

# Promoting the Mental Health and Well-Being of Children and Youth in North Carolina: Solutions for a Brighter Future

## Data Companion for the 2023 Annual Meeting

### Table of Contents:

- **Mental Health Care in North Carolina (Ages 3-17)**
  - **School-Based Mental Health Initiatives**
  - **Adverse Childhood Experiences**
- **Childhood Trauma Faced By North Carolina's Youth in 2021**
  - **Foster Care in 2021 North Carolina**
- **Substance Use and North Carolina's Youth**
  - **Middle School (Ages 10-13)**
  - **High School (Ages 14- 17)**
- **Suicidal Ideation and Self-Injury in North Carolina**
- **Suicides (Ages 10-17) in North Carolina**

# Mental Health Care in North Carolina (Ages 3-17)

**25%**

of children surveyed in 2021 had an emotional, behavioral or developmental condition.

**22%**

of children (3-17) in 2021 had a special health care need.

**11.3%**

of children surveyed had a diagnosis of anxiety or depression in 2020.

**33.5%**

of teens (14-17) in 2021 reported their mental health was mostly or always not good.

**43.4%**

of teens (14-17) in 2021 felt sad or hopeless almost every day.

**43.3%**

of adolescents (12-17) surveyed with major depressive episodes received treatment in 2019.



A little over one in ten children have a mental health diagnosis.

**95% of children in North Carolina have health insurance.**

Data Sources: Annie E. Casey Foundation and NC Child as part of the KIDS COUNT Data Center, the “North Carolina, High School Youth Risk Behavior Survey, 2021” conducted by the Center for Disease Control and Prevention, and the “2023 North Carolina Child Health Report Card” by NC Child in partner with the NCIOM.

# School-Based Mental Health Initiatives:

According to a survey, teachers valued having access to more school counselors and nurses over a 10% pay raise or a reduction in class size.

## Specialized Instructional Support Personnel

“An integrated, school-based care model is a promising solution for improving health and education outcomes among North Carolina’s youth. This can take the shape of a multidisciplinary team consisting of school counselors, social workers, psychologists, and nurses who work collaboratively to deliver a range of services that address individual and population health needs while reducing barriers to access in care.

Overlapping roles of SISP include individual or group counseling for students, fostering positive school climate, behavioral intervention strategies, performing suicide and threat assessments, and crisis prevention services” (Close et al., NCMJ, September 3rd 2023).

- School counselors decrease suspensions by 22% and increase college attendance by 8% among students with low test scores.
- Adding a counselor to a school is twice as effective as hiring an additional teacher to improve academic achievement.
- School psychologists improve student focus, motivation for learning, and school safety while decreasing drop-out rates and absenteeism.
- School social workers are associated with improved attendance and three times higher graduation rates.

### School-based mental health specialists decrease

marijuana use by

**11.5%**

tobacco use by

**10.7%**

cocaine use by

**45.8%**

binge-drinking by

**8%**

## Ratios of Providers to Students in North Carolina

**1:1033**

Social Worker to Students  
Recommended Ratio is 1:250

**1:1979**

Psychologist to Students  
Recommended Ratio is 1:500

**1:833**

Nurse to Students  
Recommended Ratio is 1:750

**1:361**

Counselor to Students  
Recommended Ratio is 1:250

Data Sources: Close et. al. “Specialized Instructional Support Personnel (SISP): A Promising Solution for North Carolina’s Youth Mental Health Crisis” NCMJ, 2023; 84 (5).



# Adverse Childhood Experiences (ACEs)

# 17.8%

of adults in North Carolina have experienced 2 or more ACEs.

ACEs increase the likelihood of poor physical and mental health. The more ACEs an individual has, the greater the risk for health-related challenges in adulthood.

