

2023 North Carolina Institute of Medicine

Annual Meeting

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



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%

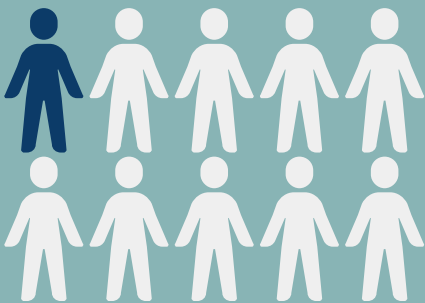
of teens (14-17) in 2021 reported their mental health was mostly or always not good.

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.

5% of children are without health insurance.

Statistics according to the 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 in access to care.

In addition to student-facing services, SISPs provide in-service training for teachers and staff, offer parent education, and facilitate community collaboration efforts. 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” (NCMJ).

- School counselors decrease suspensions by 22% and increase college attendance by 8% among students with low test scores.
- Policies that improve ratios of school counselors to students have been shown to decrease school physical aggression and absenteeism while increasing instructional time and improving academic performance.
- 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

Adverse Childhood Experiences (ACEs)

“Adverse experiences, such as exposure to trauma, violence, or neglect during childhood, increase the likelihood of poor physical and mental health as a child grows up. The more Adverse Childhood Experiences (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, and chronic obstructive pulmonary disease, much higher risk of depression, higher rates of risky health behaviors like smoking and heavy drinking, and more socioeconomic challenges. Research has shown that exposure to these Adverse Childhood Experiences (ACEs) can impact children’s neurobiological development, negatively affecting their learning, language, behavior, and physical and mental health” (Healthy North Carolina 2030, p. 24).

The following experiences are ACEs:

- The family is experiencing poverty
- Parent/guardian divorced or separated
- Parent/guardian died
- Parent/guardian served time in jail
- Saw or heard violence in the home
- Victim/witness of neighborhood violence
- Lived with anyone mentally ill, suicidal, or depressed
- Lived with anyone with an alcohol or drug problem
- Often treated or judged unfairly due to race/ethnicity

23.6%

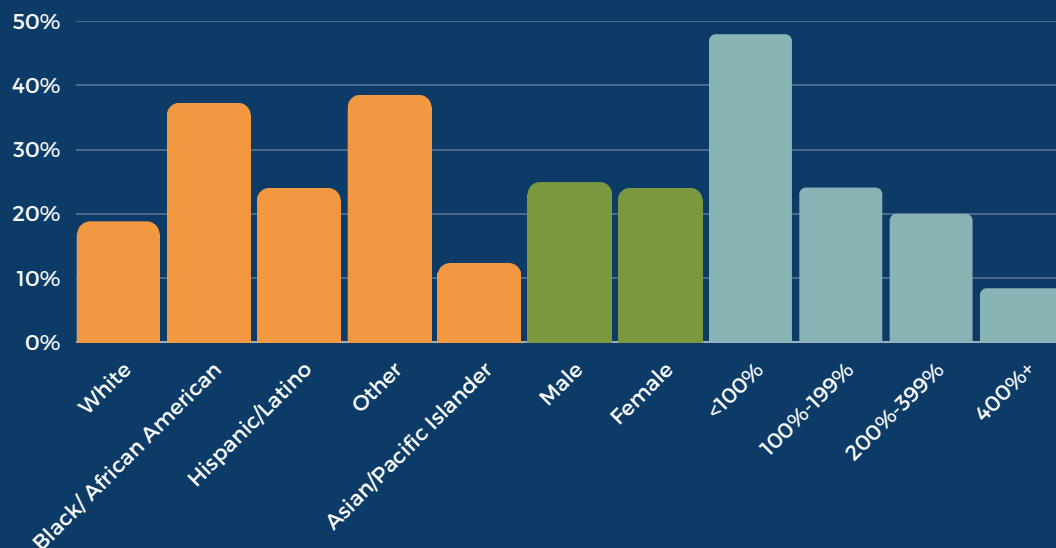
of children in North Carolina have experienced 2 or more ACEs.

North Carolina ranked

32nd

amongst all 50 states in 2016-2017 for children experiencing ACEs.

