Does adversity experienced during childhood influence the development of mental illness in adulthood?

Aimee Jones

The literature I have reviewed suggests that childhood adversity in the form of witnessing or being victim to abuse, and poverty, puts a child at increased risk of suffering mental illness and other psychosocial problems as an adult.

The issue and setting

During time spent on inpatient psychiatric wards as a student and employee a recurring trend became apparent, patients diagnosed with mental illness tended to have suffered significant adversity in their childhood.
According to the 2016/2017 New Zealand Health Survey, of all New Zealand adults (15 years and older) there were 790,495 living with depression, 487,551 with an anxiety disorder and 795,228 with a mood disorder (Ministry of Health, 2017).

What contributes to the development of mental illness?

The Adverse Childhood Experiences (ACE) Study defines adverse childhood experiences as abuse, neglect, growing up in a household where there was exposure to alcoholism, illicit drug use, mental illness, suicidality, violence against the mother or somebody from that household being imprisoned.
The ACE Study concluded that as the number of ACE increased, so too did the risk for health problems, including depression and suicidality (New Zealand Family Violence Clearinghouse, 2015).

Research

- People who experienced childhood maltreatment were over 4 times more likely to be diagnosed with a personality disorder (Johnson, Cohen, Brown, Smailes, & Bernstein, 1999)

- Children of families in persistent poverty had significantly worse mental health trajectories than those not impoverished (McLeod and Shanahan,1996)

- Children who witnessed interparental violence in childhood experienced significant psychosocial maladjustment in adulthood (Roustit et al, 2009)

Recommendations

1: Facilitate positive psychotherapy and/or well-being therapy for any person who has experienced adversity during childhood.
Positive psychotherapy aims to intensify constructive emotion, engagement, and view of self. The well-being therapy model focuses on developing self-sufficiency, self-acceptance and healthy relationships. When well-being therapy was implemented in high risk populations, the likelihood of developing anxiety and depression was reduced (Min, Lee, & Lee, 2013).

2: Screen for actual or potential childhood adversity during Well Child checks.
Well Child checks occur over a five year period, meaning that there are ample opportunities to assess for violence and poverty. Continued screening would accommodate the dynamic nature of family circumstances and the subsequent presence of stressors.

3: Contact any siblings of the mentally ill who were exposed to the same adversities during childhood.
These siblings should be assessed for mental illness and treated accordingly. This early intervention could reduce acute psychiatric admissions by keeping the symptoms and pathology of the mental illness within manageable parameters.

References

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Image

https://www.greensfelder.com/trusts-and-estates-blog/your-minor-child-as-a-ward-of-the-state

PECOT category	Information relating to question	Explanation
Population	Males and females aged 15 years and older who have diagnosed mental health disorders.	I want to explore the presence of mental illness in adulthood, as first onset of anxiety disorders usually occurs between the ages of 25-53 years, and first onset of mood/depressive disorders usually occurs between the ages of 25-45 years (Kessler, Amminger, Aguilar-Gaxiola, Alonso, Lee & Üstün, 2007).
Exposure (Intervention)	People who experienced adversity before 15 years of age and have mental health disorders diagnosed at 15 years of age and older.	I will be using articles which are retrospective and prospective in nature. This will allow for the examination of the type of adversity experienced in childhood, and the diagnosis of mental illness acquired in adulthood.
Comparison (Control)	People who did not experience adversity before 15 years of age and have mental health disorders diagnosed at 15 years of age and older.	I am interested to investigate if the mental illness statistics remain unchanged irrespective of the presence or absence of childhood adversity.
Outcome	Higher or lower incidences of mental illness, in those who did experience adversity before 15 years of age, and those who did not.	I speculate that childhood adversity does increase the incidence of mental illness in adulthood, and thus, the outcome will either confirm or disregard my suspicions.
Time	N/A	N/A

Research question—***Does adversity experienced during childhood influence the development of mental illness in adulthood?***

Rationale

Miller (2006) stated that "Effective research posters should be designed around two or three key findings" and thus, after explaining my clinical issue and research, my poster finishes with three key recommendations that I made based on the literature. By summarising my literature review with three key recommendations, I suggest solutions and conclude the information concisely, but also visually the poster 'finishes' at the bottom right of the page with three clear messages that will be the reader's 'take home' messages.

Rowe and Ilic (2009) conducted a survey to explore the perceptions of academic poster presentations, and the limitations of posters as an effective method for academic knowledge transfer. Of the 88 participants surveyed, 94% agreed that the poster's imagery was most likely to draw the attention of readers. With this knowledge guiding my poster design, I chose to make the entire background a slightly transparent image of an adult and young child holding hands. I feel this was effective as the image relates to the content of my poster, and also reiterates the importance of a positive relationship between the parent/caregiver and child to ensure that child can grow up to be a healthy and well-adjusted adult. The image also has nice, simple, bright colours which I believe will draw in the attention of readers.

References

Kessler, R. C., Amminger, G. P., Aguilar-Gaxiola, S., Alonso, J., Lee, S., & Üstün, T. B. (2007). Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry*, 20(4), 359-364. doi:10.1097/YCO.0b013e32816ebc8c

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