

Mental Health, Substance Use and Housing Insecurity are Connected

NCDHHS Updates for
Mental Health Awareness Month

MAY 2025

May is [Mental Health Awareness Month](#), a time to raise awareness and educate the public about mental illness. This year's national theme is to "turn awareness into action" with the goal of celebrating the progress we've made in recognizing the importance of mental health and challenging us to turn understanding into meaningful steps toward change.

Mental health and mood disorders, or mental illness, are conditions that impact a person's thinking, feeling, behavior or mood. Mental illness can deeply impact day-to-day living, a person's ability to relate to others, their ability to get and maintain employment, and their ability to take care of themselves. Mental illness and substance use disorders often occur together as comorbidities. People experiencing homelessness may struggle with both.

In 2023:



1 in 5

One in five North Carolina adults experienced a mental illness in the past year and one in 20 North Carolina adults had a serious mental illness.

Over 4,440 North Carolinians

died of an overdose, an average of **12 deaths per day**. Nearly **one in four** overdose decedents in North Carolina had a non-substance-related mental health disorder.



More than 1,550 North Carolinians age 10 and older died by suicide – roughly four per day – making it the **ninth leading cause of death in the state** and the second leading cause of death for people between the ages 10 and 40.



Nearly two in three suicide victims had a current diagnosed mental health problem.



1 in 4

Preliminary results among 81 North Carolina counties suggest that around **one in four (25%) deaths** among people experiencing homelessness were due to an overdose.

While there are numerous mental health conditions and comorbidities, this white paper focuses on suicide, substance use and homelessness as these topics are frequently misunderstood, and are often, though not always, connected. We hope that discussing them here will encourage others to share their stories, engage with community prevention partners, help educate others, and reduce the stigma that is often associated with mental illness and related conditions. People with mental illness, substance use disorder and/or unstable housing deserve understanding and support.

The impacts of mental illness, the overdose epidemic and homelessness are felt all across North Carolina. We know that disasters, like Hurricane Helene, can have [lasting mental health impacts](#), [exacerbate symptoms among those with substance use disorders](#), [increase the likelihood of relapse among those in recovery](#), as well as disrupt access to treatment, supports and harm reduction resources. Disasters can also increase already record-high levels of homelessness and housing insecurity. The impacts of Hurricane Helene on our western North Carolina communities will be long-lasting. Such effects may not yet be obviously apparent using traditional surveillance data systems but are certainly apparent to those communities. NCDHHS continues to monitor impacts to western North Carolina after Hurricane Helene to better understand the best ways to provide support.

Hope4NC helpline

HOPE  4 NC

The [Hope4NC helpline](#) (1-855-587-3463), continues to assist those who need confidential emotional support, counseling referrals or connection to community resources.

