Reframing adult mental disorders: ACEs & Prevention

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#BeingSeenAndHeard
The view from adult mental health

• 1 in 4 adults... 1 in 5 need help right now (GP, IAPT) but we are seeing +30% rises in acute MH presentations

• Most disorders begin in childhood: good Prevention focus

• ACEs: most of us have 1-2 ACEs, big “dose effects”, we know the negative effects of “chronic toxic stress” on everyone

• Trauma-savy: “what’s wrong with u? → “what happened 2u?”

• Prevention: IF we stopped all sexual abuse, ↓ 30% Psychosis

• ACEs = physical + mental disorders, early deaths, less ££s

• Mitigation: one safe, secure adult relationship
Figure 1.1 - Sentinel markers of adverse childhood experiences from the Adverse Childhood Experiences Study
Source: Felitti V et al².
<table>
<thead>
<tr>
<th>Physical inactivity</th>
<th>1.25 (1.03–1.52)</th>
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<tbody>
<tr>
<td>Overweight or obesity</td>
<td>1.39 (1.13–1.71)</td>
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<tr>
<td>Diabetes</td>
<td>1.52 (1.23–1.89)</td>
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<tr>
<td>Cardiovascular disease</td>
<td>2.07 (1.66–2.59)</td>
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<tr>
<td>Heavy alcohol use</td>
<td>2.20 (1.74–2.78)</td>
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<td>Poor self-rated health</td>
<td>2.24 (1.97–2.54)</td>
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<tr>
<td>Cancer</td>
<td>2.31 (1.82–2.95)</td>
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<tr>
<td>Liver or digestive disease</td>
<td>2.76 (2.25–3.38)</td>
</tr>
<tr>
<td>Smoking</td>
<td>2.82 (2.38–3.34)</td>
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<tr>
<td>Respiratory disease</td>
<td>3.05 (2.47–3.77)</td>
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<tr>
<th>Anxiety</th>
<th>3.70 (2.62–5.22)</th>
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<tbody>
<tr>
<td>Low life satisfaction</td>
<td>4.36 (3.72–5.10)</td>
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<tr>
<td>Depression</td>
<td>4.40 (3.54–5.46)</td>
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<tr>
<td>Illicit drug use</td>
<td>5.62 (4.46–7.07)</td>
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<tr>
<td>Problematic alcohol use</td>
<td>5.84 (3.99–8.56)</td>
</tr>
<tr>
<td>Violence victimisation</td>
<td>7.51 (5.60–10.08)</td>
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<tr>
<td>Violence perpetration</td>
<td>8.10 (5.87–11.18)</td>
</tr>
<tr>
<td>Problematic drug use</td>
<td>10.22 (7.62–13.71)</td>
</tr>
<tr>
<td>Suicide attempt</td>
<td>30.14 (14.73–61.67)</td>
</tr>
</tbody>
</table>

Figure 1.2: Alternative markers of adverse childhood experiences
Source: Based on Smith M5
What can adult psychiatrists do?

• Knowing about Adverse Childhood Experiences (ACEs), acting against more ACEs = no more admiring the problem
• We can influence in clinical settings, teams, and beyond
• ACE-driven public health approaches: start dialogue
• Start well: perinatal mental health services, 1001 days, schools
• End distinctions “mental” “physical” “addictions” etc.
• Break cycles of intergenerational trauma, including mental health problems
• Work to make transitions (child/adult) easier for all
• Speak with shared language: ACEs, trauma, toxic stress
Stress in Childhood

Stress is a natural & inevitable part of childhood, but the TYPE of stress can make a difference in the impact on a child's brain & body.

**Positive Stress**
Mild stress in the context of good attachment
- Temporary, mild elevation in stress hormones & brief increase in heart rate
- No buffering, support necessary
- Increased RESILIENCE and confidence
- Development of coping skills

**Tolerable Stress**
Serious, temporary stress, buffeted by supportive relationships
- More severe, continuing cardiovascular and hormonal response
- Presence of buffering caring adult
- Adaptation and recovery with some possibility for physical/emotional damage

**Toxic Stress**
Prolonged activation of stress response system without protection
- Prolonged activation of stress response system & disrupted development of brain and immune system
- No adult, buffers
- Lifelong consequences:
  - Heart disease
  - Alcoholism
  - Memory & learning difficulties
  - Anxiety/depression
  - Cancer

STRESS is a mental, physical or biochemical response to a perceived threat or demand

Figure 3.1: Stress in Childhood
Source: WAVE Trust, The 70/30 Campaign® See www.70-30.org.uk
What will we (Psychiatrists) do?

- Engage beyond comfort zones: law & policy makers
- Have a real community focus: Tower Hamlets Together
- Look to patient journey, across services & generations
- Get serious about Prevention: RCPsych Council July 2019
- COPMI: produce evidence about interventions + change (adult psychiatry) practice from trainee to consultant
- This goes way beyond safeguarding children
- Listen differently to patients & ASK ABOUT CHILDREN
- Go from “I blame the parents” to “I helped the parents”