“An ounce of prevention is better than a pound of cure…”

Responding to the Adverse Childhood Experiences Research…

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“An ounce of prevention is worth a pound of cure.”
—Benjamin Franklin—

What are Adverse Childhood Experiences?

- Physical abuse
- Sexual Abuse
- Emotional Abuse
- Living with someone who abused drugs
- Living with someone who abused alcohol
- Exposure to domestic violence
- Living with someone who was incarcerated
- Living with someone with serious mental illness
- Parental loss through divorce, death or abandonment

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Key Research Findings

- Adverse Childhood Experiences are unfortunately common yet rarely asked about in routine practice (Felitti et al.,1998; Read et al 2007.)
- In the English National ACE study, nearly half (47%) of individuals experienced at least one ACE with 9% of the population having 4+ ACES
(Bellis et al 2014.)
- There is a strong and proportionate (dose-response) relationship between ACE and the risk of developing poor physical health, mental health and social outcomes (Skehan et al 2008; Kessler et al, 2010; Varese et al 2013; Felitti & Anda, 2014.)
- ACEs increase the risk of adult onset chronic diseases, such as cancer and heart disease, as well as increasing the risk of mental illness, violence and becoming a victim of violence
- ACEs are associated with a large proportion of absenteeism from work, costs in health care, emergency response, mental health and criminal justice involvement

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ACEs increase individuals' risk of developing health-harming behaviours

Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England.
BMC Medicine 2014, 12:72

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The impact of adversity

Brain science – (the neurobiology of toxic stress)

- Toxic stress adversely affects the structure and functioning of a child's developing brain

Health consequences

- Toxic stress caused by ACEs affects short- and long-term health, and can impact every part of the body, leading to autoimmune diseases, such as arthritis, as well as heart disease, breast cancer, lung cancer and a range of mental health problems.

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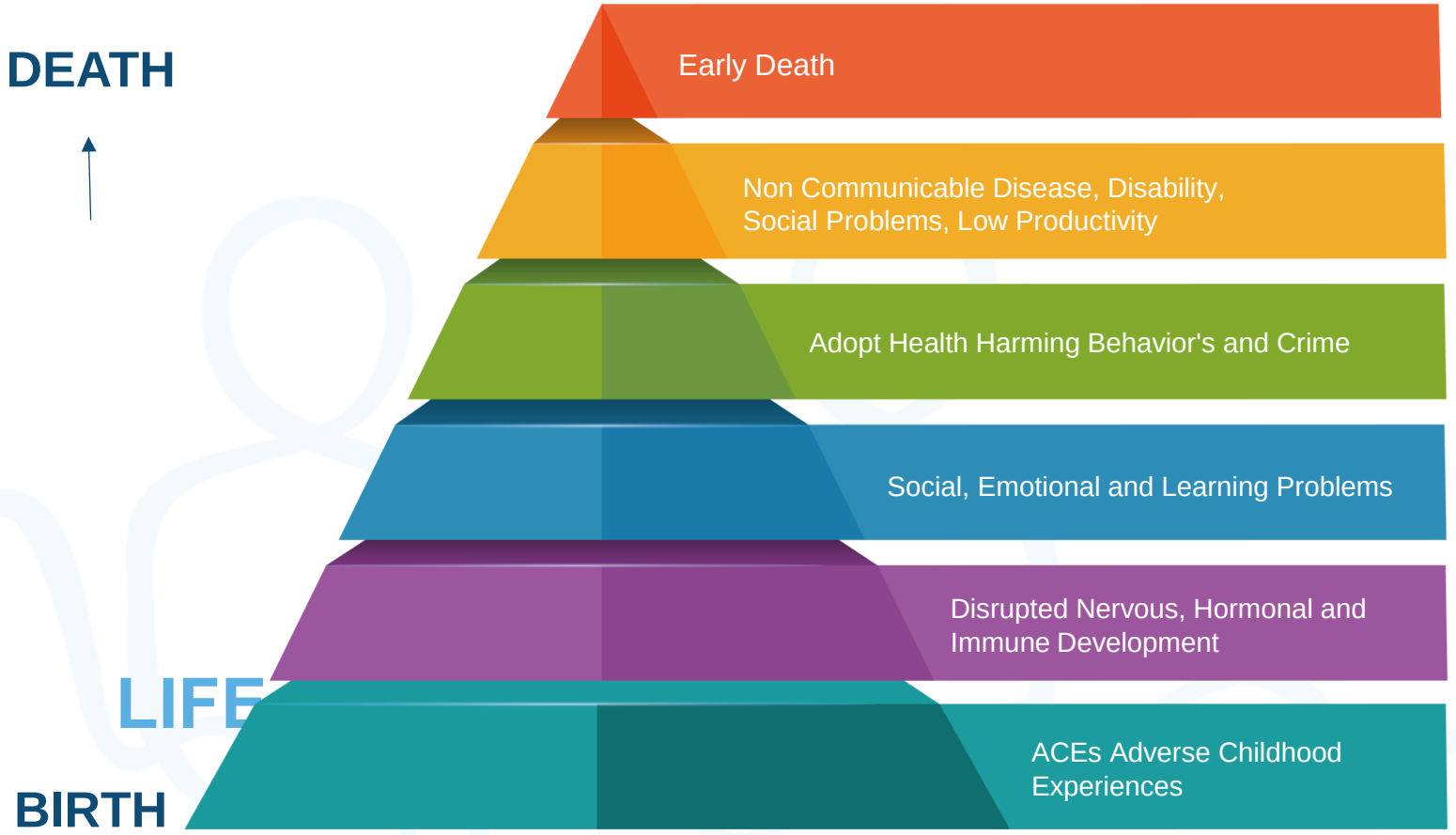
Adverse Childhood Experiences ACEs - The Life Course



