

MENTAL HEALTH IN RURAL CALIFORNIA

A Fact Sheet

Geography and Population

- Rural areas make up approximately 80% of the total land mass of 156,000 square miles of California (*2000 Census*). Remote areas, vast distances, lack of public transportation and inaccessibility in inclement weather combine to make accessibility of services difficult (*California Mental Health Directors Association, 2007*).
- California has 186 rural "Medical Service Study Areas" (as designated by the California Manpower Policy Commission) with 250 persons or less per square mile and no township of more than 50,000. There are 56 Frontier Medical Service Study Areas, with less than 11 persons per square mile (*Office of Statewide Health Planning and Development GIS Census 2000*).
- There are 33 "small counties" in California, each with a population of less than 200,000. These counties are: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, El Dorado, Glenn, Humboldt, Imperial, Inyo, Kings, Lake, Lassen, Madera, Mariposa, Mendocino, Merced, Modoc, Mono, Napa, Nevada, Placer, Plumas, San Benito, Shasta, Sierra, Siskiyou, Sutter-Yuba, Tehama, Trinity, Tuolumne and Yolo (*California Mental Health Directors Association, 2007*).
- Rural California is growing faster than the state as a whole. The total rural population was 3,896,000 in the year 2000, a 20% increase in 10 years, compared to a 12% statewide growth rate (*California Department of Finance, 2005*).

Poverty and Health Insurance Utilization

- 21.5% of residents of rural California counties are between 100% and 200% of the Federal poverty level as compared to 16.9% of non-rural residents (*Behavioral Risk Factors Survey 2004*).
- Of rural residents who have health insurance, approximately 60% is employer-sponsored (*Behavioral Risk Factors, 2004*). Seasonal employment can result in rates of employed but uninsured residents that are higher than elsewhere in the state (*California Mental Health Directors Association, 2007*).
- 18.1% of rural California residents who are insured have Medicare, as compared with 10.4% of non-rural residents (*Behavioral Risk Factors Survey 2004*).

- 13.8% of rural California residents are covered by Medicaid as compared to 10.4% of urban residents (*Behavioral Risk Factors Survey 2004*).

Rural Mental Health Issues

- **STIGMA AND DISCRIMINATION:** Personal histories and family information are more public in small communities than in large cities, and stigma associated with mental health treatment can be pervasive and personal for small-town residents (*California Mental Health Directors Association, 2007*).
- **SUICIDE:** Suicide rates in rural communities are higher than in metropolitan areas, with an average of 17 completed suicides per 100,000 people as compared to 12-15 per 100,000 in urban areas (*Strong, Del Grosso et al, 2005*). California's Humboldt County had 21.8 completed suicides per 100,000 people in 2007, compared to a statewide average of 9.4. Other counties with similar demographics and high suicide rates include Trinity, Plumas, Tuolumne, Siskiyou, Calaveras, Yuba, Amador, Mendocino and Butte (*Humboldt County Department of Health and Human Services, 2008*).
- **VETERANS:** People from rural communities are overrepresented among those who have served in the U.S. Armed Forces (*Behavioral Risk Factors Survey, 2004*).
- **LACK OF PROVIDERS:** Over 78% of rural counties nationally are designated as Mental Health Professional Shortage Areas, an increase of 24% in 9 years (*National Advisory Committee on Rural Health and Human Services, 2008*). California small counties report difficulties in recruiting, retaining and supporting qualified mental health providers and resulting problems with access to all mental health services and particularly to specialty services (*California Mental Health Directors Association, 2007*).
- **CONNECTIVITY:** 1.4 million, mostly rural Californians lack broadband access at any speed (*California Broadband Task Force, 2008*), and rural counties lack cable television systems, satellite communication equipment, computer systems, software and the funding to maintain them. This significantly limits opportunities for effective technological interventions such as telepsychiatry and distance learning modalities (*California Mental Health Directors Association, 2007*).

For more information, contact *Xxxxxxxx Xxxxxxx*, Associate Director Workforce, Education and Training, California Mental Health Directors Association, xxxxxxx@xxxxx.org or XXX-XXX-XXXX ext XXX.