CRISIS TEXT LINE

Understanding Rural America

Insights from Anonymized Conversations with Texters Seeking Mental Health Support

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Crisis Text Line Research & Impact

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The authors would like to extend their deep gratitude to the volunteers, whose compassion shows up every day for people when they need it most. And to the texters who reach out, whose courage and trust help turn their hard moments into a source of support for others through resources like this. We thank you.

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EXECUTIVE SUMMARY

Across rural America, geographic isolation and a shortage of mental health providers can turn moments of distress into acute crises. In these areas, text-based mental health support offers a vital low-barrier resource for individuals who may not have access to in-person care.

While barriers to health and mental health care in rural areas are widely recognized, the voices of those experiencing them in a crisis are seldom heard. In this report, we share real-time insights from rural texters, offering a unique window into the realities of those seeking support.

At Crisis Text Line, we estimate that 12% of our conversation volume comes from rural areas, and the majority of these texters reach out to our service because they have no other resource to rely on. Between 2019 and 2024, we had over 425,000 conversations with people in distress from rural communities across the U.S., which lends a unique perspective on key mental health stressors and coping strategies in these areas. We analyzed these anonymized conversations to provide actionable insights to policymakers, philanthropic leaders, and others who seek to improve the state of mental health in rural America.

Here is what we learned:

1. **Nearly two-thirds of texters in rural areas (63%) reached out because they had no one else to talk to,** and almost 4 in 10 reported having no access to a therapist.
2. **The most common issues mentioned in rural areas were depression or sadness** (37% of rural conversations), relationships (36%), anxiety or stress (34%), suicide (26%), and isolation or loneliness (20%).
3. **Boys and men in rural areas discussed depression or sadness 41% of the time.** Nearly 1 in 4 of these texters mentioned feeling isolated or lonely.
4. **The most popular coping strategy was finding opportunities for social connection** followed by engaging in music, writing, visual, and performing arts.
5. **Rural texters were not a monolithic group.** They reflected the diversity of rural America, encompassing a range of identities, backgrounds, and experiences. Many of our rural texters were quite young—nearly 44% of rural texters were under the age of 18—and 30% identified as people of color.

In rural areas, Crisis Text Line serves individuals who are often beyond the reach of traditional healthcare systems. As a result, our conversations provide unique insight into the mental health needs of rural texters, many of whom are diverse young people living in mental health shortage areas with no other resource at their disposal.

Together, these findings underscore the essential role of accessible mental health support in rural communities, especially for individuals experiencing isolation and limited access to care.

INTRODUCTION

Mental health crises do not stop at city limits, but access to care often does. For people living in rural communities across the U.S., geographic isolation, limited local resources, and cultural barriers can make it harder to get timely mental health support. Although telehealth has expanded mental health services, many rural residents lack reliable broadband internet or digital literacy skills, limiting their ability to fully participate in virtual care and reinforcing existing disparities.

Access to health and mental health services in rural communities is a well-recognized challenge, yet direct insights from those affected are limited. This analysis adds a distinct perspective by offering near real-time insights drawn directly from rural individuals seeking support, illuminating lived experiences that are often difficult to capture.

Between 2019 and 2024, Crisis Text Line supported more than 425,000 conversations with texters in rural communities. This report provides an in-depth analysis of these interactions and the emerging trends of our rural texters.

Rural communities face an elevated risk for suicide. Suicide rates in rural areas are over 50% higher than rates in large urban communities. This disparity reflects not only geographic barriers to care but also profound social isolation. For example, **63% of our rural texters reported reaching out because they did not have anyone else to talk to.** At the same time, research shows that rural young people are less likely to engage with online therapy and mental health apps, even when they report moderate to severe mental health symptoms. Offering services online has not been enough to overcome the structural and cultural barriers facing rural communities. For many rural youth, Crisis Text Line provides a free, accessible and confidential way to connect with support during the day or at night.

At Crisis Text Line, nearly **12% of our conversations come from rural areas.** We believe we have a responsibility to learn what we can from these anonymized conversations to aid the work of those who seek to improve the mental health of rural populations. As such, in 2025, we analyzed over 425,000 anonymized conversations from rural areas in the U.S. between 2019 and 2024.[1]