Bellis 2016 Developed from Felitti et al. 1998

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Over a 12 month period, compared to people with no ACEs, those with four or more ACEs were:

2x more likely to have frequently visited a GP**

3x more likely to have attended A&E

3x more likely to have stayed overnight in hospital

Up to the age of 69 years, those with four or more ACEs were 2x more likely than those with no ACEs to be diagnosed with a chronic disease*$

For specific diseases they were:

4x more likely to develop **Diabetes (Type 2)**

3x more likely to develop **Heart Disease**

3x more likely to develop a **Respiratory Disease**

Levels of health service use were higher in adults who experienced more ACEs*#

Having some resilience resources more than halved risks of current mental illness in those with 4+ ACEs

Childhood resilience resources

Percent with current mental illness

Childhood resilience[b]

Low 29% | High 14%

Trusted adult relationship

Never 28% | Always 19%

Regular sports participation

No 25% | Yes 19%

Adult resilience resources

Percent with current mental illness

Adult resilience[b]

Low 37% | High 13%

Perceived financial security

<1 month 35% | 5+ years 11%

Community engagement[c]

No 23% | Yes 11%

Resilience building…

- Trauma-focused therapies, E.g., TF-CBT, EMDR, bereavement counselling etc, effective and good ROI
- Resilience & emotional competence can be acquired at any stage & are protective
- Universal and targeted family support – parenting interventions
- Exercise – especially with others
- Expressive writing
- Mindfulness meditation
- Dietary advice and education about nutrition
- Group/ peer activities – connectedness & relationship building
- Advice and education about the benefits of good quality sleep

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Reframing Dis-ease & Health Harming Behaviours

- Drugs, food, sex, gambling, alcohol, smoking & violence are all ways of coping – self-soothing – comfort-seeking
- They provide short term relief from distress and pain
- The effect doesn't last and they cause harm
- This impact is often intergenerational
- **Treating behaviours or 'symptoms' alone is not a solution**
- Removing a vulnerable person's only means of coping!?
- **We need to help people link the past trauma/ pain to the here and now & find better coping strategies**

