health? You know, so what do we have available? That could not diagnose them but a person can go first of all feel comfortable with saying I had an issue? Maybe I'm the only one that has a problem with their I have an issue. Maybe some people don't know how to say I have an issue, because asking for help. Being an African American man. I could say that that's not something that comes easily for me to ask for help. Because that would mean something's wrong.
Mental health promoting youth activities	I think a lot of kids nowadays, well, for the younger people, they got ADHD, so that they need something for themselves to do and if they like they, they might run around and get in trouble and then they're further, like, ostracized from the community. And that can lead to like going into other activities more and then further deteriorating their mental health. So if we just have something for people to do, like the young people do get into that's positive. I think that it'll be a great positive effect on the community.
Intergenerational trauma	We have that generational trauma. And it's in our DNA. And that comes out in certain ways of adaptive behaviors. That we learn and get passed on from generation to generation without you even knowing that you're passing on that trauma, because it's something that we use to protect ourselves. But that could also be your kryptonite. You know, something that was useful at one time is not any cannot be useful now, in this day and age. So really being able to have conversations where people can look at these ideas.
Trauma-informed care	I think that a lot of times when you grow up with trauma that like anxiety stress, just negative self-talk and stuff can feel so normal that you're not even aware that you maybe are depressed because it has been around in your family or it's just normal to be in that environment. And I think that it's important that everybody who's going to receive help have an advocate there that is separate that because if you're in a state of trauma and you whether it be up elder or dealing with law enforcement or needing to talk about something that is very personal and you don't feel necessarily you can trust somebody that you're going to be in sort of a state of shock, so you might not be able to clearly express what you need. And I think that it's important for any organization or for anybody who's working in, in like social services to be mindful of that. And gentle and compassionate like if we're saying so yeah, be mindful about like lifetime trauma.
Connectedness	We need to have more discussion and more talking more communicating, more connectedness as a people… We need to talk to each other. And we have to have compassion… We just got to do it. We just got to come together. Because look at the ancestors. Look what they did.
Perinatal mental health support	I think that every woman who's going to have a baby should have there should be a proactive outreach to offer her mental health services.
Improved access to needed services	I have healthcare, cannot get into a mental health professional, have been on a waiting list for like eight months, right? So even individuals that have health care or benefits not able to utilize them… access for seniors who are at a certain age and a certain mindset is that also prevents them from accessing care if they don't have somebody who's an advocate.

Themes	Illustrative Quotes
Need to increase prevention activities	So how do we help people who are going over the edge? How do we make it more attractive to not do certain things and have alternatives? You know, how is social media driving this ship? You know, and how social media seems to be perpetuating and disconnecting us from each other. So we have to start, continue to do stuff like this.
Increased mental health concerns	The need is increased by quite a bit, just due to all the social issues not only historically that we've endured, but the most recent four to five years has caused a significant increase in everyone's mental health. ..It is increased across the country since the isolation caused by the pandemic. And a lot of it is not recognized because people are suffering and there's not they're not categorized as suffering. A lot of people suffer in silence
Peer support (formal and informal)	peer support groups. They get together and they're not in denial about their situation or their condition. They're just saying we this is how we cope with. This is how we can live the best life we can live and then like you said, Those who support people, they need support to that. Yeah, this is this is new territory. So I was just saying support for each other, peer support for each other for those who don't think Yeah, and so so that they can go to a place and feel like that I'm being heard or being seen This is great. And we're here to talk and we're here to come together and talk right so how do we come my two biggest thing is how to become more selfless to one another and carry this conversation right that we're having here. How do we carry outside in this everyday life in normal life?... how do we carry a conversation outside of here to chat to other people and help our other people just talking and saying hey, like, you know, this is what I know or this is why, what I can do or you're dealing with this problem.
Foster system support	I want to say that my mother and I have both been in the foster system. And as black youth in Sonoma County. I feel like some of some of my success has been due to being in foster care because they have looked at me like, oh, you're a black man. So you might need more help than what this white boy might meet? Because they can see my skin color. I might get downplayed a little bit so they might actually try and help me and I feel like I don't know what it's like for other people in foster systems like, for being white. However, I know for being black in Sonoma County. They somewhat do try and help you. So yeah, and the transitional housing program I'm in it has helped me a lot very much.
Racism and discrimination	But I think that you could work differently with black males because we may come up in different upbringings. And it may look at certain things that you do may be looked at as different from your elders in the black community, as opposed to like the white community…what I've seen is when we take young black men to like Aurora mental hospital, or the hospital, especially if they're like large bodied, you know, darker complected especially if they got like dreads or tattoos. They're definitely like stigmatized at the door. And there's racist intake workers. You got racist like security guards. They just messed up the whole vibe, trying to bring someone in and there's like no oversight on that, so that's been a big barrier
Decentralized services	I think it's very important that our county put resources to go to people. And this is something that has been a little bit of a shift. We can no longer keep having people go to the services. The services have to go to the people. We have a lot of black population that live out in Floresville in Guerneville. And the access to internet and those areas are is very limiting. So it has to be having some satellite buildings throughout our county and say we will be in your area on this day go to the people so we have to push our government to go to the people we can no longer keep having everybody come to Santa Rosa to get the care because last we heard the waiting list is long. So they need to start pushing it out to the outer areas of Sonoma

