
Post-traumatic stress disorder (PTSD)

Summary

- PTSD develops in some people after they experience or witness an event that threatens their life or safety, or that of others around them.
 - Symptoms include vivid memories, feeling constantly on edge and avoiding reminders of the event.
 - It is common for people to have some of the symptoms of PTSD in the first few days after the traumatic event. Most will recover by themselves or with the support of family and friends. Others may need professional help.
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Post-traumatic stress disorder (PTSD) is a set of reactions that can develop in people who have experienced or witnessed a traumatic event that threatens their life or safety (or others around them). This could be a car or other serious accident, physical or sexual assault, war-related events or torture, or a natural disaster such as bushfire or flood.

Other life-changing events such as being retrenched, getting divorced, or the death of a family member are very distressing, and may cause mental health problems, but are not considered traumatic events that can cause PTSD.

In the first days and weeks after a traumatic event, people often experience strong feelings of fear, sadness, guilt, anger, or grief. Generally these feelings will resolve on their own, however if the distress continues, it may mean that the person has developed PTSD or another mental health condition.

Anyone can develop PTSD following a traumatic event, but people are at greater risk if:

- the event involved physical or sexual assault
- they have had repeated traumatic experiences such as sexual abuse or living in a war zone
- they have suffered from PTSD in the past.

Symptoms of PTSD

A person with PTSD has four main types of difficulties:

- Re-living the traumatic event through unwanted and recurring memories, flashbacks or vivid nightmares. There may be intense emotional or physical reactions when reminded of the event including sweating, **heart palpitations** or **panic**.
- Avoiding reminders of the event, such as thoughts, feelings, people, places, activities or situations that bring back memories of the event.
- Negative changes in feelings and thoughts, such as feeling angry, afraid, guilty, flat or numb, developing beliefs such as “I’m bad” or “The world’s unsafe”, and feeling cut off from others.
- Being overly alert or ‘wound up’ indicated by **sleeping difficulties**, irritability, lack of concentration, becoming easily startled and constantly being on the lookout for signs of danger.

A health practitioner may diagnose PTSD if a person has symptoms in each of these four areas for a month or more, which lead to significant distress or impacts on their ability to work and study, their relationships and day-to-day life.

People with PTSD can also have what are termed ‘dissociative experiences’, which are frequently described as:

- “It was as though I wasn’t even there.”
- “Time was standing still.”
- “I felt like I was watching things happen from above.”

PTSD in children and teenagers

Older children and teenagers experience similar problems to adults when they develop PTSD. Younger children can express distress in a different way. For example, they may re-live the traumatic event through repetitive play rather than having unwanted memories of the event during the day. Many children have frightening dreams without recognisable content rather than **nightmares** that replay the traumatic event. Children may also lose interest in play, become socially withdrawn, or have extreme temper tantrums.

About one third of children who experience a traumatic event will develop PTSD.

Other problems that can develop alongside PTSD include **anxiety** or **depression**, defiant behaviour, **attention deficit hyperactivity disorder**, and in teenagers and young adults, suicidal thoughts and alcohol or drug use.

Impact of PTSD on relationships and day-to-day life

PTSD can affect a person’s ability to work, perform day-to-day activities or relate to their family and friends. A person with PTSD can often seem disinterested or distant as they try not to think or feel in order to block out painful memories. They may stop them from participating in family life or ignore offers of help. This can lead to loved ones feeling shut out.

It is important to remember that these behaviours are part of the problem. People with PTSD need the support of family and friends, but may not think that they need help.

It is not unusual for people with PTSD to experience other mental health problems at the same time. In fact, up to 80 per cent of people who have long-standing PTSD develop additional problems - most commonly **depression**, **anxiety**, and **alcohol** or other **substance misuse**. These may have developed directly in response to the traumatic event or have developed sometime after the onset of PTSD.

Risky alcohol and drug use with PTSD

People commonly use alcohol or other drugs to blunt the emotional pain that they are experiencing. Alcohol and drugs may help block out painful memories in the short term, but they can get in the way of a successful recovery.

When to seek help for PTSD

A person who has experienced a traumatic event should seek professional help if they:

- don’t feel any better after two weeks
- feel highly anxious or distressed
- have reactions to the traumatic event that are interfering with home, work and/or relationships
- are thinking of harming themselves or someone else.

Some of the signs that a problem may be developing are:

- being constantly on edge or irritable
- having difficulty performing tasks at home or at work
- being unable to respond emotionally to others
- being unusually busy to avoid issues

- using alcohol, drugs or gambling to cope
- having severe sleeping difficulties.

Support is important for recovery

Many people experience some of the symptoms of PTSD in the first two weeks after a traumatic event, but most recover on their own or with the help of family and friends. For this reason, formal treatment for PTSD does not usually start for at least two or more weeks after a traumatic experience.

It is important during the first few days and weeks after a traumatic event to get whatever help is needed. This may include accessing information, people and resources that can help you to recover. Support from family and friends may be all that is needed. Otherwise, a doctor is the best place to start to get further help.

Treatment for PTSD

If you are still experiencing problems after two weeks, a doctor or mental health professional may discuss starting treatment. Effective treatments are available. Most involve psychological treatment such as counselling, but medication can also be helpful. Generally, it's best to start with psychological treatment rather than use medication as the first and only solution to the problem.

The cornerstone of treatment for PTSD involves confronting the traumatic memory and working through thoughts and beliefs associated with the experience. Trauma-focussed treatments can:

- reduce PTSD symptoms
- lessen anxiety and depression
- improve a person's quality of life
- be effective for people who have experienced prolonged or repeated traumatic events, but treatment may be required for a longer period.

Treatment for children and teenagers with PTSD

For children and teenagers who are struggling to recover after a traumatic event, the recommended treatment is trauma-focussed cognitive behavioural therapy (CBT). This treatment involves:

- learning about the type of traumatic event experienced (e.g. how common it is) and common reactions to trauma
- teaching how to relax and manage anxiety
- helping to create a coherent story of the traumatic event, and correct any unhelpful beliefs about the event such as self-blame
- gradual exposure to trauma-related objects or situations that are feared or avoided
- helping to get back into everyday activities.

Where to get help

- Your doctor
- Mental health specialist, such as a psychiatrist, psychologist or social worker, with experience in treatment of PTSD
- Community health centre
- **Phoenix Australia** - Centre for Posttraumatic Mental Health Tel. (03) 9035 5599

This page has been produced in consultation with and approved by:

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