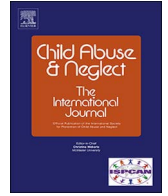


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Research article

Population attributable fractions of psychopathology and suicidal behaviour associated with childhood adversities in Northern Ireland

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ABSTRACT

Childhood adversities are strong predictors of psychopathology and suicidality. However, specific adversities are associated with different outcomes, with cross-national variations reported. The current study examined rates of adversities reported in Northern Ireland (NI), and associations between adverse childhood experiences and psychopathology and suicidal behaviour were explored. Data was obtained from the Northern Ireland Study of Health and Stress (NISHS), conducted as part of the World Mental Health (WMH) survey initiative (2004–2008); response rate 68.4% ($n = 1,986$). The on-line survey used, the WHO Composite International Diagnostic Interview (CIDI) to examine psychopathology and associated risk factors in the NI population. Prevalence rates of retrospectively reported childhood adversities were calculated, with gender and age variations explored. Females were more likely to experience sexual abuse. Individuals who grew up during the worst years of the civil conflict in NI experienced elevated levels of childhood adversities. Participants who endured childhood adversities were more likely to have mental health problems but variations in risk factors were found for different disorders. Parental mental illness was associated with all disorders however, with ORs ranging from 2.20 for mood disorders to 4.07 for anxiety disorders. Population attributable fractions (PAF) estimated the reduction in psychopathology and suicidal behaviour in the population if exposure to adverse childhood events had not occurred. The highest PAF values were revealed for parental mental illness and sexual abuse. The findings indicate that a substantial proportion of psychopathology and suicide risk in NI are attributable to childhood adversities, providing support for early intervention and prevention initiatives.

1. Introduction

Psychological theories of mental illness emphasise the importance of early childhood factors in determining risk of adverse mental health outcomes in adulthood. Childhood experiences are believed to influence neurological development, with exposure to chronic stress impacting upon the development of the child's hypothalamic pituitary response activation patterns and their capacity to self regulate in later life (Shonkoff et al., 2012). Heightened stress activation and poor self regulation are directly associated with an increased risk of anxiety and substance disorders (Chavarria, Stevens, Jason, & Ferrari, 2012; Cisler, Olatunji, Feldner, & Forsyth,

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2010), which affects the person's capacity to manage social relationships, and impacts on a variety of other mental health outcomes (Ozbay et al., 2007). Adverse childhood experiences have been found to be significant risk factors for depression, anxiety disorders, PTSD, alcohol and drug problems and suicidal behaviour (Enns et al., 2006; Green et al., 2010; Kessler et al., 2010).

Early childhood adversity research has focused on clinical populations, by examining those presenting with mental illnesses and exploring the associations with reported adverse events in childhood. Over the last decade several representative mental health population studies, such as those conducted as part of the World Mental Health (WMH) Surveys, have also provided valuable information on the long term impact of childhood adversities on mental health. Such studies provide substantial evidence that adverse experiences during childhood can have a profound impact on future psychopathology at a population level (Fujiwara & Kawakami, 2011; Green et al., 2010; Oladeji, Makanjuola, & Gureje, 2010; Slopen et al., 2010).

Exploring findings from the WMH Survey Initiative, Kessler et al. (2010) reported that childhood adversities accounted for 29.8% of mental health problems globally. Additionally, childhood adversities have been strongly associated with suicidal ideation and behaviour (Bruffaerts et al., 2010; Enns et al., 2006; Hoertel et al., 2015). The research demonstrates that exposure to adverse events increases the likelihood of poorer mental health outcomes across the lifespan (Kalmakis & Chandler, 2014; Mersky, Topitzes, & Reynolds, 2013; Schilling, Aseltine, & Gore, 2007). Recent research in this area has attempted to identify associations with specific experiences and individual disorders, as well as exploring patterns of exposure and outcomes in order to inform prevention strategies and service provision for those affected.

A review of 65 publications, DeVenter, Demyttenaere, & Bruffaerts (2013) reported a strong association between child abuse (emotional, physical and sexual) and mood disorders in adulthood. Family (domestic) violence and sexual abuse were strongly associated with anxiety disorders; and neglect and family violence were the strongest risk factors for substance use disorders. A review of prospective studies also demonstrates that abusive and dysfunctional family relationships predicted depression, anxiety, and PTSD in adulthood, (Weich, Patterson, Shaw, & Stewart-Brown, 2009). Springer, Sheridan, Kuo, & Carnes (2007) found a strong association between physical abuse and both poor physical and mental health in adulthood. Childhood physical and sexual abuse was shown to be associated with suicidal behaviour (Bruffaerts et al., 2010; Hoertel et al., 2015). A representative study in Brazil also demonstrated associations between exposure to parental psychopathology and suicidal behaviour, particularly during adolescence (Santana et al., 2015).

Cross-national variations have however been found. Green et al. (2010) reported that adversities related to maladaptive family functioning, (parental mental illness, criminality and substance abuse, family violence, neglect, physical and sexual abuse) were all significantly associated with the onset of a range of mental health problems in the US. In Japan, parental mental illness and criminality were associated with psychopathology, particularly mood and anxiety disorders, whereas parental substance abuse was related to substance disorders later in life (Fujiwara & Kawakami, 2011). In South Africa the adversity most associated with anxiety disorders was parental mental illness. Substance disorder was associated with sexual abuse, followed by parental substance abuse (Slopen et al., 2010). However, in Nigeria the adversities most associated with substance disorders were family violence, neglect and abuse (Oladeji et al., 2010). These differences demonstrate the need to undertake country specific studies and they also point to interactions between psychological and cultural factors in the development of mental illness.

Rosenman and Rodgers (2004) proposed that different societies have diverse child rearing practices, therefore it is not surprising that variations in findings have been revealed globally. Parenting practices vary across the world. Indeed, parenting itself may be culturally defined. What is considered to be a cultural norm in one country may be regarded as deviant in another country. Different social structures may also have an impact. Since childhood adversities have such a profound impact on future mental health it is important to examine this impact in different countries as the results from one population study may not apply to another country. This could have important clinical implications and help inform practice and policy making in relation to early intervention and treatment programmes for those most at risk of adverse childhood experiences.

The calculation of population attributable fractions (PAF) allows researchers to estimate the proportion of psychopathology in the general population which may be attributable to childhood adversities (Afifi et al., 2008) and how such outcomes may be reduced over a specified time period, if these risk factors were eliminated (Rockhill, Newmann, & Weinberg, 1998). For, example, Afifi et al. (2008) conducted an analysis of the US National Comorbidity Survey Replication to determine the proportion of mental health disorders and suicidality that could be attributable to adverse childhood experiences in the American population. Their findings revealed that childhood adversities had a more negative psychological impact on females, with PAF values ranging from 22 to 32%, while values for males ranged from 20 to 24%. PAF rates were substantially higher for suicide attempts (females 50%, males 33%). The highest PAF values for anxiety disorders, for example, in both males and females were related to witnessing domestic violence during childhood. Furthermore, examining global findings from the WMH Survey Initiative, McLaughlin et al. (2012) reported that parental mental illness was strongly associated with a range of mental health problems in offspring, with a population attributable risk proportion of 12.4%.

The aims of the current study were to examine rates of childhood adversities, psychopathology, and suicidality in a representative Northern Irish adult sample. Gender and age variations in retrospectively reported adverse childhood experiences were also explored. The associated odds ratios of risk of mental health disorders and suicidality were then determined for 12 adverse childhood experiences, controlling for age and gender. Percentages of psychopathology and suicidality attributable to childhood adversities were subsequently calculated.

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