Themes	Illustrative Quotes
	County and getting to where the people are. That's just not for our population. That's for every population because everyone is having the same issue where they say come to Santa Rosa. This is the hub of where our services are. Our services need to go to our public in our community,

Asian American / Pacific Islanders (Hawaiian, Hmong, Filipino, Chinese, Japanese)

Themes	Illustrative Quotes
Culture clash as mental health issue	Coming from Asian communities, we tend to immerse ourselves in family and culture, and think of us as part of a community instead of somebody who could go out there and make your individual mark in the world. So, I think those create mental health conflict right there, for a lot of us since a lot of us are trapped in low paying jobs, no advancement, because you're busy just trying to get ahead. So that would be one of the issues I would pinpoint is the family culture, the culture clash, basically.
Substance use	There's so much oppression, there's substance abuse, there's a lot of people who are coping through alcoholism and things like that, but we don't go back to why people are using it. And so, it's more accepted, unintentionally, that will people use to cope.
Cultural norms, stigma	I grew up in a family system where no one talked about how they felt or knew how to manage their emotions and feelings. Their only goal was to learn how to speak English, learn how to communicate with people, and put food on the table. We don't talk about it. You just buckle up and you move forward in my family. I'm aggressive. I'm expressive. I'm a hugger. I wear my emotions on my sleeve as y'all can see. But the majority of my family is like, Oh, we don't talk about it. We just move forward like this is life and you move forward…I knew I had numerous health issues, depression, and everything, but I didn't really know about it until I was in college. There was the encouragement to go talk to a therapist. That's where I really started to learn about mental health wellbeing.
Intergenerational trauma	I think about my parents, survivors of war. They had to bring all that trauma here and continue culture and country. How do you deal with all of that? Parents have trauma, war, trauma, evacuation trauma, whatever trauma it is. That plays out in families, and nobody says anything. When I talk about them being born in internment camps and intergenerational trauma, they disassociate like they're gone. Like, they cannot hold that conversation. So I have to be very gentle in how I talk about things and not make it about them, but about the larger community. I grew up with a lot of racism in the area, and they just can't go there. Like you weren't to do your post World War II children, like you had to be facing racism, like constantly on a day-to-day basis, and they just don't talk about it.
Culturally aware and relevant care	What does mental health mean for our AAPI community? Bringing awareness and having folks who understand our community, someone who can connect with our elders and talk about mental health; being able to connect and translate because we have our communities who are still suffering to this day. You don't see a lot of people who look like you, that you can relate to. And so, within the mental health community and even thinking about getting the services, I would say that it can be intimidating. You don't know if people are going to judge you. Because of the culture here. It's very different. Change needs to happen. We need to direct this funding in ways where's it going to make that difference. Having hotlines absolutely helped you in that moment, knowing that the person on the other line is going to be someone who is of same culture to you.

