

## **The Scottish Parliament Cross-Party Group for the Prevention and Healing of Adverse Childhood Experiences (ACEs)**

**Committee Room 2, Scottish Parliament, 27<sup>th</sup> March 2019, 6-8 pm**

### **Welcomes and introductions**

#### **MSPs who attended:**

- Gail Ross, SNP MSP for Caithness, Sutherland and Ross
- Rona Mackay, SNP MSP for Strathkelvin & Bearsden
- Liam McArthur Scottish Liberal Democrats MSP Orkney Islands (Highlands and Islands)
- Brian Whittle, Conservative MSP for the South of Scotland

#### **Other attendees:**

- Sally Amor, NHS Highland
- Professor Thanos Karatzias, Edinburgh Napier University
- Susan McKellar, Parent Network Scotland
- Helen Minnis, University of Glasgow
- Mark Ballard, Children 1<sup>st</sup>
- Tracey Jenkins, GCVS
- Louise Slorance, RCPCH Scotland
- Nicki Lawrence, Barnardo's Scotland
- Ryan McShane MSYP, Scottish Youth Parliament/Who Cares? Scotland
- George Hosking, WAVE Trust
- Anthoulla Koutsoudi, 70/30 Campaign
- Owen Thompson, office of Gail Ross MSP
- Karen Law, 70/30 Ambassador Dundee and Angus
- Janine Rennie, Wellbeing Scotland
- Nicola Wylie, Rossie Young People's Trust
- Ceridwen Ball, Salveson Mindroom
- Dr Alana Davis, British Psychological Society
- Rachel Love, NSPCC Scotland
- Maryanne Pugsley, witness to the Inquiry into the abuse of children in Scottish state schools

#### **Apologies: (check list)**

- Bailey-Lee Robb, MSYP, Scottish Youth Parliament

#### **Minutes of last meeting agreed and discussion around actions arising:**

1. Gail wrote last year to John Swinney re screening the resilience documentary in all Scottish schools and getting ACEs and trauma/toxic stress included as a key module in teacher training course.
2. She wrote to Richard Lochhead, Minister for Further Education, Higher Education and Science re inclusion of ACEs in teacher training

- Gail has also written to the First Minister concerning having health and wellbeing come first as a component in addressing attainment gap in Scotland

**Ministerial responses to these three letters are attached along with these minutes.**

- Proposed Scottish ACE study (as passed in Gail’s Motion at SNP Conference) – Gail has come across some nervousness about data gathering, and the debate is becoming quite polarised

**Actions:**

- Write to Scottish government regarding corporate parenting (how they think it’s working) – this was deferred for discussion at the next CPG

**Guest Speaker Presentations: ACEs and Mental Health**

**Professor Thanos Karatzias, Professor of Mental Health at Edinburgh Napier University**

Please note that a PowerPoint of Professor Karatzias’s presentation is available to CPG members, so detail here is kept to major points. A copy of his material can also be accessed at [http://www.healthscotland.scot/media/2046/5\\_thanos-karatzias.pdf](http://www.healthscotland.scot/media/2046/5_thanos-karatzias.pdf)

He opened by presenting examples of population data that he has collected on ACE prevalence in different populations. Some samples are given in the Tables below.

**Table 1: Population based study**

<b>Adverse Childhood Event</b>	<b>UK %</b>	<b>Ireland %</b>
Verbal abuse by parent or caregiver	36%	36%
Physical abuse by parent or caregiver	34%	28%
Sexual abuse by parent or caregiver	16%	16%
Emotional neglect by parent or caregiver	36%	30%
Witnessing physical violence between parents or caregivers	16%	13%
Mental illness in the family home	25%	23%

**Table 2: ACEs in treatment seeking populations**

<b>Adverse Childhood Event</b>	<b>UK %</b>
Emotional abuse	70%
Physical abuse	55%
Sexual abuse	56%
Emotional neglect	63%
Any childhood trauma	82%

**Table 3: ACEs in a prison population**

<b>Adverse Childhood Event</b>	<b>UK %</b>
Emotional abuse	77%
Physical abuse	60%
Sexual abuse	51%
Emotional neglect	79%
Multiple abuses	55%

Professor Karatzias also compared the impact of adult trauma versus childhood trauma. The childhood trauma had massively more negative impact on lives. In simplistic terms, four forms of negative outcomes were identified for adults, vs over twenty for childhood trauma.

