



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

The youth mental health crisis continues to be a major area of focus for the Child Fatality Task Force. In 2022, 48 North Carolina youth ages 10 to 17 died by suicide.ⁱ While the youth suicide rate decreased in 2022 compared to 2021, youth suicide rates have increased generally over the past 20 years in North Carolina. In 2022 in North Carolina, there were 3,367 child (age 10-17) emergency department visits for self-harm.ⁱⁱ

According to 2021 data studied by the CFTF, one in 5 North Carolina high school students seriously considered suicide, and for gay, lesbian, or bisexual students that number rose to 48%. Also, 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.ⁱⁱⁱ

The 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. Yet the latest data presented to the Task Force by the NC Department of Public Instruction showed NC falling far short of having robust teams:^{iv}

This recommendation is aimed at preventing youth suicide and supporting the mental and physical health of students. North Carolina’s numbers of these health support professionals continue to be woefully insufficient to meet student needs.

	Ratios in NC	Nationally Recommended Ratio
School Counselors	1:361	1:250
School Nurses	1:833	1 per school
School Social Workers	1:1,033	1:250
School Psychologists	1:1,979	1:500

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, 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.

Increasing the numbers of school health support personnel to prevent youth suicide was a recommendation made to the Task Force by the State Child Fatality Prevention Team that reviews child deaths and is chaired by the Chief Medical Examiner.

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 [2023 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.

There is widespread recognition that having sufficient teams of these professionals in schools is an important strategy to address the youth mental health crisis.

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.”](#)^v

While there was funding in the 2023 Appropriations Act for 120 more of these professionals, the funding was temporary and far short of getting NC close to nationally recommended ratios. 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 CFTF is seeking recurring funding** for more of these professionals.

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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ⁱ See 2022 Child Death Data Report: <https://webservices.ncleg.gov/ViewDocSiteFile/87416>.

ⁱⁱ NC DETECT Emergency Department Visit Data, 2016-2022. Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit. Information presented to Intentional Death Prevention Committee of the Task Force October, 2023.

ⁱⁱⁱ 2021 NC High School Youth Risk Behavior Survey (YRBS), US Centers for Disease Control and Prevention. At the time this CFTF recommendation was made, the CFTF did not have the 2023 YRBS data to examine, but that data is now available and is showing some improvements in suicidal behaviors.

^{iv} Data presented to the Task Force on December 13, 2023, by NC Healthy Schools of the NC Department of Public Instruction.

^v 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