Percentage of Children Experiencing 2 or More ACEs by Race/Ethnicity, Sex, or Federal Poverty Level in 2016-2017



Childhood Trauma

Faced by North Carolina's Youth in 2021

Poverty (ages 0-17)

17%

of children in North Carolina live in poverty.

16%

of households with children were not confident in their ability to pay for housing.

17%

of children were food insecure.

27%

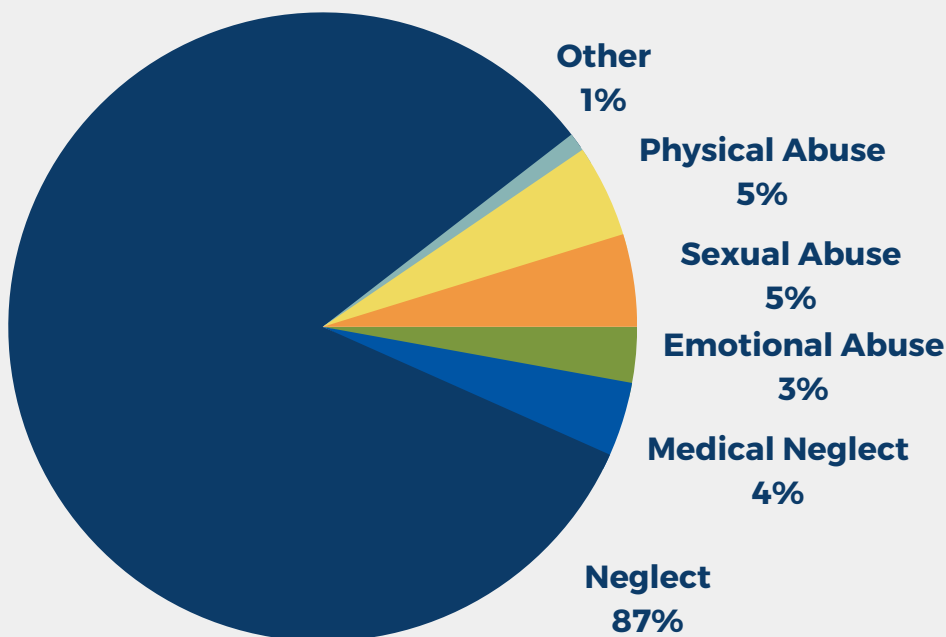
of food insecure children were not eating enough because food was unaffordable.

47%

of households with children struggled to afford typical household expenses.

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.

Foster Care

in 2021 North Carolina

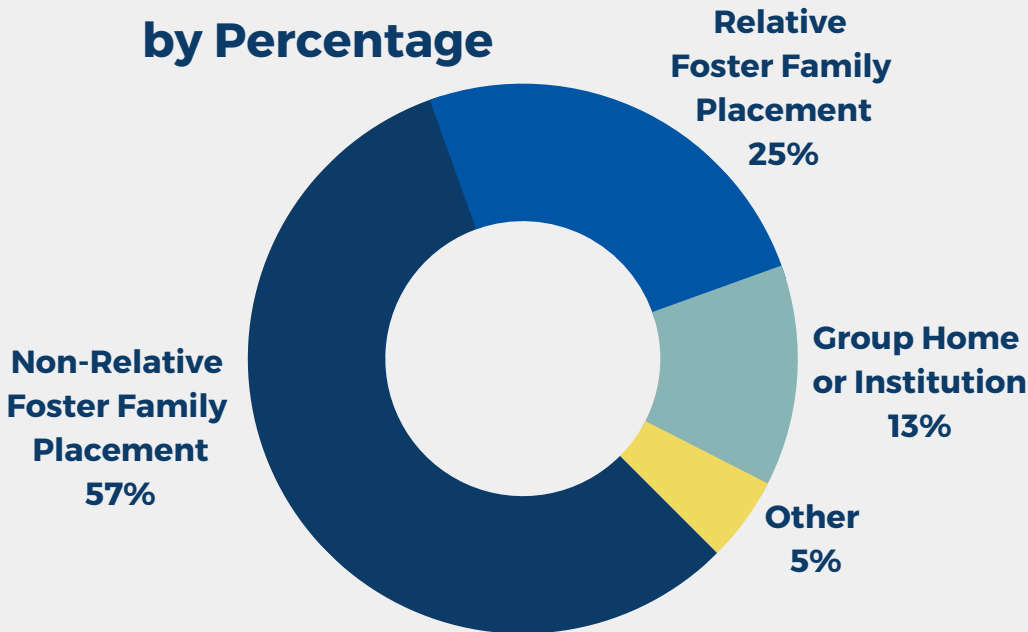
There were
10,927

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 from the
foster care system in the
past year.