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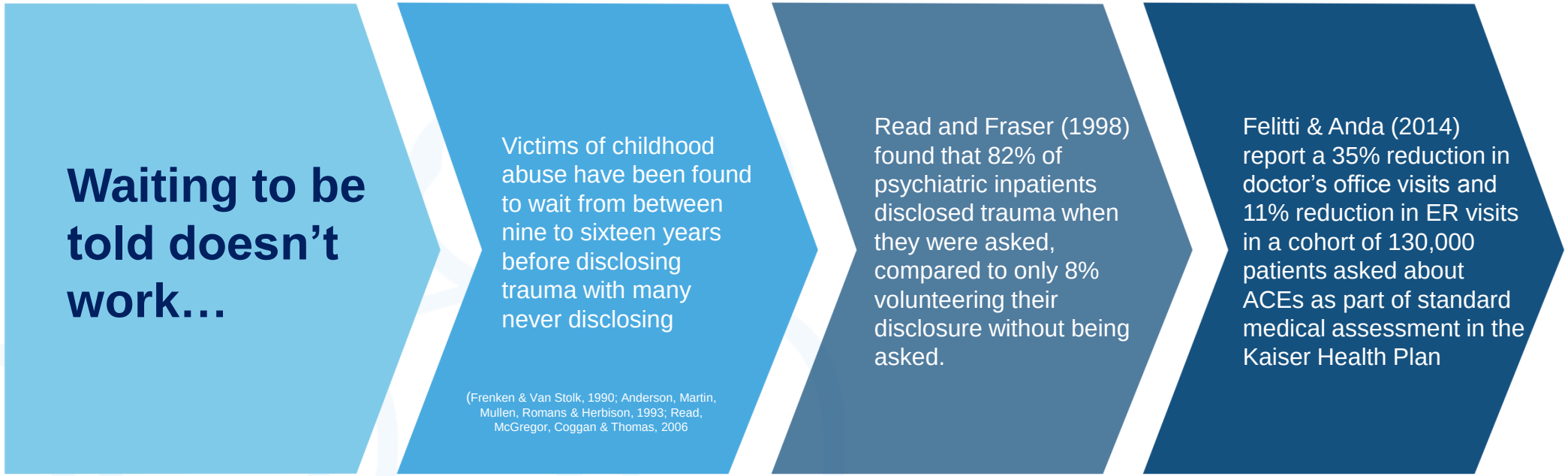
The case for routine enquiry



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Why reduced service utilization?

- ‘Slowly, we came to see that ***Asking***, initially by an inert mechanism, then followed up face-to-face in the exam room, coupled with ***Listening***, and implicitly ***Accepting*** that individual who had just shared his or her dark secrets is a powerful form of ***Doing***.’

- ‘The economic implications of this 130,000-patient finding are clearly in the multi-billion-dollar range for Kaiser Permanente and other large venues like Medicaid or the VA System. Interestingly, there has been significant resistance in pursuing this.’
- Dr Vincent Felitti, 2018 personal communication with the author.