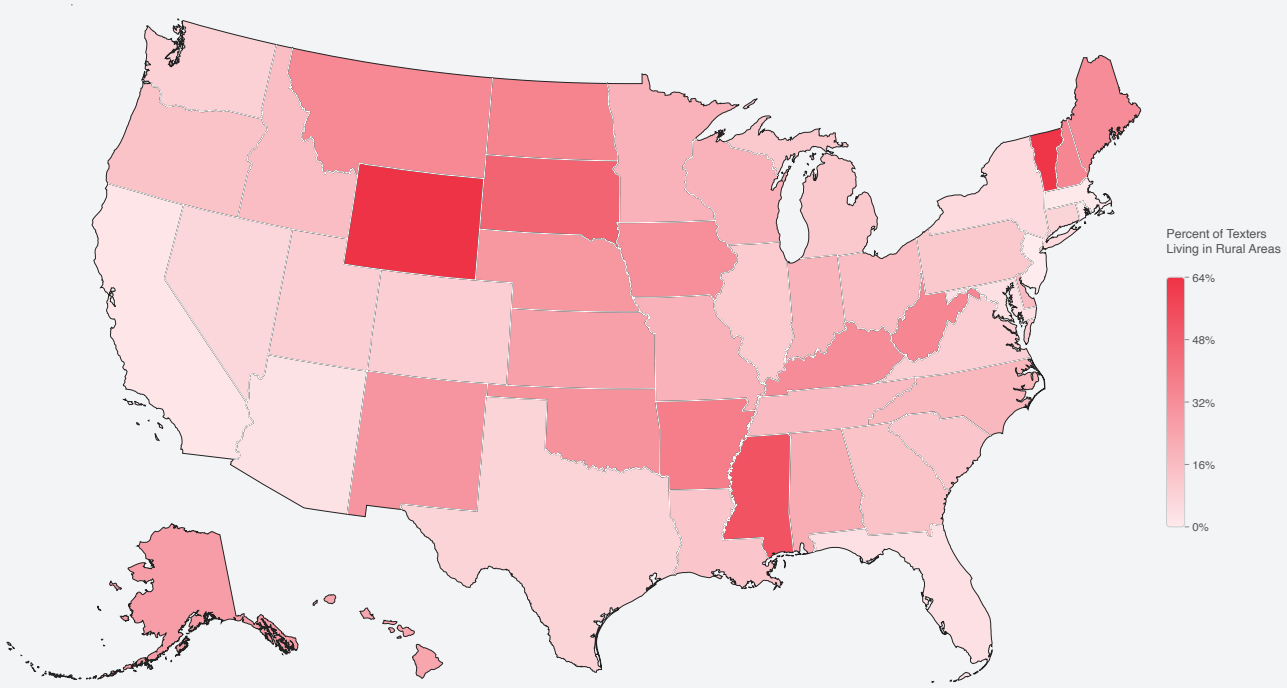
[1]To learn more about our methodology, please consult the methodology section at the end.

Our Reach

Between 2019 and 2024, Crisis Text Line **reached nearly 228,000 texters in rural counties,** while supporting more than 425,000 conversations.[2] These individuals represent 12% of our total texter base, a figure proportionate to the 14% of the U.S. population residing in rural counties.

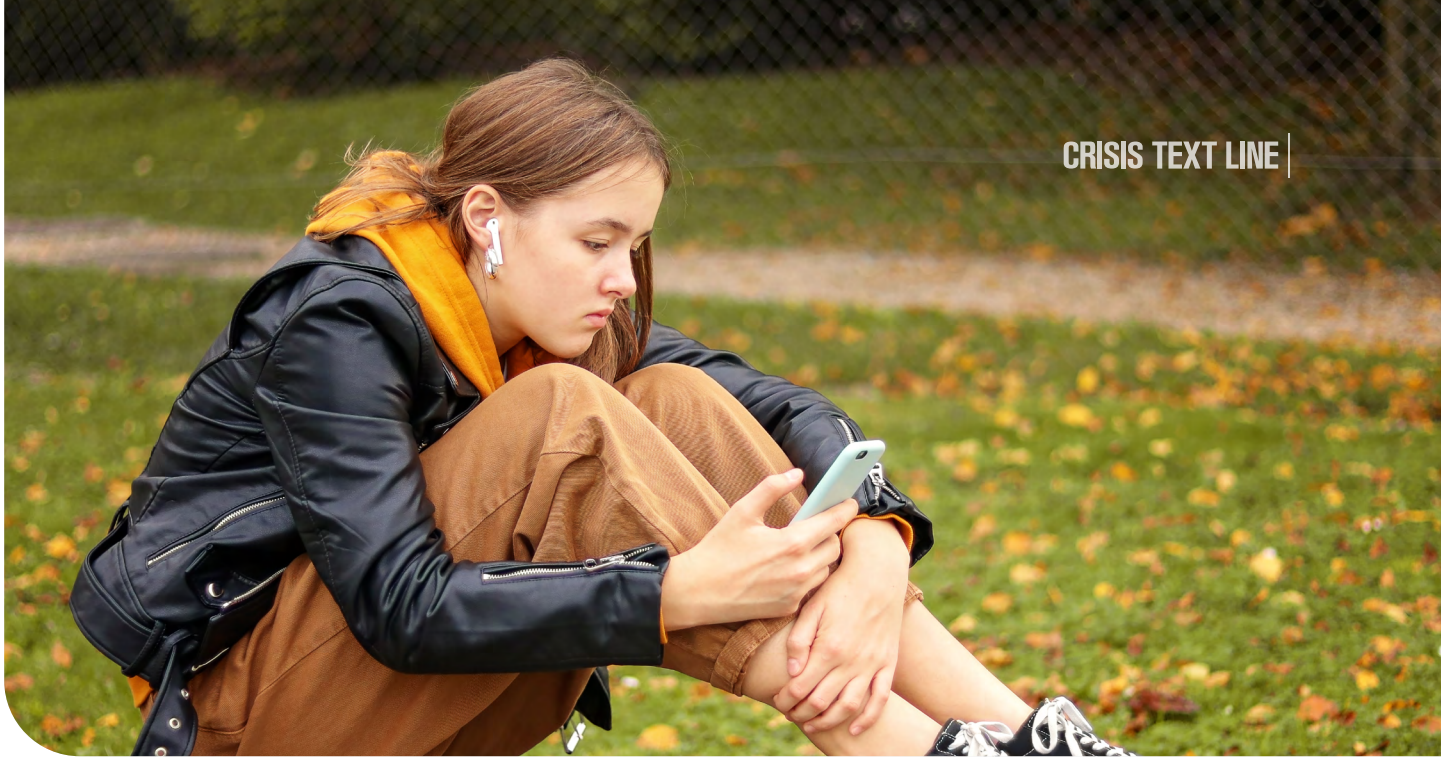
Concentration of Texters in Rural Areas by U.S. State

The states with the highest percentage of texters from rural areas included Wyoming,Vermont, Mississippi, and South Dakota.
2019-2024 (N = 1,888,711)



Rural texters contacted Crisis Text Line from nearly every U.S. state. In several states, including Wyoming, Vermont, and Mississippi, rural residents account for a majority of conversations.

