



POLICY AND PRACTICE BRIEFING

Childhood adversities in Northern Ireland: the impact on mental health and suicidal behaviour.

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Introduction

Childhood adversities have been found to have a very detrimental and enduring impact on mental health and wellbeing globally. Many studies focus on Adverse Childhood Experiences (ACEs) which include adversities related to maladaptive family functioning, including parental maltreatment (neglect, physical and sexual abuse) and maladjustment (parental mental illness, substance problems, criminal behaviour and family violence). In addition, other adversities such as economic adversity during childhood, and parental loss can also have a very negative effect. To date, little empirical research has been conducted examining the prevalence and impact of childhood adversities in the Northern Ireland (NI) population, a society that experienced a protracted period of civil conflict, which also had negative consequences on mental health. Indeed, exposure to childhood adversities and violence can impact on mental wellbeing, not only of the person who experienced them, but also on their offspring, resulting in a transgenerational cycle which may affect subsequent generations.

Approaches

This policy and practice briefing summarises the main findings from a series of analyses, of the childhood and trauma sections (part 2; n= 1,986) of the Northern Ireland Study of Health and Stress (NISHS), an epidemiological study, representative of the NI population. The NISHS was conducted as part of the WHO World Mental Health Survey Initiative, therefore cross-country comparisons can be made. The briefing also discusses findings from the Ulster University Student Well-Being Study of over 700 students who were entering year 1 of university. This study was part of the World Mental Health International College Student Initiative. Both studies used the well validated WMH-CIDI to measure mental health problems and included sections on childhood adversities, and measured parental maltreatment, and parental maladjustment, as well as economic adversity and parental loss. Recommendations are provided for policies and service provision, with the aim of reducing childhood adversities in NI, minimising their negative impact across the lifespan, and reducing the transgenerational transmission of trauma.

Key Findings And Recommendations

| Key Findings | Implications | Recommendations |
|---|--|--|
| <p>Overall, 32% of the population in NI reported adverse childhood experiences. Childhood economic adversity was high in comparison to other countries (8.6%). Adversities related to maladaptive family functioning were low in NI. However, individuals who experienced childhood adversities were much more likely to have a range of psychological problems and suicidal behaviour in adulthood in comparison to those with low levels of adversities.¹</p> | <p>Childhood economic adversity was related to anxiety and substance disorders. Individuals who experience multiple adversities, particularly those related to parental maltreatment (neglect, physical & sexual abuse) and parental maladjustment (parental mental illness; substance disorder; criminality, and family violence) had elevated levels of suicidal behaviour, mood, anxiety and substance disorders.</p> | <p>When assessing for childhood adversities practitioners should include economic adversity and parental loss, in addition to adversities traditionally examined such as those related to parental maladjustment and maltreatment. It is important to consider the impact of co-occurring adversities when planning treatment, prevention, and intervention programmes. The promotion of evidence-based parenting programmes is also recommended, to enhance parent-child relationships.</p> |
| <p>Individuals who experienced conflict and adverse childhood experiences and also had psychological problems were more than 15 times more likely to engage in suicidal behaviour than those who experienced low levels of trauma.²</p> | <p>The Troubles had a very detrimental impact on psychological health and suicidal behaviour in NI. However, childhood adversities also played a very significant role, resulting in high levels of suicidal thoughts, plans and attempts.</p> | <p>Parental mental illness impacts on the next generation. The study therefore provides support for initiatives to address the trans-generational transmission of trauma. It highlights the need to target interventions and services for those exposed to multiple traumas, including conflict and childhood adversities, in order to address suicidal behaviour in NI.</p> |

Key Findings And Recommendations

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| Individuals who endured adverse childhood experiences were more likely to have psychological problems, but variations in risk factors were found for different disorders. The findings indicate that if childhood adversities were eliminated the rates of psychopathology and suicidal behaviour would decrease significantly in NI. ³ | Sexual abuse accounted for 10% of mood disorders and 11.3% of suicidal behaviour. Family violence accounted for 10.4% of substance disorders. Parental mental illness had a very detrimental impact and was associated with all disorders, with rates ranging from 6.8% for mood disorders to 15.8% for anxiety disorders. | When patients present with psychological problems practitioners should enquire about a range of adverse childhood experiences. Particular attention should be given to the impact of parental mental illness. Early prevention and evidence-based interventions are recommended to help reduce the negative impact of childhood adversities persisting across the lifespan. |
| An association was revealed between conflict related experiences and adverse childhood experiences in NI. Those who experienced conflict were more likely to have Posttraumatic Stress Disorder (PTSD). However, childhood maltreatment was the greatest risk factor for developing PTSD. The odds of having PTSD increased significantly as the number of adverse childhood experiences increased. ⁴ | Individuals who experienced childhood adversities related to maltreatment were nearly five times more likely to have PTSD. Those who experienced economic adversity or parental maladjustment were more than twice as likely to have PTSD. The odds of having PTSD rose from 2.259 for one adverse childhood experience to 6.454 for four or more adversities. | PTSD is associated with conflict and other traumatic experiences in adulthood; those who experience adverse childhood experiences are more susceptible to developing PTSD if they experience a trauma. The early identification of childhood adversities is therefore important to minimise the detrimental impact of such experiences and reduce later PTSD risk. |
| When individuals experienced conflict, along with high levels of childhood adversities they were more likely to report suicidal behaviour. However, individuals who experienced conflict along with moderate levels of adverse childhood experiences were less likely to engage in suicidal behaviour in comparison to those with low levels of adversities. ⁵ | High levels of adverse childhood experiences can have a very negative impact on mental health and suicidal behaviour. Some adversity early in life may be protective, helping to build resilience to other stressors. | It is important to promote resilience building early in life. Resilience programmes which are founded on sound theoretical frameworks and evidence informed practice are recommended. |
| Social networks can be protective, reducing the negative impact of adverse childhood experiences on mental health. Family harmony was particularly protective. However, those who experienced childhood adversities were less likely to have these protective social networks. ⁶ | Social networks can act as a buffer, helping to protect a person against the negative impact of stress. Adverse childhood experiences can impact on mental health directly, and also indirectly by hindering the development of social networks which can be protective. | It is important to develop initiatives to help children gain skills to develop and maintain social networks following adverse childhood experiences, such as peer mentoring or group support programmes. Relationships with friends and the wider family should be encouraged and promoted. |
| Elevated rates of self-harm and suicidal behaviour, including ideation, plans and attempts, were found among first year undergraduate university students in NI. Three profiles of childhood adversities were revealed. Individuals with high and moderate risk profiles were much more likely to engage in self-harm and suicidal behaviour than those who experienced few adversities. ⁷ | Students who experienced elevated levels of childhood adversities were approximately eight times more likely to engage in suicidal behaviour and five and a half times more likely to engage in self-harm. It should be noted that while the majority of this cohort did not directly experience the Troubles, the conflict may still have an impact on their mental health through the transmission of transgenerational trauma. | It is important to develop strategies and policies for the early identification of those at risk of childhood adversities, mental health problems and suicidal behaviour. As high levels of suicidal behaviour were revealed in those starting university, programmes in secondary school settings would be particularly beneficial, as well as initiatives to help those during the transition to university. |

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