### This includes a higher risk for

- coronary heart disease
- stroke
- asthma
- chronic obstructive pulmonary disease
- much higher risk of depression
- higher rates of risky health behaviors like smoking and heavy drinking
- more socioeconomic challenges

### ACEs can include the following:

- Poverty
- Divorce or Separation
- Parent/guardian died
- Parent/guardian incarceration
- Violence in the home
- Neighborhood violence
- Mentally ill, suicidal, or depressed parent/guardian
- Parent/guardian substance use
- Often treated or judged unfairly due to race/ethnicity

### Positive Childhood Experiences (PCEs) can include:

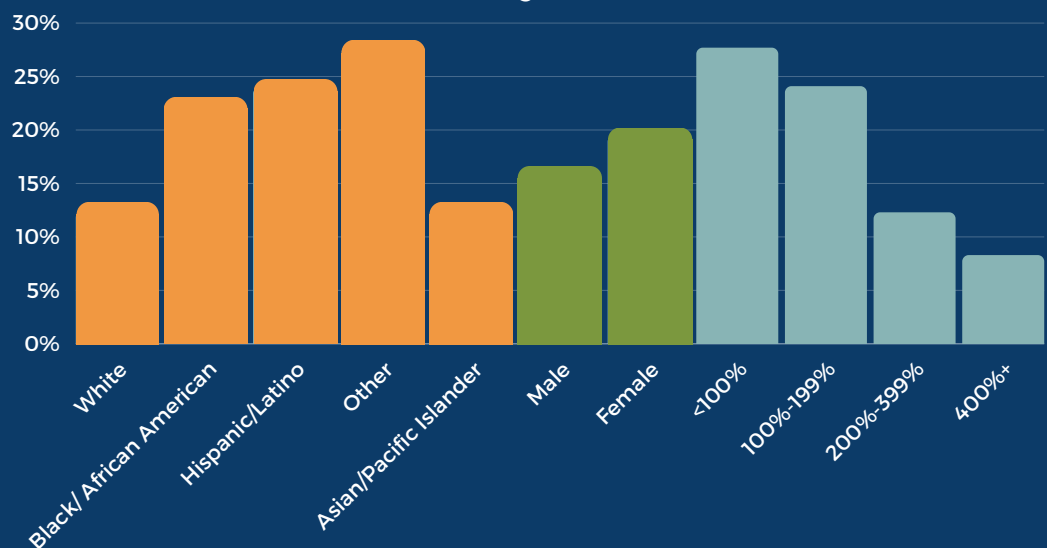
- Able to talk with family about feelings
- Your family stood by you during hard times
- Enjoyed community traditions
- A sense of belonging in high school
- Supported by friends
- Had at least two non-parent adults who took a genuine interest in you
- Felt safe and protected by an adult in your home

North Carolina ranked

# 34th

amongst all 50 states in 2020-2021 for children experiencing ACEs.

## Percentage of Children in North Carolina Experiencing 2 or More ACEs by Race/Ethnicity, Sex, or Federal Poverty Level in 2020-2021



Data Sources: "Healthy North Carolina 2030" Report by the NCIOM, the National Survey of Children's Health by the Data Resource Center for Child & Adolescent Health.