[2]Most texters engaged with the service more than once. While 228,000 unique individuals from rural counties reached out, repeat use resulted in over 425,000 total conversations.



TEXTERS IN RURAL AREAS ARE YOUNG AND DIVERSE

Rural texters come from a wide array of ages, genders, sexual identities, and racial backgrounds, and the diversity of our texters varies further by rural geography. Those who text from rural areas in the American South differ in some ways from those in West Coast states. This diversity mirrors that of other Crisis Text Line texters, indicating that texters from rural communities are not fundamentally different overall in their backgrounds or how they seek help, while they often face greater barriers to accessing mental health care aside from texting Crisis Text Line.

Rurality is often incorrectly equated with a single demographic, but our data reflects a more complex reality. While 79% of rural texters identify as white, a significant 30% identify as people of color. This diversity is even more pronounced when viewed through a regional lens. In the rural South, 40% of rural texters identified as people of color with 17% identifying as Black or African American. In the West, 16% of texters in rural counties identified as Latinx. These findings reflect the broader diversity of rural populations across the U.S.

Sixty-nine percent of rural texters are young people under 25. Among young people, the single largest group of rural texters were adolescents: 14 to 17-year-olds alone accounted for an estimated 31% of all rural texters, and 13% were young people under 13.

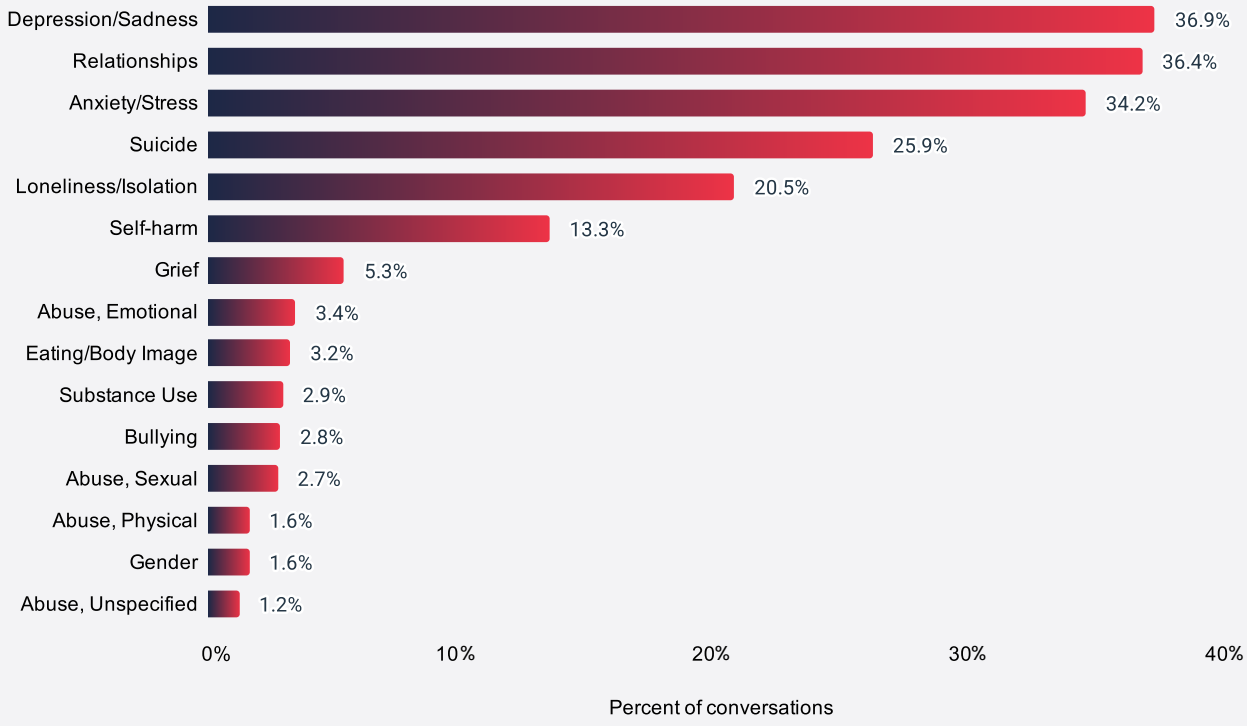
Among rural texters, the **majority identify as girls or women (72%).** Crisis Text Line's service is seeing a steady increase in outreach from boys and men (15% of rural texters), as well as those who identify as another gender selection (14% of rural texters). More than half of those texters who identify as any other gender from rural counties are also repeat texters who reached out more than once, returning to the service for continued support. Finally, **nearly half (47%) of rural texters identify as LGBTQ+,** which also mirrors the overall Crisis Text Line texter population.

