

## **The Crikey Health Blog**

### **Early childhood trauma and long-term health**

**October 10, 2011 – 4:41 pm, by Melissa Sweet**

The New Yorker magazine ran an illuminating article earlier this year about the impact of traumatic childhoods upon long-term health, both physical and mental.

The poverty clinic: can a stressful childhood make you a sick adult? profiled the Adverse Childhood Experiences (ACE) Study, which is billed as “perhaps the largest scientific research study of its kind, analysing the relationship between multiple categories of childhood trauma (ACEs), and health and behavioral outcomes later in life”.

The study, an ongoing collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente in the US, classifies these as ACEs:

- 1.Recurrent physical abuse
- 2.Recurrent emotional abuse
- 3.Contact sexual abuse
- 4.An alcohol and/or drug abuser in the household
- 5.An incarcerated household member
- 6.Someone who is chronically depressed, mentally ill, institutionalised, or suicidal
- 7.Mother is treated violently
- 8.One or no parents
- 9.Emotional or physical neglect

In the article below, republished from The Health Advocate, Dr Josey Anderson from the Western Sydney Area Health Service, argues the case for early intervention for mental health.

Starting early: The importance of early intervention for children’s mental health

Josey Anderson writes:

The Federal Government’s Headspace initiative has been extremely successful in drawing attention to the importance of early intervention when a young person’s mental health is impaired or at risk.

Recently however, child psychiatrists, paediatricians and others have called for a similar focus on prevention and early intervention services for younger children and their families.

This article examines the rationale for early intervention in this age group, identifies at risk groups that require targeted interventions and suggests key initiatives that will make a difference.

Why early intervention for children’s mental health?

There is now robust scientific evidence that the quality of the early years of a child’s life matters greatly to their mental health and wellbeing in adolescence and adulthood.

The more early adversity a child experiences, the greater the chance of developmental delay. Exposing children to six or more risk factors like poverty, caregiver mental illness, abuse, neglect, and low maternal education means a 90 percent likelihood of one or more delays in their cognitive, language, or emotional development.

Early adversity also impacts upon success at school. By the age of three, children of tertiary educated parents have vocabularies up to three times larger than children of parents who dropped out of high school. Without early intervention to enrich their language environment these children are behind their peers even before they start school.

Significant adversity in childhood also increases the risk of adult health problems including diabetes, hypertension, obesity, stroke and some forms of cancer. For example, adults who recall having seven or more serious adverse experiences in childhood are three times more likely to develop cardiovascular disease in adulthood.

Sadly, in Australia the approach to prevention and redress of these effects of childhood adversity has been piecemeal at best. Arguably, in a country with universal health care and high secondary education retention, we should promote targeted early intervention strategies to help families at risk of being unable to adequately support their children's physical, psychological, emotional and educational development.

Children from such at-risk families may include those whose parent(s) suffer from a mental illness or engage in substance abuse or who have a disability. Parent(s) who are incarcerated, struggling with domestic violence or who came to Australia as refugees may also be less likely to access/benefit from universal programs.

Children who have been placed in out- of-home care are also at greatly increased risk with around 70 percent demonstrating clinically significant emotional and behavioural disturbance within the first 12 months of long-term care placement. The carers of these children require specialised training and support in order to provide reparative foster parenting, leading to healthier school and social outcomes for these children in adolescence.

Two at risk groups deserve special mention:

- Children of parents with a mental illness

Up to 35 percent of people receiving treatment for mental illness have dependent children. While there has been welcome recognition in recent years of the deleterious effects of post-natal depression, other parental psychiatric disorders, especially when combined with substance abuse, can have even more harmful effects on the mental health and wellbeing of children.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has recently argued that "systematic data should be collected from all people living with mental illness who have dependent children and there should be a national screening program of such children for early identification of mental health problems and timely referral for appropriate treatment" with a special focus on children aged 0-5 years.

- Indigenous Australians

Children of Aboriginal and Torres Strait Islander families are much more likely to experience adversity in childhood than their white Australian peers. In 2005 a West Australian study found that 24 percent of Aboriginal children surveyed were at high risk of significant emotional and behavioural problems compared with 15 percent in the general Australian population.

Undoubtedly, according to the RANZCP, “these higher rates of mental illness and disorder can be linked to injustice, past and present, socioeconomic disadvantage and in some cases geographical isolation.”

Early intervention mental health services for Indigenous children need to be acceptable to, and perceived to be appropriate for, their families. They also need to be thoughtfully linked with other key services for children and their families, especially maternal and child health, education, employment support and welfare services. This is only likely to occur if service development (and rigorous program evaluation) is led by Indigenous communities in consultation with experts in the field.

Where to from here?

There is now very good evidence for the efficacy and cost effectiveness of a number of targeted early intervention programs for children and their families.

One of these, the intensive nurse home visiting program, is particularly appropriate for Australian conditions. Delivered to at-risk mothers from post partum up to three years, there is now strong evidence for such programs producing a range of desirable outcomes, including reduced rates of parental abuse, emotional and behavioural problems in childhood and behavioural disorder in adolescence.

In the new context of health reform in Australia such programs could be delivered by appropriately trained and supported nurses through Medicare Locals, in concert with individual state health/ GP partnerships such as the HealthOne initiative in NSW.

While targeted home visiting programs may be successful in reducing the incidence of childhood emotional and behavioural disturbance, accessing early intervention for symptoms of these problems when they do develop in children is currently an extremely haphazard affair, with most child and family mental health services across Australia being greatly under-resourced.

Australian experts such as Professor Patrick McGorry and colleagues, the Faculty of Child and Adolescent Psychiatry of the RANZCP and the Children’s Mental Health Coalition have recently called for the development of child and family assessment and early intervention centres, termed “Kids Life Centres – Growing Healthy Minds” which would provide specialist assessment and targeted early intervention for children aged 0-12 who may be exhibiting symptoms of disorders of attachment, neurodevelopment, mood, anxiety or behaviour.

Conclusion

Providing young children with a healthy environment in which to learn and grow makes economic sense. In the US and the UK rigorous long-term studies have found that every dollar invested in evidence based early intervention programs returns between \$4 and \$9 to the public purse.

Participants followed into adulthood earned more, paid more taxes, were less dependent on welfare and less likely to participate in crime than their peers who did not have the benefit of such programs in childhood. Early intervention is good for children and the economy, so why not start early?

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(References available on request to Croakey)