NHS Health Education England

9:45am – 10:45am -

Dr Warren Larkin

Consultant Clinical Psychologist Visiting Professor, University of Sunderland

Understanding the Mental Health Impact of Adverse Childhood Experience (ACE)

Twenty Years Asleep – Responding to the Adverse Childhood Experiences Research...

...and how asking the right questions can change the world!

Dr Warren Larkin

Visiting Professor Sunderland University – Consultant Clinical Psychologist

Director – Warren Larkin Associates Ltd

wlarkin@warrenlarkinassociates.co.uk

@warren-larkin

www.warrenlarkinassociates.com

Acknowledgements

- John Read
- Richard Bentall
- Tony Morrison
- Lucy Frame
- Marius Romme & Sandra Escher
- Alison Brabban
- Graham Simpson Adkins
- Filippo Varese
- Vincent Felitti
- Robert Anda
- Nadine Burke-Harris
- Gabor Mate
- James Pennebaker
- Norman Lamb
- Mark Bellis
- Josie Pearce

WARREN LARKIN ASSOCIATES

How I got here…

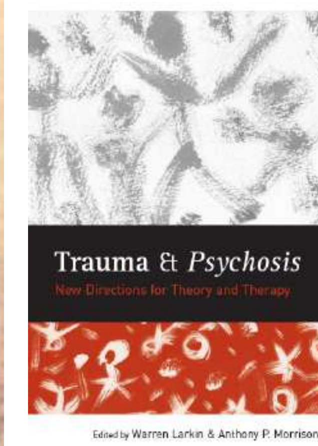
- **25 years ago I started working with people with serious mental health problems in long-stay psychiatric institutions:**

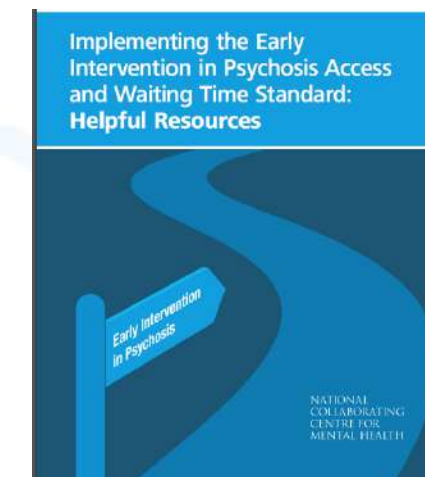
- 1. Very few seemed to be getting better…and
- 2. Most had experienced significant adversity and trauma

  - I spent two decades working as a therapist with individuals diagnosed with ‘schizophrenia’ or psychosis & their families.

  - Then my perspective shifted…10 years of leadership, policy development and systems change

Prestwich Hospital





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

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS
Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

Methods: A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life.

