

Community Partners Leadership Team

L.Y.N.C.

Linking Youth to a Nurturing Community



Youth Mental Health Forum





WELCOME

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The Impact of Adverse Childhood Experiences

(ACEs)



The Adverse Childhood Experiences Study

- In 1998, Kaiser Permanente published a study that for the first time, looked at the impact ACES (Adverse Childhood Experiences) had on the physical and mental health problems of over 17,000 adults. In 1985 Dr Vincent Felitti began to notice that a high number of the patients at his obesity clinic were dropping out of the clinic, although they were losing weight. In his pursuit to better understand this phenomenon, Dr. Felitti discovered that a large number of patients who would drop out of the obesity clinic, had in fact experienced some form of childhood sexual abuse.
- This discovery led to Dr. Felitti working with Dr. Robert Anda from the CDC, to conduct a study that explored the relationship between childhood experiences and negative health outcomes throughout the lifespan.
- The study consisted of 17,000 adults, who were asked 10 questions related to their childhood experiences.

ACEs Study

- Physical abuse
- Emotional abuse
- Sexual abuse

Abuse



- Physical neglect
- Emotional neglect

Neglect



- Domestic violence
- Substance abuse
- Mental illness
- Parental separation / divorce
- Parent in prison

Family Circumstances



ACES Study Questionnaire

1. Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

2. Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?

4. Did you often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

6. Were your parents ever separated or divorced?

7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

10. Did a household member go to prison?

Study Results

Number of Adverse Childhood Experiences (ACE Score) %

Women:

0- 34.5%

1 or more- 24.5%

2 or more-15.5%

3 or more-10.3%

4 or more- 15.2%

Number of Adverse Childhood Experiences (ACE Score) %

Men:

0-38%

1 or more-27.9%

2 or more-16.4%

3 or more-8.5%

4 or more- 9.2%

Prevalence of ACEs

HOW PREVALENT ARE ACEs?

The ACE study* revealed the following estimates:

ABUSE



NEGLECT

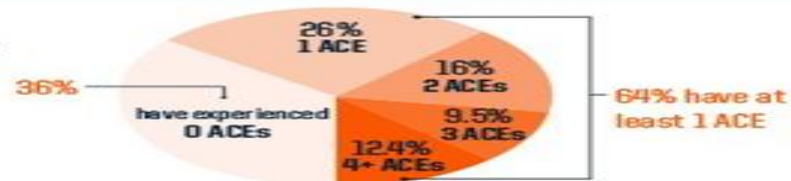


percentage of study participants that experienced a specific ACE

HOUSEHOLD DYSFUNCTION



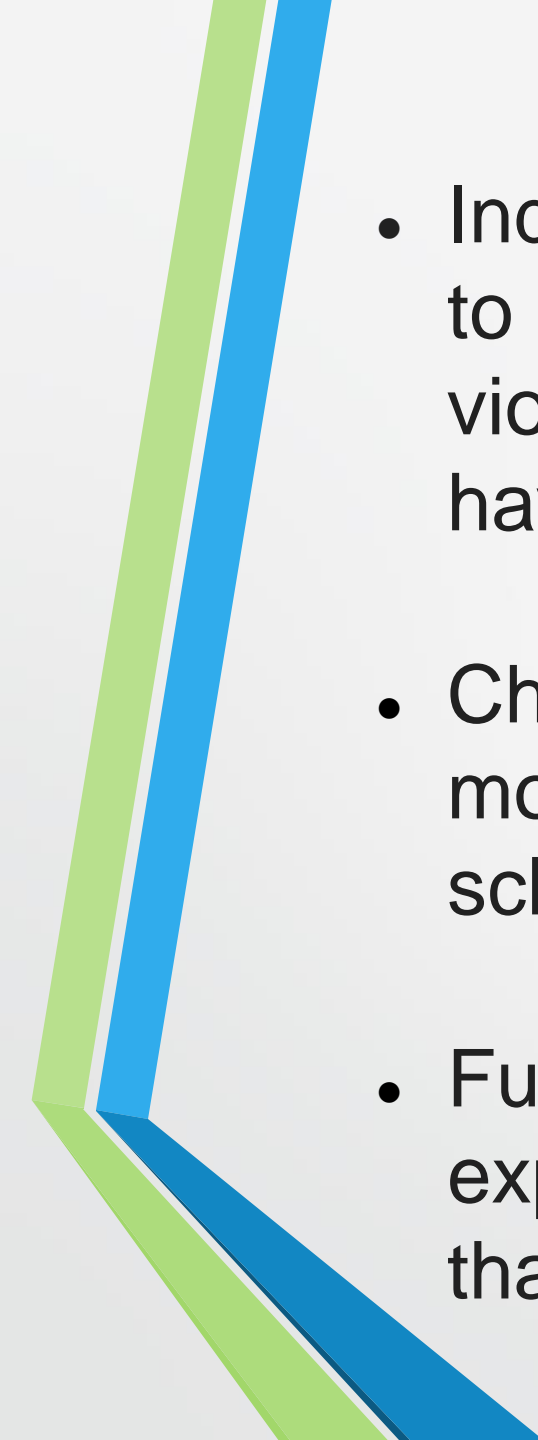
Of 17,000 ACE study participants:



ACES Study Questionnaire

The study found that those who experience four or more ACES were more likely to experience health problems or engage in risky behaviors.