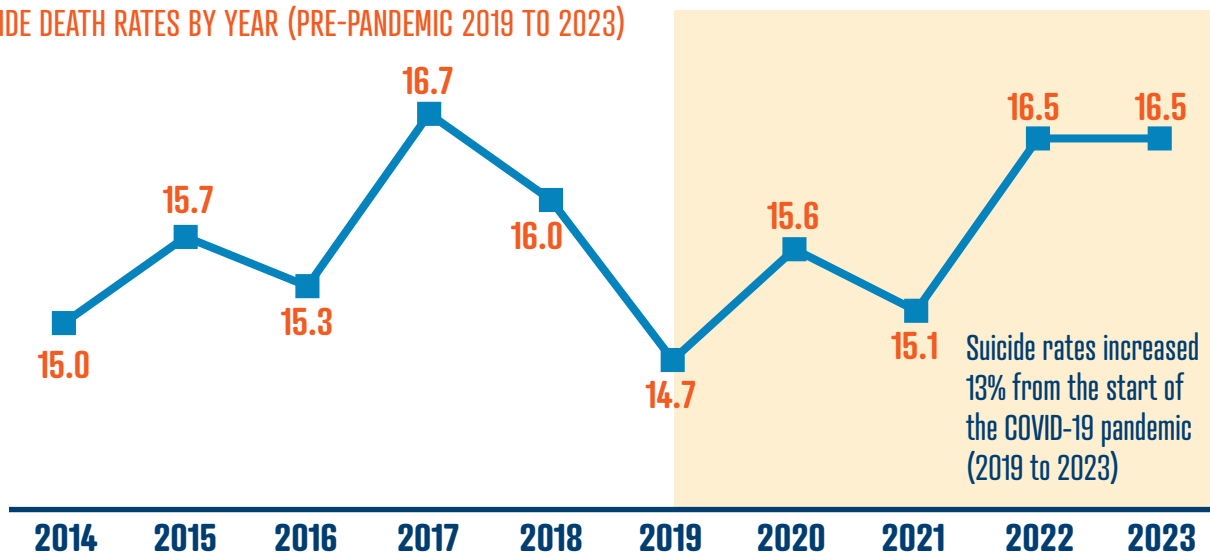
988 Suicide & Crisis Lifeline

The [988 Suicide & Crisis Lifeline](#) (call or text 988) provides free, private support. It's available 24 hours a day, seven days a week. Anyone who is depressed, going through a hard time, needs to talk or is thinking about hurting themselves can get help. The Lifeline is available to everyone – you can call for yourself or a loved one who may need crisis support.



Suicide

SUICIDE DEATH RATES BY YEAR (PRE-PANDEMIC 2019 TO 2023)



Rates per 100,000 North Carolina Residents ages 10+

In 2023, more than 1,550 North Carolinians ages 10 and older died by suicide – roughly four per day – making it the ninth leading cause of death in the state and the second leading cause of death for people between the ages of 10 and 40. Nearly two in three suicide victims had a current diagnosed mental health problem. The most common mental health problems were depression, anxiety disorder and bipolar disorder. One in five suicide victims experienced an alcohol problem and nearly one in five experienced a substance use problem.

The overall rate of suicide deaths has increased by 10% over the past 10 years, with a 13% increase since the start of the COVID-19 pandemic (2019). The highest rates of North Carolina suicide deaths occur among males, non-Hispanic White and non-Hispanic Native American/Indigenous residents, and those ages 45 to 64. From 2019 to 2023, there was a 15% increase in suicides among men. Though suicide rates are highest among non-Hispanic White and non-Hispanic Native American/Indigenous residents, the highest rate increase from 2019 to 2023 was among Hispanic (60%), non-Hispanic Native American/Indigenous (42%) and non-Hispanic Black (28%) residents. Similarly, the highest suicide rate increase from 2019 to 2023 was among youth ages 10-18 (35%) and 19-24 (22%), even though overall suicide rates are highest among older age groups.

Other populations at an elevated risk of suicide are veteran and rural communities. Veterans in North Carolina are 2.5 times more likely to die by suicide than non-veterans, with the highest rates occurring among younger veterans ages 18 to 34. From 2019 to 2023, veteran suicides have increased by 33%. Additionally, suicide death rates are slightly higher in rural counties compared to more urban counties, especially among rural men and rural non-Hispanic White residents.

Firearms are the most common means of suicide death in North Carolina, followed by hanging/strangulation and poisoning. Firearms were involved in nearly 60% of suicides over the past 10 years.

The burden of suicide goes beyond deaths. More people survive suicide attempts than those who die, and they are often seriously injured and need medical care. For every death by suicide in North Carolina, there are two hospitalizations and nine emergency department visits for self-inflicted injury. The highest rates of self-inflicted injury hospitalizations and emergency department visits occur

among North Carolina females, non-Hispanic White and non-Hispanic Native American/Indigenous residents, and youth ages 10 to 18. While decreases in self-inflicted injury emergency department visit rates from 2019-2023 were observed in some groups, increases were seen among females (5%), non-Hispanic Native American/Indigenous (19%) and non-Hispanic Black (12%) residents as well as youth ages 10-18 (14%) and adults ages 65 and older (32%).

Social isolation and loneliness can have debilitating effects on a person's health. It is also associated with [depression, anxiety, cognitive decline, and other mental, emotional or psychological conditions](#). In 2023, 30% of North Carolina adults surveyed reported feeling lonely. Frequent mental distress is defined as experiencing 14 or more days of poor mental health in the past month. In 2023, 15% of adult North Carolinians reported experiencing frequent mental distress.

North Carolina takes a comprehensive approach to addressing suicide through the [North Carolina Suicide Prevention Action Plan](#), which prioritizes a coordinated infrastructure to increase community awareness and prevention, reduce access to lethal means, provide crisis intervention with a specific focus on people with increased risk, and provide access to and delivery of suicide care.



For more information on suicide prevention efforts across North Carolina, visit injuryfreenc.dph.ncdhhs.gov/preventionResources/Suicide.htm.