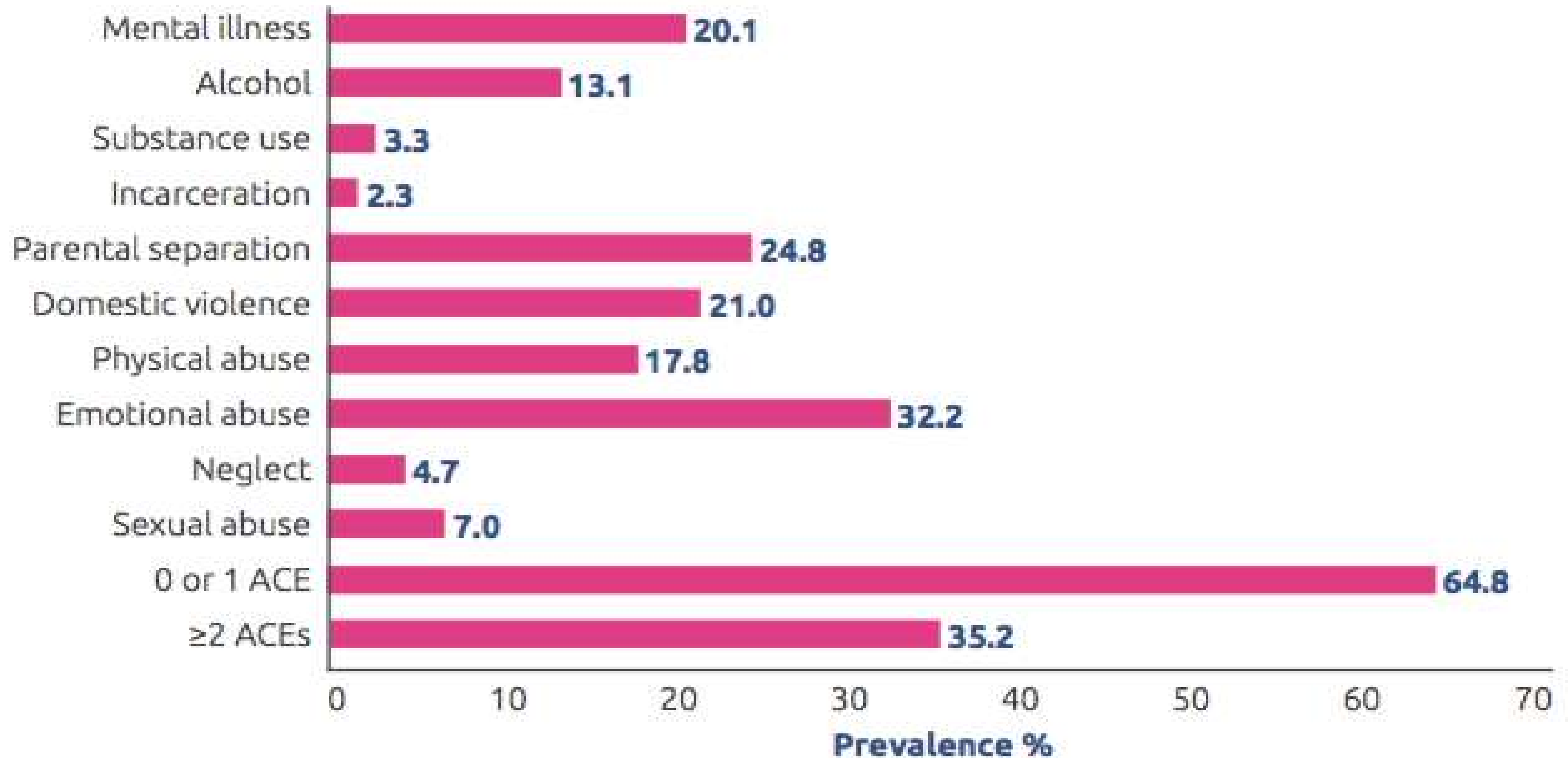
Results: More than half of respondents reported at least one, and one-fourth reported ≥2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ($P < .001$). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

Conclusions: We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

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

WARREN LARKIN
ASSOCIATES



[1] Data from general population surveys includes only those aged 18-69 years.

Source: Hardcastle and Bellis (2018) Public Health Wales

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

WARREN LARKIN ASSOCIATES

ACE Research (Felitti et al 1998)

4 or more adverse childhood exposures significantly increase the odds of a person

9,508 Americans completed an ACE questionnaire as part of standardised medical evaluation

WARREN LARKIN ASSOCIATES

Latest Findings From Vincent Felitti and Centres for Disease Control

The ACE study is still an ongoing collaboration between the CDC and Kaiser's Dept of Preventative Medicine in San Diego

More recent findings:

6 ACEs increased the risk of becoming an IV drug user by 46 times

6 ACEs increase the risk of suicide by 35 times

WARREN LARKIN
ASSOCIATES

The impact of adversity

Brain science – (the neurobiology of toxic stress)