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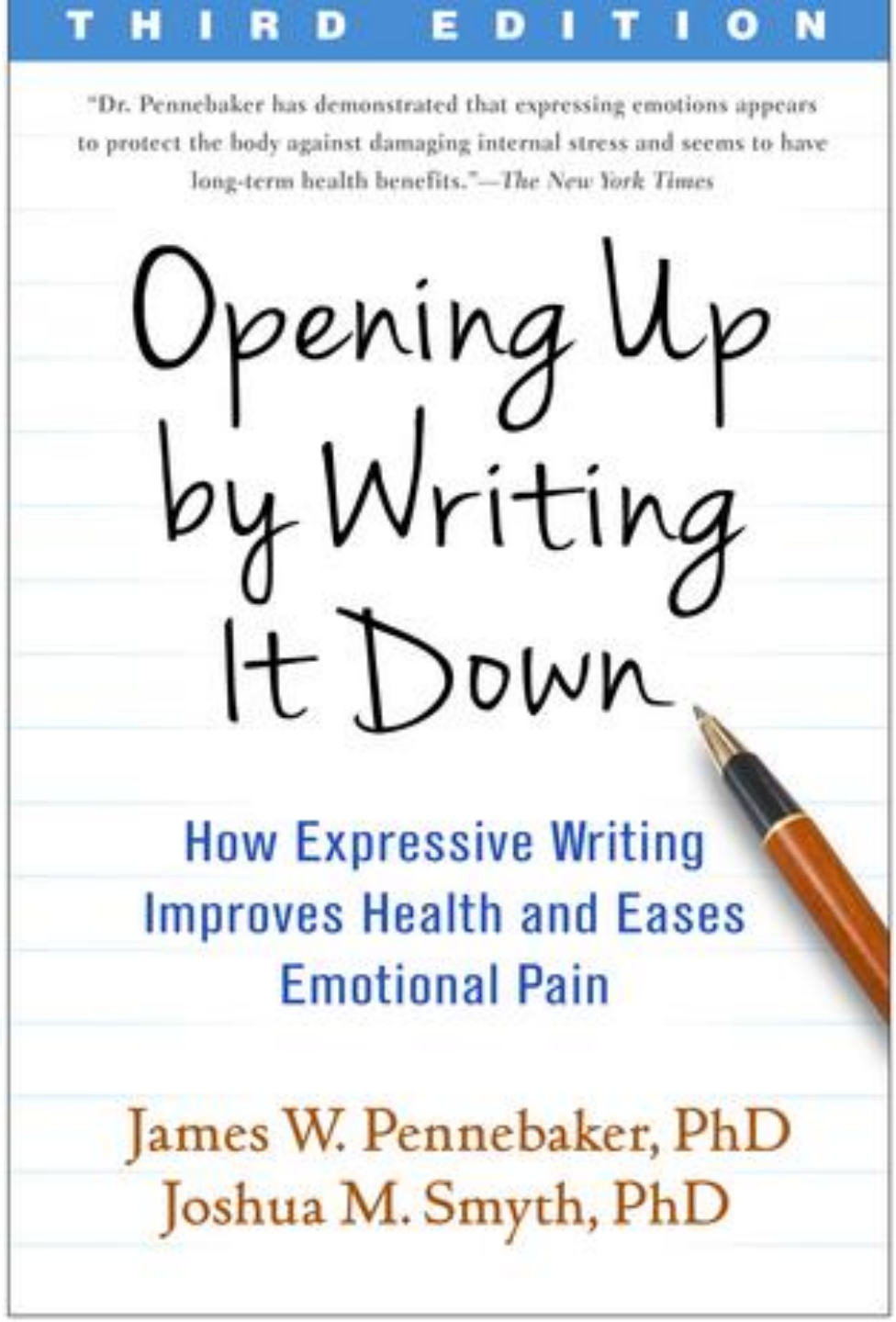
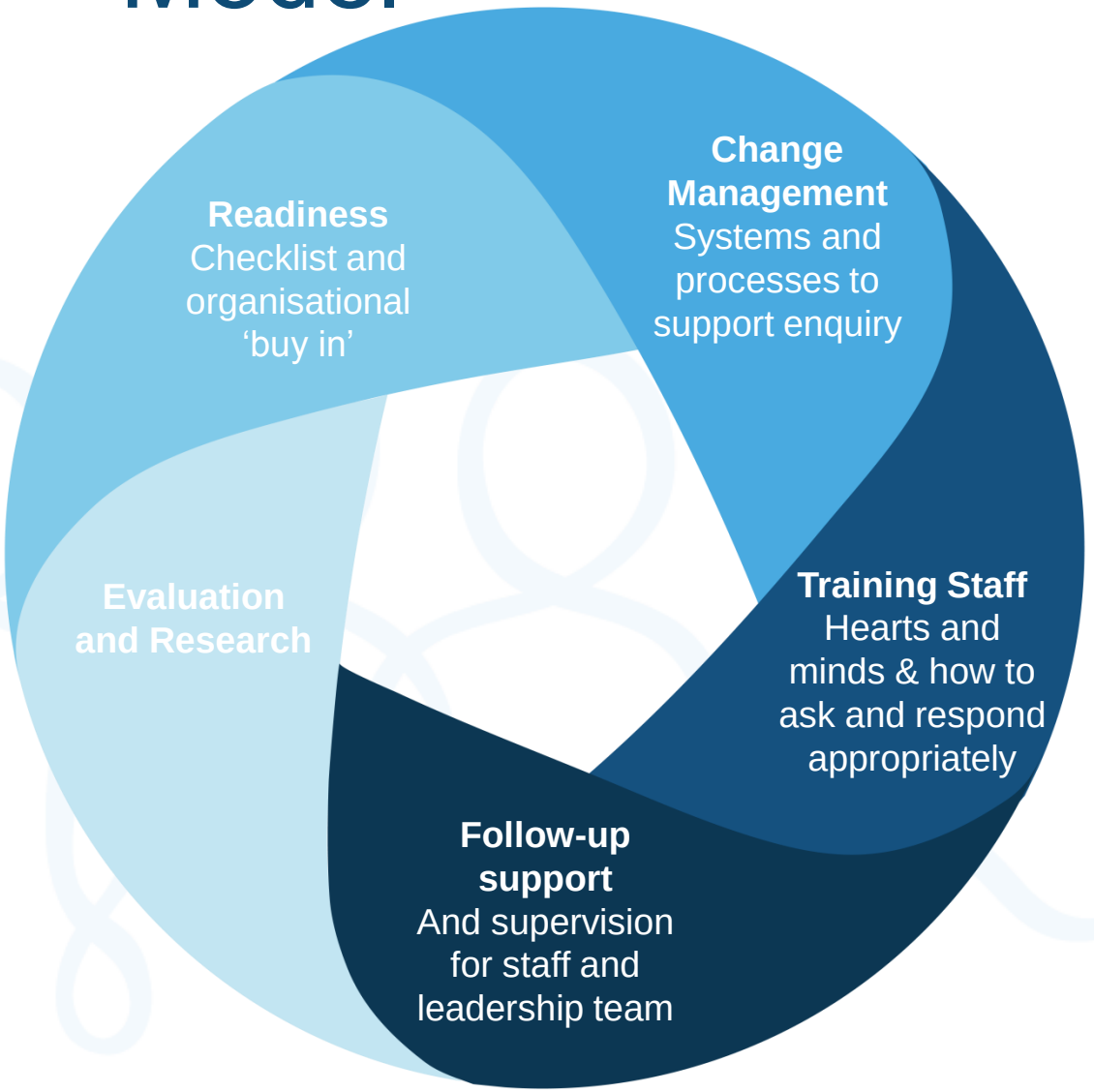
Keeping Secrets is part of the problem