A Scottish study he conducted looked at trauma, sentence length and first offence age. It showed that the more ACEs someone had, the earlier the first offence, and the more severe the crime. Childhood adversity and psychotic disorders were linked.

He referred to the fact that much of GP attention is directed to 'medically unexplained symptoms (MUS)'. Yet childhood adversity is a significant contributor to MUS, yet most patients have no attention paid to their past traumas.

He also described his excitement at his work on Complex-PTSD, now which has now been identified as a new condition separate from PTSD. Whereas PTSD is diagnosed by the existence of three main symptoms: Avoidance, Hyper-arousal and Re-experiencing, CPTSD has the additional symptoms of Emotional dysregulation, Interpersonal difficulties and Pervasive low self-esteem. PTSD is more common in the general population, but CPTSD in people who have suffered trauma.

CPTSD is strongly linked to ACEs, and opens up more effective treatment approaches than those traditionally used to treat PTSD – see his PowerPoint for more detail.

### **Susan McKellar, Parent Network Scotland**

Susan McKellar described the work Parent Network Scotland are carrying out with parents who have challenging children, using the ACE Recovery toolkit of Rockpool. The approach involves a 10-week programme, of 2 hours a week, during which parents explore their own ACEs, with the effect of making parents more aware of the impact these may have on their own parenting, and hence on their children. As the course progresses, parents talk more about what happened to themselves as children. Parents initially feel vulnerable; PNS makes them feel safe, using positive language, and thinking differently. The course addresses understanding and living with ACEs and toxic stress, and develops parental resilience.

Many of the parents don't know that what happened to them was wrong or unusual, they just think "that's the way it was".

Issues addressed include attachment, nurturing parenting styles and managing emotions. Many of the parents have shut down their feelings. The course helps them to open out. They see how they were parented, and the impact that had on them – and don't want to repeat it with their children.

As an example, one mother had an adopted child who wouldn't talk or open up. After she took the course, she opened up about her own feelings. This led to the child expressing his feelings for the first time in years.

Susan gave examples of feedback from parents, e.g. "I thought it was all my fault, that I was a bad child. Now I understand what was happening..."; "I am not my past, I am me. I've learned more about myself on this course than in my whole life ..."

“Now I can open up a path for my children which is not driven by my past, not about blame...”  
“I’ll use my trauma as a positive, not a negative...”

Susan also endorsed the evidence by Councillor Elspeth Kerr at the previous CPG, that there is an absence of support for child mental health problems. Despite symptoms such as 7 year olds threatening suicide, there are no mental health facilities for under 16s in Drumchapel [or many other areas in Scotland]. For many children the educational system puts them through trauma. CAMHS waiting lists are high, services are lacking – Susan concluded: ‘children should not have to suffer this’.

### **Sally Amor, Child Health Commissioner and Public Health Specialist, NHS Highland**

Sally described the 2018 Annual Report of the Director of Public Health for NHS Highland, titled ‘*Adverse Childhood Experiences, Resilience and Trauma Informed Care: A Public Health Approach to Understanding and Responding to Adversity*’.

This report can be found here

[https://www.nhshighland.scot.nhs.uk/Publications/Documents/DPH-Annual-Report-2018\\_\(web-version\).pdf](https://www.nhshighland.scot.nhs.uk/Publications/Documents/DPH-Annual-Report-2018_(web-version).pdf)

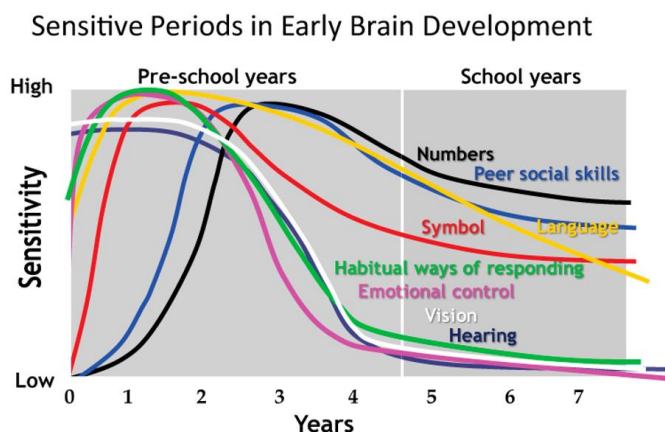
[George Hosking note: this is an excellent report which I recommend to everyone]