Themes	Illustrative Quotes
	if someone asked me, where can you go and get mental health services for the AAPI community, I'm like, Where would I direct them? I couldn't answer that question. There needs to be a network where you just tap it wherever point to have full access to services, no matter what type of services they are, that are generated for API. So that when somebody does ask, they can get culturally relevant care. Developing a whole generation that ties back into self-efficacy and mental health and confidence and building a healthier community. And then you're empowering others to do the same thing, when they may have come with their trauma, and they're bringing everything that they come with. empowering others to be able to take that leap and maybe do something and fill in their career path thinking, Oh, I never thought I would do this or be here or you know what I mean, but then it gives them that, that avenue. Sometimes I don't want to just be the Asian American worker, you know, the only one. At the same time, I do want to make a difference, and it's going to help the other people that come behind me, but it's just costing, it's tiring sometimes. It is exhausting.
Housing and homelessness	Housing and just basic survival even if they're working full time, in college, just trying to find affordable housing and pay all their bills is a constant mental health stressor, especially in Sonoma County. Where I live, I see a lot of homeless people. And yeah, there's their mental state. It goes beyond that--it's not being addressed that they're a human being. That's really overlooked. And yeah, we need good doctors and so forth, but it's beyond that also because a person doesn't always just need to be medicated, they need to find the root of the problem.
Connectedness	[We need] but more places to connect with other people in this group. How do you create more spaces for these conversations to occur? The first and most significant step for me is having the space to talk with other Asian Americans. Because being in Sonoma County versus maybe being somewhere like San Francisco, I'm hardly in a room with that many more Asian Americans, much less have the space to talk about this safely and openly, without like worrying about offending somebody. We have such overlapping experiences even though we might come from so many different backgrounds. Like exactly what we're doing now. It's just being in a circle and just talking about stuff, a private and safe space. this would be awesome with all because you're Asian American, and we were just talking about, like, our mental health and things that we go through day to day. So like, that would be my ideal. So safety, and, you know, have these resources be more obvious
Informal and formal peer support	Family really ties into the health of Asian Americans. I know that a lot from experience and also talking to other people. I'm not a trained therapist, but I'm able to reach out to people who tend to reach out to me because I'm around their age and they are more comfortable with me talking about their problems. As Asian American Pacific Islanders growing up, you just inherently know this stuff, a there's not always a format where we can talk about this openly in a safe space with other folks. How do you create more spaces for these conversations to occur? And for support groups? In some ways? Maybe that's a service that could be available? If we had more representation for our community, that would help normalize the conversation. Because there really isn't just a space for us to be able to have that.
Youth services needs	I feel like there should be like, I don't know, some sort of like center or like shelter, where there is access to in person therapy, and some sort of protection. Where parents aren't allowed to step in or intervene. We have

Themes	Illustrative Quotes
	very good counseling at school right now. There's a lot more money that's gone into mental health and emotional wellbeing; but there's not connection with county services or city services, and everyone's trying to do the same thing somehow. Schools really need to be transformed into community schools, that's where the kids are. We're doing things in silos and we have to combine and do it together.
Racism and discrimination	My parents might be [assume] that if a white person is serving this service, or whatever it is, they might think it's higher quality. Asian Americans don't necessarily show up as any significant demographic on any reports regarding mental health or health services, etc., so it plays into that myth of the model minority where we don't need mental health services. It's invisibility. Some folks think we're doing so well, and they're like, Oh, y'all are having all the privileges of white folks. And so, we we you don't really need this and you and you're not accessing these services, so you must not need them. There's racism within the Asian American community, for sure. we internalize those frameworks and so It doesn't escape us. Some of the immigrant mentality too, is internalized racism.