- Keeping big secrets can be stressful
- Not sharing these with our closest others can interfere with our health.
- Including impaired immune function, cardio-vascular health and neurochemistry
- Suppressing emotions, thoughts and actions can increase the risk of a whole range of diseases
- “Confession” or disclosure can counter the effects of suppression and has been shown to lead to multiple health benefits
- Pennebaker and Smyth (2016)



REACh™ Model



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REACh – Key Findings (2015-2018)

- REACh training equips practitioners with the knowledge, confidence and skills to conduct routine enquiry, respond to disclosures and offer support to their clients.

- Routine Enquiry is feasible and acceptable to staff and service users across settings.

- Evaluations of the model have consistently found that it has **not** led to increased service demand

- It can lead to more informed and effective interventions which address the root causes of harmful attempts to cope e.g. substance misuse.

- It can help people to better understand the impact of ACEs on their health and wellbeing, which can motivate and empower them to make positive life changes for them and their families.

- Parents who participate in routine enquiry have reported that they have considered the impact of their childhood experiences in relation to their own children and their parenting.

- (Real Life Research 2015; McGee et al, 2015; Pearce et al, (in press); Simpson-Adkins et al (in preparation)

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“It’s not suddenly changed thirty odd years of a behaviour…and it hasn’t undone all those experiences, but it has made them question now, what are my children going through...what ACEs am I putting in front of my children, and I think it’s started that journey for them”

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“…I wanted to let you know that I saw a patient yesterday, who I have previously found it difficult to connect with and has had difficulties with low mood and drug dependence, and I decided to take that opportunity to tell her about ACEs and in effect about the RE training I had just had, and explained about the connection between ACEs and adult health and wellbeing etc

....and I won't bore you with the details but it had a hugely positive effect on our consultation!

I was stunned by how much she opened up to me, and she specifically said that no one ever asks her about what she went through in her childhood and no one appreciates how important it is to her that she talks about her childhood.

So I just thought I would give you that feedback, which to me has been such a positive experience and made me even more keen to put this formally in action.”

