

# Routine Enquiry about Adversity in Childhood

(REACH)

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# Background and Context

- 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)
- People exposed to 4+ ACEs die 20 years earlier compared with those with 0 ACEs (Felitti et al 2014)
- WHO & consider ACE a global PH imperative and data is being collected currently in 14 countries

# ACE research (Felitti et al 1998)

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

- **Four or more adverse childhood exposures significantly increase the odds of a person:**
  - developing cancer (by nearly two times);
  - being a current smoker (just over two times);
  - having sexually transmitted infections (by two and a half times);
  - using illicit drugs (by nearly 5 times increased risk);
  - being addicted to alcohol (over seven times increased risk);
  - attempting suicide (over 12 times increased risk).
- 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

## **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)

# ACEs increase individuals' risks 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%



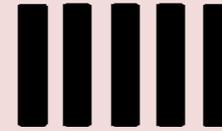
**Heroin/crack use**  
(lifetime)  
by 59%



**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 4000 people (aged 18-69 years) from across England in 2013. Around six in ten people 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 behaviors in England. **BMC Medicine** 2014, 12:72

# 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 & 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

# National 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*

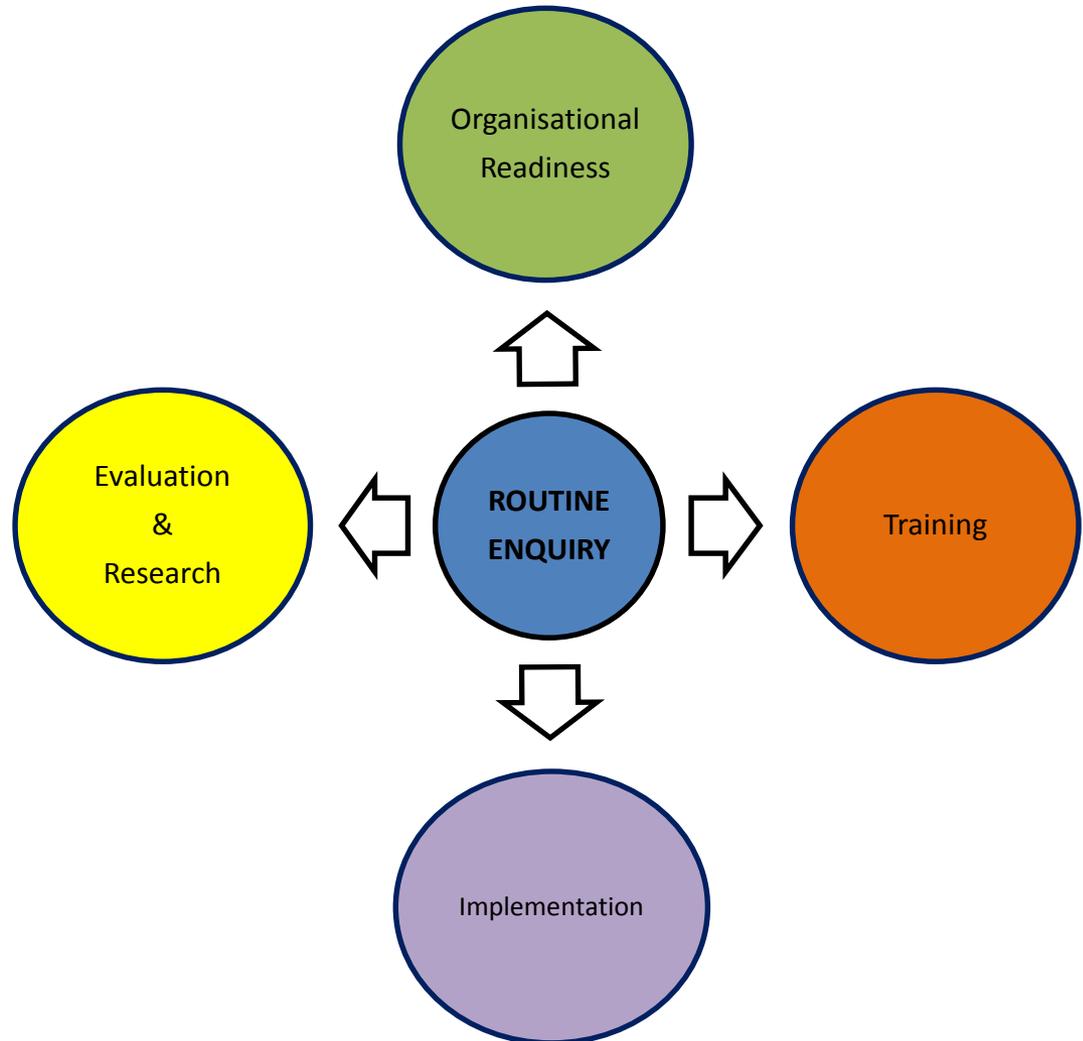
- *Experiencing or witnessing violence and abuse or severe neglect has a major impact on the growing child and on long term chronic problems into adulthood*
- *Ensuring assessments carried out in specialist services include sensitive enquiry about neglect, violence and physical, sexual or emotional abuse. **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 from 2015-16***

## 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 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.***

# 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 & Research**



# REACH YEAR 1

- LCFT South East Team, Health Visitors and School Nurses
- Blackburn with Darwen Children's Services Family Support Team
- Child Action North West, Familywise Team
- Lifeline, Substance Misuse Practitioners

# Key Findings Year 1

- Most participants were not aware of the impact of adversity on later life outcomes before the training
- Following training participants are not reporting difficulties with enquiring
- There has been no reported increase in service need following the enquiries made
- Participants report that if disclosures are made the individual will very often have been in services for a period of time and report that (a) they have never been asked about their experiences before and (b) have not self disclosed
- Participants and managers feel that they are able to create with the individual a more appropriate intervention plan if they have enquired about previous experiences dealing with the root cause of presenting issues rather than the 'symptom'.
- Participants and managers report that they feel assessments are enhanced by knowledge about adverse experiences
- Routine enquiry can easily be accommodated in current working practices

# REACH YEAR 2

- Greater Manchester West (NHS Foundation Trust Substance Misuse Service)
- Evolve (Substance Misuse Service)
- Womens Centre (Counselling, Support and Employment)
- W.I.S.H. (Domestic Abuse)
- New Ground (Young Peoples Service)

# Key Findings Year 2

- REACh training equips practitioners with the knowledge and skills to conduct routine enquiry with the individuals they support.
- All practitioners who attended the training reported it was useful, enjoyable and increased their knowledge about ACEs and increased confidence in their ability to conduct routine enquiry
- The REACh approach has been the catalyst for increased frequency of disclosures, earlier/ more targeted interventions and positive impact for individuals.
- Following routine enquiry people report considering the impact of ACEs in relation to their own children

# REACH project – in a nutshell

- Acceptable and feasible to routinely enquire in adults in a range of settings
- Staff need to understand **why** enquiry is important – skills in **How** are important but not sufficient for sustained practice change (Toner, Daiches and Larkin (2013); Davies, Larkin, et al, in preparation)
- Organisational and peer support is essential
- Service Users welcome the enquiry
- Workers report ACE-informed formulation increases empathy and therapeutic alliance and can better target interventions and resources

# Conclusions

- Case for REACh is compelling in adults – acceptable, feasible and enhances potential for positive outcome
- HVs and FSWs experience 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
- Evaluate the clinical, social & economic impact in a range of settings – GPs, Sexual Health, CAMHS, Schools
- More work needed to establish best practice in routine enquiry with children and service users with LD