KEY ISSUES IN RURAL AREAS:
Depression, Relationships, and Anxiety

After each conversation, volunteer Crisis Counselors indicate the list of issues that texters raised by tagging them. Based on these issue tags, we were able to identify the most common challenges that texters in rural areas brought to us.

Key Issues in Conversations in Rural Areas

Texters in rural areas discussed depression and sadness more than any other issue.
2019-2024 (N = 425,054)



The top five conversation topics in rural conversations were:

1. Depression or sadness (37% of rural conversations)
2. Relationships (36%)
3. Anxiety or stress (34%)
4. Suicide (26%)
5. Isolation or loneliness (21%)

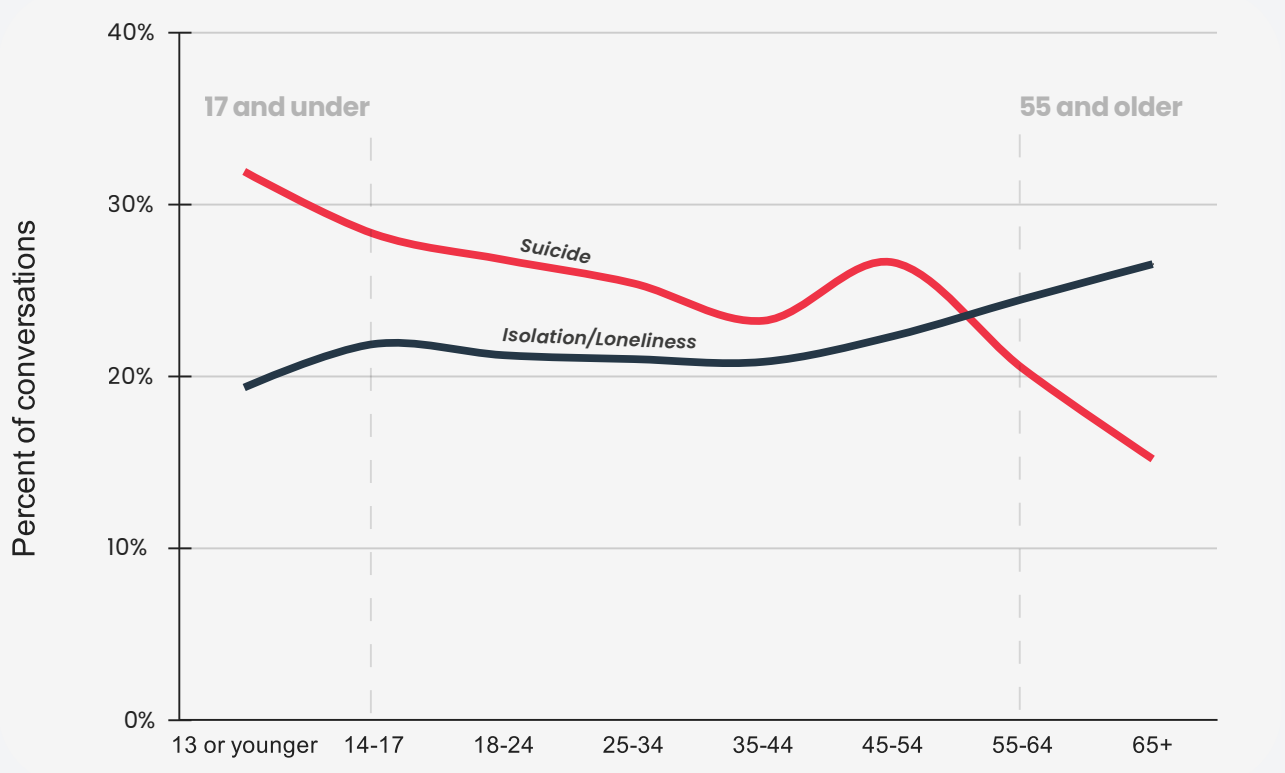
These concerns are not unique to rural communities. However, it is striking that well over 1 in 3 texters struggle with depression or sadness, while nearly 2 out of 3 said they had nowhere else to turn in moments of distress.

Key Issues Varied by Demographic Background

The youngest rural texters mentioned suicide most often, and mentions of isolation or loneliness increased with age. Among all age groups examined, younger texters, those aged 17 or younger, had the highest prevalence of suicidal thoughts as a tagged concern. For texters aged 18 to 34, the primary issues discussed are related to anxiety and stress. As texter age increased, certain challenges became more prevalent in their conversations; themes of isolation, loneliness, and grief generally increased across the life cycle.