Dr Antonia Wade, GP Hammersmith & Fulham, November 2018

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The urgent case for system change

- Services don't ask routinely about life experiences, including ACEs
- Treating the symptoms/ behaviours is expensive and ineffective for traumagenic difficulties
- The system reacts to diagnoses & labels
- Labels can attract stigma
- Can lead to learned helplessness –

  "I have an illness, what's the point – there is nothing I can do, no-one will give me a break"

- Health, Social Care & Criminal Justice system can not meet the growing demand and has run out of money
- There is a workforce crisis and a worsening deficit in recruitment, retention, absenteeism and staff satisfaction
- We can't afford to keep doing the same things and expecting a different outcome

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We need a public health approach to ACE

- The ACE & early years research offers the biggest opportunity to improve the health and wellbeing of future generations

- What we can do:
- a) **Prevent** adverse childhood experiences (ACEs)
- b) **Support** child and family wellbeing
- c) **Mitigate** the impact of ACEs
- d) **Promote** resilience across the life course

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WHO (Kessler et al. 2010) – 52,000 participants from 21 countries

The authors estimate that the absence of childhood adversity would lead to reduction in:

22.9% of mood disorders

31% of anxiety disorders

41.6% of behavioural disorders

27.5% of substance-related disorders

29.8% of mental health diagnosis overall

33% of Psychosis (Varese et al 2013)

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Preventing ACEs in future generations could reduce levels of:

UNINTENDED TEENAGE PREGNANCY
(before age 16)
By 38%

BINGE DRINKING
(current)
By 15%

HEROIN/CRACK USE
(lifetime)
By 59%

VIOLENCE PERPETRATION
(past year)
By 52%

POOR DIET
(current; <2 fruit & veg portions daily)
By 14%

EARLY SEX
(before age 16)
By 33%

SMOKING
(current)
By 16%

CANNABIS USE
(lifetime)
By 33%

VIOLENCE VICTIMISATION
(past year)
By 51%

INCARCERATION
(lifetime)
By 53%

The English national ACE study interviewed nearly 4,000 people (aged 18-69 years) from across England in 2013. Around six in ten people, who were asked to participate, agreed and we are grateful to all those who freely gave their time. The study is published in BMC MEDICINE:

Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H.
National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England.

Centre for public Health, Liverpool John Moores University – WHO Collaborating Centre for Violence Prevention – May 2014 – Web:www.cph.org.uk – Tel:0151 231 4510

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Primary Prevention

- Family Foundations Programme – reduces couple conflict in pregnancy & first year after birth (Feinberg et al., 2009; 2010; 2014)
- Maternal MH Screening in pregnancy and in early years (EIF, 2018)
- Universal Access to Parenting Programmes – Triple P population research (Prinz et al, 2009, 2016)

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Primary Prevention: CDC study of universal access to Triple P

- In little more than two years of implementation, this approach yielded results previously unheard of in the child maltreatment area:
- In counties where Triple P was made available in South Carolina, child maltreatment cases decreased by 23.5 (7.9% increase in control counties)
- Child out-of-home placements decreased by 9.1% (22.6% increase in control counties)
- Child maltreatment injuries decreased by 10.5% (23.6% increase in control counties). (Prinz et al, 2009, 2016)

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Schools represent a huge part of the solution…

'the most powerful childhood predictor of adult life-satisfaction is the child's emotional health, followed by the child's conduct. The least powerful predictor is the child's intellectual development. This may have implications for educational policy.'

Layard, R., Clark, A. E., Cornaglia, F., Powdthavee, N. and Vernoit, J. (2014), What Predicts a Successful Life? A Life-course Model of Well-being. Econ J, 124: F720–F738. doi:10.1111/ecoj.12170