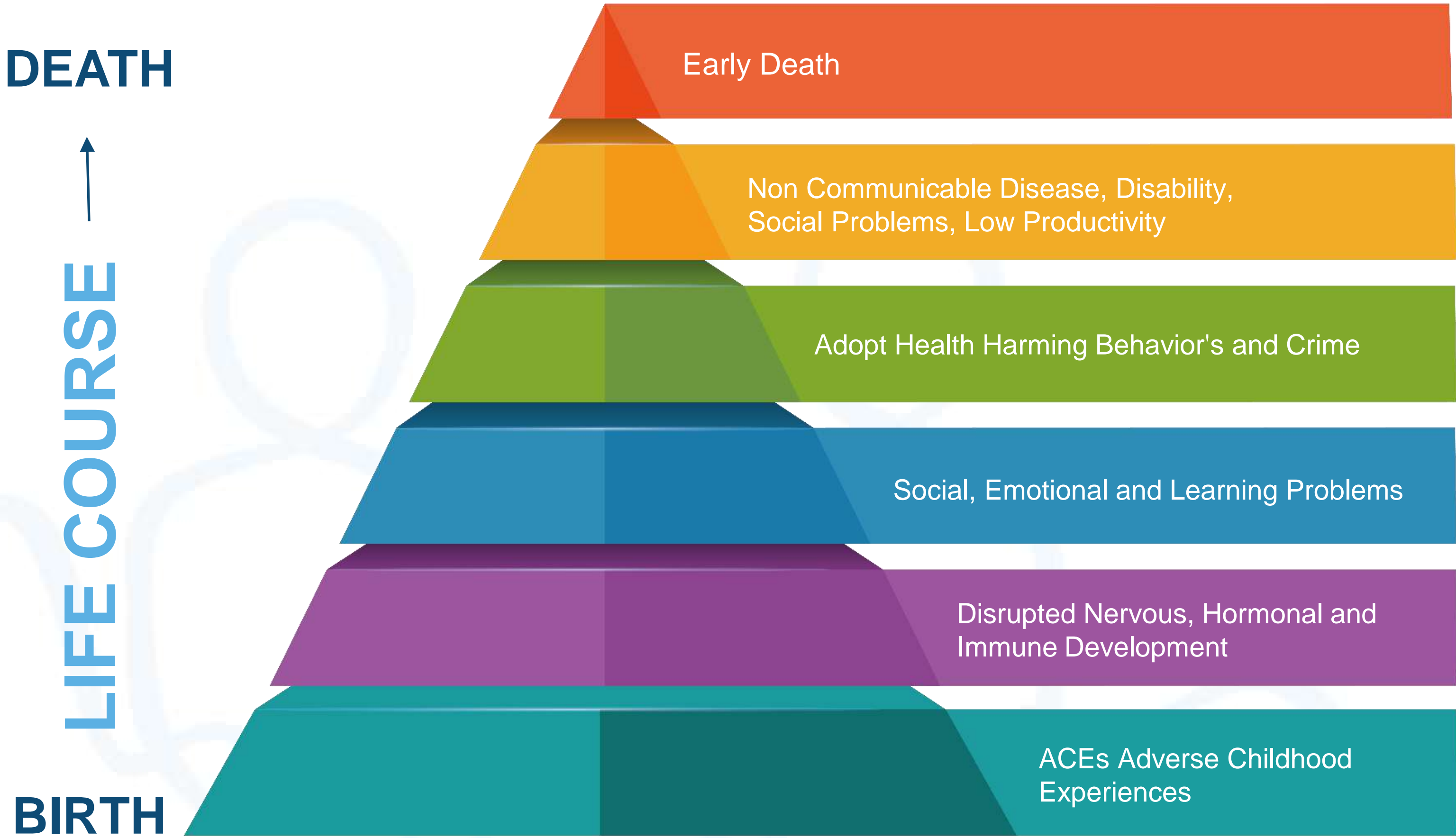
- Toxic stress adversely affects the structure and functioning of a child’s developing brain

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.