Sally described how Public Health is about Population Health – observing, challenging, upsetting the status quo (e.g. on seatbelts), understanding what doesn’t work, and challenging practice.

Sally stated that humans can’t cope without a caring adult until age 25 (!). One’s sense of self is given to us by our family – and family life mediates mental health. When adult issues such as drugs or alcohol (or domestic violence) take precedence in adult lives, then children suffer. This is not to blame parents, rather to understand what happens.

The Public Health ACE report sets out that things can be different. A high ACE score is nothing to be ashamed of. Lack of relational safety threatens normal development. When people do not feel safe in themselves, they do harm to others.

Sally asserted that the early years are vital, backing this up with the following chart.



Graph developed by Council for Early Child Development (ref: Nash, 1997; Early Years Study, 1999; Shonkoff, 2000.)

Getting these years right for children is of supreme importance. In that connection, Family Nurse Partnership in the Highlands is a good news story. Mothers are learning to have children face them from their buggies ! (with thanks to Suzanne Zeedyk.)

Where NHS Highland struggles is with neurodevelopmental assessment, and we haven't yet got trauma-informed services right. Services are overwhelmed, and CAMHS can't cope. There are huge waiting lists (over one year long), filled with children with depression and anxiety.

Sally closed with a quote from Dr Bruce Perry: *'Fire can warm or consume, water can quench or drown, wind can caress or cut. And so it is with human relationships: we can both create and destroy, nurture and terrorise, traumatise and heal each other.'*

### **Helen Minnis, Professor of Child and Adolescent Psychiatry at the University of Glasgow**

Helen opened by referring to her interest in ACEs over many years. She also has experience of Drumchapel, and endorsed the other evidence that there are no mental health services for under 16s. Instead, they are pushed towards social services, when what they need is mental health support.

She outlined some of the evidence from a meeting to discuss NICE guidelines on attachment, including the quote 'Failure to seek comfort is the most important symptom to look for in an abused or neglected child at any age'. Helen outlined a Case Study of a 9 year old who was contemptuous of his adopted parents, and resisted attempts to help. The family history included extreme neglect, violence and a brother being arrested.

This child had been found wandering the streets in his pyjamas at age 20 months. Helen suggested that failure to seek comfort was probably already present, and could have been spotted, with the right training, at immunisations or social work case conferences, and corrective action taken then. Instead, problems were allowed to escalate and he had not been placed in care until four and a half years – by which time great damage had been done.

She spoke of Reactive Attachment Disorder, which is serious but rare (1 in 1600 in North Glasgow). She outlined the ESSENCE concept (see her PowerPoint for more detail), in which early symptoms of problems elicit attention to neurodevelopmental issues. Examples of such problems can occur in the best of families. One of its principles is that 'if parents or professionals think there is a problem in a young child, there probably is – but you might not know what it is'.

She pointed out that sometimes, a child's behaviour can evoke maltreatment in an already stressed parent, who may also have neurodevelopmental issues.

Helen asked whether targeting for scarce Infant Mental Health services should be determined by an ACEs or an ESSENCE approach. In fact, these overlap, and both can be relevant. She concluded by saying that 'the most effective treatment is loving family care', but some children are not easy to help, and so additional family support is needed – and should be provided – early.

### **Open discussion on topics presented:**

The meeting was opened to discussion and we heard from MSYP Ryan McShane, who also represents 'Who Cares? Scotland'. Ryan described his experiences of growing up in care and severe childhood adversity. Reading from an essay he wrote for Higher English he said 'what you see here is not me' and although he is in the process of healing it is still a work in progress. His early life experiences included having a Mum with addiction issues, family violence, and the absence of his father for long periods. He said *'uncertainty was as often as the number of times I blink in a day'*.