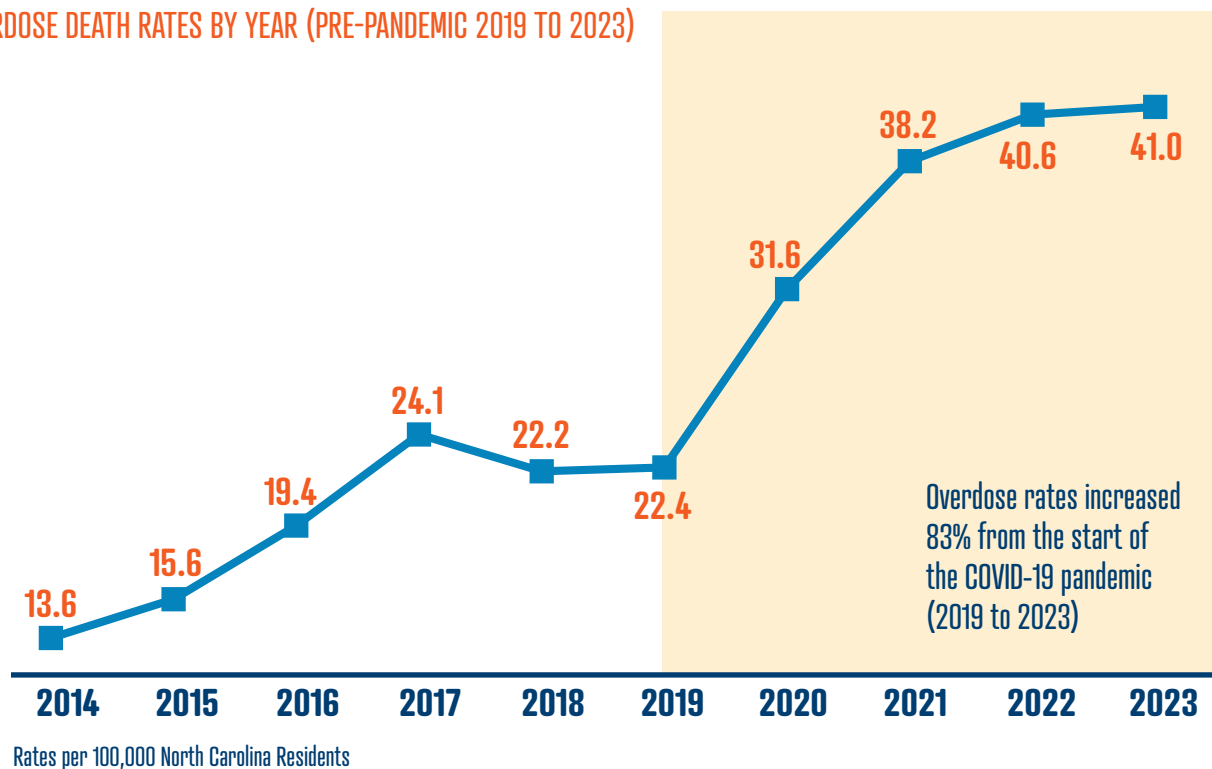
For more information about how to store firearms securely, visit www.ncsafe.org.



For more information about suicide and self-inflicted injury data, visit the [NC Violent Death Reporting System \(NC-VDRS\) Data Dashboard](#) or injuryfreenc.dph.ncdhhs.gov/DataSurveillance/SuicideData.htm or email InjuryData@dhhs.nc.gov.

Overdose

OVERDOSE DEATH RATES BY YEAR (PRE-PANDEMIC 2019 TO 2023)



Mental illness and substance use disorders often occur together as comorbidities. In 2023, nearly one in four overdose decedents in North Carolina had a non-substance-related mental health disorder. Among those individuals, 45% had two or more non-substance-related mental health disorders, and only 16% were documented to be in mental health treatment when they died. The most common non-substance-related mental health diagnoses among North Carolina overdose decedents were depression, anxiety disorder and bipolar disorder.

In 2023, 4,442 North Carolinians died of an overdose, the highest number of overdose deaths in a single year. The 2023 data show stabilization in the number of deaths instead of the substantial increases seen in years prior (41.0 deaths per 100,000 residents, an increase of less than 1% over the 2022 rate of 40.6 per 100,000 residents). The overdose death rate among North Carolinians has increased 83% since 2019. In 2020, the first year of the COVID-19 pandemic, the overdose death rate increased 41%, followed by a 21% increase in 2021, and a 6% increase in 2022. Similar increases were seen in other states across the nation.

