



# The Impact of Childhood Adversities on Psychopathology and Suicidal Behaviour in the Northern Ireland Population

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# Presentation Plan:

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- Introduction
- Aims of the research
- Methodology
- Results
- Discussion



# Introduction:

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## **Findings from the World Mental Health Survey Initiative**

Childhood adversities are common, have a cumulative effect and are predictive of further adversities, accounting for 29.8% of mental health disorders globally (Kessler et al., 2010).

Elevated levels of childhood adversities have also been strongly linked to suicidal behaviour (Bruffaerts et al., 2010).

Childhood adversities associated with maladaptive family functioning, in particular, have been strongly linked to psychopathology later in life (Green et al., 2010) and are related to both the onset and persistence of mental health disorders (McLaughlin et al., 2011).

# Introduction:

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## **Risk Factors**

The World Mental Health Surveys examine **12** childhood adversities:

### **Maladaptive Family Functioning**

- Parental Maladjustment – parental mental health problems, criminality, substance disorders, family violence
- Parental Maltreatment – physical abuse, sexual abuse, neglect

**Parental Loss** – death, divorce, other reasons for separation

**Other factors** – physical illness, economic adversity

# Introduction:

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## **Protective factors**

Social support can help a child cope following early adverse experiences, buffering them from the negative consequences of adversity (Sperry & Widom, 2013).

Good emotion regulation strategies (Gross, 2002) and coping skills are also important protective factors.

However, elevated levels of childhood adversities may impact on the formation of social networks and good emotion regulation and coping strategies.

# Aims:

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## **The primary aims of this research were:**

- To determine baseline prevalence rates of childhood adversities in the Northern Ireland population.
- To consider the impact of childhood adversities on mental health and suicidal behaviour in Northern Ireland.
- To identify risk and protective factors.
- To determine if negative early life experiences also have an indirect effect by impacting on the development of protective factors.

# Methodology:

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## Northern Ireland Study of Health and Stress (NISHS)

A large scale epidemiological study conducted as part of the WHO World Mental Health Survey Initiative, which assesses the incidence, prevalence and correlates of mental health problems globally.

Sample: Representative of the NI population, <18

4, 340 part 1      **1,986** part 2

Response rate 68.4%

Instrument: The WHO Composite International Diagnostic Interview (CIDI 3.0), a fully structured interview which assesses mental health disorders in accordance with DSM-IV and ICD 10 criteria and definitions.



# Methodology:

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## The Ulster University Student Wellbeing Study (UUSWS)

The WHO World Mental Health International College Student Project (WMH-ICS) was established to obtain cross-national information about the prevalence and correlates of student mental health and suicidality

Launched in Northern Ireland in September 2015.

Sample: Undergraduate 1<sup>st</sup> year students, over 18  
1,646 (40%) recruited  
**739** students fully completed wave 1

Instrument: On-line survey developed by the WMH International College Survey consortium using Qualtrics software  
WMH-CIDI



# Results:

**Table 1**

*Prevalence of retrospectively reported Childhood Adversities in Northern Ireland compared with other countries participating in the WMH Survey Initiative*

	Northern Ireland (n = 1,986)	High income (n = 20,652)	Other countries <sup>a</sup> High-middle (n = 15,240)	Low/lower middle (n = 16,053)
	%	%	%	%
<b>Interpersonal loss</b>				
Parental death	10.1	11.0	11.9	14.8
Parental divorce	5.2	10.1	5.2	3.5
Other parental loss	2.6	4.0	4.0	7.4
<b>Parental maladjustment</b>				
Parental mental illness	6.1	5.3	6.7	6.7
Parental substance disorder	2.2	4.5	5.0	2.5
Parental criminal behaviour	1.9	3.4	3.1	2.2
Family violence	5.4	7.8	7.1	4.2
<b>Maltreatment</b>				
Physical Abuse	3.7	5.3	10.8	9.0
Sexual Abuse	2.3	2.4	0.6	1.5
Neglect	1.9	4.4	5.2	3.6
<b>Other Childhood Adversities</b>				
Physical Illness	2.8	3.9	2.4	2.6
Economic adversity	8.6	5.2	2.9	1.4

<sup>a</sup> Prevalence of childhood adversities reported in Kessler et al. (2010).

# Results:

**Table 2**

*Total number of Childhood Adversities experienced in Northern Ireland*

	Northern Ireland (n=1,986)	High income (n=20,652)	Other countries <sup>a</sup> High-middle (n=15,240)	Low/lower middle (n=16,053)
	%	%	%	%
Any	32.0	38.4	38.9	38.8
One/ <u>any</u> <sup>b</sup>	62.5	59.3	59.6	66.2
Two/ <u>any</u>	22.8	22.5	24.6	21.8
Three/ <u>any</u>	7.5	9.0	9.0	7.5
Four/ <u>any</u>	3.8	5.0	4.1	3.1
Five or more/ <u>any</u>	3.4	4.2	2.7	1.4

<sup>a</sup> Total number of childhood adversities experienced in other countries as reported by Kessler et al. (2010).

<sup>b</sup> Prevalence estimates in the last five rows represent the proportion of all respondents with any childhood adversity who have exactly one, two, three, four, five or more. These five proportions sum to 100% in each column.