# Childhood Trauma

## Faced by North Carolina's Youth in 2021

### Poverty (Ages 0-17)

**18%**  
of children in North Carolina lived in poverty.

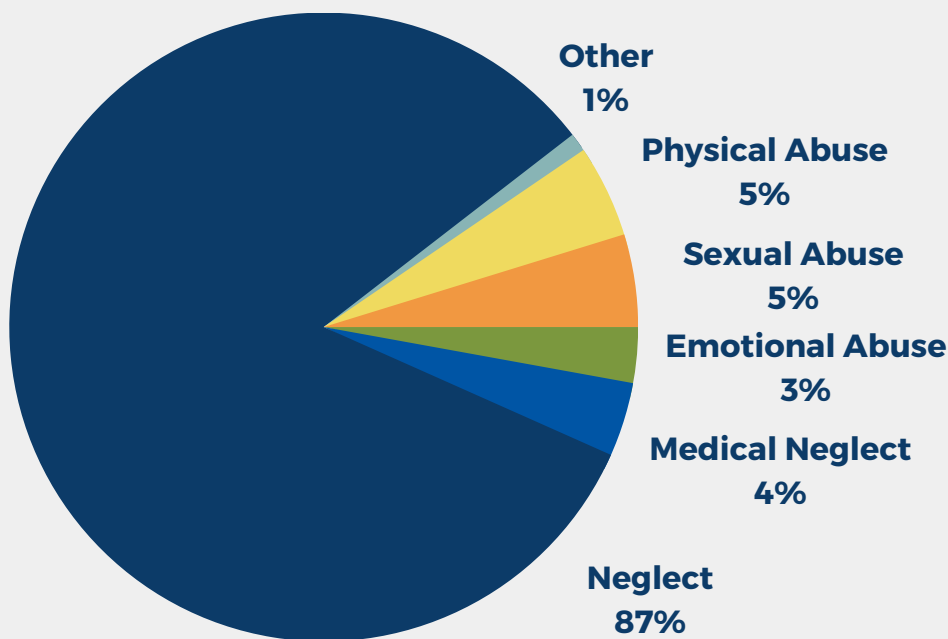
**47%**  
of households with children struggled to afford typical household expenses in 2022.

**17%**  
of children were food insecure.

"In the United States, **85%** of families investigated by Child Protective Services have incomes below 200% of the federal poverty line. A simulation of the effects of increased household income under 3 anti-poverty policy packages found they could reduce CPS investigations by **11 to 20% annually**" (Chapin Hall, pg. 16).

### Child Maltreatment (Ages 0-17)

Percentage of Child Maltreatment Cases by Type



**92,914**  
have been subjected to an investigative report.

**21,140**  
children were confirmed as victims of maltreatment by Child Protective Services.

**5,522**  
entered foster care.

Statistics according to the Annie E. Casey Foundation and NC Child as part of the KIDS COUNT Data Center and "Child and Family Well-being System: Economic & Concrete Supports as a Core Component" slide deck by Chapin Hall at the University of Chicago.

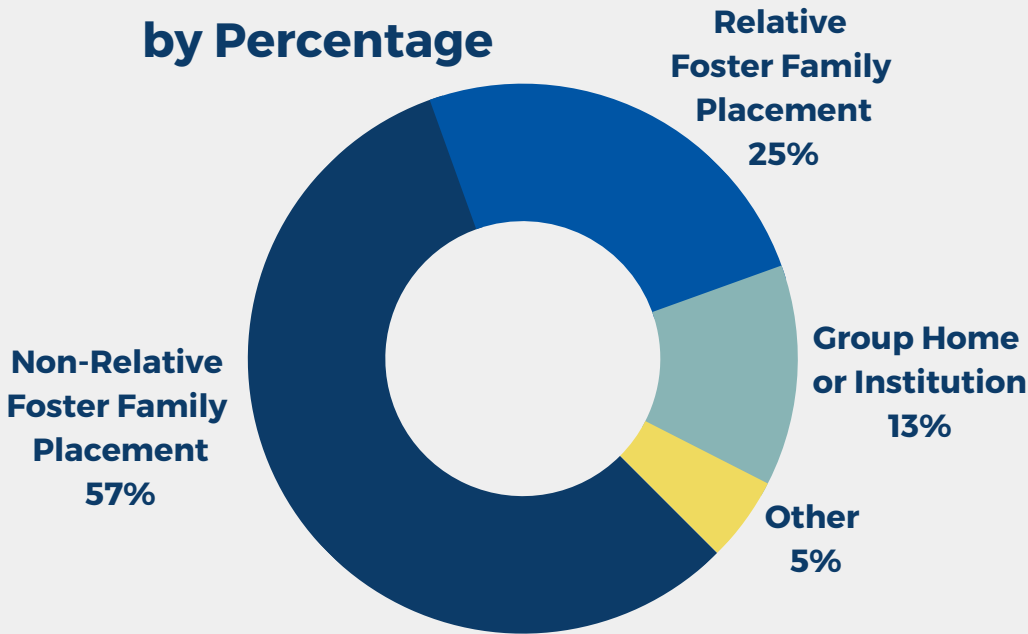
# Foster Care

## in 2021 North Carolina

There were  
**10,927**  
 children in foster care,  
 ages birth to 17, in  
 2021.