Rates of overdose death are slightly higher in more rural counties and increased more from 2019 to 2023 compared to counties that are more urban. In 2023, among the 28 Hurricane Helene impacted western North Carolina counties, 21 [were ranked 'highest or high' for fatal overdose](#) rates ever seen in the state (range of 20 to 122 deaths per 100,000; state rate of 41 per 100,000). This region, along with much of the rest of the state, experienced high rates of overdose death in 2023.

The burden of overdose continues to disproportionately worsen in some historically marginalized communities. The overall number of overdose deaths is still highest among non-Hispanic White people; however, when measured as a proportion of population, non-Hispanic Native American/Indigenous people have the highest overdose death rate. The percentage by which overdose death rates increased from pre-COVID-19 rates in 2019 to 2023 rates was highest for non-Hispanic Black people and Hispanic people with their rates increasing 200% or more. Before the COVID-19 pandemic, the overdose death rate for Black residents in North Carolina remained lower than that of White residents. However, since 2020, the rate among Black residents has climbed at a faster pace, and in 2023 the overdose death rate among Black residents surpassed the rate among White residents. Native American/Indigenous populations also experienced a 141% increase in overdose death rates from 2019 to 2023.

North Carolina takes a broad approach to addressing the overdose epidemic through the [North Carolina Opioid and Substance Use Action Plan](#), which focuses on prevention, reducing harm, connection to care, and centering those with lived experience.



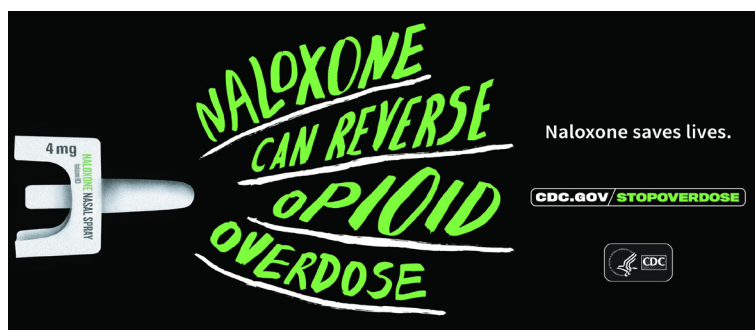
For more information about effective ways to prevent and respond to overdose, visit www.ncdhhs.gov/about/department-initiatives/overdose-epidemic or email beinjuryfreenc@dhhs.nc.gov.



For more information about overdose data, visit www.dph.ncdhhs.gov/programs/chronic-disease-and-injury/injury-and-violence-prevention-branch/north-carolina-overdose-epidemic-data or email substanceusedata@dhhs.nc.gov.



For more information about NC's Memorandum of Agreement and opioid settlement funds, please visit ncopioidsettlement.org



Homelessness

Homelessness often indicates a lack of affordable housing and a lack of social supports for individuals who frequently struggle with mental health conditions and substance use disorders. Directly or indirectly criminalizing homelessness is [costly, ineffective and does not address the root causes of homelessness](#). It can also be dangerous for someone with a substance use disorder as [people are 50 times more likely to die of an opioid overdose in the two weeks post-incarceration from prison](#). Rather than criminalizing homelessness, public health supports the best practice of [housing first – providing housing without requiring abstinence or treatment before people can access housing](#). Housing stability makes it possible for a person to get or keep a job, address health problems, or get an education – housing is public health.

The Department of Housing & Urban Development conducts a “Point in Time” (PIT) count each January, counting the number of people experiencing homelessness on one evening. The January 2024 PIT [saw a 19% increase from the 2023 count](#), suggesting tens of thousands of North Carolinians experience a lack of housing over the course of each year. This PIT count is likely an undercount as it is only a snapshot of one night rather than a count over the entire year, and it can be difficult to find individuals who are unsheltered, especially in rural communities. This count was also conducted before Hurricane Helene devastated western North Carolina, which destroyed owner-occupied homes, renter-occupied single-family homes, and apartment buildings. Many families who previously had stable housing have become unhoused and those in the region already experiencing homelessness are now even more vulnerable.

People experiencing homelessness in North Carolina face a much higher risk of death than people with reliable housing. [NCDHHS’ Division of Public Health, Injury & Violence Prevention Branch](#) and [NC Coalition to End Homelessness](#) are working together to understand how homelessness and injuries are connected. Among North Carolina’s homeless population, drug overdose is the most common cause of death at a rate much higher than the overall North Carolina population. Other injury causes of death are also disproportionately high, including suicide, car crashes, pedestrian injuries and gun violence. People experiencing homelessness also have higher rates of death from chronic diseases such as heart disease, liver disease and lung cancer.



