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Adverse childhood experiences, mental illness and the protective effects of resilience in Wales



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Adverse Childhood Experiences (ACEs)

Stressful events occurring in childhood that affect a child directly (e.g. child maltreatment) or affect the environment in which they grow up (e.g. family substance abuse, mental illness, domestic violence)

- Among the strongest predictors of poor outcomes across the life course
- 1st ACE study in Wales in 2015
 - Prevalence of ACEs in adults
 - Association with:
 - Health harming behaviours
 - Mental wellbeing
 - Chronic disease
 - Health service use



Resilience: the ability to overcome serious hardship

What factors may protect against impacts of ACEs in Wales?



Factors building resilience:

- Feel you can guide own destiny
- Equipped to manage behaviour and emotions
- Socially connected, grounded in cultural traditions
- Having at least one stable, caring child-adult relationship

ACE Resilience Study 2017

- Face-to-face household survey
- Random probability sample
- 2,497 18-69 year olds
 - 2,005 general population
 - 492 boost in Welsh speaking communities
- Questionnaire
 - Demographics
 - Health-related outcomes
 - 11 ACEs
 - Summed into ACE count
 - Resilience measures
 - Childhood and adulthood



Proportion of adults reporting each ACE in 2017

data adjusted to national demographics



Verbal abuse
20%



Physical abuse
16%



Sexual abuse
7%



Parental separation
25%



Mental illness
18%



Domestic violence
17%

Neglect was measured for the first time in 2017. Most people who reported neglect had multiple ACEs.



Emotional neglect
7%



Physical neglect
4%



Alcohol abuse
13%



Drug abuse
6%



Incarceration
4%

**For every 100 adults in Wales,
50 had at least one ACE and 14 had four or more**



Mental Illness



Sources of resilience and their moderating relationships with harms from adverse childhood experiences