Out of those,  
**5,018**  
 (45%) of children  
 had more than 2  
 placements.

### Foster Care Placements by Percentage



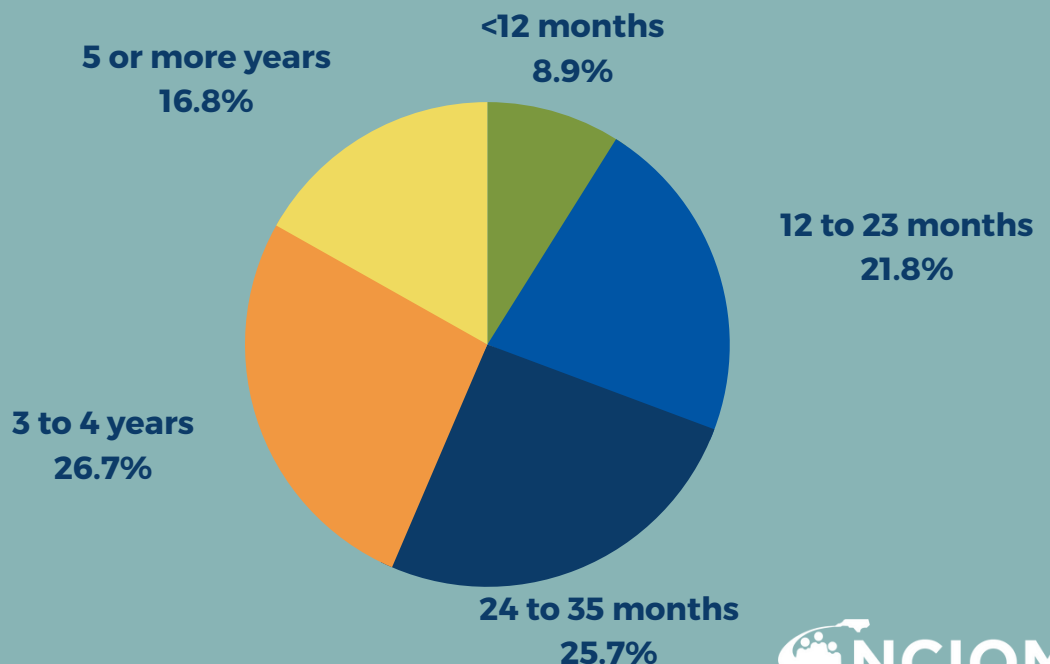
**4,107**  
 children exited  
 the foster care system in  
 the past year.

- 44%** from reunification with a parent or primary caregiver.
- 24%** from adoption.
- 22%** gained a guardian.
- 6%** were emancipated.
- 3%** went to live with other relatives.
- >2%** died, transferred agencies, or ran away.

**2,946**  
 children are waiting for  
 adoption.

**1,317**  
 children have been  
 adopted.

### Percentage of Wait Time for Adoption Facing Children in the Foster Care System with Parental Rights Terminated



Data Source: Annie E. Casey Foundation and NC Child as part of the KIDS COUNT Data center.

# Substance Use

## and North Carolina's Youth

### Middle School (Ages 10-13)

**2.5%**

smoked cigarettes with 0.4% smoking daily.

**13.6%**

used an electronic vape with 1% using one daily.

**5.6%**

have used cannabis.

**8.7%**

used prescription painkillers without a prescription.

