



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

Youth mental health and youth suicide remain a serious concern for the Child Fatality Task Force. The latest data show some mental health trends among youth improving since 2020 & 2021, but the data is still alarming.

At least 48 North Carolina youth died by suicide in 2023.¹ While the youth suicide rate for North Carolina youth in 2022 and 2023 was lower than a peak rate in 2021, rates still reflect an overall upward trend during the past 20 years. In 2023 in North Carolina, there were over 4200 emergency department visits for self-harm for youth ages 10 to 17.²

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%.³ Thirty-nine percent of high school students report feeling sad or hopeless and only 55% report that they feel good about themselves.⁴

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.

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. 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:⁵

Ratios in NC		Nationally Recommended Ratio
School Social Workers	1:969	1:250
School Psychologists	1:1,855	1:500
School Counselors	1:346	1:250
School Nurses	1:809	1 per school

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.

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.

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.”](#)⁶

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

¹ Data is from the NC State Center for Health Statistics. 2023 is the most recent year for which data is available; data is provisional and could change.

² NC DETECT Emergency Department Visit Data. Analysis by the DPH Injury Epidemiology, Surveillance, and Informatics Unit, NC Division of Public Health.

³ 2023 NC High School Youth Risk Behavior Survey (YRBS), US Centers for Disease Control and Prevention.

⁴ Ibid.

⁵ Data presented to the Task Force on November 13, 2024, by NC Healthy Schools of the NC Department of Public Instruction.

⁶ 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