

2019 AFRICAN AMERICAN MENTAL HEALTH CONFERENCE:
"ENGAGING AND EMPOWERING COMMUNITIES THROUGH
EDUCATION, ADVOCACY, AND ACTION"

Addressing the Mental Health Impact of Adverse Childhood Experiences: Integrating Policy and Advocacy to Improve Services

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DR. STEWART HAS NO FINANCIAL
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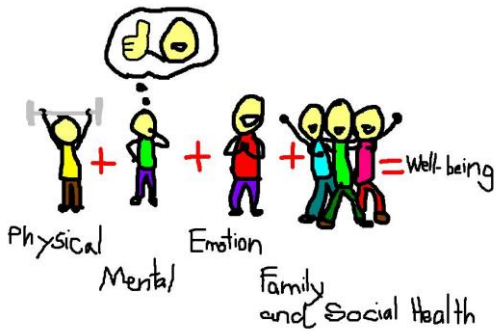
ADVERSE CHILDHOOD EXPERIENCES (ACEs)

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"Children are not small adults"





ADVERSE CHILDHOOD EXPERIENCES (ACEs) AS A PUBLIC HEALTH ISSUE



Public health connects us all

Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases

ACEs = childhood trauma – they are preventable, can be detected and respond to treatment

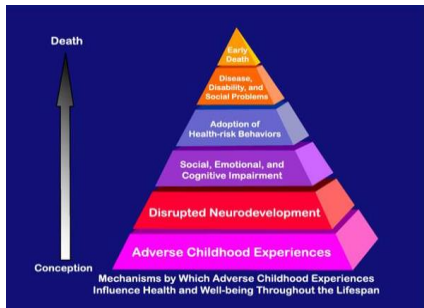
Trauma is the number one public health issue of our time and leads to unrelenting stress which is linked to obesity, diabetes, depression, and suicide

*CDC Foundation

ADVERSE CHILDHOOD EXPERIENCES



- Worldwide children exposed to horrific types of trauma and violence (wars, natural disasters) but other types of trauma, violence and abuse occur early in lives of many children
- ACEs demonstrated to affect lifelong health experience and development of medical and psychological disorders – original ACEs study showed relationship between child’s experiences and physical/mental health in adulthood



GLOBAL BURDEN OF DISEASE RELATED TO ACEs



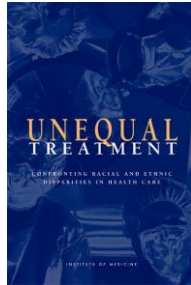
- Despite high prevalence of child sexual abuse in many areas of the world (including US) it has only been included in Global Burden of Disease since 2014.
- The largest proportion of the burden of disease due to ACEs arises from the cumulative effect of chronic exposure to multiple adversities whose lifelong consequences may often start to become apparent only many years after exposure

ALMOST TWO DECADES!

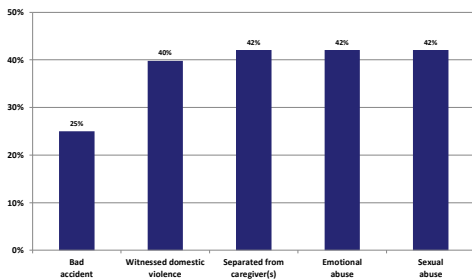


IOM report 2002 – *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*

(a consistent body of research demonstrated significant variation in the rates of medical procedures by race, even when insurance status, income, age, and severity of conditions are comparable)



FIVE MOST FREQUENT TYPES OF CHILDHOOD TRAUMA EXPERIENCES REPORTED BY CAREGIVERS



TRAUMA FACTS



- Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59% (Widom, CS, 1995).
- 70% - 92% of incarcerated girls reported sexual, physical, or severe emotional abuse in childhood (DOC, 1998; Chesney & Shelden, 1992).
- Trauma does not automatically cause PTSD (25% risk); violation/degradation/betrayal increases risk to 50-75+

TRAUMA FACTS



- Trauma is Epidemic in 60% of Adults and 50% of Children
- Trauma is almost universal for boys (93%) and girls (87%) in the Juvenile Justice System
- Trauma increases the risk of further trauma (most survivors have at least 2 distinct trauma incidents).



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WHY SHOULD WE CARE ABOUT SOCIAL DETERMINANTS OF HEALTH?



- Social determinants of health have a direct impact on health
- Social determinants predict the greatest proportion of health status variance
- Social determinants of health structure health behaviors
- Social determinants of health interact with each other to produce *health* (wellness) or *disease* (illness)





HOW DOES YOUR INCOME AFFECT YOUR HEALTH?

