**Briefing: Suicide in Rural California**

Most of California is rural, and in 2020 there were over 859,000 Californians residing in rural areas[[1]](#footnote-1). People are drawn to live in rural communities because of their natural beauty and the sense of freedom and independence that rural life offers. While self-reliance is a strength during good times, it can also lead to a reluctance to ask for help when times are tough.

Rural counties have the highest rates of suicides in California; three of the four entirely rural counties rural have the highest rates in the state. Several characteristics of rural life can compound the risk of suicide:

* Firearm ownership is higher, and most suicide deaths occur by firearms.
* The prevalence of certain preventable and treatable behavioral health conditions is higher in rural areas.[[2]](#footnote-2)
* Rural counties are home to higher numbers of groups that are disproportionately impacted by suicide, such as veterans, older adults, and Native Americans.
* Occupations with the highest rates of suicide are more often based in rural areas, such as mining, quarrying, oil and gas extraction, farming, forestry, fishing, and hunting.[[3]](#footnote-3)

Rural residents have a lower per capita income than those in urban areas, and the poverty and unemployment rates are higher[[4]](#footnote-4) (in 2018, rural poverty rate was 15.7 compared to 12.8 per 100,000 in urban areas; unemployment rates were 4.7 in rural areas compared to 4.0 in urban areas). Coping with the ongoing challenges of California's drought and the COVID-19 pandemic are straining health and human services systems in rural communities that rely heavily on seasonal tourism and visitation to bolster their economy and provide jobs for rural residents.

Rural areas typically have more limited options for behavioral health prevention, treatment, and recovery than their urban counterparts. Rural residents are more likely to access behavioral health services from systems that may not be prepared or designed to deliver those services, such as primary care, emergency rooms, schools, faith-based organizations, and the criminal justice system. Mental health stigma and the relative lack of anonymity in rural areas may form additional barriers to accessing needed behavioral health services and supports.

Rural areas are also characterized by strong and tight-knit communities with a willingness to come together in times of trouble. Providing rural residents with the tools to know the warning signs of suicide, how to help someone they are concerned, and awareness of resources can increase the likelihood that individuals at risk will connect with services and supports. Enhancing the capacity of existing health care and community services and organizations to recognize and respond to suicide risk through training and enhanced coordination between systems of care can expand the community safety net for those in need.

1. U.S. Dept. of Agriculture Economic Research Service, [State of California Fact Sheet](https://data.ers.usda.gov/reports.aspx?StateFIPS=06&StateName=California&ID=17854) [↑](#footnote-ref-1)
2. Rural Health Information Hub, https://www.ruralhealthinfo.org [↑](#footnote-ref-2)
3. [Suicide Rates by Industry and Occupation — National Violent Death Reporting System, 32 States, 2016. CDC Morbidity and Mortality Weekly Report Vol. 69 No. 3, Jan. 24, 2020](https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6903a1-H.pdf). [↑](#footnote-ref-3)
4. U.S. Dept. of Agriculture Economic Research Service, [State of California Fact Sheet](https://data.ers.usda.gov/reports.aspx?StateFIPS=06&StateName=California&ID=17854) [↑](#footnote-ref-4)