Latinx Adults (Immigrant and US-born – multiple sessions and communities)

Themes	Illustrative Quotes
Culturally aware and relevant services	Need more Spanish-speaking providers and staff and Spanish-speaking therapists in schools. Having services in Spanish isn't enough, we come from different places and different cultures (Mexico, Central American, urban, rural, etc.). There are cultural differences, regional linguistic differences that can still get in the way of understanding even if someone technically speaks Spanish. Even if you speak English, you don't necessarily want to talk about your experience in English. It may not help in the same way. Need people who understand me. Not enough services for the indigenous people from Oaxacan, Spanish is their second language.
Access to services	There are very limited mental health services in Spanish in the Guerneville area. In all communities, there are wait lists and it can be hard to get an urgent appointment, especially for services in Spanish. Sometimes can't get help until it's a crisis. Necessary paperwork can be intimidating and there isn't always staff to help fill it out. Like to enroll in Medi-Cal. Some people can't read or write and sometimes the staff is rude to them. There's a lot of paperwork to fill out and costs can be high, especially for medications. If someone asks for something they don't provide, organizations should give out information about other places they can go to get the help they need. These days you need access to technology and the internet to get services, not everyone does or knows how to use them.
Increased mental health concerns	Needs have increased and intensified since COVID and natural disasters. Everything's happening at the same time. Social isolation and depression have increased a lot.
Increased bullying of children and youth	Those being bullied skip or refuse to go to school, experience social isolation, stress, and depression. Parents aren't always informed about it by the schools. Sometimes bullying is based on gender, language, or race.
Multi-generational families	Families caring for older adults in the house need mental health support.
Youth service needs	School counselors focus on academics and not mental health. Youth are having emotional crises and there aren't enough therapists in schools. Need programs about body image and to build self-esteem. Need parenting and parent-support programs. Kids are over-stimulated from too much screentime and electronics.

Themes	Illustrative Quotes
Need for more sensitive providers	Sometimes providers don't listen, minimize problems. Providers and staff need to have empathy and truly care about the people who come to them for help. Need to make sure that their words and their body language is respectful.
Racism and discrimination	The system discriminates against the homeless and against Latinx.
Formal and informal peer support	By listening to others, we also learn about ourselves. We need to show empathy for others. Need to build trust through solidarity. Social support is important, so we don't get sick from stress. I find support opening up to friends.
Housing and homelessness	Housing is not affordable, so families have to live with a lot of people in the same house.
Cultural norms, stigma	Cultural taboos against talking about mental health. We weren't raised to communicate, and that's the basis of everything. Latino men don't access mental health services due to machismo.
Education about mental health	Need to educate the community more about mental health issues like stress and depression, when is it normal and when is it a problem. Parents need to learn how to listen and talk to our kids.
Decentralized services	It's hard and expensive to have to go to Santa Rosa for services. Transportation is a problem if don't have your own, buses don't run a lot.
Connectedness	We need more spaces like this. Can we meet again? Need to strengthen relationship and show solidarity between indigenous Oaxacans and other Latinx (Spanish-speaking) Latinx in the community.

Latinx Youth (Immigrant and US-born)

Themes	Illustrative Quotes
Challenged cultural and familial norms, stigma	Immigrant parents don't acknowledge mental health issues... I wish there was more services confidential services because I didn't want to go, but I felt ashamed…Need to teach parents not to judge their children when they ask for help.
Increased depression among youth	When the world stopped people had time to look at themselves and become aware of their depression. Got worse due to isolation during pandemic. After pandemic, mental health issues are more acknowledged and visible, talk about it more.
Increased stress and anxiety among youth	I know a lot of people are like stressed about like the way or I mean I know some people are kids you know scary fires…COIVD… losing people like at school shootings…First generation students are under a lot of pressure to do well at school…Children of undocumented parents have to hide, fear family separation.
Need for more resources for school-based mental health services	And then like you don't really get like to me personally I've talked to as many teachers like because I feel so comfortable with them and I'll tell them about like my own like mental health struggles or like what I'm struggling with in school and they don't get paid for that they don't get paid to therapists and sometimes I feel bad because I'm doing that to them but like at the same time I don't know who else to talk to you…We need advocacy for more mental health services at schools and increase awareness of what's available. Teachers leaving because it's overwhelming to act as therapist or deal with acting out students…can't focus on teaching…. Teachers should have QPR training to understand what's behind behavior problems to support and not label students.
Need for culturally aware and relevant services	to learn about culture and as opposed to someone who learn about it, read about it. experience being able to connect with someone who went through something similar. I feel like we should have like a lot more Latino or