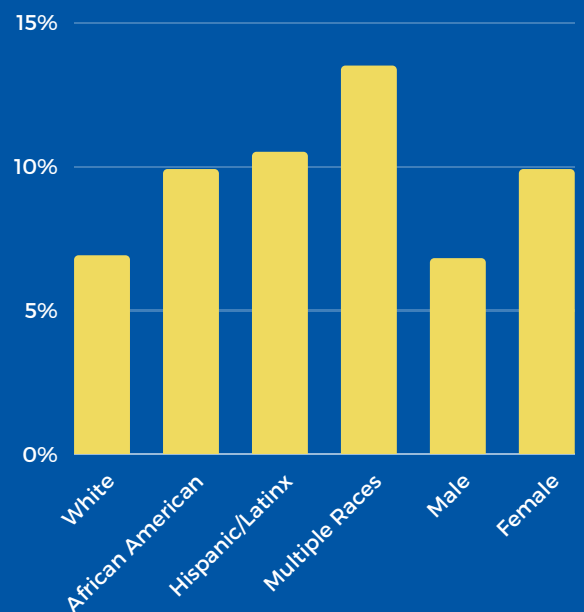
**5.6%**

have used inhalants.

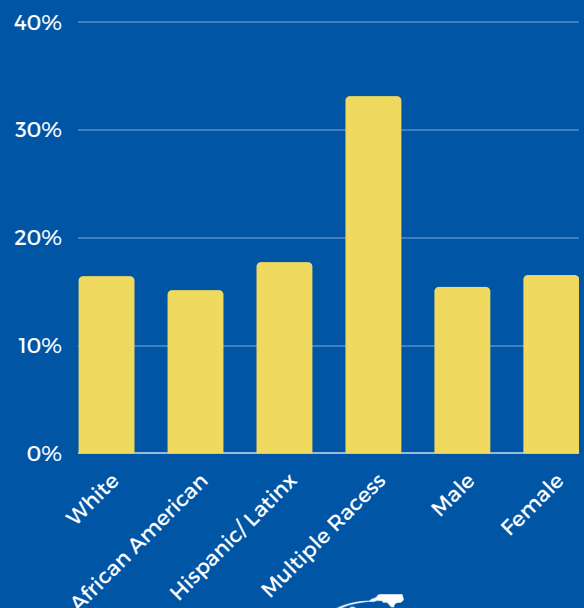
**15.9%**

have consumed alcohol.

Percentage of Middle School Students Using Tobacco By Race & Sex In 2021



Percentage of Middle School Students Drinking Alcohol By Race & Sex In 2021



Data Source: "North Carolina, Middle School Youth Risk Behavior Survey, 2021" conducted by the Center for Disease Control and Prevention.

# Substance Use

## and North Carolina's Youth

### High School (Ages 14-17)

**3.9%**

smoked cigarettes with 0.4% smoking daily.

**37.6%**

used an electronic vape with 7% using one daily.

**29.1%**

have used cannabis and 16.3% currently use.

**15.8%**

used prescription painkillers without a prescription.

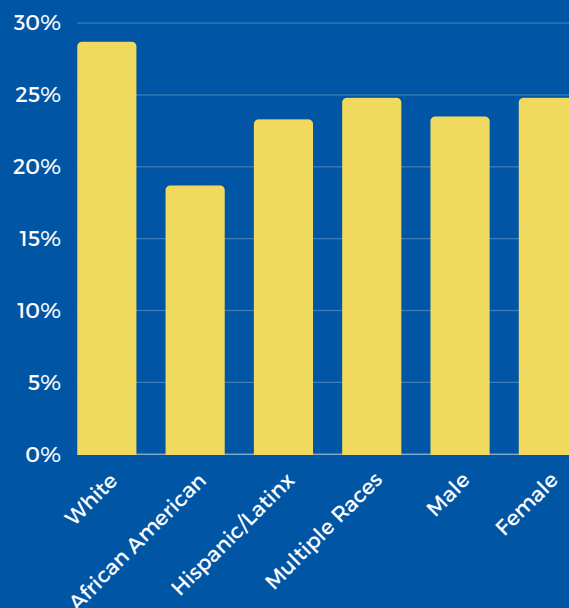
**19.4%**

drink alcohol with 9.9% engaging in binge drinking.