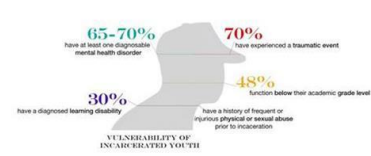
Income directly shapes:

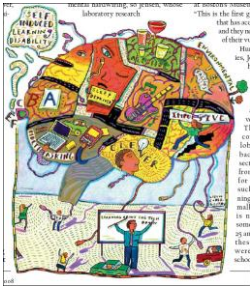
- Nutrition & physical activity options
- Housing quality
- Neighborhood conditions
- Social networks & support
- Stress due to inadequate resources to face daily challenges
- Medical care

Household income shapes the next generation's:

- Education, which shapes their future employment opportunities
- Working conditions (physical & psychosocial)
- Income

Why we must do something





What interferes with 'normal' development?

- School issues
- Stereotypes
- Health/mental health issues
- Substance abuse
- Social/societal issues
- Trauma
- Family relationships (siblings, parents, etc.)
- Peer influences



ADVERSE CHILDHOOD EXPERIENCES (ACES)

Changes The Conversation
 from
What's Wrong With You?
 To
What's Happened To You?



What We Can Do



- Utilize evidence informed/based screening and assessment tools for identifying ACEs
 - ACEs Questionnaire/ACE-IQ;
 - Child PTSD Symptom Scale (CPSS)
 - Childhood Trauma Questionnaire (CTQ)
 - Child and Adolescent Needs and Strengths Assessment (CANS)
- Utilize evidence informed/based interventions that transcend location where they can be used: schools, juvenile justice, or child welfare systems –
 - Trauma Focused CBT (TF-CBT)
 - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)



What We Can Do



- Inform and collaborate with key stakeholders in the community
 - Schools
 - Child welfare
 - Juvenile justice
 - Child serving agencies
 - Faith community
 - Government
 - Law enforcement
- Engage children and their families
 - Remember cultural context
 - Have clear community engagement process
 - Effort must be accountable and measurable



RECOMMENDATIONS



- Acknowledge the level of commitment of time, resources, and staff required along with the funding adjustment and reporting required to shift the culture
- Establish community based learning collaboratives for trauma informed care and create a locally based training institute to coordinate this work
- Increase training opportunities, using local talent whenever possible
- Use system level collaboratives to connect trainers and content experts
- Incorporate historical trauma into training, policy and practice recommendations
- Initiate evaluation from the start of the shift to trauma informed practices
- Expand trauma informed practices beyond direct services to all child and family serving systems in the community
- Develop and support champions for this work throughout organizations and community
- Integrate behavioral and primary health
- Support public health approaches to building resilience and incorporate community building into the work



One State's Example





ADVERSE CHILDHOOD EXPERIENCES



Building Strong Brains

- Tennessee Statewide Adverse Childhood Experiences (ACEs) Initiative
- Governor's 3 year **funded effort**, primary focus on early childhood (birth -3)
- Encouraged prevention but mostly intervention and mitigation strategies in initial round (e.g., PCAT)



GOALS OF TENNESSEE ACEs INITIATIVE



Work with agencies, community leaders, and service providers to align their philosophy, policies, programs and practice to address the following:

- Increase the potential that every child born in Tennessee has the opportunity to lead a healthy, productive life.
- Raise public knowledge about ACEs.
- Impact public policy in Tennessee to support prevention of ACEs and to reduce community conditions that contribute to them.
- Support innovative local and state projects that offer fresh thinking and precise measurement of impact in addressing ACEs and toxic stress in children.
- Seek sustainable funding to ensure the state maintains a long-term commitment to reduce the impact of adverse childhood experiences.



STUDIES HAVE SHOWN THAT WHEN WE ADDRESS THESE 'SOCIAL' ISSUES WE MOVE THE NEEDLE ON:



- Reducing disparities in health and mental health care
- Improving overall health and wellness in the population
- Reducing impact of SDH on individuals in the population
- Reducing morbidity associated with chronic medical and mental illnesses
- Improving academic and work performance



CAREGIVERS OF CHILDREN RECEIVING ACES AND TRAUMA INFORMED CARE REPORT..



- Reduced strain associated with caring for a child who has a serious mental/behavioral health condition or has been impacted by significant childhood trauma
- Fewer missed days of work due to external system involvement
- Improvement in overall family functioning and satisfaction



Risk factors are not Predictive factors due to protective factors



SUSTAINABILITY STRATEGIES



"We know from the lessons of SOC that sustainability is dependent on the ability to articulate and then operationalize a core set of values, create structures and processes for effective collaboration across various and divergent partners, and establish effective mechanisms to collect and use information for decision making and continuous quality improvement."

"Where we live, work, learn, play and pray"

MEDIA CAMPAIGN



SHARE THE INFORMATION - WHAT WORKS AND WHAT DOESN'T

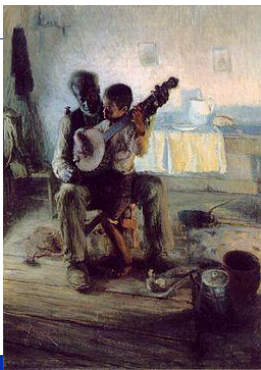


COLLABORATE, COLLABORATE, COLLABORATE



*BUILD ON OTHER'S SUCCESS
(SCIENCE OF ACEs GOES 'HOLLYWOOD')*









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