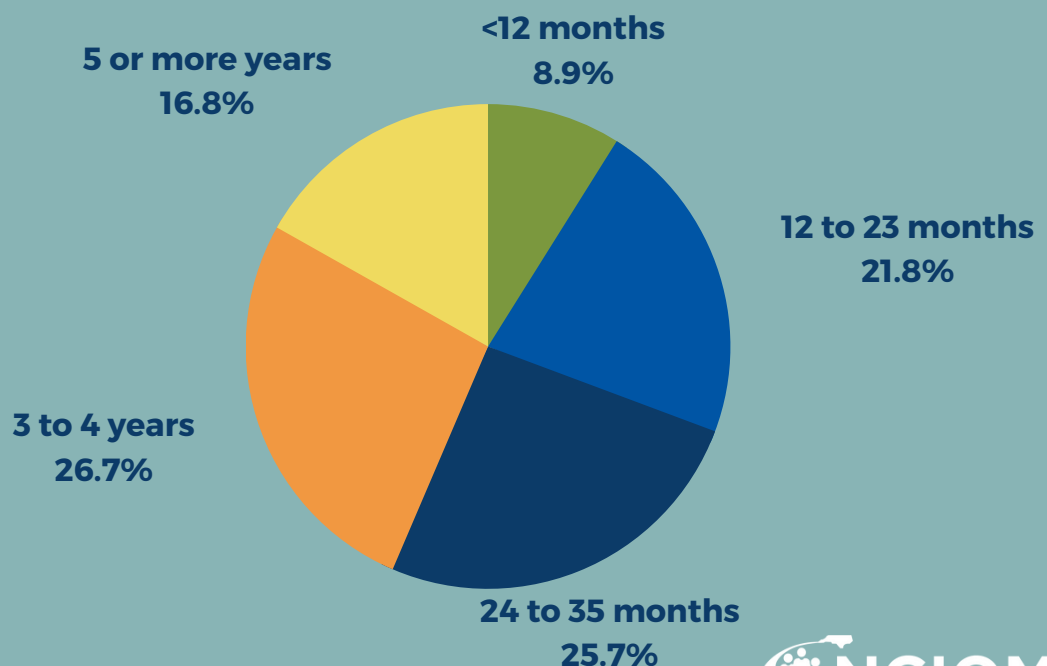
- 40%** from reunification with a parent or primary caregiver.
- 31%** from adoption.
- 22%** gained a guardian.
- 4%** were emancipated.
- 3%** went to live with other relatives.
- <0.5%** died, transferred agencies, or ran away.

2,946
children are waiting for
adoption.

1,317
children have been
adopted.

Statistics according to the
Annie E. Casey
Foundation and NC Child
as part of the KIDS COUNT
Data center.

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



Substance Use

In 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.

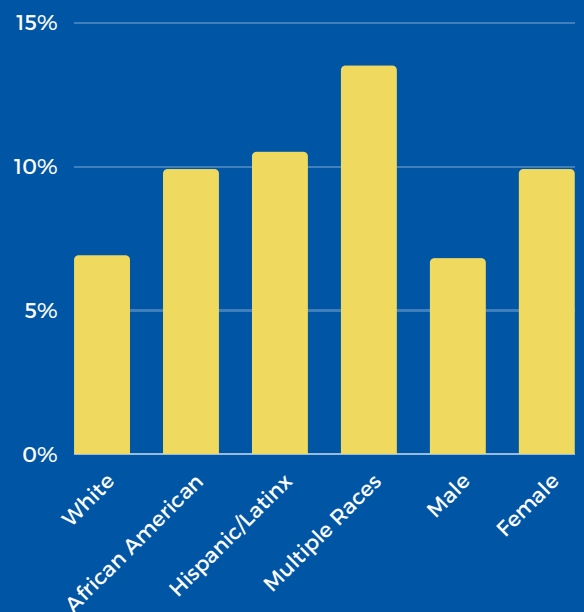
5.6%

have used inhalants.

