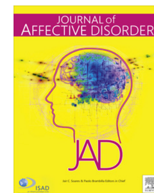
Journal of Affective Disorders 200 (2016) 97–102

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad



Research paper

Suicidality and profiles of childhood adversities, conflict related trauma and psychopathology in the Northern Ireland population

Margaret McLafferty [a,*], Cherie Armour [b], Siobhan O'Neill [a], Sam Murphy [a], Finola Ferry [a], Brendan Bunting [a]

[a] School of Psychology, Ulster University, Magee Campus, Northland Road, Derry, Northern Ireland, United Kingdom
[b] School of Psychology, Ulster University, Coleraine Campus, Cromore Road, Coleraine, Northern Ireland, United Kingdom

ARTICLE INFO

Article history:
Received 25 January 2016
Received in revised form
24 March 2016
Accepted 16 April 2016
Available online 21 April 2016

ABSTRACT

Background: Over 30 years of conflict in Northern Ireland (NI) has impacted on the population's mental health. However, childhood adversities may add to the psychological impact of conflict. The aims of the study were to assess co-occurrence across childhood adversities, conflict related traumas, and psychological health, then explore demographic variations between identified classes, and examine the impact of class membership on suicidal ideation and behaviour.
Method: Data was obtained from the Northern Ireland Study of Health and Stress, a representative epidemiological study which used the CIDI to assess psychopathology and related risk factors in the NI population ($N=4340$, part 2 $n=1986$; response rate 64%).
Results: Latent Class Analysis uncovered 4 discrete profiles; a conflict class ($n=191$; 9.6%), a multi-risk class endorsing elevated levels of childhood adversities, conflict related traumas and psychopathology ($n=85$; 4.3%), a psychopathology class ($n=290$; 14.6%), and a low risk class ($n=1420$; 71.5%). Multinomial logistic regression analysis revealed that individuals who grew up during the worst years of the Troubles were more likely to have experienced multiple traumas and psychopathology. Individuals in the multi-risk class were more than fifteen times more likely to endorse suicidal ideation and behaviour.
Limitations: The main limitations are that the study may not be fully representative of the NI population due to the exclusion criteria applied and also the possible misclassification of conflict related events.
Conclusions: The findings indicate that treatment providers should be cognisant that those with wide ranging adversity profiles are those also likely to be reporting psychological distress and suicidality.
© 2016 Elsevier B.V. All rights reserved.

1. Introduction

The Northern Ireland (NI) population experienced over 30 years of conflict, colloquially referred to as the Troubles. Numerous studies have found that the Troubles had a profound impact on the population's mental health and wellbeing (O'Reilly and Stevenson, 2003; Gallagher et al., 2012). Bunting et al. (2013) reported that PTSD rates in NI were one of the highest in the world as a result of conflict related experiences (lifetime prevalence 8.8%), with many in the population still impacted by the legacy of the Troubles (Ferry et al., 2014). Elevated levels of depression and anxiety disorders were also found in those with direct experience of the prolonged conflict (Muldoon et al., 2005). In addition, strong associations have been found between conflict exposure and self harm (O'Connor et al., 2014) and suicidal behaviour in NI (Tomlinson, 2012; O'Neill et al., 2014).

Associations between conflict related traumas and psychopathology are well established (de Jong et al., 2003; Priebe et al., 2010). However, reported rates of mental health problems in other conflict zones appear lower in comparison to those reported in NI. It has been suggested that the elevated rates found in NI may be related to the nature of the political violence and longevity of the Troubles. However, other factors may be interacting with conflict exposure to impact negatively on the psychological health of the population. Muldoon (2004) suggested that the poverty and deprivation that accompanied the Troubles had a profound impact on mental health. Deprivation in turn is linked to maladaptive parenting practices which subsequently impacts on the mental health and wellbeing of future generations (Fryers and Brugha, 2013). High rates of family conflict have been linked to sectarian violence in NI (Cummings et al., 2010). Conflict has been found to exacerbate stressors which in turn impacts on family relationships and parenting practices (Miller and Rasmussen, 2010). This may

* Corresponding author.
E-mail address: mclafferty-m1@email.ulster.ac.uk (M. McLafferty).

http://dx.doi.org/10.1016/j.jad.2016.04.031
0165-0327/© 2016 Elsevier B.V. All rights reserved.

lead to increased levels of childhood adversities and subsequently increased levels of psychopathology in the population.

Studies have found that military personnel who experienced adversity during childhood have a heightened risk of developing mental health problems when exposed to conflict (Cabrera et al., 2007; Sareen et al., 2012). Civilian studies have also reported that psychological problems in post conflict settings were related to adversities in childhood such as parental loss and neglect (Betancourt et al., 2013). Recently, Olema et al. (2014) reported that childhood maltreatment had a greater detrimental impact on mental health than exposure to war. However, often the experience of conflict related events in the civilian population occurs during childhood and it can be difficult to determine if childhood adversities occurred prior to the conflict related event, following the event or simultaneously.

Epidemiological studies corroborate that childhood adversities can have a hugely detrimental impact on both the onset and persistence of psychopathology. Kessler et al. (2010) reported that adversity during childhood accounted for 29.8% of mental health disorders globally, particularly those involving parental maltreatment and maladjustment (Green et al., 2010; McLaughlin et al., 2010). Other studies confirm that dysfunctional family environments are related to the onset and persistence of psychological problems (Benjet et al., 2010; Oladeji et al., 2010; Lee et al., 2011). Indeed, strong associations have been found between childhood adversities and a range of mental health problems including depression (Fujiwara and Kawalkami , 2011), anxiety disorders (Oladeji et al., 2010) and substance disorders (Slopen et al., 2010).