Report 1: Mental illness

Welsh Adverse Childhood Experience (ACE) and Resilience Study

Karen Hughes, Kat Ford, Alisha R. Davies, Lucia Homolova, Mark A. Bellis

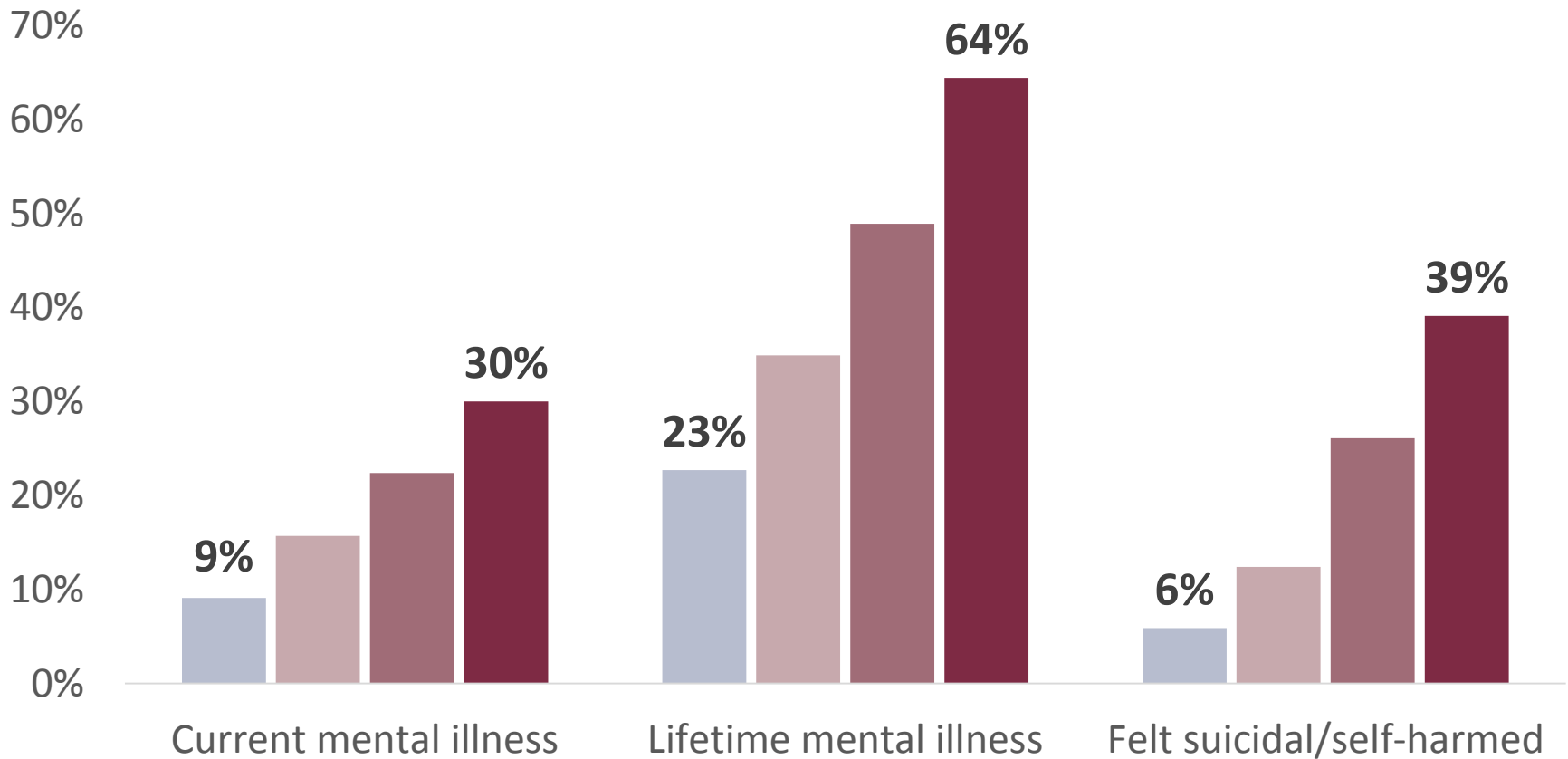
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The single largest area of expenditure for the NHS
Priority area identified in **Prosperity for All: the national strategy**

- **Lifetime mental illness**
Ever treated for depression, anxiety or other mental illness
- **Current mental illness**
Currently treated for depression, anxiety or other mental illness
- **Felt suicidal or self-harmed**
Ever having felt suicidal or self-harmed

Relationship between ACEs and mental illness

■ 0 ACEs ■ 1 ACE ■ 2-3 ACEs ■ 4+ ACEs



Increased risk
with 4+ ACEs
(v 0 ACEs)

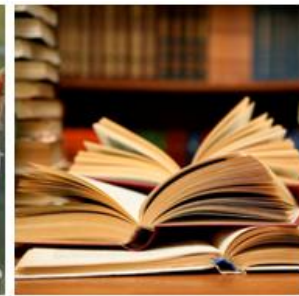
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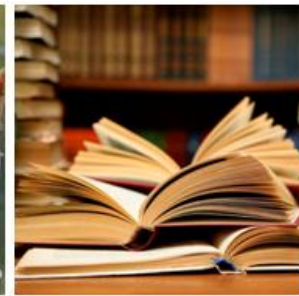
Resilience Measures

- Childhood resilience
 - 12-item resilience scale
 - Child-adult relationships
 - Social and leisure activities
- Adult resilience
 - 12-item resilience scale
 - Social and leisure activities
 - Financial stability
 - Cultural belonging
 - Perceptions of service support



Child and youth resilience measure

1. I had people I looked up to
2. Getting an education was important to me
3. My parents/caregivers knew a lot about me
4. I tried to finish activities that I started
5. I was able to solve problems without harming myself or others
6. I knew where to go in my community to get help
7. I felt I belonged in my school
8. My family would stand by me during difficult times
9. My friends would stand by me during difficult times
10. I was treated fairly in my community
11. I had opportunities to develop skills to help me succeed in life
12. I enjoyed my community's cultures and traditions