Themes	Illustrative Quotes
	different cultural background as a therapist because they will understand not only their own culture but other cultures as well when they tell them that they can't do a certain thing because of their family they run the risk of getting spied on gonna say pretty much in mostly white dominated spaces but people of color it can be very intimidating like art and entering spaces can feel really uncomfortable especially like when your skin color is darker than like sort of your white counterparts you know so yeah I feel like more representation and like every aspect of like school workplace hospitals just like me but not many spaces where white people feel the most comfortable. Would be cool to have cultural affinity groups at schools. Hard to form bond with therapist when there's a cultural clash, need someone with shared experiences (not just something they learned about).
Intergenerational trauma	I feel like the more like people have children the more they they put their own trauma, their own generational trauma onto the children and they create that cycle of trauma and trauma and trauma. And I feel like parents who seek their own health not just teenagers, I feel like parents should have their own therapist and they should receive help and just have someone to listen to them and give them advice entitled, like good parents. I know that there's not going to be like, the best parent out there. Everyone makes mistakes. We all make mistakes, but I feel like parents put that much trauma onto their children and they and I know that they don't need to.
Migration-related trauma	if you're undocumented once your life before that it's not really much but crossing the crossing the border in itself, that's going to bring a country because of violence such as in the coming year and potential relationships, say their separation of families ex military. Domestic Violence, that's tomorrow. And I've seen this firsthand people in a family like both of these things and then go through them alone
Education about mental health	People need to learn how to regulate emotions, how to manage the transition from middle school to high school…Need to learn about healthy vs. abusive relationships and substance use, especially alcohol and vaping…Need more education about racism and affect on mental health.
Increased community support	Seeing more support available recently in the community, more youth involved in mental health support for Latinx population. Positive shift, destigmatizing and unlearning/learning. Still a struggle, but hopeful direction…Nonprofit, community-based organizations, school-based organizations like MECCHA, teen clinics provide good services, affordable, accessible, help build connection with therapist. Need more sessions like this one.
Need improved access to services	Need safe rides to confidential youth services so don't have to tell their parents they're going…Hard to find the right therapist and limited number of therapists available…Found a great outpatient therapist but had to quit when insurance ran out, too expensive….Denied services at large service provider, on waiting list for two years because told that others need more urgent help, my problems "not bad enough."
Characteristics of good mental health support	Patience, empathy, trust, compassion, non-judgmental, confidential, safe, space to be your authentic self and to grow, open to different kinds of people and experiences. Take youth seriously, don't minimize what we say.

LGBTQ+

Themes	Illustrative Quotes
Culturally aware and relevant services	More trained providers of mental health services trained to understand the needs of our community, especially transgender people. There are so many factors that affect people within the gay community that kind of just lead to