People experiencing homelessness often have reduced access to primary and preventive health care. In 2024, there were 30,000 emergency department visits by people experiencing homelessness in North Carolina. [Street Medicine](#) provides direct health care to unsheltered individuals where they live.

Through funding from the U.S. Centers for Disease Control and Prevention (CDC), this linkage of death certificates to homeless shelter records is being updated with more current data. In the [original NC study](#), overdose was the number one cause of death, representing 12% of all deaths linked to a shelter record. Preliminary results of the new study using data from 2022 and 2023 show that overdoses now represent over 25% of the deaths linked to shelter records from 81 North Carolina counties, a two-fold increase from the earlier findings. This means that among those deaths, one out of four people experiencing homelessness died from an overdose. These overdose deaths among people experiencing homelessness now represent one in twenty of the total North Carolina overdose deaths.

NCDHHS launched [the North Carolina Strategic Housing Plan](#) last year to help maintain, increase and better utilize affordable supportive housing for people with disabilities, as well as those who are experiencing homelessness, currently residing in congregate settings or at risk of entry into these settings.

Action

Medicaid expansion has played a significant role in North Carolina's ability to address mental health and substance use. Nearly 50,000 uninsured individuals accessed opioid treatment programs over the past two years and 40% of them are now covered under Medicaid. Expansion enabled funding of treatment programs and recovery communities across the state, ensuring equitable access to care, particularly for those most vulnerable to substance use disorders. By addressing the financial barriers to mental health and substance use treatment, Medicaid expansion is helping thousands of North Carolinians on their journey to wellness. [Reductions in the federal share of payments for Medicaid expansion would cause these North Carolinians to lose access to their treatment.](#)

Also critical to this work has been the intentionality in structuring North Carolina's opioid settlement fund allocations, with 85% going to local governments who can choose from a list of evidence-based strategies that align with the [North Carolina Opioid and Substance Use Action Plan](#). The use of these funds over the last two years has resulted in increased access to supportive services, treatment and more. Some communities are addressing homelessness using housing first principles, identified by the [Action Plan](#) as a promising local action. Housing first programs aim not just to make homelessness invisible or out of reach but to actually house unhoused people locally. Health care agencies can include [Street Medicine](#) in their programming as a way to serve the unique needs of people experiencing homelessness.



Learn more about work happening in North Carolina at the [NC Coalition to end Homelessness](#) and the [North Carolina Housing Coalition](#).



View a [fact sheet on the association of North Carolina homelessness, injuries, and new data opportunities for public health partners](#).



For more information about homelessness and health, visit www.cdc.gov/homelessness-and-health/about/index.html.

NCDHHS has also distributed more than one million doses of naloxone to agencies serving those at highest risk for overdose, expanded [syringe services programs](#) across 62 counties and one federally recognized tribe, expanded the network of Opioid Treatment Programs in North Carolina – now with over 90 programs operating across the state – and directed federal funds to more than 40 community-based programs across North Carolina to expand overdose prevention activities, services for justice-involved individuals and linkages to care for treatment and recovery supports.

The NCDHHS Comprehensive Suicide Prevention (NC CSP) Program supports a public health approach to suicide prevention, implementing evidence-based programs with a special focus on populations that are disproportionately affected by suicide. NC CSP programs include:

- The expansion and dissemination of Firearm Safety Team development training to address firearm violence at the community level;
- The Injury-Free NC Academy to provide training and an introduction to evidence-based suicide prevention policies and programming;
- Providing Counseling on Access to Lethal Means sessions to expand access to lethal means counseling; and
- The promotion of gatekeeper trainings through Living Works Start, Applied Suicide Intervention Skills Training and Living Works Faith.

NC CSP created the multi-agency [North Carolina Suicide Prevention Action Plan](#) and convenes the multi-sectoral Comprehensive Suicide Prevention Advisory Council to build statewide capacity for suicide prevention.

Funding from the CDC supports state prevention and surveillance programs like the [North Carolina Violent Death Reporting System \(NC-VDRS\)](#) and the [North Carolina State Unintentional Drug Overdose Reporting System \(NC-SUDORS\)](#). These programs collect and analyze comprehensive data on suicides, homicides, and overdoses to better understand the circumstances leading to these deaths. These programs provide high quality data to guide state and national public health prevention efforts.



You are not alone. Get support for social or family situations, depression, anxiety, panic attacks, thoughts of suicide, alcohol or drug use, or if you just need someone to talk to. To get help 24/7 visit www.ncdhhs.gov/divisions/mental-health-developmental-disabilities-and-substance-use-services/crisis-services.

