Department of Health

NHS

REACh

Routine enquiry about adversity in childhood

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Public Sector Context

- Eye-watering cuts to Public Health budgets
- LAs, CCGs and Providers struggling to meet financial targets
- Sustainability of current model of NHS and Social Care provision doubtful
- Contribution of Universal Services to prevention, early help and building community resilience is significantly reduced in many areas
- CAMHS and Adult MH services can't meet demand

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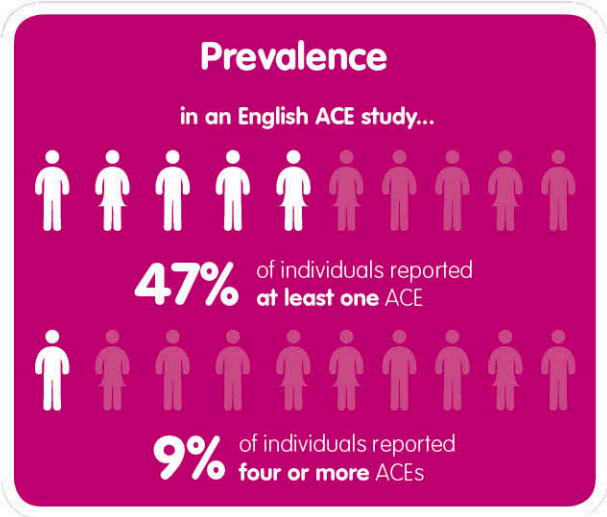
Key Research Findings

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 causal and proportionate (dose-response) relationship between ACE and poor physical health, mental health and social outcomes
(Skehan et al 2008; Kessler et al, 2010; Varese et al 2013; Felitti & Anda, 2014.)



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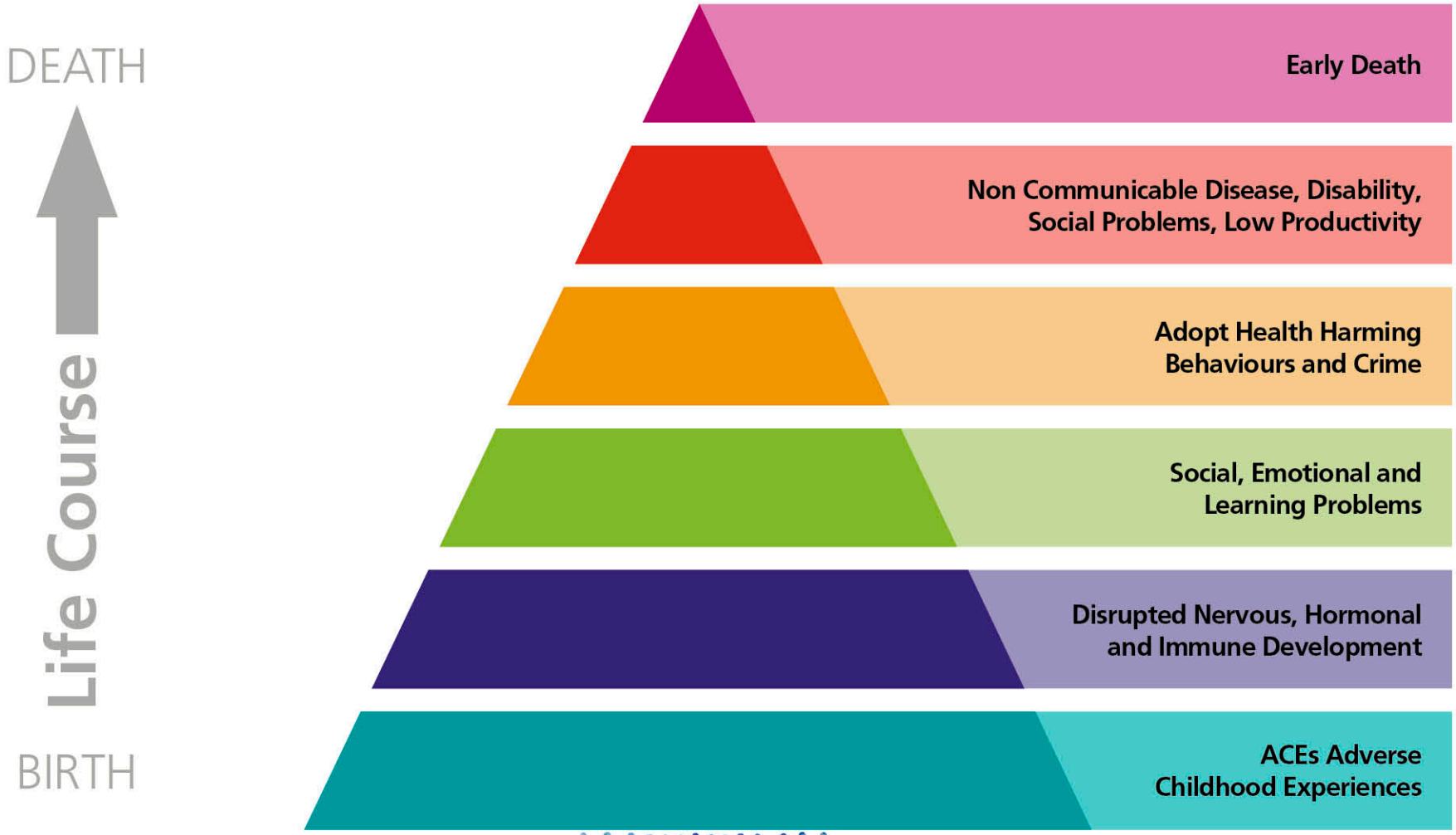
Adverse Childhood Experiences ACEs - The Life Course