Heart Disease	2.9 times more likely
Cancer	1.6 times more likely
COPD (lung disease)	Almost 4 times more likely
Depression	4.6 times more likely
Suicide	12.2 times more likely
Smoking	2 times more likely
Alcoholism	7 times more likely
Heroin / crack use	9.7 times more likely

- 
- Individuals with 4 or more ACEs were 3 times more likely to smoke, 7 times more likely to have been involved in violence in the past year and 11 times more likely to have ever been in prison.
 - Children with 4 or more ACEs were more than 32 times more likely to have learning and behaviour problems in school than those who had none.
 - Further results of the study showed that those who experienced 6 or more ACES would live 20 less years than those who had 0 ACES

Q & A





Child & Adolescent Mental Health

A mental disorder or mental illness is a diagnosable illness that:

- Affects a person's thinking, emotional state and behavior.
- Disrupts the person's ability to:
 - Work or attend school.
 - Carry out daily activities.
 - Engage in satisfying relationships.



What are some of the disorders we might hear about?

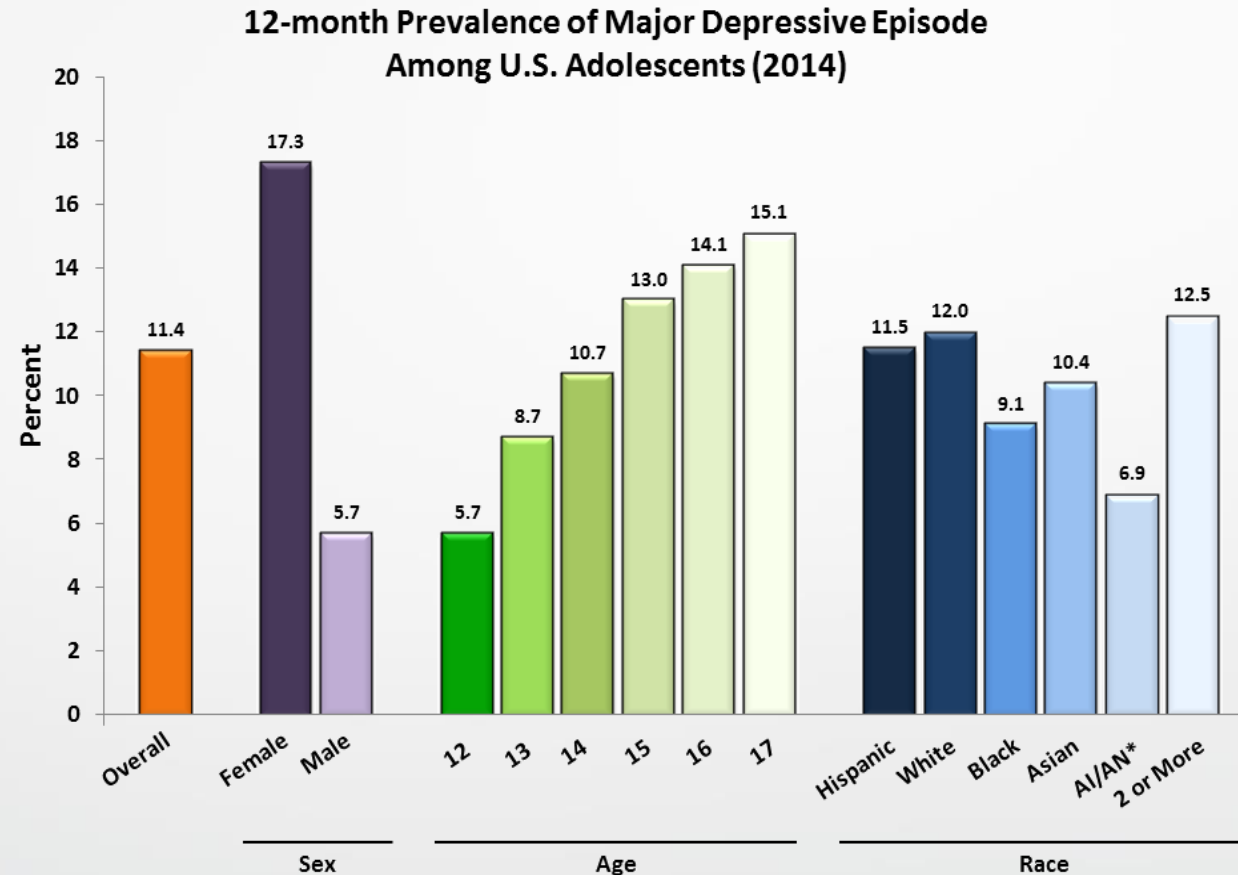
- ADD/ADHD/ODD
- Anxiety Disorders
- Bipolar Disorder
- Depression
- Eating Disorders
- Psychosis
- Substance Use Disorders