WARREN LARKIN
ASSOCIATES

Adverse Childhood Experiences ACEs - The Life Course



Bellis 2016 Developed from Felitti et al. 1998

WARREN LARKIN ASSOCIATES

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*$

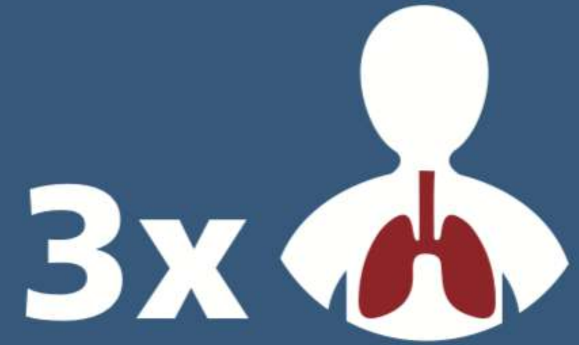
For specific diseases they were:

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*#

The traditional concept:

"Addiction is due to the characteristics intrinsic in the molecular structure of some substance."

The ACE Study challenges that by showing:

Addiction highly correlates with characteristics intrinsic to that individual's childhood experiences.

Reframing Addiction

- "The solution to changing the illegal or unhealthy **ritualized compulsive comfort-seeking behaviour** of opioid addiction is to address a person's adverse childhood experiences (ACEs) individually and in group therapy; treat people with respect; provide medication assistance in the form of buprenorphine, (an opioid used to treat opioid addiction); and help them find a ritualized compulsive comfort-seeking behaviour that won't kill them or put them in jail."

- Dr. Daniel Sumrok, director of the Center for Addiction Sciences at the University of Tennessee

WARREN LARKIN ASSOCIATES

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**

WARREN LARKIN ASSOCIATES

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

WARREN LARKIN
ASSOCIATES

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%

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

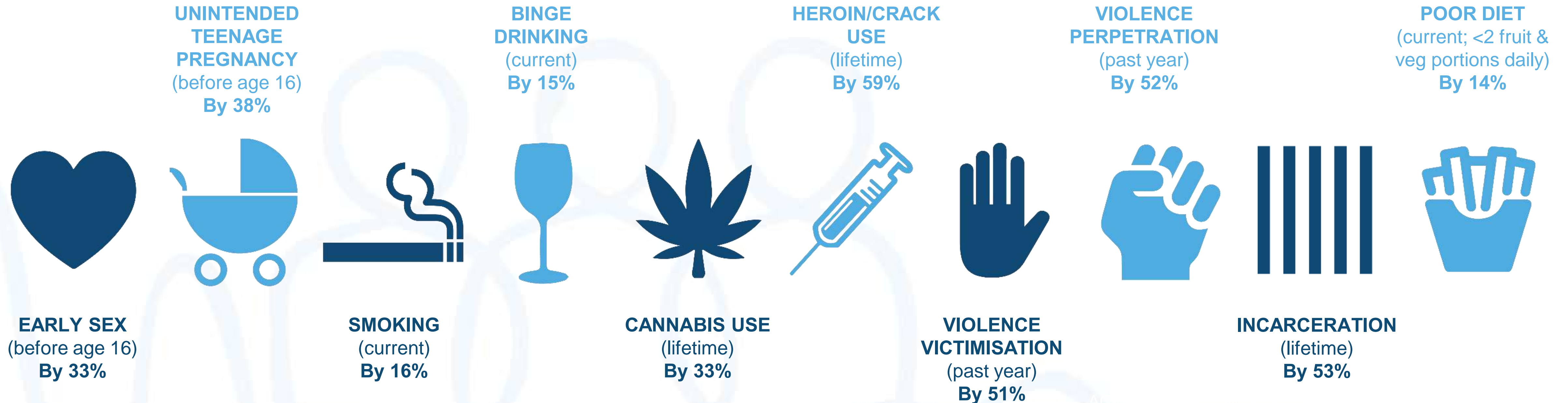
27.5% of substance-related disorders

29.8% of mental health diagnosis overall

33% of Psychosis (Varese et al 2013)