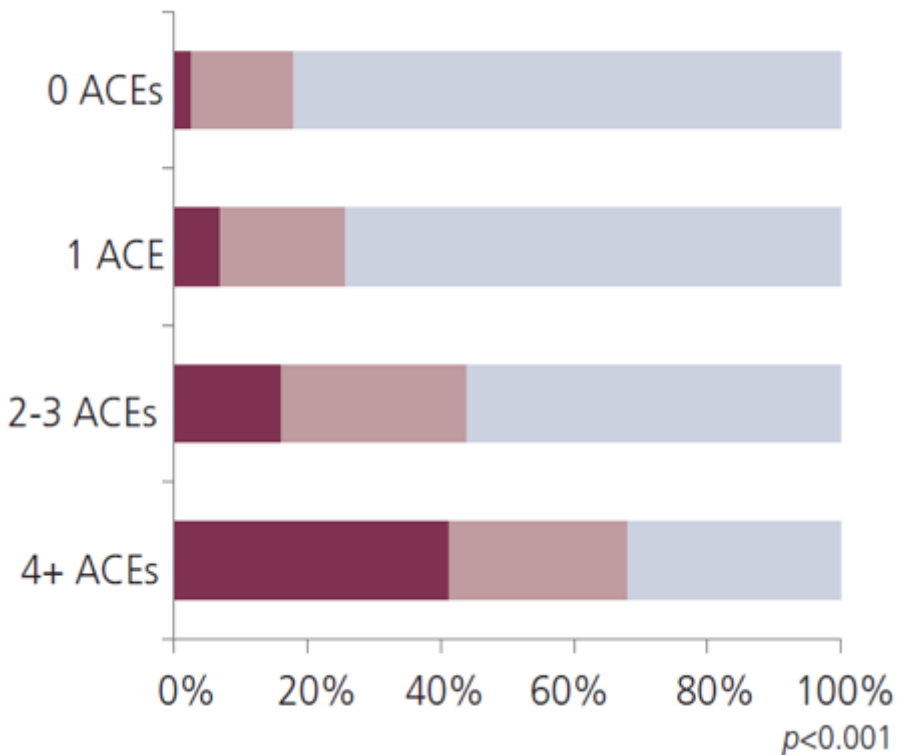




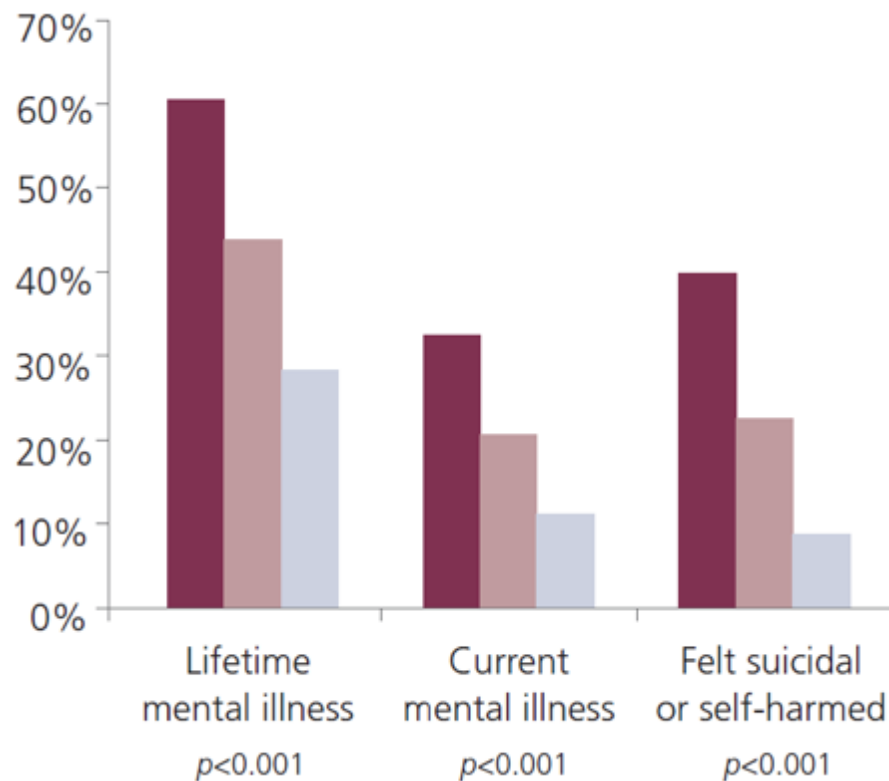
Childhood resilience

Childhood resilience ■ Low ■ Moderate ■ High