U.S. Youth with a Mental Disorder During Adolescence (ages 13-18)

	Prevalence (%)	With severe impact (%)
Anxiety disorders	31.9	8.3
Behavior disorders	19.1	9.6
Mood disorders	14.3	11.2
Substance use disorders	11.4	n/a
Overall prevalence (with severe impact)		22.2

Prevalence of Depression in Adolescence



*AI/AN = American Indian/Alaska Native

Data courtesy of SAMHSA

Median Age of Onset

Half of all lifetime cases of mental illness begin by age 14 and three quarters by 24.

- Anxiety Disorders – Age 11
- Eating Disorders – Age 15
- Substance Use Disorders – Age 20
- Schizophrenia – Age 23
- Bipolar – Age 25
- Depression – Age 32

Child Development Considerations

- Physical Changes
- Mental Changes
- Emotional Changes
- Social Changes





Typical Behavior

vs.

Symptoms/Warning Signs

Examine the impact of change to see if youth is struggling:

- Typical Adolescence
- Potential Warning Sign
- Withdrawing from family to spend more time with friends
- Withdrawing from friends, family and social activity
- Wanting more privacy
- Becoming secretive; need for privacy seems to be hiding something
- Moving from childhood likes to teen pursuits
- Losing interest in favorite activities and not replacing with other pursuits

Q & A





Risk Factors & Protective Factors

Mental Health Risk Factors

- Stressful events, abuse or trauma.
- Learned behavior.
- Chemical imbalance.
- Substance misuse and sensitivity.
- Seasonal changes.
- Previous episode of mental illness or presence of another mental illness.



Mental Health Risk Factors

- Ongoing stress and anxiety.
- Medical conditions and hormonal changes.
- Side effects of medication.
- Illness that is life threatening, chronic, or associated with pain.
- Brain injury.
- Genetics
- Lifestyle factors
- Social/Peer and Media Influence



Protective Factors

- Healthy practices.
- High self-esteem.
- Good problem solving skills.
- Feeling of control in their own life .
- Spirituality.
- Avoiding alcohol, tobacco and other drugs .
- Consistent home/family routine.
- Parental/familial support.



Protective Factors

- Monitoring of youth's activities.
- Regular school attendance and academic performance.
- Having a good social support system.
- Economic security.
- Availability of constructive recreation.
- Community bonding.



Protective Factors

- Feeling close to at least one non-parental adult
- Safe school environment
- Warm & supportive parenting style
- Access to healthcare
- Neighborhood safety
- Secure attachments



Q & A





Warning Signs &

How you can Support a Struggling Youth

Mental Health Warning Signs

- Changes in sleep patterns (either more or less)
- Changes in appetite (either more or less)
- Decrease in Self-esteem (criticize themselves, feels criticism by others)
- Increase in Social Isolation
- Decrease in Concentration
- Decrease in Energy & Motivation
- Increase in Alcohol/substance use
- Increase in Irritability (especially true of adolescents!)
- Increase in Worrying & brooding (fears of separation or reluctance to meet others)
- Increase in Somatic Complaints (stomachaches, headaches, etc.)
- Increase in Sadness & Tearfulness
- Less enjoyment of previously pleasurable activities
- Hopelessness, pessimistic outlook
- Thoughts of death, suicide, or self-harm



Toxic Stress

Toxic Stress occurs when a youth experiences strong frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support.

This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, well into the adult years.



How You Can Support Mental Health

- Therapeutic sessions with mental health professionals
- Fostering strong, responsive relationships between yourself and your child. By building core life skills, we help to buffer a youth from the effects of toxic stress.
- Provide a nurturing, safe and stable environment.
- Help children learn to cope with adversity.
- Reduce a child's ACE exposure.

Building your understanding and empathy

When dealing with youth who are or have experienced ACES it is important to consider:

- What ACEs have you possibly experienced?
- How have ACEs impacted your life (physically, emotionally, professionally)?
- What internal and external support helped you deal with your ACEs?
- How have your ACEs impacted your ability (both positively and/or negatively) to help others as they cope with their own ACEs?

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Q & A



Resource Fair



Presenter Connection