WARREN LARKIN
ASSOCIATES

Preventing ACEs in future generations could reduce levels of:



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

WARREN LARKIN ASSOCIATES

The case for routine enquiry

Waiting to be told doesn't work…

Victims of childhood abuse have been found to wait from between nine to sixteen years before disclosing trauma with many never disclosing

(Frenken & Van Stolk, 1990; Anderson, Martin, Mullen, Romans & Herbison, 1993; Read, McGregor, Coggan & Thomas, 2006

Read and Fraser (1998) found that 82% of psychiatric inpatients disclosed trauma when they were asked, compared to only 8% volunteering their disclosure without being asked.

Felitti & Anda (2014) report a 35% reduction in doctor's office visits and 11% reduction in ER visits in a cohort of 130,000 patients asked about ACEs as part of standard medical assessment in the Kaiser Health Plan

WARREN LARKIN
ASSOCIATES

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.

WARREN LARKIN
ASSOCIATES

Pilot study: 164 patients, a single appt with on-site psychiatrist as part of comprehensive health appraisal…

- ’A measurable benefit derived from this one-time diagnostic contact which provided a reduction in anxious utilization by commonly high-ultlizer patients who were helped to reconceptualize the nature of their somatic complaints from being disease-caused to being the result of problems in living.’
- ‘They also had the subtle but significant experience of sharing “shameful” secrets with someone they respected, and yet feeling implicitly accepted afterwards.’
- **51% reduction in their overall medical utilization the year following**
- Dr Vincent Felitti, 2018 personal communication with the author.

WARREN LARKIN
ASSOCIATES

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)

WARREN LARKIN
ASSOCIATES

Policy Context

Tackling Child Sexual Exploitation Report March 2015

This report made some important commitments:

- To create a culture where the health service and medical professionals are spotting the signs of child sexual exploitation early and are supported in sharing information with others, we will:

  Expand routine enquiries made by professionals in targeted services such as mental health, sexual health and substance misuse services so that professionals include questions about child abuse, to help ensure early intervention, protect those at risk and to ensure victims receive the care they need.

WARREN LARKIN
ASSOCIATES

Policy Context

Future in Mind Report 2015 - Promoting, protecting and improving our children and young people's mental health and wellbeing

- **This report acknowledged the impact of ACEs & made some important commitments:**
- Experiencing or witnessing violence and abuse or severe neglect has a major impact on the growing child and on long term chronic problems into adulthood
- **Ensuring assessments carried out in specialist services include sensitive enquiry about neglect, violence, physical, sexual or emotional abuse:**

For young people aged 16 and above, as part of the Government's response to the concerns arising about child sexual exploitation, routine enquiry in line with NICE guidelines (whereby every young person is asked during the mental health assessment about violence and abuse) will be introduced.

WARREN LARKIN
ASSOCIATES

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"
- We can't afford to keep doing the same things and expecting a different outcome