As ACE count increased, % with high childhood resilience reduced



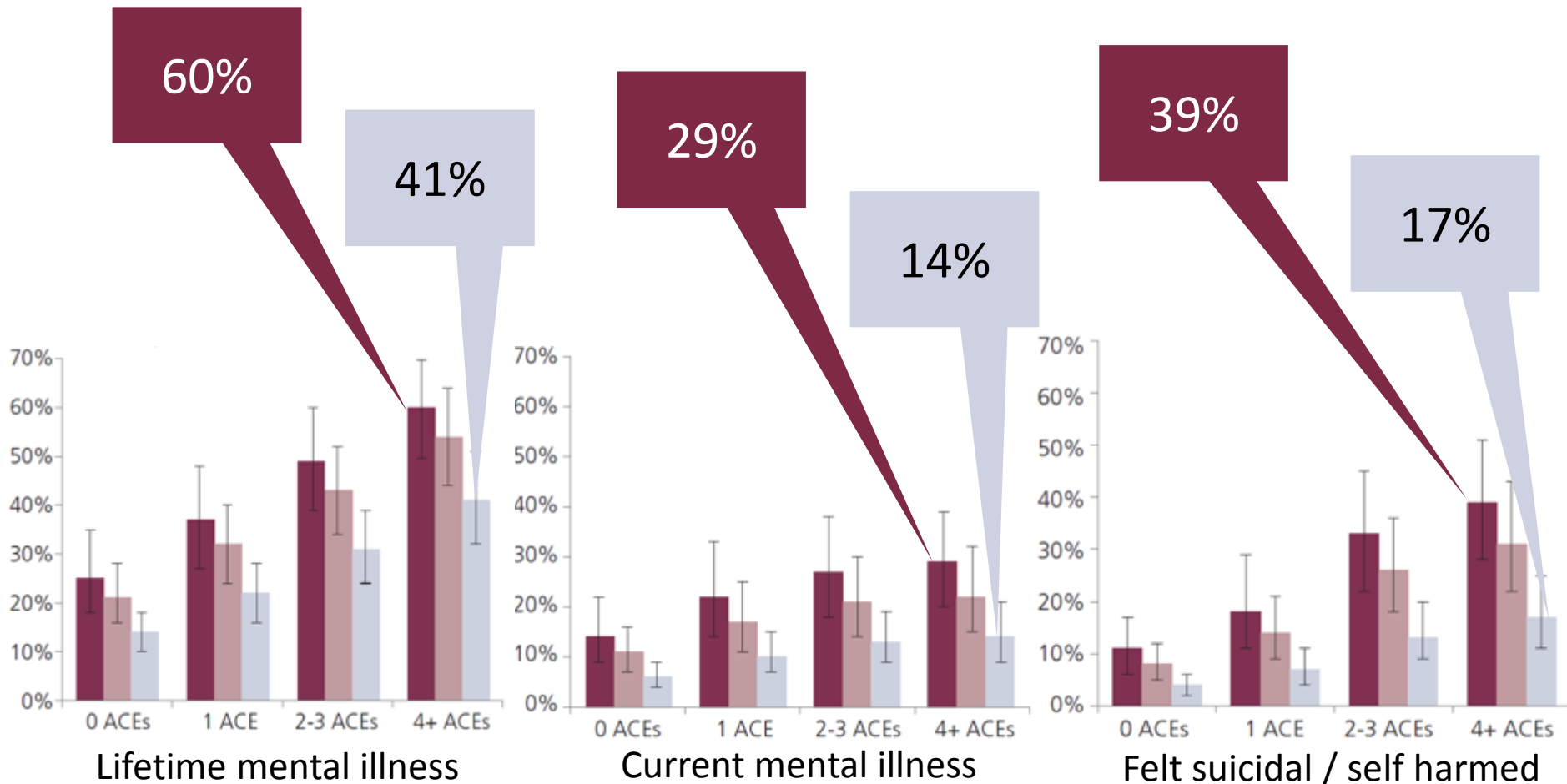
As childhood resilience level increased, % with mental illness reduced