Rural Conversations About Isolation/Loneliness and Suicide Across Age Groups

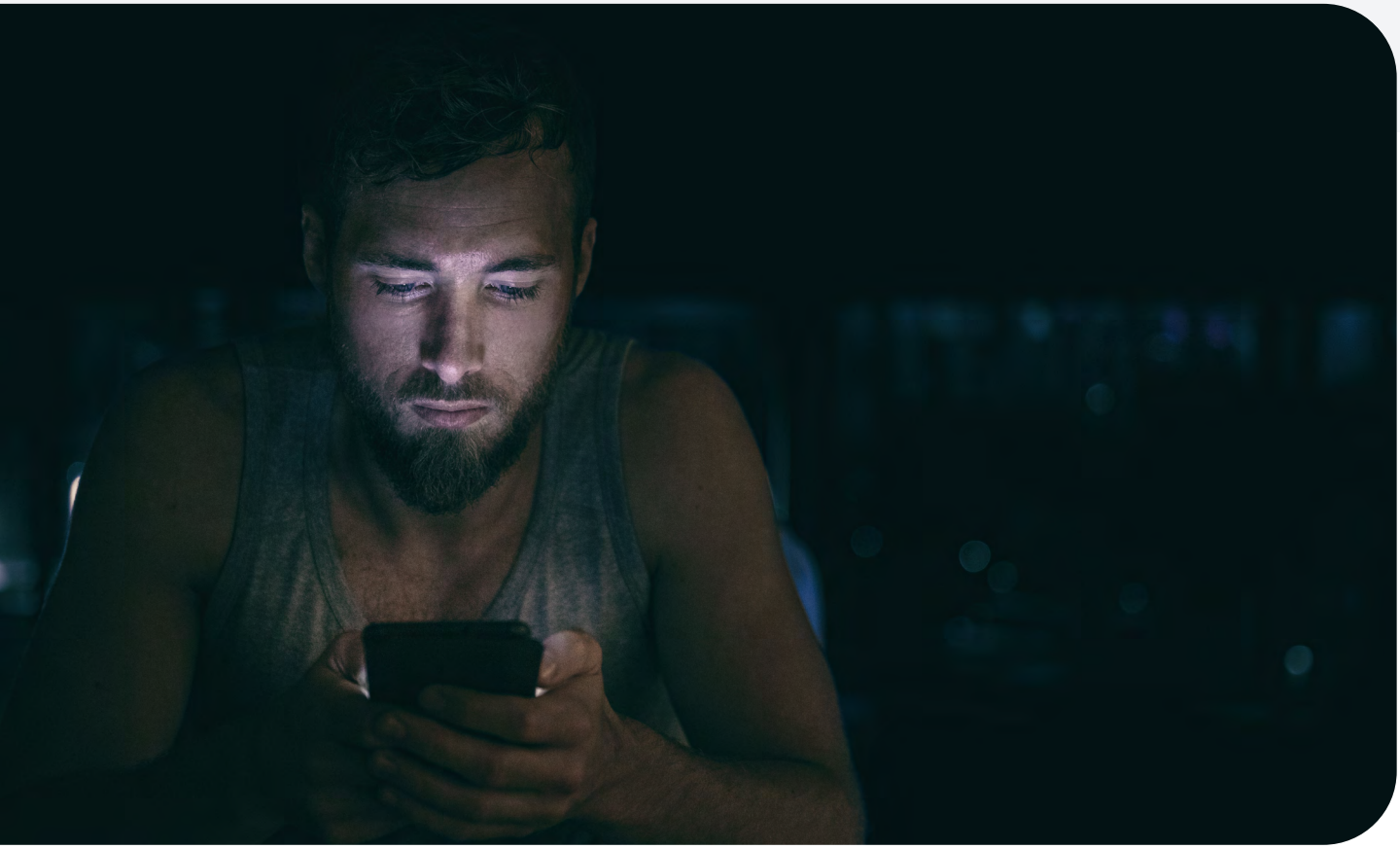
The older rural texters were, the more they talked about loneliness, and the less they talked about suicide.
2019-2024 (N = 425,054)



These patterns corroborate broader research on the mental health of rural youth. Compared to their urban peers, rural youth face higher suicide rates and significantly more restricted access to prevention services. Research indicates that only 3% of rural areas offer a mental health facility with youth suicide prevention services, a stark contrast to the 12% of small towns and 8% of metropolitan areas that provide such care. This severe lack of local infrastructure underscores the essential role of low-barrier, text-based support services like Crisis Text Line for young people in rural communities.

Suicide and other issues discussed with volunteer Crisis Counselors also varied across gender and sexuality. Conversations with texters who identify as another gender selection (not boy/man only or girl/woman only) were substantially more likely to include suicidal thoughts (32% of the time) or self-harm (23% of the time). In comparison, both boys/men and girls/women texters discussed suicide in 26% of conversations; and girls/women discussed self-harm 16% of the time; boys and men 8% of the time. Conversations with girls/women and those who identify as another gender selection are about twice as likely as boys/men to include concerns related to emotional abuse or eating and body image. The breadth of issues tagged highlight the complex and diverse needs presented by rural texters.

Conversations with rural LGBTQ+ texters reflect a heightened level of suicide-related distress. Suicide was identified as a concern in 29% of these conversations, a higher proportion than the 25% observed among rural straight texters. Beyond suicidality, rural LGBTQ+ texters more frequently discussed grief, bereavement, and bullying than their non-rural LGBTQ+ peers, pointing to heightened exposure to loss, stigma, and social isolation. Engagement patterns suggest that many are finding Crisis Text Line to be a trusted source of support, with repeated use indicating ongoing needs unmet elsewhere.