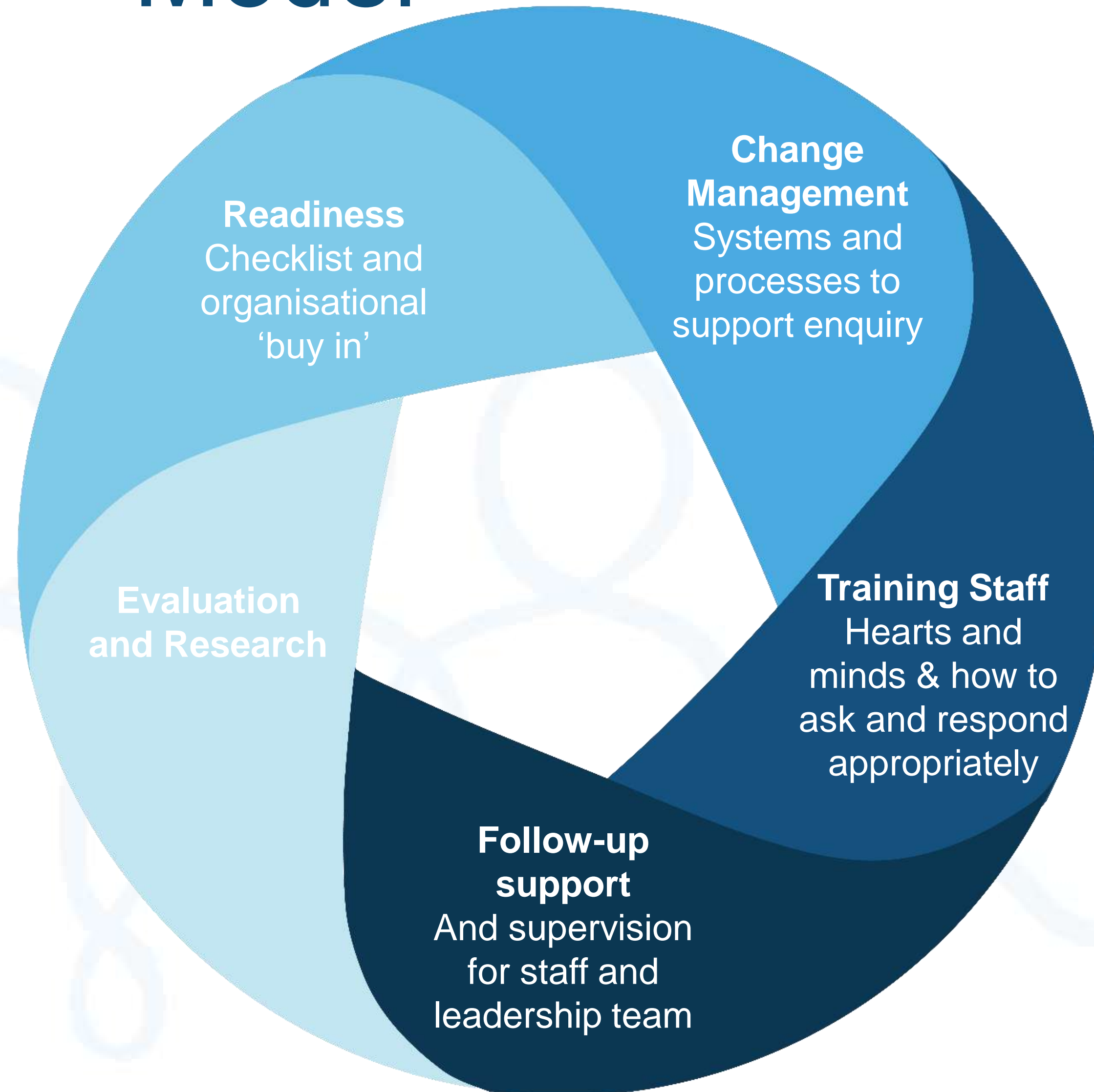
WARREN LARKIN
ASSOCIATES

REACh implementation across settings & agencies

- LCFT South East Team and Health Visitors
- Blackburn with Darwen Children's Services Family Support Team
- Greater Manchester NHS Foundation Trust Substance Misuse Service
- Evolve (Substance Misuse Service)
- Child Action North West, Familywise Team
- Lifeline, Substance Misuse Practitioners
- Women's Centre (Counselling, Support and Employment)
- W.I.S.H. (Domestic Abuse)