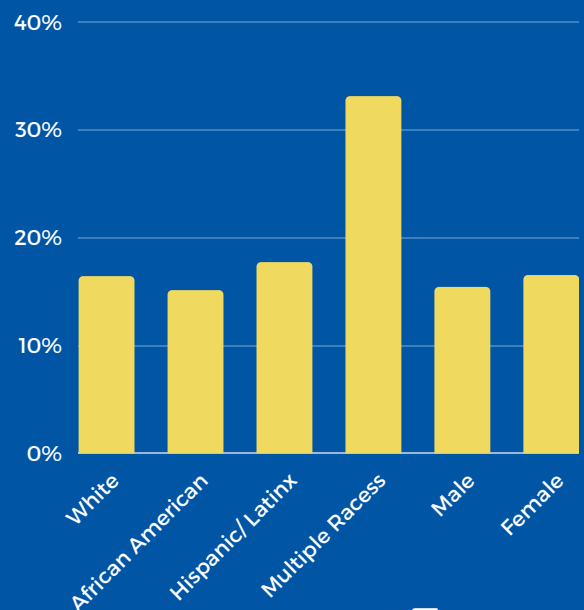
15.9%

have drank alcohol.

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



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



Statistics according to the "North Carolina, Middle School Youth Risk Behavior Survey, 2021" conducted by the Center for Disease Control and Prevention .

Substance Use

In 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.

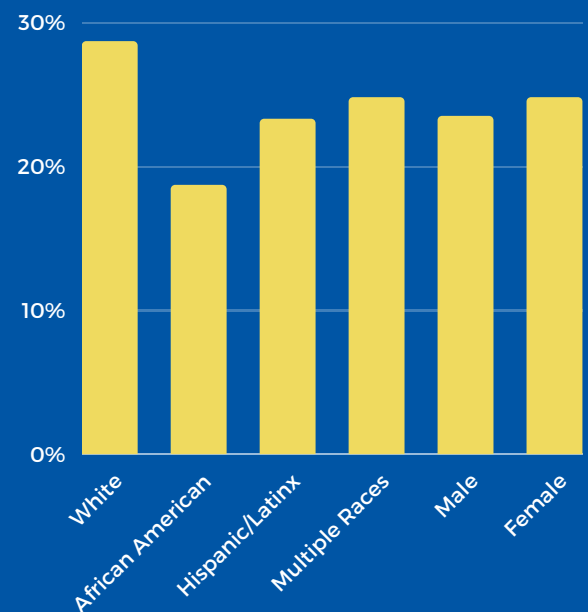
19.4%

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 and Sex In 2021



Illegal Substances

0.8%

of high school students have used heroin.

1.1%

of high school students have used methamphetamines.

13.9%

obtained illegal substances on school property.

Statistics according to the "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 Emergency Department visits related to 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 the year 2022,

10%

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

12%

of teens, ages 15 to 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.

Statistics according to the “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 in North Carolina Ages 10-17

Suicide is the

4th

leading cause of death in children and young adults (ages 10-17) in 2021.

There were

62

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

Between 2017-2021, there were

250

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

Suicides were completed by

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

in 2021.

Statistics according “2021 Child Death Fact Sheet” and the “2017-2021 NC Resident Infant and Child Death Sheet” by the North Carolina Division of Public Health & North Carolina State Center for Health Statistics.

Resources



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



**“2021 Child Death Fact Sheet” by the
North Carolina Division of Public
Health & North Carolina State Center
for Health Statistics**



**“2017-2021 NC Resident Infant and Child
Death Sheet” by the North Carolina
Division of Public Health & North Carolina
State Center for Health Statistics**



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



**“Healthy North Carolina 2030”
Report by the NCIOM**

Resources



“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



“January-March 2023 Self-Inflicted Injury Update” by the 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 by the North Carolina Medical Journal