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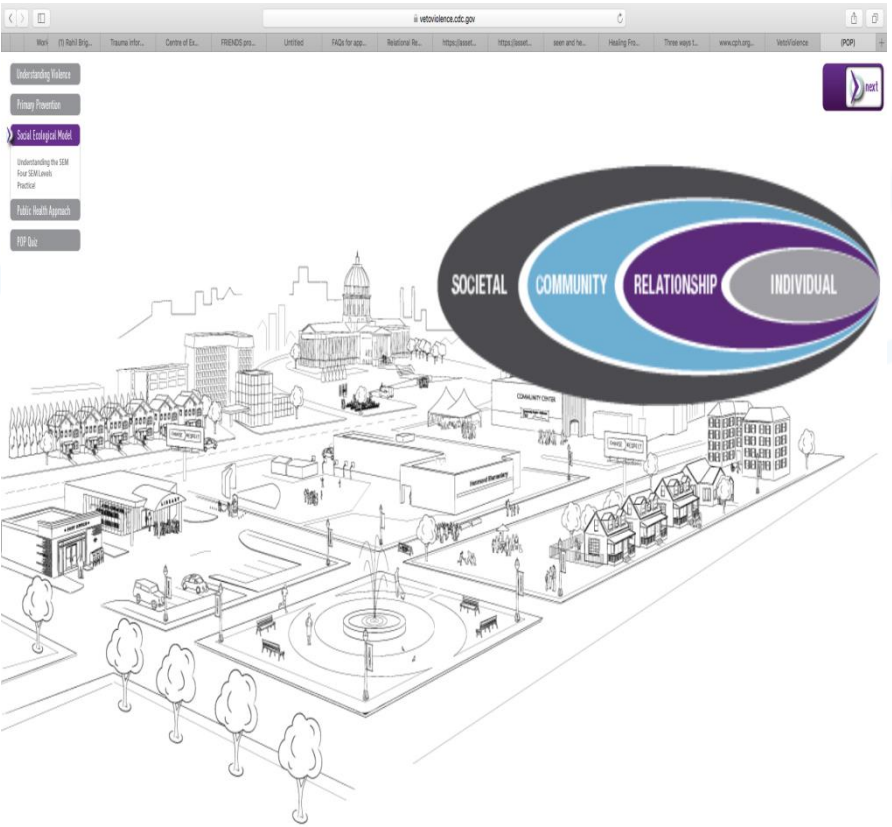
Knowledge Mobilisation Initiatives



LET'S BUILD BETTER BRAINS

Alberta family wellness initiative

Centre for Community Child Health

The First Thousand Days

AN EVIDENCE PAPER

September 2017

murdoch children's research institute | Bupa Health & Care | Bupa | ARACY

IPP

Supporting families & mitigating the impact of ACEs

- Targeted Intensive Family Support - Family Nurse Partnership
- Targeted Parenting Programmes – Incredible Years, Triple P

- Targeted indicated interventions – Infant-Parent Psychotherapy (IPP) (Cicchetti, Rogosh and Toth, 2006)
- Child-Parent Psychotherapy (CPP) (Lieberman, Ghosh Ippen and van Horn, 2006)

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A Trauma-Informed Approach

- *A program, organisation, or system that is trauma-informed* **realises** *the widespread impact of trauma and understands potential paths for recovery;*
- **recognises** *the signs and symptoms of trauma in clients, families, staff, and others involved with the system;*
- **responds** *by fully integrating knowledge about trauma into policies, procedures and practices*
- *Seeks to actively* **resist re-traumatization** *.*

- Substance Abuse and Mental Health Services Administration (SAMHSA) - Trauma and Justice Strategic Initiative July 2014