Ryan also spoke of the inter-generational transmission of adversity, and how we might prevent that pattern in society. He said *'Preventing ACEs is the single most important thing we have to do as a society, if we want children and young people to feel loved and that they are respected by adults who are their care givers.'*

*'We have to recognise all young people need regular intervention in their life so that no young person is left behind due to experiences outwith their control. The state must ensure that they fulfil their corporate parenting role.'*

*'My adversity was known to Glasgow City Council at 4 months. They say that interventions must happen before 20 months. They didn't.'*

Liam McArthur MSP described his experience on the Parliament Education Committee. They had wrestled for some months – and made some progress – with the questions of 'how do you improve the set up to identify ACEs, and intervene in a timely fashion. How do we best make the decision to support a family or to put a child into Care?'

George Hosking outlined the Pioneer Communities approach to identifying families, parents and children at risk, starting in pregnancy, and providing the right support up to 2 years of age. He specifically pinpointed the programme Parent-Child Psychological Support (PCPS) which, in Spain and Ireland, has seen deprived community attain levels of secure attachment close to 80% (where 60% or less would be normal) and disorganised attachment less than 10% (where over 20% would be more typical).

Helen Minnis described an NSPCC pilot for children in the social care system, based on attention to Infant Mental Health. They are trying to set up support via Video Interaction Guidance, Circle of Security and Parent-Child Psychotherapy. However, it will be four years before the results of the pilot are known

Sally Amor described the work in Highland Region, including their approach to Infant and Maternal Mental Health. The key window for support is the first 6 months of a baby's life. Sally commented that *'we don't pay enough attention to babies'*, and that what is normal is that *'we fund when the horse has gone'*.

Thanos Karatzias commented that the reason the Education Committee was struggling was because we try to find one thing to suit everyone. *'Each family has its own needs, we must be flexible in support'*.

He also commented that while Attachment is an incredibly useful concept, the latest data from his Complex PTSD study indicated that, while secure attachment is important, *'a strong sense of self is the most important protective factor'*.

Mark Ballard of Children 1<sup>st</sup> commented that while the 2014 Act, including the proposals for continuing care and a named person, implied a fantastic early warning system, what good is an early warning system without support to follow?

There is no lack of evidence, as Helen Minnis had described. The issue is *'The Political Will to invest in services in a time of challenging budgets'*. Increasing the evidence base won't change this.

Gail Ross MSP insisted that the Government **is** investing in Mental Health, and has a Mental Health Strategy. However, she will write to the Mental Health Minister to find out how the Child Mental Health Implementation Group is progressing, and when we can find out its findings / actions.

Helen Minnis said that there is £52 million in the Programme for Government, for perinatal mental health, but we must invest in **Infant** Mental Health. Needs are much wider than parental mental health, and include substance abuse, domestic violence and other ACEs. The work of WAVE Trust on these is so salient.

Gail suggested that we could usefully look at the preventive spend agenda, and engage with Maree Todd or the Mental Health Minister. One potential question for the Mental Health Minister would be 'How will the £52 million be spent?'

The discussion continued with contributions from, among others, Nicki Lawrence of Barnardo's, who commented that the impacts of trauma and adversity on mental health were of great interest to Barnardo's. She asked why so many young people were rejected by CAMHS. Karen Law pointed out that many sources of trauma and adversity were not among the 10 identified in the ACE research – e.g. birth trauma.

Janine Rennie of Wellbeing Scotland said she was 'massively excited' by what Thanos had been saying. Her organisation is seeing an epidemic of complex PTSD, but there is very little treatment for this at present. A councillor in every school? But what would they do? CBT? It doesn't work (Thanos and George both agreed).

Sandra Ferguson suggested the NHS Trauma-training plan would be a good place to start.

**Any Other Competent Business:**

Ryan suggested that attendees look at the Scottish Youth Parliament 5 Year Plan.

**Dates of Next Meetings:** The next three meetings will be on 29<sup>th</sup> May (when the subject is Children and Young People), 11<sup>th</sup> September and 27<sup>th</sup> November.