Bellis 2016 Developed from Felitti et al. 1998

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ACE Research (Felitti et al 1998)

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

By **2.5x**

Having sexually transmitted infections

By nearly **5x** increased risk

Using illicit drugs

Over **7x** increased risk

Being addicted to alcohol

Over **12x** increased risk

Attempting suicide

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

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Latest Findings From Vincent Felitti and Centre 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 a IV drug user by 46 times

6 ACEs increase the risk of Suicide by 35 times

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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 a 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 diagnoses overall
- 33% of Psychosis (Varese et al 2013)

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ACEs increase individuals' risk of developing health-harming behaviours

Compared with people with no ACEs, those with 4+ ACEs are:

- **2** times more likely to currently binge drink and have a poor diet
- **3** times more likely to be a current smoker
- **5** times more likely to have had sex while under 16 years old
- **6** times more likely to have had or caused an unplanned teenage pregnancy
- **7** times more likely to have been involved in violence in the last year
- **11** times more likely to have used heroin/crack or been incarcerated

Preventing ACEs in future generations could reduce levels of:

Early sex (before age 16) **by 33%**

Unintended teen pregnancy **by 38%**

Smoking (current) **by 16%**

Binge drinking (current) **by 15%**

Cannabis use (lifetime) **by 33%**

Heroin/crack use (lifetime) **by 59%**

Violence victimisation (past year) **by 51%**

Violence perpetration (past year) **by 52%**

Incarceration (lifetime) **by 53%**

Poor diet (current; <2 fruit & veg portions daily) **by 14%**

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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The case for routine enquiry in health and social care

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 140,000 patients asked about ACEs as part of standard medical assessment in the Kaiser Health Plan

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Policy Context

Future in Mind Report 2015

Promoting, protecting and improving our children and young people's mental health and wellbeing.

National Institute for Health and Care Excellence (2014). NICE public health guidance 50

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 and physical, sexual or emotional abuse.

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Policy Context

Tackling Child SEXUAL Exploitation Report

March 2015

Expand routine enquiry from 2015-16 made by professionals in targeted services such as mental health, sexual health and substance misuse services

Professionals include questions about child abuse, to help ensure early intervention, protect those at risk and to ensure victims receive the care they need

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Department of Health

2016/17 will see LCFT implement a pathfinder programme on behalf of the Department of Health

Proposed settings include:

- Child and Adolescent Mental Health Services
- Sexual Assault Referral Centres
- Substance Misuse Services

The work will include developing good practice standards and an accompanying manual, creating tools for enquiring with young people and a feasibility exercise on national data collection for CSA and CSE.

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REACh Trained Partners

- 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)

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REACh Model

Readiness checklist and organisational 'buy in'

Change Management - systems and processes to support enquiry

Training Staff - hearts and minds & how to ask and respond appropriately

Follow-up support and supervision for staff and leadership team

Evaluation and Research

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Key Findings

- Most participants were not aware of the impact of adversity on later life outcomes before the training.
- REACh training equips practitioners with the knowledge, confidence and skills to conduct routine enquiry with the people they support.
- Routine Enquiry is feasible and acceptable to staff and service users.
- There have been no reported significant increases in service need following practice change. Most service users are well supported by the worker they disclosed to or were currently working with.
- The REACh approach was the catalyst for increased frequency of disclosures, better therapeutic alliance and more targeted interventions
- Following routine enquiry people report considering the impact of ACEs in relation to their own children.
- Routine enquiry can quickly become business as usual.

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Implications & Issues for Drug & Alcohol Services

- 4 or more ACEs predict harmful drug & alcohol use, other health harming behaviours, suicidality and crime.
- Substance misuse is 'pain relief' for many…what is the source of the pain?
- ACE history allows client and professional to relate past trauma to current problems.
- This supports a more focussed treatment/ support plan
- Many clients are parents – REACh motivates parents to want to change and/or accept more targeted help
- Routine enquiry about ACEs is embedded in several D&A services in NW England

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Conclusions & Next Steps

Case for REACh is compelling in adults – acceptable, feasible and enhances potential for positive outcome

Findings from the evaluation of REACh shows the opportunity for early help and prevention with young and vulnerable parents

Potential to stop the intergenerational impact of ACEs and better target root cause – fix problems once

More work needed to establish best practice in routine enquiry with children and service users with LD

Evaluation of work in schools, with GPs and in context of Policing.

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