WARREN LARKIN
ASSOCIATES

REACh™ Model



WARREN LARKIN ASSOCIATES

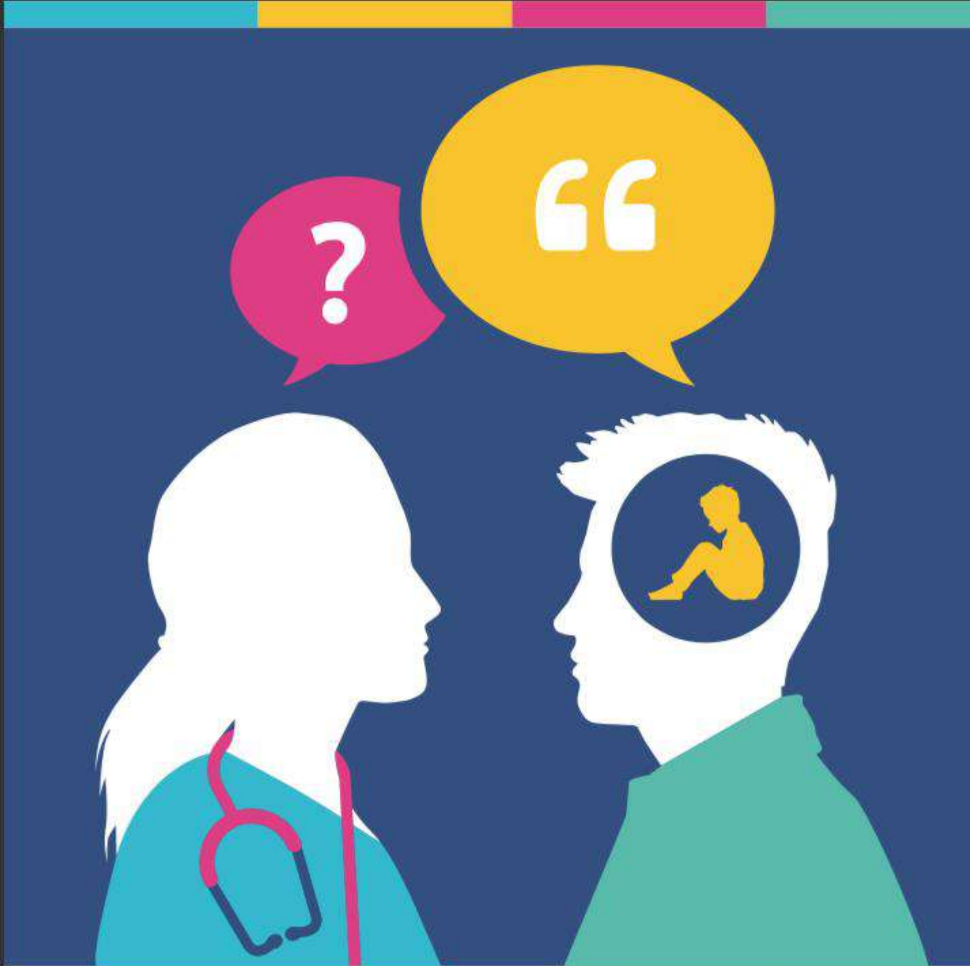
REACh – Key Findings (2015-2018)

- 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)

WARREN LARKIN ASSOCIATES

“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”

WARREN LARKIN
ASSOCIATES



Public Health Wales REACh Evaluation 2018

- Asking about Adverse Childhood Experiences (ACEs) among adult general practice patients
- An initial exploration of the feasibility and acceptability of asking about a history of ACEs in a large multi-site GP practice in North West England.
- Findings explore practitioner experiences of delivery and potential impacts on patients.

The Routine ACE Enquiry Pathway[a]

Eligible patient provided with information sheet and ACE questionnaire at reception

Completes questionnaire in waiting area prior to appointment

Hands questionnaire to clinician at start of appointment

Clinician discusses presenting problems then invites patient to discuss ACEs

Opportunity for further support or onward referral. Patient provided with information on local and national support services

Who delivered ACE enquiries in this study? (% of enquiries)

3 GPs (36.4%)

2 Nurse practitioners (42.5%)

1 Healthcare assistant (20.6%)

Patients participating = 218

Patients declining = 16

Consultation type in which ACE enquiry occurred:

General (5.1%)

Acute physical (34.1%)

Mental health (5.6%)

Sexual heath (11.2%)

Investigative (10.3%)

Chronic condition (33.2%)