Themes	Illustrative Quotes
	disastrous mental health crisis. dealing with homelessness and that can come with addiction and then other mental health issues. Some people that want crisis services may not want to go into the crisis stabilization unit because they're very concerned that they're going to get misgendered or that they're going to get bullied in some way about their gender identity. So, they're concerned about accessing those services. Mental health services were kind of difficult for me to find because I'm not out [about being trans] at home. So, I'm doing the Zoom meetings through Positive Images in my room, but I mean, anybody could overhear that. People of color get overlooked when seeking out mental health services. Because with the intersections of all the people in the [SRJC] multicultural center, there is like some people have like other backgrounds who like aren't necessarily like so tolerant towards gay people. And it's like, when you kind of have that exposure, you don't necessarily get to create boundaries for a safe space, it can get very intimidating for some people. All the staff, at every level, is culturally competent and diverse in all kinds of ways, including Spanish- speaking, neurodivergent-attuned. And that they prominently promote and advertise their LGBTQ+ services and attitudes. That is super important, otherwise people won't go. We need to make is encouraging young people and specifically young people of color to get training and to pursue a career in mental health because there's a dearth of people of color in the mental health industry, businesses, or services.
Formal and informal peer support	Support groups or places that folks can come and talk about some of the stuff. I hear a lot from older adults that they don't have any place that they can go and access community support, like a support group. If someone's 50 to 65 they may feel like they don't want to go to the senior center. You know, that could feel kind of stigmatizing. They might rather just have brunches with organizations doing different community things for them. People don't come to the SRJC Intercultural Center necessarily in crisis mode looking for therapy or instant support, just looking to find a community before–and I think that's kind of the pre-stages of getting to a harsher mental state where you're kind of looking for community, but then when you don't necessarily find it, you get to that point of deep isolation and self-hatred more because you're not able to find that community.
Connectedness	When I first moved here, I was looking for the Gay and Lesbian Center in Santa Rosa. People didn't know what I was talking about. There does seem to be a couple of strong–like this–at least a couple of places to be able to come together and talk. I think that any kind of community events, you know, from like Positive Images' days at the park or the Translife picnics, to a lot of events that other groups are doing throughout community are important preventatively for mental health. So, I think just having those places that people can go and people can find community is super important. community is vital to helping strengthen the mental health of gay people here in Sonoma County. But I think there's also a sense of dread with community events, I believe, at least in my instance. Because sometimes it feels, I think, the way that gay community events are presented in time, is that they are just a shining star that just kind of goes away as soon as it's over, because there's not a continuous momentum that builds up after the event. It's like you peak and then you go back down, and then you peak again when there's a next event and then you just go back down. It's like, "Okay, when's the next event? When's the next time I get to see gay people? When's the next time I get to feel like a real person?"

Themes	Illustrative Quotes
Need increased and improved outreach and information	County needs a central number for LGBTQ+ people to call or text for resources that's really well advertised. Because I think people are just out there going, "I don't know who to call or where to reach out to."
Expanded or new services	A suicide prevention hotline that accepts texts. The county really needs to have a DBT group for people. Maybe a lot of you don't know what that is. It's a kind of therapy that's very, very helpful for people in a lot of mental distress and emotional strain. I can't believe that the county does not offer any DBT groups. Need a community center. I think that's a huge gap in our local community. There's not a place that everyone can just find on the internet and be like, "Oh, that's the place to go to where I hook up with you know, all the resources I need."
More sensitive, prepared providers	I used to call the phone line a lot when I was like, 18-17, just bawling my eyes out. To me it was like the people on the other end of the call just weren't readily equipped to address the issues that I was coming forward with. It was just kind of like, "Oh, yeah, like just stay on the line," –kind of a guilt trippy kind of "stay on the line" thing. Need to have more people better equipped to like deal with our mental health needs. And unbiased workers who will listen first, try to piece together what happened later. Hopefully there's some kind of sensitivity training for the people that work in these places to make sure they're unbiased. Make sure when they see patients, they are presumed honest until proven dishonest. "You are lying," should never be the first thought.
Stigma and discrimination	Whether it has to do with mental health stigma or being part of our [LGBTQIA+] group stigma. I think that if our local institutions including Sonoma County governments, Santa Rosa city governments, if we could get lots more really public statements in support, and, you know, "Here's what we think about all these laws that are being passed." That would be super helpful to people's mental health. So much of our mental health in this community comes from social acceptance and non-acceptance, right? So I think a huge factor in our mental health comes from general social advocacy for laws, protection, rights, and education of cis people and het people–however that can happen. I just don't want that to get lost, because even though it seems separate, our mental health depends so much on advocacy and activism.
Increased stressors	There's a lot more storms, a lot more droughts. The storms last so much longer. Fires, snows, hails. It's more concentrated every time a really bad thing happens in the weather. I believe that the need for support is increased especially because of all of the anti-trans bills that have started ramping up like this year and this past year, there's been something like there's been a couple hundred across the country, and that really weighs on the community. The shift from COVID out of COVID has been difficult for individuals. It just has this kind of unique flavor of people almost forget how to socialize and how to be in community and it ends up kind of a little stressful, so I've noticed that in the past year as people have started to kind of emerge. Eight of 13 people here have lost someone they cared about to COVID or know somebody or are somebody who has had serious physical health effects or mental health effects from COVID.
Need for improved access to services	I sort of hate to say it, but I typically find this support when I get 5150ed, which is not a great way to find your support. And, when that happens, yeah, then people reach out to me. Maybe. Or maybe not. But it'd be nice to get more support before I get to that very, very, very low place. Sometimes have to be very, very desperate before you get any help.