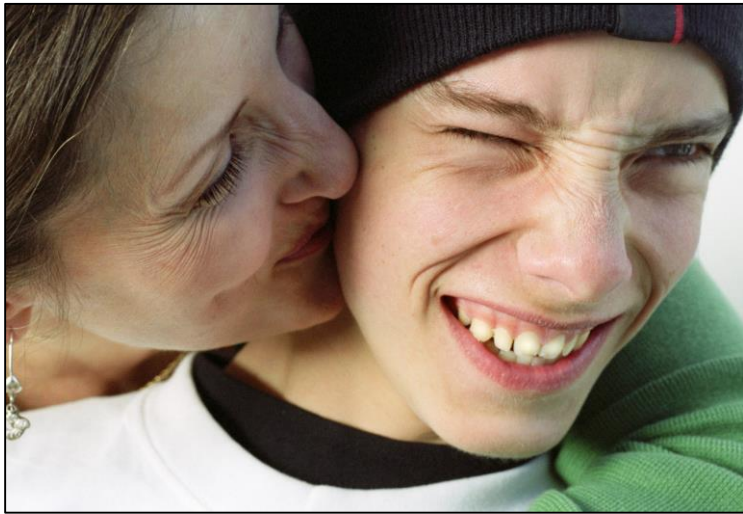


Childhood resilience was associated with lower mental illness across all ACE levels

Childhood resilience ■ Low ■ Moderate ■ High



Current mental illness in people with 4+ ACEs



While growing up, was there an adult who you could trust and talk to about personal problems?

Never had a trusted adult relationship

28%

Current mental illness

Always had a trusted adult relationship

19%

Current mental illness



Which activities did you regularly participate in as a child?

