



Support recurring funding to increase the number of school social workers, nurses, counselors, & psychologists to move toward meeting nationally recommended ratios

Supporting youth mental health and preventing youth suicide continue to be an important focus of the CFTF.

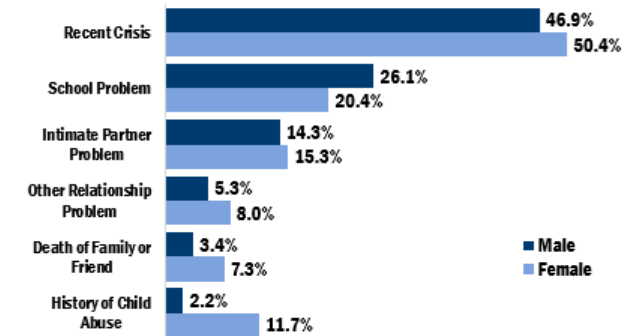
The latest data from 2024 showed a decrease in youth suicide rates in North Carolina, yet in 2024, suicide was the leading cause of death among children ages 10 to 14, and the fourth leading cause of death among teens age 15 to 17.¹ In 2024, North Carolina lost 44 children age 10 to 17 to suicide. And each year, there are thousands of emergency department visits for self-injury among 10 to 17-year-olds.

The latest student survey data shows that among North Carolina high school students, 18% report seriously considering suicide in the past 12 months and for gay, lesbian, or bisexual students it was 37%.² Thirty-nine percent of high school students report feeling sad or hopeless.³

The Child Fatality Task Force has looked at ways to better support youth mental health and has repeatedly determined that having a robust team of health support professionals in schools—school nurses, social workers, counselors, and psychologists—is foundational and critical. The following data presented to the Intentional Death Prevention Committee of the Task Force provides insight into some of the circumstances surrounding youth suicides in North Carolina.

Nearly half of children who died by suicide had experienced a recent crisis

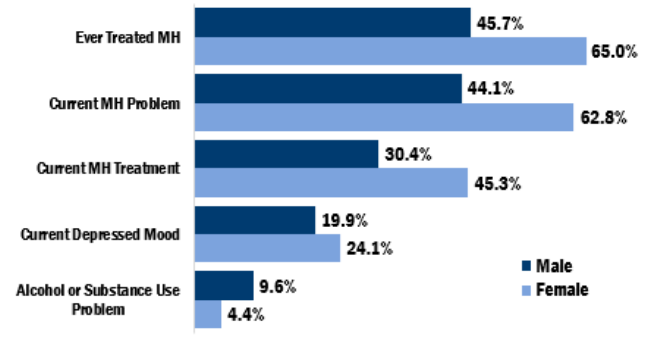
Females were more likely to experience recent crisis, a relationship problem, death of family/friend, or history of child abuse. Males were more likely to have a school-related problem.



Circumstances known for 94.7% of males and 95.1% of females Limited to NC Residents ages 10-17 Source: NC-VDR 8 (2014-2023) NCDHHS Division of Public Health | Injury and Violence Prevention Branch | Epidemiology, Surveillance, and Informatics Unit N=459

Half of children who died by suicide had a current mental health problem

Females were more likely to experience a current or previous mental health problem or were currently undergoing treatment. Males were more likely to have an alcohol/substance use problem.



Circumstances known for 94.7% of males and 95.1% of females Limited to NC Residents ages 10-17 Source: NC-VDR 8 (2014-2023) NCDHHS Division of Public Health | Injury and Violence Prevention Branch | Epidemiology, Surveillance, and Informatics Unit N=459

These mental health issues, crises, and various struggles that youth are dealing with aren't confined to home and family; they are with children when they come to school, a place where they are likely to spend more time than anywhere else other than home. **These professionals play an important role in many ways in supporting students' needs which include:**

- **Identifying a child who is struggling or at risk**, whether the struggle is with emotional/mental health issues, dealing with a crisis, suicide ideation, bullying, food or housing insecurity, abuse or neglect, or even at risk of harming others.
- **Connecting a child and their family to mental health and/or community resources** to address individual or family needs.
- Developing and implementing **school-wide programs and training** that can support mental and physical health and improve the school environment.
- Providing **individual and group counseling**.
- Identifying and **addressing health conditions or learning challenges** and needs.

A robust team of school nurses, social workers, counselors, and psychologists is critical to recognizing and supporting youth with these kinds of issues. Yet the latest data from the NC Department of Public Instruction shows NC continues to fall far short of having robust teams:⁴

	Ratios in NC in 2025	Nationally Recommended Ratio
School Social Workers	1:1,055	1:250
School Psychologists	1:1,954	1:500
School Counselors	1:367	1:250
School Nurses	1:876	1 per school

Every two years, the *NC Institute of Medicine* and *NC Child* release a Child Health Report Card, tracking key indicators of child health and well-being, and assigning a grade to various categories of well-being. **The 2025 Child Health Report Card gave North Carolina a grade of “F” in mental health and an “F” in school health,** with the school health grade related to the poor ratios of students to school health professionals.

Other experts and organizations agree that having enough of these health support professionals in schools is an important aspect of supporting student mental health. For example, this was noted in the 2021 U.S. Surgeon General’s [Advisory on the Youth Mental Health Crisis](#) and in the [North Carolina 2023 School Behavioral Health Action Plan](#). It was also the focus of a September, 2023 article in the North Carolina Medical Journal titled, [“Specialized Instructional Support Personnel \(SISP\): A Promising Solution for North Carolina’s Youth Mental Health Crisis.”](#)⁵

Recurring, not temporary, funding for these positions is essential. Not only is temporary funding short-term, but education leaders have explained to the Task Force that it is hard to attract and retain professionals for temporary work and significant administrative time is spent navigating the process of onboarding temporary professionals into a permanent workforce.

The Child Fatality Task Force is a legislative study commission that recommends policy solutions to prevent child death, prevent abuse and neglect, and support the health and safety of children.
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¹ Data from the NCDHHS Division of Public Health - Title V Office, in conjunction with the State Center for Health Statistics, NC Division of Public Health.

² 2023 NC High School Youth Risk Behavior Survey (YRBS), US Centers for Disease Control and Prevention.

³ Ibid.

⁴ Data provided by NC Healthy Schools of the NC Department of Public Instruction.

⁵ Close J, Schmal S, Essick E, Scott DN, Shankar M. Specialized Instructional Support Personnel (SISP): A Promising Solution for North Carolina’s Youth Mental Health Crisis. North Carolina Medical Journal. 2023;84(5). doi:10.18043/001c.87524