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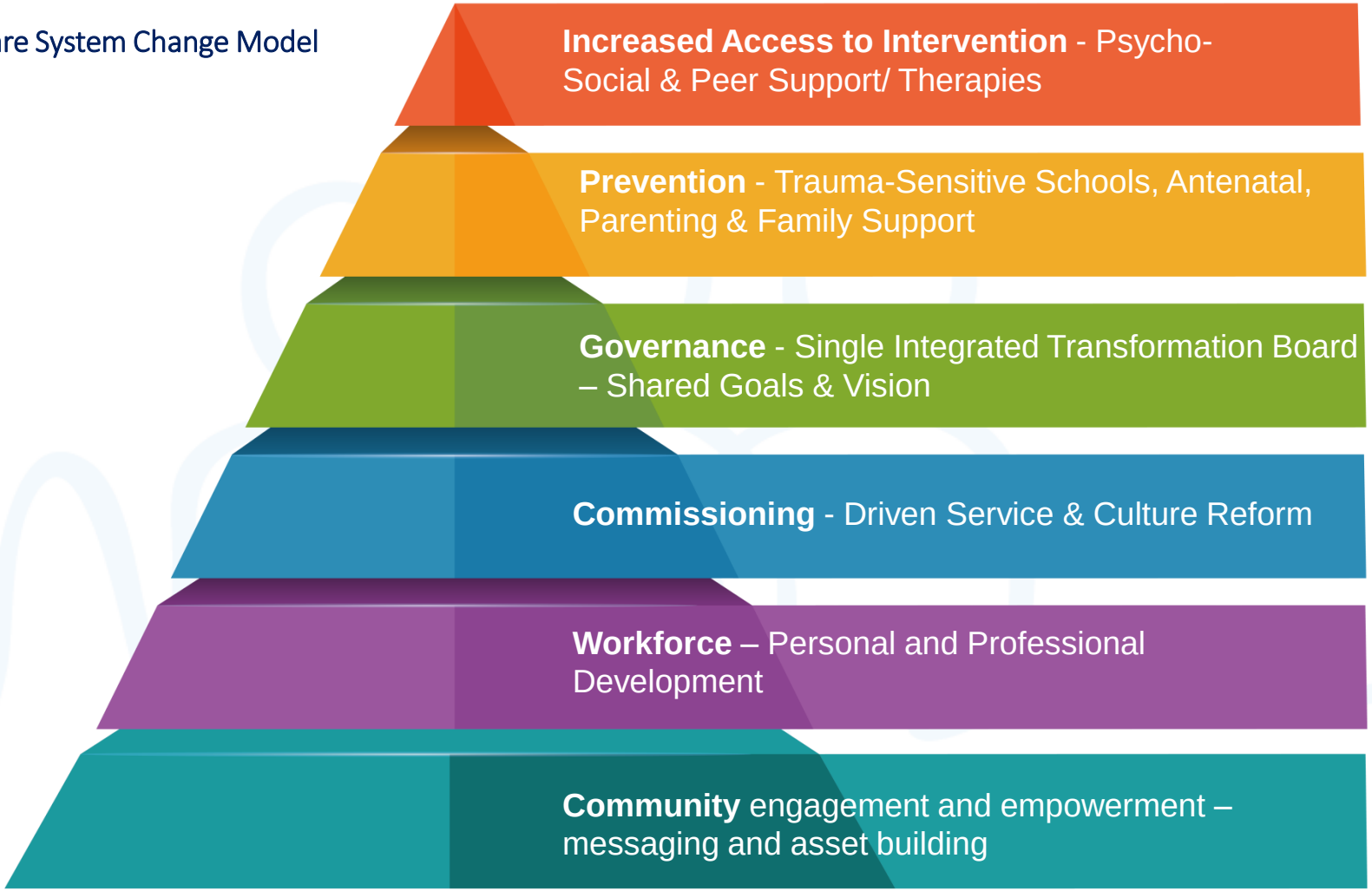
Adversity in Childhood can be prevented… becoming a trauma-aware system is the key!

Trauma-Aware System Change Model (TASC)



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The power of relationships have been largely forgotten by modern science…(Ross Buck, cited by G.Mate, 2003)

- We now over-rely on medical technology and modern pharmacology
- Previously, healers had to rely on “placebo” effects
- Ie, They had to inspire the patient’s confidence in their own ability to get better.
- To be effective this relied on building a trusting relationship, listening intently and developing confidence in his/her instincts
- Instead we now focus on illness and rarely ever gain insight into a patient’s life, thinking and subjective experience.

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What is our contribution to the health and emotional wellbeing of future generations?

- **We have fight to make prevention rather than cure the new status quo**
- We must educate the next generation of care professionals from a population health perspective
- Fight for evidence-based approaches to be equitable to access, timely & delivered with fidelity
- Educate and raise awareness across societies & communities– Public health messaging (Screen ‘Resilience’ or ‘Paper Tigers’) – show animations and short videos in GP waiting rooms!
- “Waiting to be told doesn’t work!”…make sensitive enquiry about ACEs routine practice (do this with planning, training and organisational commitment)
- **Every** professional can utilise their relationships to heal – but only if we provide permission, time, quality training and supervision.

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Thank you…

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