No regular sports participation

25%

Current mental illness

Regular sports participation

19%

Current mental illness



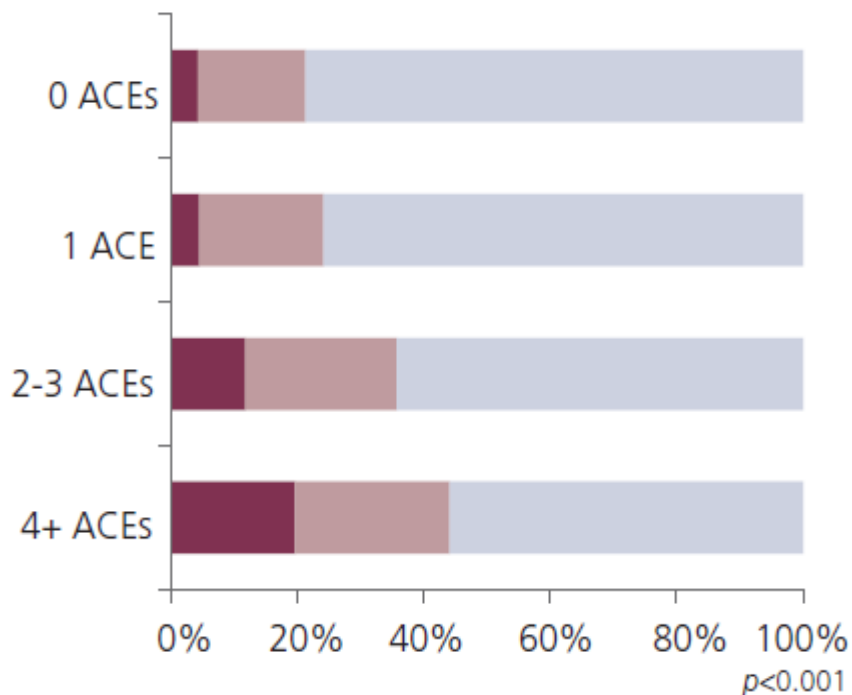
Adult resilience

(Resilience Research Centre Adult Resilience Measure)

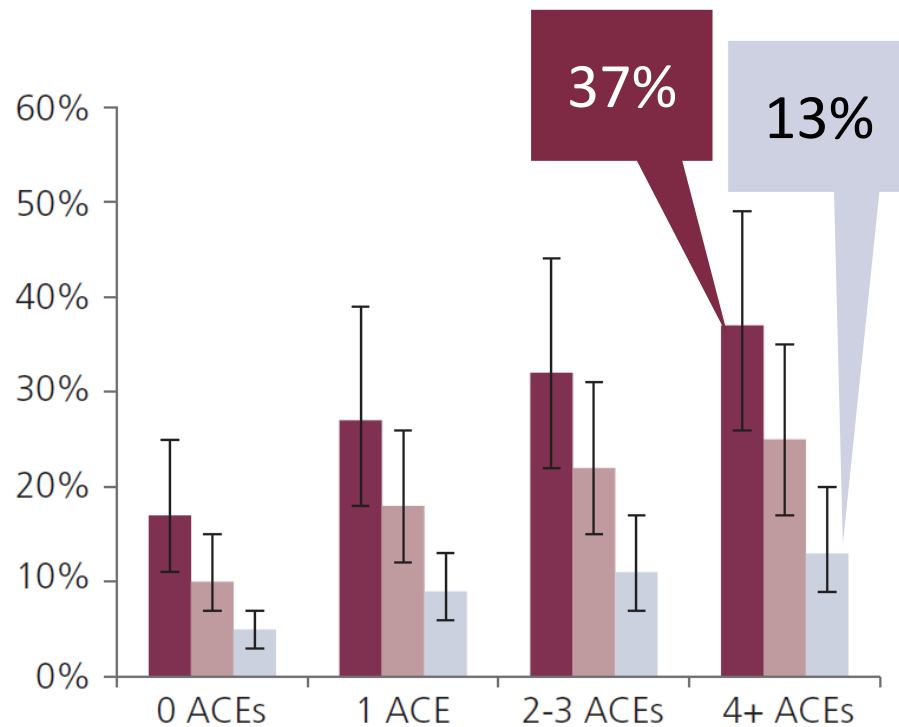
Adult resilience

Low Moderate High

As ACE count increased, the % with high adult resilience reduced



Adult resilience associated with lower current mental illness at all ACE levels



Current mental illness in individuals with 4+ ACEs



How long do you feel financially secure for?

1 month or less

35%

Current mental illness

5 years or more

11%

Current mental illness

Which activities do you regularly participate in?