KEY COPING RESOURCES IN RURAL AREAS:
Social Connection, Arts, and Other Resource Needs

Volunteer Crisis Counselors aim to help texters find their way to support and relief so they always ask about past coping strategies and any resources that texters are open to exploring. These discussions have enabled us to explore how texters have coped over the years. In a previous study, we developed a framework where we examined coping strategies in our conversations that are linked to improved mental health outcomes, and are also actionable for policymakers and communities. These were:

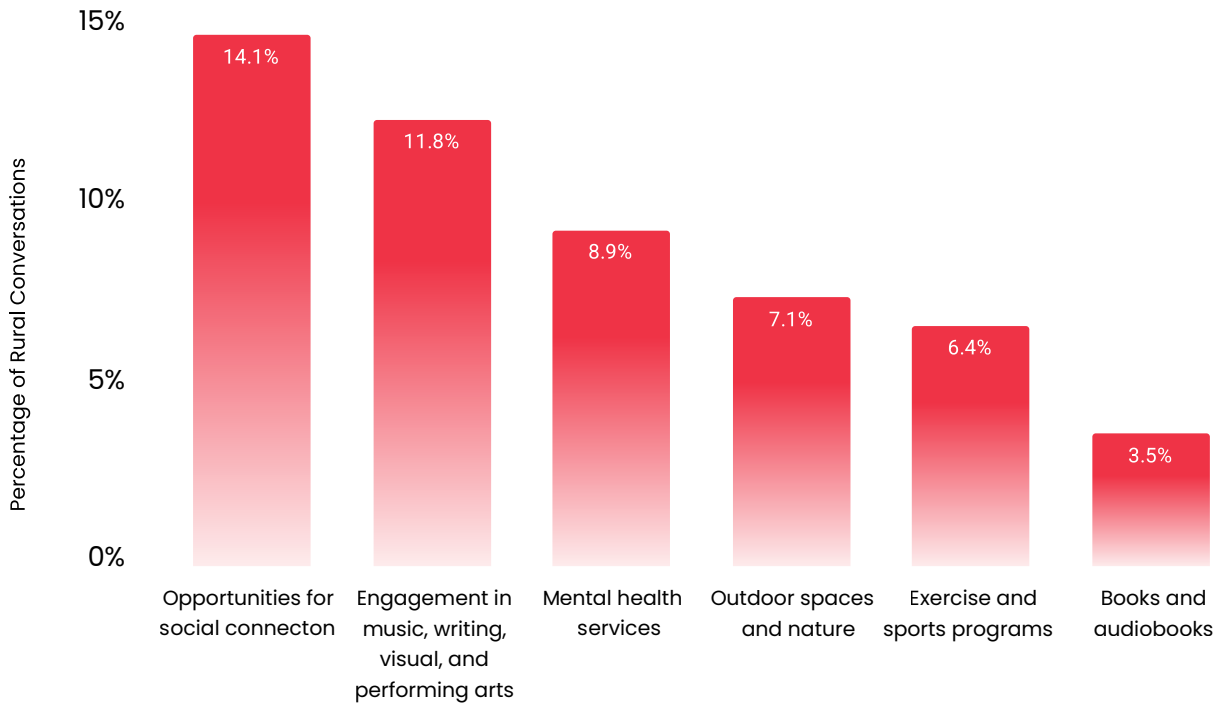
1. Opportunities for social connection
2. Engaging in music, writing, visual, and performing arts
3. Mental health services
4. Outdoor spaces and nature
5. Exercise and sport programs
6. Books and audiobooks

We were able to apply this framework to a subset of our conversations with rural texters between 2022 and 2024.

Key Coping Resources Discussed by Rural Texters

The most commonly mentioned coping strategies in rural areas included connecting with friends and other social connections.

2022-2024 (N = 98,597)



What stood out the most from this analysis is that rural texters are very similar to other texters in the U.S. in terms of their desire to spend time with others. For example, 14% of rural conversations highlighted reaching out for social connection as a way to feel supported. At the same time, rural areas face a much higher challenge in terms of social isolation.

Similarly, over 1 in 10 rural texters (12%) relied on making music, writing, visual, or performing arts as a way to cope. However, art nonprofits and other spaces where people can engage in making music or art tend to be more concentrated in urban areas. Further, 9% of rural texters reported relying on mental health services to cope and yet the shortage of providers in rural areas is well documented.

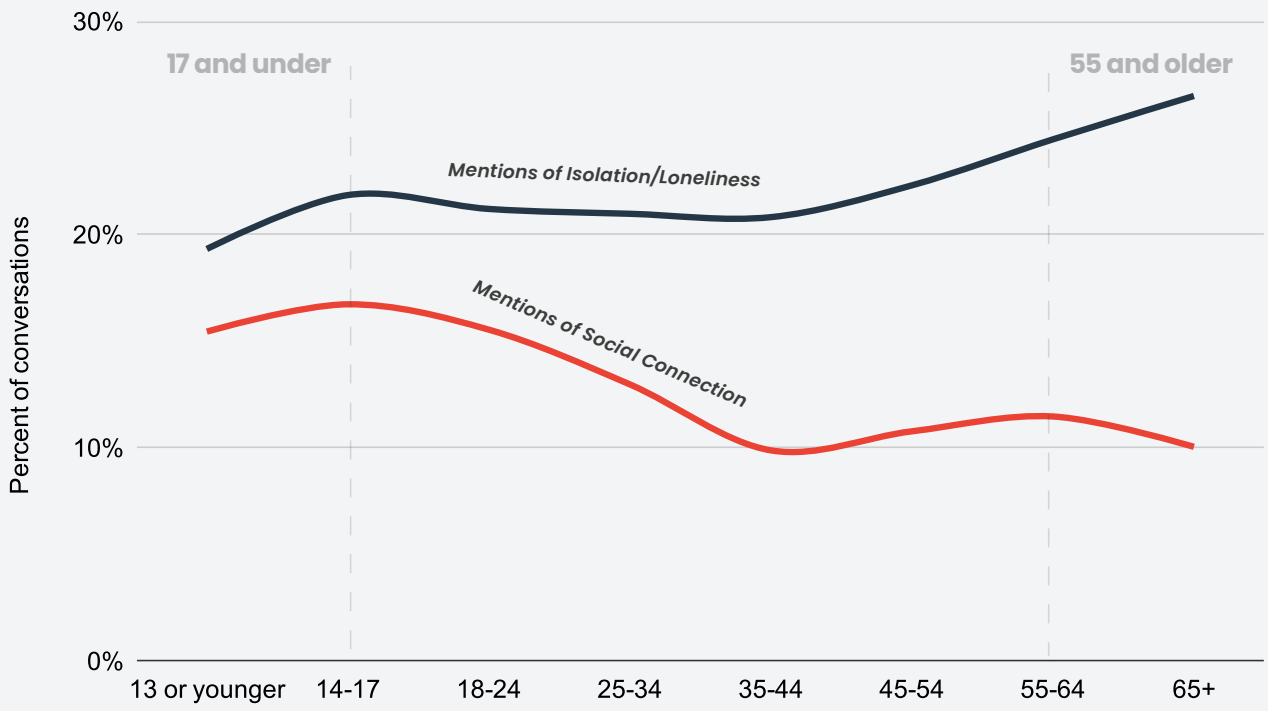
Coping Strategies Change Across the Lifespan

