

Asking patients about ACEs ... because waiting to be told doesn't work

A pilot in deep-end GP practices

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Background

Increased interest and awareness in Scotland about adverse childhood experiences (ACEs) has reaffirmed the importance of early-life experiences for health and wellbeing throughout the life course. ACEs have been described as stressful events during childhood that can have a profound impact on an individual's present and future health. A publication from the Scottish Public Health Network¹ recommended exploring the potential for routine enquiry about ACEs, in appropriate circumstances.



Studies have repeatedly shown a relationship between adverse and traumatic experiences in childhood and increased risk of a range of negative health and social outcomes in adulthood.² These include:

- having type 2 diabetes
- spending time in prison
- developing heart disease
- being a victim of violent crime
- having health-harming behaviours (high-risk drinking, smoking, drug use)
- low mental wellbeing.

Although having multiple ACEs is associated with an increased risk of poor health outcomes, this does not determine someone's future, or mean nothing can be done to reduce the impact of ACEs. Positive childhood experiences and protective factors also need to be taken into account, not least the presence of a trusted adult in childhood, which has been shown to have a powerful moderating influence.

For more information visit www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces

While ACEs are found throughout the population, there is more risk of experiencing ACEs in areas of higher deprivation. Preventing ACEs should therefore be seen within the wider context of tackling societal inequalities. The prevention of ACEs, as well as reducing and mitigating the impact of ACEs, requires action across the whole of society.

Aim

To contribute to the current evidence base on ACE enquiry and further develop an understanding of how enquiry can support patients' health and wellbeing within primary care in Scotland.

A mixed-method evaluation scheduled for 2020 will aim to understand what difference enquiry can make to patients, staff and the healthcare system within deep-end practices.

What is ACE enquiry?

ACE enquiry involves a practitioner – in this case a GP – systematically asking their patients about their ACEs as part of a normal approach to history taking. ACE enquiry should help to inform a patient-centred conversation supporting individuals to understand the impact of their childhood experiences. Research suggests that waiting for someone to disclose adverse experiences from childhood doesn't work.³ ACE enquiry moves beyond waiting for someone to voluntarily disclose, to proactively asking about someone's childhood, which can enable a practitioner and patient to design support accordingly. It has been hypothesised that the simple act of asking someone about their past experience may offer some therapeutic benefit.⁴

ACE enquiry moves beyond the 'assess-refer-treat' approach of traditional healthcare appointments and enables practitioners to look holistically at someone's whole life experience.

Asking about ACEs has been tested in a number of clinical settings in England and Wales. Evaluations suggest that ACE enquiry is acceptable to the practitioner and adult being asked^{5,6,7} and have consistently shown that adults do not typically seek an onwards referral following enquiry.^{4,5} One evaluation found two thirds of patients felt more supported as a result of enquiry.⁵ Further evidence is needed to understand what demand this puts on the health service and what impact it has on patients within primary care.

Method

In March 2019, approximately 100 staff from six deep-end GP practices received training in ACE enquiry. The training aimed to improve delegates' theoretical and practical knowledge of ACEs, as well as their confidence around enquiry and responding appropriately to disclosures of adversity.

A questionnaire was designed in a way which prompts the practitioner to look beyond the 'original' 10 ACEs from epidemiology studies and to consider other sources of adversity. A recording template was developed to formally record ACE enquiry.

Regular staff support and supervision has been built in to ensure staff are personally supported to respond appropriately to patients' disclosures. A patient information leaflet has been developed to provide patients with more information following the enquiry.

Early feedback

In June 2019, GPs from five practices started ACE enquiry. Responses include:

'It has been harrowing to learn more about my patients' childhood experiences but it has helped me to understand my patients so much better.'

'ACE enquiry has transformative potential, however it is intensive relationship-changing work.'



'If you ask the most complex and vulnerable patients you are able to support them much better, but it takes time ... my last appointment took 25 minutes.'

'When I thanked her for doing the ACE with me my patient said: "I would have never told anybody else, it is only because you have known me for so long."'

References

- 1 Couper S, Mackie P. Polishing the Diamonds – Addressing Adverse Childhood Experiences in Scotland. Edinburgh: Scottish Public Health Network; 2016.
- 2 Walsh D, McCartney G, Smith M et al. The relationship between childhood socio-economic position and Adverse Childhood Experiences (ACEs): a systematic review. *Journal of Epidemiology & Community Health* – Epub ahead of print (19/11/2019). doi:10.1136/jech2019-212738
- 3 Read J, Fraser A. Abuse histories of psychiatric inpatients: to ask or not to ask? *Psychiatr. Serv.*, 1998; 49(3), pp.35–359.

4 Felitti VJ. Kaiser permanente institutes of preventive medicine. *The Permanente Journal*, 2004; 8(1), 3–5.

5 Hardcastle K and Bellis MA. Asking about adverse childhood experiences (ACEs) in health visiting: Findings from a pilot study. Wrexham: Public Health Wales NHS Trust; 2019.

6 Hardcastle K and Bellis MA. Routine enquiry for history of adverse childhood experiences (ACEs) in the adult patient population in a general practice setting: A pathfinder study. Wrexham: Public Health Wales NHS Trust; 2018.

7 Hardcastle K and Bellis MA. Asking about adverse childhood experiences (ACEs) in general practice. Evaluation findings from a pilot study in Anglesey, North Wales. Wrexham: Public Health Wales NHS Trust; 2019.