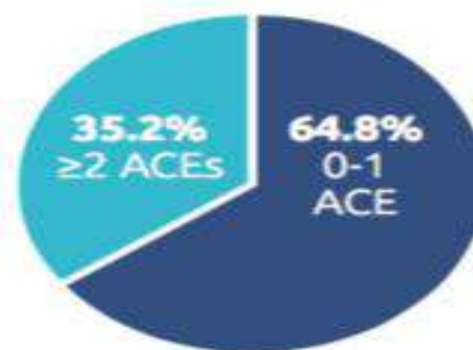
ACEs included growing up with:

- Verbal, physical, sexual abuse
- Parental separation
- Witnessing domestic violence

Or a household member experiencing:

- Mental illness
- Drug use
- Alcohol abuse
- Incarceration

In this GP practice pilot[d]:



What did patients say? (N=123)[e]

94%
agreed that the ACE questions were understandable and clear

86%
felt that their GP surgery was a suitable place to be asked about ACEs

84%
thought it was important for health professionals to understand what happened in their childhood

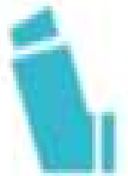
70%
said their appointment was improved because the GP/ nurse understood their childhood better

87%
agreed that providing information to a health professional about ACEs was acceptable

WARREN LARKIN
ASSOCIATES

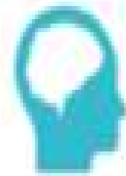
"The higher prevalence of both physical and mental health problems among adult general practice patients with ACEs highlights a clear need to respond to wider determinants and examine a more trauma-informed approach in primary care."

People with ≥2 ACEs[b] had higher levels of health problems

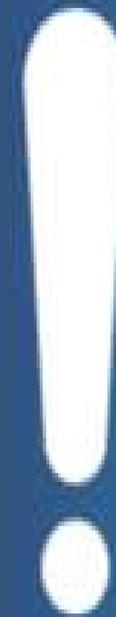


2.5x more likely to have **asthma**

3x more likely to be living with **multiple long-term conditions[c]**



3.5x more likely to have experienced **mental health problems**



For **67%** of patients with ACEs this was the **first time** they had told a professional about them

Key findings continued…

- A positive but not significant relationship was found between ACE count and current high medication use.
- There was **no** evidence of increased service demand following ACE enquiry.
- When compared with the three months prior to REACh, 43.5% of patients with ≥2 ACEs actually attended the practice less in the three months following ACE enquiry, and 89.1% showed reduced medication use over the same period.
- Small sample size & limited generalizability to other populations

WARREN LARKIN
ASSOCIATES

Conclusions: REACh GP Pathfinder

- ’This proof of concept report provides initial support for the acceptability of ACE enquiry in general practice among both patients and practitioners, who identified it as a means of improving the patient-practitioner relationship and better understanding wider determinants for health and wellbeing.’

WARREN LARKIN
ASSOCIATES

"…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

WARREN LARKIN
ASSOCIATES

Workforce transformation or cultural change?

- There is a workforce crisis and a worsening deficit in recruitment, retention, absenteeism and staff satisfaction in many parts of the NHS
- Health, Social Care & Criminal Justice system can not meet the growing demand & pressure on managers and staff keeps increasing
- It takes time to recruit and train new psychological professionals
- **All professionals can have a therapeutic role and impact**
- Knowledge and skills framework & practice standards – trauma informed workforce and services
- Resilience and asset building is a huge opportunity

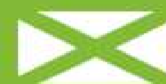
WARREN LARKIN
ASSOCIATES

NHS Education for Scotland

TRANSFORMING PSYCHOLOGICAL TRAUMA:

A Knowledge and Skills Framework for the Scottish Workforce

in partnership with:



Scottish Government
gov.scot

Click anywhere to continue...

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.

WARREN LARKIN
ASSOCIATES

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 (mental health) 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.

WARREN LARKIN
ASSOCIATES

Thank you…

dr-warren-larkin

wlarkin@warrenlarkinassociates.co.uk

@warren_larkin

www.warrenlarkinassociates.com