



Child Fatality Task Force Recommendation

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

Over the past decade in North Carolina, the youth suicide rate and measures of youth mental health have been worsening. This recommendation by the Task Force is aimed at preventing youth suicide and supporting the mental and physical health of students. Increasing the numbers of school support personnel to prevent youth suicide was a recommendation made to the Task Force by the State Child Fatality Prevention Team that is chaired by the Chief Medical Examiner and reviews child deaths.

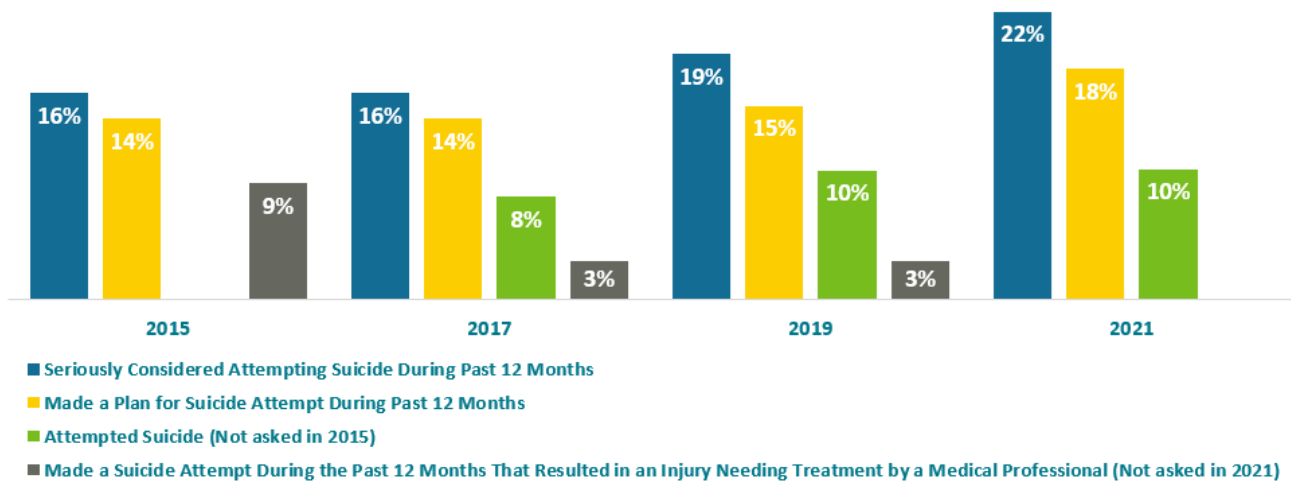
In 2021, there were 62 youth suicides among youth ages 10 - 17 in North Carolina, and the 2021 youth suicide rate represents the highest rate in two decades. Also in 2021, there were 783 hospitalizations and 3,362 ED visits for self-injury among youth ages 10 - 17.¹

A 2021 student survey showed 22% of North Carolina high school students surveyed had seriously considered attempting suicide. For gay, lesbian, or bisexual students that number rose to 48%. The survey also showed 43% of high school students said they felt sad or hopeless; less than half reported feeling good about themselves; and 33% said they felt alone in their life.

In recent years, education leaders presenting to the Task Force have explained the critical role that school nurses, social workers, counselors and psychologists play in identifying and supporting students who are struggling or in crisis. Yet in North Carolina, the numbers of these professionals are far below nationally recommended ratios. When these professionals have to serve too many students, there are missed opportunities for crisis prevention and intervention.



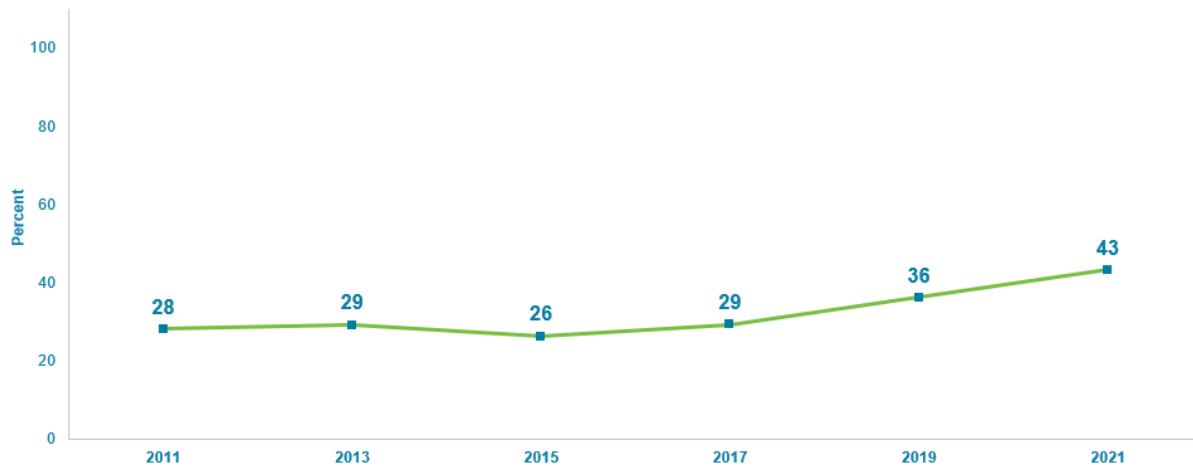
Suicidal Behaviors 2015-2021 NC High School Students



Source: NC High School Youth Risk Behavior Survey

¹ Data source for child deaths and injuries: Division of Public Health, NC Department of Health and Human Services.

Percentage of High School Students Who Felt Sad or Hopeless



*Almost every day for >=2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey
 *Increased 2001-2021, no change 2001-2015, increased 2015-2021 [Based on linear and quadratic trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05). Significant linear trends (if present) across all available years are described first followed by linear changes in each segment of significant quadratic trends (if present).]

North Carolina - YRBS, 2011-2021



NC HEALTHY SCHOOLS

	Current Ratios in NC (these ratios include a modest number of temporary positions added from nonrecurring COVID funding)	Nationally Recommended Ratio
School Counselors	1:335	1:250
School Nurses	1:890 (48% of NC school nurses serve in more than one school)	1 per school
School Social Workers	1:1,025	1:250
School Psychologists	1:1,815	1:500

Not only do these professionals connect with students one-on-one to build important relationships and provide counseling, they also connect students and their families to community resources to address or avert a crisis. These professionals are also the ones to implement programs in schools to support student mental health and prevent youth suicide. They also have an important role in recognizing and responding to suspected child abuse or neglect.

Federal COVID funds that came to North Carolina enabled a very modest, temporary increase in the numbers of these professionals with nonrecurring funding. But when these funds are gone, the positions will also be gone, along with the investments of time and resources dedicated to hiring and training these professionals. The Task Force learned in its meetings about how the temporary nature of the positions made it harder to attract professionals to the positions and about the administrative challenges of adding temporary staff to permanent teams. **The Task Force is recommending recurring funding to increase the numbers of these positions.**

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.

Website: <https://sites.ncleg.gov/nccftf/> **Executive Director:** Kella Hatcher, kella.hatcher@dhhs.nc.gov
Co-Chairs: Karen McLeod, kmcleod@benchmarksn.org & Jill Cox, JCox@cisnc.org