**43.1%**

of teens who drink were given the alcohol by adults.

Percentage of High School Students Using Tobacco By Race & Sex In 2021



### Illicit Substances

**0.8%**

of high school students have used heroin.

**1.1%**

of high school students have used methamphetamines.

**13.9%**

obtained illicit substances on school property.

Data Source: "North Carolina, High School Youth Risk Behavior Survey, 2021" conducted by the Center for Disease Control and Prevention.



**From January to March of 2023**

**31%**

of all self-inflicted injury Emergency Department visits were in 10-18 year olds, the highest of any age group.

**60.3%**

of those who visited the Emergency Department for self-inflicted injury were females (ages 10-18).

**In 2021,**

**17.9%**

of high school students had a plan for how they would attempt suicide, and 22.3% seriously considered attempting suicide.

**10.1%**

of high school students actually attempted suicide.

# Suicidal Ideation and Self-Injury In North Carolina

**In 2022,**

**10%**

of children, ages 10 - 14, who visited the Emergency Department were experiencing suicidal ideation.

**12%**

of teens, ages 15 - 18, who visited the Emergency Department were experiencing suicidal ideation.

**LGBTQIA+ youth are**

**4.5 times**

more likely to experience suicidal ideation and 40% of transgender youth attempt suicide.

Data Sources: "January-March 2023 Self-Inflicted Injury Update" and "Suicidal Ideation in North Carolina" by the North Carolina Injury and Violence Prevention Branch of the North Carolina Division of Public Health and NC DETECT, the "Healthy North Carolina 2030 Report" by the North Carolina Institute of Medicine, and the "North Carolina, High School Youth Risk Behavior Survey, 2021" conducted by the Center for Disease Control and Prevention.



# Suicides **Ages 10-17**

## in North Carolina

Suicide was the

**4th**

leading cause of death in children and young adults (ages 1-17) in 2021.

Between 2017-2021,  
there were

**250**

suicides in children and young adults (ages 10-17) in North Carolina.

There were

**62**

deaths by suicide in 2021 of children (ages 10-17). They accounted for 11.5% of deaths in this age group.

Suicides were completed by

Firearm.....	36 times
Hanging.....	21 times
Poisoning.....	3 times
Other Methods....	2 times

in 2021.

Data Sources: "Child Deaths In North Carolina: Annual Report" and the "2017-2021 NC Resident Infant and Child Deaths" by the North Carolina Division of Public Health & North Carolina State Center for Health Statistics.

# Resources



**“2023 North Carolina Child Health Report Card”, NC Child and NCIOM**



**“Child Deaths In North Carolina: Annual Report”, North Carolina Division of Public Health & North Carolina State Center for Health Statistics**



**“2017-2021 NC Resident Infant and Child Deaths”, North Carolina Division of Public Health & North Carolina State Center for Health Statistics**



**“North Carolina, Youth Risk Behavior Survey, 2021”, Center for Disease Control and Prevention**



**“Healthy North Carolina 2030” Report, NCIOM**



**National Survey of Children’s Health, Data Resource Center for Child & Adolescent Health.**

# Resources



**“Suicidal Ideation in North Carolina”,  
North Carolina Injury and Violence  
Prevention Branch of the North Carolina  
Division of Public Health and NC DETECT**



**“January-March 2023 Self-Inflicted Injury  
Update”, North Carolina Injury and  
Violence Prevention Branch of the North  
Carolina Division of Public Health and NC  
DETECT**



**Annie E. Casey Foundation and  
NC Child as part of the  
KIDS COUNT Data Center**



**“Specialized Instructional Support  
Personnel (SISP): A Promising Solution for  
North Carolina’s Youth Mental Health  
Crisis” Policy Forum published,  
North Carolina Medical Journal**



**“Child and Family Well-being System:  
Economic & Concrete Supports as a Core  
Component”, Chapin Hall at the  
University of Chicago**