# Results:

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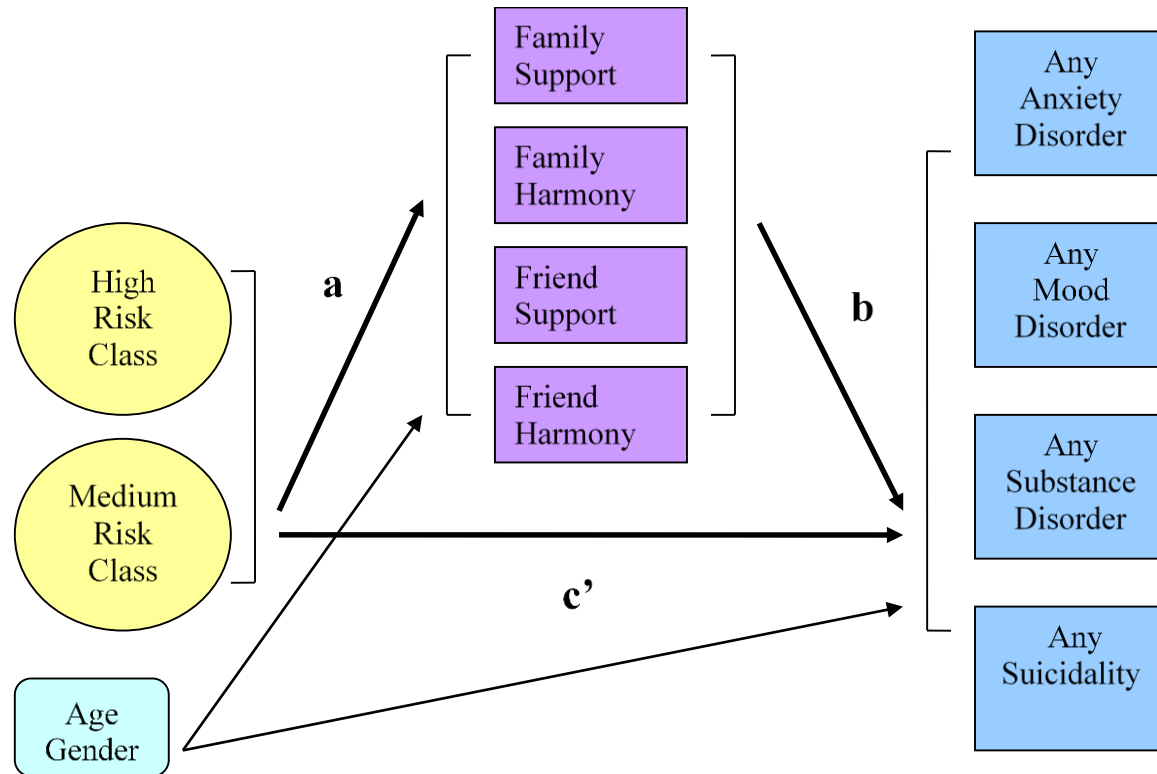
Childhood adversities were generally low in NI in comparison to other countries but economic adversity was high.

Those who grew up during the worst years of the Troubles reported elevated rates of neglect and family violence.

Childhood adversities were strong predictors of psychopathology and suicidal behaviour.

- Those who experienced maltreatment 5 times more likely to have PTSD.
- Suicidal behaviour associated with family violence, sexual and physical abuse and parental mental health.
- Substance disorder associated with parental divorce, parental mental health and family violence.
- Mood and anxiety disorders associated with parental mental health and substance disorders, economic adversity and sexual abuse.

# Results:



**Figure 1.**  
*Multiple mediator model of direct and indirect effects of social networks*

# Results:

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Individuals who experienced childhood adversities, especially those with elevated levels of maltreatment, were more likely to have mental health problems and suicidal behaviour.

This was partially mediated by various types of social networks, including family and friend support and family harmony.

- Family support – lower levels of anxiety disorders and suicidality
- Friend support – lower levels of mood disorders and suicidality
- Family harmony – reductions in all disorders

However, individuals who experienced childhood adversities were less likely to have good social networks in the first instance.

# Results:

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## **Ulster University Student Wellbeing Study - protective factors**

### **Emotion Regulation**

Individuals with adaptive emotion regulation strategies were less likely to have psychological problems. However, parental over-control impacted on the development of good emotion regulation strategies.

### **Coping Strategies**

Good coping skills were associated with positive mental health outcomes. Effective coping strategies were predicted by social support and good emotion regulation strategies.

Risk factors included parental over-control and over-indulgence.

# Discussion:

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The studies illustrate that the link between adverse early childhood experiences and psychopathology and suicidality is complex, involving an interaction of many factors.

Childhood adversities can have a very negative impact, leading to the development and maintenance of a range of mental health disorders and suicidal behaviour.

Childhood adversities also have an indirect impact since they may hinder the development of protective factors such as supportive relationships and good emotion regulation and coping strategies.

# Discussion:

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## **Strengths**

- The studies use instruments with sound psychometric properties
- Designed to be representative of the populations under study
- Large sample sizes
- Robust procedures applied to data collection, cleaning and coding
- Cross-country comparisons can be made

## **Limitations**

- Cross-sectional
- Rely on retrospective recall of early life experiences
- Exclusion criteria



# Discussion:

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## **Considerations for future research**

- Measure the age the adversity first occurred
- Measure the duration the experiences lasted
- Consider other adversities and maladaptive parenting practices
- Use standardised surveys to allow for accurate comparisons

# Discussion:

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## **Variations between studies**

The NISHS revealed that 32% of the Northern Ireland population experienced at least one adversity (47% in Welsh ACE study).

Variation between studies which measure childhood adversities may be related to different instruments being used.

- Some questions may be subjective and open to interpretation.
- Some surveys use dichotomous questions/others use scales.
- WMH surveys do not include emotional or verbal abuse.  
(Included in college surveys)

# Discussion:

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## **Conclusion**

The studies highlight the importance of:

- Early intervention and prevention programmes.
- Targeting children at risk of high levels of adversities.
- Promoting positive parenting practices.
- Developing and supporting initiatives to help individuals gain skills to establish and maintain social networks and develop good emotion regulation and coping strategies following adverse childhood experiences.

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# THANK YOU

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