Rural texters increasingly reference mental health services as a coping resource, its prevalence rising with age. For individuals aged 35 and older, mental health support is the most frequently cited resource. Mentions of spending time outdoors or in nature also increase with age, though to a lesser extent.

In contrast, among those under 35, opportunities for social connection and engaging in creating art are most commonly referenced.

Mentions of Isolation and Loneliness and Social Connections as Coping Resources

Mentions of isolation and loneliness increased, while discussions of relying on social connections dropped as people aged. 2019-2024 (N = 425,054)



Many of the coping resources rural texters discuss are less available in rural areas than elsewhere in the U.S.

In rural areas, resources like opportunities for social connection and places to engage in making art are significantly less accessible than in other parts of the U.S. Transportation challenges tend to make it more difficult for people to socialize and to engage in sports – traveling long distances is costly, and public transportation is often unavailable or limited. There are fewer formal opportunities and spaces to gather, and lower population density overall. There are also fewer opportunities to engage in arts or socialize with artists; and fewer nonprofits, libraries, theaters, and artists to learn from in rural areas.

BOYS AND MEN IN RURAL AREAS:

Distinct Challenges

Boys and men in rural areas face a distinct set of mental health stressors shaped by isolation, limited mental health services, and elevated exposure to risk factors. Loneliness and social isolation weigh heavily in this population; **nearly one in four of our conversations with rural boys and men involves feelings of being alone,** driven especially by younger texters aged 14–34.[3]

These patterns align with a broader and urgent public health crisis. In rural areas, boys and men face specific mental health risks compared to those in non-rural areas: more geographic and social isolation, a shortage of mental health providers, more access to guns, among others. In addition, males have the highest rate of firearm suicide in rural areas, where nearly 6 in 10 Americans have a firearm. This is consistent with a Crisis Text Line study showing that boys and men were more likely than other gender groups to report planned suicide methods such as hanging, firearms, and vehicle-related means, underscoring the heightened risk among males in rural areas.

[3]To learn more about the mental health needs and coping strategies of boys and men among our texters, please read our report on Exploring Mental Health Trends Among Boys and Men at crisistextline.org/boysandmen

Key Issues

While rural boys and men reach out for many of the same reasons as other groups, their conversations reveal patterns worth noting. Depression and sadness are particularly prevalent, appearing in 41% of their conversations. This trend intensifies with age; for those between 35 and 44, the rate rises to 45%, higher than the 39% reported by girls/women and those who identify as another gender selection. Substance use is mentioned twice as often by boys and men compared to other texters (4% vs. 2%), highlighting a specific challenge for rural mental health support.

In many rural communities, cultural expectations of self-reliance and independence can create significant barriers to care, making it difficult for men to seek help through traditional, face-to-face channels.

For this population, text-based mental health support offers a discreet and private entry point. By providing a confidential space, Crisis Text Line allows rural boys and men to share their struggles and connect with a listener when other options feel out of reach or lack the necessary privacy. Their reliance on this type of service is evidenced by their continued engagement, with more than one-third of boys and men from rural counties engaging with the service more than once, utilizing Crisis Text Line as a consistent resource for their mental health.

Key Coping Strategies

When in emotional distress, boys and men in rural areas typically needed the same coping resources as other texters: opportunities for social connection, engagement in music, writing, visual and performing arts; sports participation; and mental health services. However, as noted above, boys and men in rural areas are often faced with a shortage of these resources.

CONCLUSION

Crisis Text Line serves people no matter where they are, including those living in mental health shortage areas. The service is an important complement to traditional systems that are increasingly strained, disappearing, or never existed. As rural healthcare infrastructure faces unprecedented strain, with over 700 hospitals at risk of closure, text-based mental health services have emerged as an essential pillar of the rural safety net.

In rural communities, barriers also extend beyond provider shortages. Long travel distances, limited transportation, and concerns about privacy in small towns can all create challenges for help-seeking behavior. Geographic isolation may also contribute to feelings of social isolation, particularly for individuals with limited local support networks. Text-based mental health services like Crisis Text Line address several of these barriers simultaneously by offering real-time, confidential, 24/7, human-to-human support that does not require travel, face-to-face interaction, or internet connectivity.