No sports

23%

Current mental illness

Sports

12%

Current mental illness



No community/
social group

23%

Current mental illness

Community/
social group

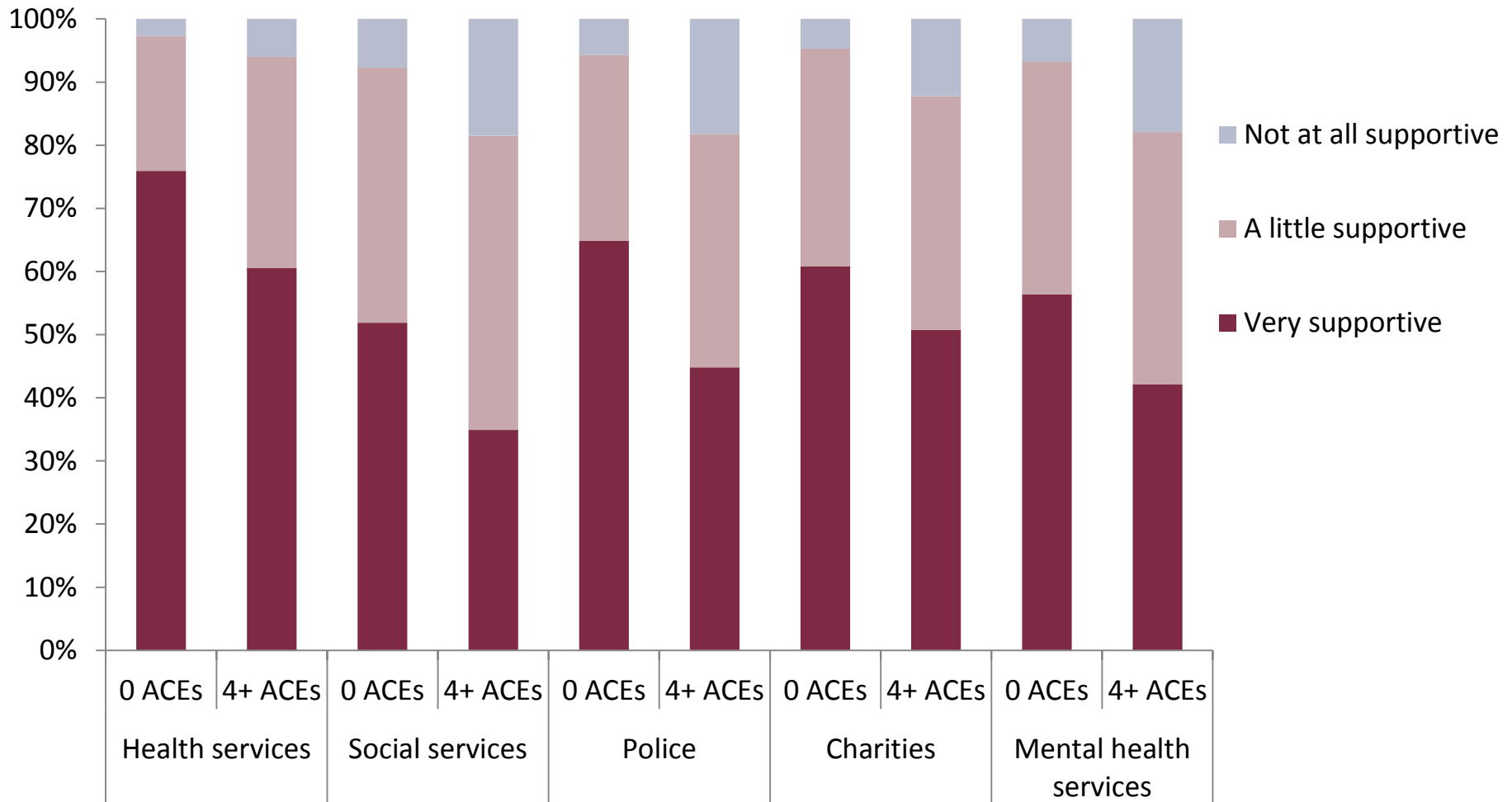
12%

Current mental illness



Perceptions of service supportiveness

Individuals with ACEs tended to perceive public services as being less supportive



Conclusions

- ACEs substantially increase risk of mental illness across the life course
- For those affected by ACEs, resilience resources may protect against their harmful effects
- Individuals who have suffered ACEs tend to have lower resilience resources both in childhood and as adults
- Those who require the most help may be the hardest to reach and least trusting of support services
- While resilience factors may provide some protection, they do not entirely counter ACE related harms
- Prevention, resilience building and trauma informed services are required to ensure no one is left behind

Sources of resilience and
their moderating relationships
with harms from adverse
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www.publichealthwales.org

Thank you

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with thanks to

Mark Bellis and Kat Ford