Other studies have reported a strong relationship between childhood trauma and suicidal behaviour, particularly adversities related to dysfunction and abuse within the family. For example, Enns et al. (2006), in a longitudinal community based study of over 7000 people, reported that there was a "dose-response" relationship between physical and emotional abuse and neglect during childhood with both suicide ideation and attempt. Additionally, after controlling for the effects of psychological disorders, the results remained significant. Examining international findings from the WHO-World Mental Health (WMH) surveys (n=55,299), Bruffaerts et al. (2010) found that physical and sexual abuse were the strongest predictors of both the onset and persistence of suicidality. Bruwer et al. (2014) also reported that parental divorce was a significant risk factor in South Africa and that over a third of those who reported suicidal behaviour had experienced at least one adversity during childhood. Dube et al. (2001) reported a strong association between the number of childhood adversities and suicide attempts across the lifespan.

In the context of Northern Ireland, McLafferty et al. (2015) reported that individuals who experienced childhood adversities were more likely to have anxiety, mood, and substance disorders as well as suicidal ideation and behaviour. However, a recent study conducted in Lebanon suggested that many traumatic experiences co-occur during childhood and that these traumas, including conflict related traumas should be examined concurrently (Itani et al., 2014). In this paper we are considering the profile of the NI population to identify subpopulations and their relative risk of suicidal behaviour. Some studies have found a strong association between mental health disorders and suicidality (Kessler et al., 1999; Nock et al., 2008), however O'Neill et al (2014) found that exposure to conflict in NI increased the risk of suicidal behaviours in addition to that conferred by mental disorders. We have therefore included psychopathology in the current analyses.

Early studies focused on the impact of single adversities or traumas but recent research highlights the importance of accounting for co-occurrence of traumatic events, using techniques such as Latent Class Analysis (LCA) to identify profiles of adversity (Armour et al., 2014). Studies have found that childhood adversities often co-occur and can be predictive of further adversity (Copeland et al., 2007; Dong et al., 2004). Troubles related events are also unlikely to have occurred in isolation and as noted previously these may impact negatively on family life, increasing adversity during childhood. Indeed, the Troubles may have played both direct and indirect roles in the development of psychopathology in NI. However, it should also be remembered that research has found that those who experienced childhood adversities prior to conflict related events are also more likely to have psychological problems than those who did not experience adversity during childhood (Sareen et al., 2012). Given the various associations found between conflict, childhood adversities, and psychopathology there is a growing need for epidemiological research into how these may co-occur and impact on the population, particularly in view of increasing suicide rates in recent years.

The aims of the current study were; (1) to assess co-occurrence across childhood adversities, conflict related traumas and psychopathology in the Northern Ireland population by identifying subpopulations of risk, (2) to explore demographic variations between the identified classes and (3) to examine the association between the classes and suicidal ideation and behaviour.

2. Method

2.1. The Northern Ireland study of health and stress

The Northern Ireland Study of Health and Stress (NISHS) was conducted as part of the WHO World Mental Health (WMH) Survey Initiative (Kessler and Üstün, 2008), following ethical approval from the Ulster University Research Ethics Committee. WMH surveys aim to gather information about the prevalence and correlates of mental health problems, treatment adequacy and unmet treatment need along with the societal burden of mental health problems (Kessler and Üstün, 2008). The comprehensive face-to face household interviews were conducted by trained lay interviewers between 2004 and 2008. WMH surveys use the same sampling methodology, to allow for accurate comparisons between participating countries and are designed to be representative of the general population (Bunting et al., 2013).

2.2. Sample

The NISHS had a response rate of 68.4%. Part 1 of the survey was completed by 4340 participants (2441 females, 1899 males) and Part 2 was completed by a subsample of 1, 986 of the original participants (1036 females, 950 males) with an age range of 18–93. All participants were residents of NI, over the age of 18. People living in institutions or shared accommodation, including prisons or military barracks, people with learning disabilities and non-English speakers were excluded from the survey. The NISHS used a multi stage area design to identify an equal probability sample of households based on 2001 census figures. Electoral Wards were selected from each Local Government District in NI and two Census Output Areas were selected from each ward. Within each of these Census Output Areas 10 houses were selected and one person in each household was chosen for interview purposes. Full details of sampling methodology for the NISHS can be found in Bunting et al. (2013).

2.3. Diagnostic assessment

The WHO World Mental Health (WMH) Survey Initiative uses the WMH Composite International Diagnostic Interview (CIDI) version 3.0 (Kessler and Üstün, 2008), to retrospectively assess the prevalence, incidence and correlates of mental health problems in accordance with DSM-IV and ICD-10 definitions and criteria. The CIDI consists of two parts, with all participants completing part 1, which includes a screening section, core diagnostic assessments and demographic variables. Part 2 includes a wide range of diagnostic sections, risk factors, including childhood adversities, consequences and treatment. Part 2 was completed by participants who answered positively to any core mental health disorder screening question. To allow for the calculation of sampling weights 50% of sub-threshold cases and 25% of other participants who failed to meet either criterion were also included. In the current study the following disorders are examined; any mood (dysthymia, bipolar and major mood depressive disorders), any anxiety (GAD, social and specific phobias, PTSD, separation disorder, OCD, panic disorder and agoraphobia without panic), any substance (alcohol dependence and abuse, drug dependence and abuse) and any suicide (ideation and behaviour, including gestures, plans and attempts).

Download English Version:

https://daneshyari.com/en/article/6230065

Download Persian Version:

https://daneshyari.com/article/6230065

Daneshyari.com