Rural communities are diverse and dynamic, and efforts must also remain culturally responsive to the varied needs of residents. Boys and men who text from the rural South, for example, might face distinct challenges from LGBTQ+ texters in the rural West.

Addressing the rural mental health crisis will require a coordinated effort that extends beyond the clinic, and community-rooted coping resources that sustain rural residents will play a critical role in crisis prevention. This includes creating new opportunities for connection, reinforcing informal support systems, supporting engagement in creative activities that anchor wellbeing from youth through older adulthood, and ensuring low-barrier options for support, such as Crisis Text Line's volunteer-powered service, remain available for everyone, everywhere.

SUMMARY OF METHODOLOGY

Scope

In total, we analyzed 425,147 de-identified U.S.-based Crisis Text Line conversations that took place in rural areas of the U.S. between 2019 and 2024. The sample includes conversations in English that reached us directly via Crisis Text Line's channels in text message, WhatsApp, or webchat. We excluded the following: conversations received in our capacity as a national 988 provider; conversations in Spanish; conversations that were pranks or tests; and conversations where the texter dropped off before being connected with a volunteer Crisis Counselor.

Estimating Location

Definition of Rural Areas: There is no single standard definition or calculation for rural areas applied across all research studies. For this study, we categorized geographic data using the 2023 Rural-Urban Continuum Codes (RUCC) developed by the U.S. Department of Agriculture (USDA), which aligns with methodologies of several studies of similar scope. This classification system assigns every county in the U.S. a code from 0 to 9 based on its population size and its proximity to a metropolitan area. For the purposes of this analysis, a county was defined as 'rural' if it has an RUCC of 4 or higher.

Conversation Location: Our service is anonymous and confidential. As such, we can only estimate texter location based on the first six digits of their phone numbers at the time that someone reaches out. This method allows us to correctly estimate location at the state level 86% of the time and to the metro area level 70% of the time. However, localizing conversations to a specific county can be less accurate. By applying RUCC code as noted above, we were able to maintain higher levels of accuracy in identifying rural areas.

Identifying Issues and Coping

Conversation Issues: At the end of each conversation, volunteer Crisis Counselors identify the core issues that were discussed, selecting categories from a list. Because volunteers can tag multiple issues in a single conversation, percentages add up to more than 100%. In this report, the analysis of mental health issues texters discuss with us was based on this subjective assessment of the volunteer who took the conversation.

Coping Resources: Following our previously published framework, we applied a pre-developed model to identify discussions of coping within the conversations, locating the point at which volunteer responders asked texters about their coping strategies. We then analyzed the subsequent texter responses to extract mentions of the six coping strategies in our framework, excluding strategies outside the scope of community and policy action (such as taking a shower, talking to parents, or going to sleep). Analyses related to texter coping resources were limited to the period between 2022 and 2024.

Texter Characteristics

Demographic information is based on responses to our optional post-conversation texter survey, which was completed by approximately 13% of texters.

Race and Ethnicity: Note that the total percentages in race & ethnicity insights will not add up to 100% because survey respondents can identify with multiple options. We defined BIPOC (Black, Indigenous, and People of Color) texters as texters who identified with any of the following demographics: Asian, Asian American; Black, African American; Latino, Latina, Latinx, Latine, Hispanic; Middle Eastern, North African, Arab; Native American, Native Alaskan, Indigenous; Native Hawaiian, Pacific Islander; or Other. We defined White texters as texters who identified as White alone in the same question.

Gender Categories: Throughout this report, we used aggregated gender categories selected in the post-conversation texter survey. Gender categories are mutually exclusive as follows:

- Girl/Woman Only: Texters who identified as girls or women and selected no other gender category.
- Boy/Man Only: Texters who identified as boys or men and selected no other gender category.
- Another Gender Selection: Texters who selected a category other than boy/man or girl/women, or who selected more than one gender category.

Consent, Data Protection, and Research Ethics at Crisis Text Line

Texter Consent: To use our service, individuals who reach out to Crisis Text Line agree at the start of the conversation to our privacy policy and terms of service, which detail what information we collect and how we may use it, including for research such as this report. We also seek consent from texters at the end of the conversation when we request more information and feedback.

Research Ethics: We believe it is our duty to conduct meaningful research to inform practice and policy solutions that will help with the mental health emergency in the U.S. And, we are committed to doing so in an ethical manner. This means (a) seeking consent from those who reach out to us, (b) asking for certain information necessary to engage in continuous quality improvement and share meaningful, actionable insights, and (c) committing to data privacy and protection. Crisis Text Line's research is also overseen by an Institutional Review Board (IRB).

Data Privacy: We care deeply about protecting the privacy and security of our texters, and go to great lengths to protect, store, analyze, and share insights from our de-identified crisis conversations to ethically help the world address mental health issues.

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CRISIS TEXT LINE

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Crisis Text Line is a nonprofit organization providing free, 24/7, confidential, text-based mental health support and crisis intervention in English and Spanish to people across the United States and globally. Since launching in 2013, we have supported more than 17 million conversations worldwide and trained over 125,000 volunteer Crisis Counselors. In 2025, Crisis Text Line expanded its global reach by acquiring Aquí Estoy, a nonprofit serving people in need across 20 Spanish-speaking countries.

Everyone deserves mental health support at their fingertips.

www.crisistextline.org