Themes	Illustrative Quotes
	Once you're not poor anymore, the state will stop helping you with a lot of vital services that if you tried to pay for it by yourself, it'd be thousands upon thousands of dollars. So they would take your money, make you poor again, and then you qualify again or something.
	Barriers to care include lack of low-fee and competent therapists, and not having LGBTQ-friendly and safe transitional housing.
Housing and homelessness	I think a lot of people who get overlooked are people from the homeless community here too in Sonoma County. Especially like within the gay homeless community. I feel like a lot of the resources available are only available to you if you have the funds to spend on them. And that is really hard to come by if you are homeless. I think there is just like a very harsh stigma with like trying to address the needs of like homeless gay youth here in Sonoma County too.
Physical activity as mental health	If I won the lottery, I would open a gym for people with mental health issues. I've found when I have gotten exercise, it helps, but it's hard to always motivate myself to get there. I think it's easier if you're part of a gym because then you get more support, you know, than if you're just like, "Okay, I'm gonna go for a walk." I'd open a gym and then I'd have bus rides to get people to and from the gym.
Depression and suicidal ideation	As seen through suicidal ideation, anxiety, depression, the list goes on. A lot of the people that I've encountered within the gay community are very strong, silent sufferers with a mental health until they get to that breaking point of like, "Do I live? or–" making the choice of like, "do I live or do I want to kill myself?" No matter how well put together you think someone is, it's like "Whoops." It's like a dominoes effect. It just crumbles. I don't know. It's tough.

Older Adults (West County)

Themes	Illustrative Quotes
Increased loneliness and isolation	Social isolation leads to loneliness and are triggers for mental health crises.
Negative influence of social media	Harder and harder to determine what's true in social media and news, constant overload and misinformation. Hits older adults and isolated people even harder. Causes secondary trauma and stress.
Complex trauma	COVID; difficult political climate and divisions; increased isolation; witnessing deaths from disease, fires, floods; increased intolerance and polarization compound the individual traumas.
Housing crisis and homelessness	Fires increased existing housing crisis and homelessness. Being unhoused (not getting basic needs met) can lead to mental health problems and vice versa. Unhoused need more services. Need more stable, affordable housing.
Problems with accessing services	Barriers to accessing needed services include location, lack of transportation, costs, limited hours, lack of availability/waiting lists. Need more insurance accepted at clinics and more free services. Lower Russian River area is unique and needs services located here. Need phone support to know where to go for help.
Need for more sensitive providers	Some providers or organization staff don't seem sincerely interested, like they're just doing their jobs. Can feel intimidating, dismissive, or condescending. Makes it hard for people already having a hard time asking for help. Need providers to be nonjudgmental, authentically interested in me and my story.
Patient education and advocacy	People need to learn how to shop for a therapist, and to prepare for and to build resilience for the therapy process. Need to be encouraged and taught

Themes	Illustrative Quotes
	how to provide feedback about services provided and have it validated. Need advocates, because not everyone has the ability or confidence to advocate for themselves.
Formal and informal peer support	Support groups are powerful; help me and let me help others; shared vulnerability. Can find support in the community, talking to friends, to store clerks, anyone that I have an authentic relationship with. Need more qualified peer support specialists.