

# Post traumatic stress disorder health and social care essay



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According to the National Mental Health Association, nearly 8 million American adults are affected by PTSD ([www.nimh.nih.gov](http://www.nimh.nih.gov)). Post-traumatic stress disorder (PTSD) affects many people on a global scale and has changed the lives of many people from its onset to the individuals suffering from the disease for their entire life. Often times the disease goes undiagnosed for many years until a significant event happens or an emotion triggers a reaction which may or may not cause the individual to seek treatment from a health professional. People who suffer from PTSD may display a number of symptoms such as severe mood swings, avoidance coping (Badour, et. al., 2012), decreased family interaction, social uneasiness and many other life changing situations. Several methods of self-report surveys, such as the popular PTSD Checklist (PCL) were used to analyze and diagnose the patients to validate some of the theories and causal factors surrounding the disease (Badour, et. al., 2012). Fortunately there are many organizations and support groups that are available to individuals who are suffering from PTSD as well as many research facilities that are reaching out through various mediums to offer an opportunity for the subjects to step forward and receive help, assistance or treatment in dealing with their illness (Badour, et. al., 2012). In this study, the effects, treatment plans, research studies and outcomes will be discussed to show the efforts being made to discover and remediate the disease enabling the subjects to return to a somewhat " normal" quality of life. It was hypothesized that individuals symptomatic or diagnosed with PTSD would display increased levels of social avoidance, increased levels of stress, heightened emotional responses and decreased quality of life during the period of their exposure to the disease. The following literature reviews <https://assignbuster.com/post-traumatic-stress-disorder-health-and-social-care-essay/>

attempt to validate and support this hypothesis. The purpose of this study was to discuss the usage of Veteran's Health Administration Services by veterans of the Iraq and Afghanistan wars and the quality and inadequacy of the services received (Shiner, et. al., 2012). The 222, 620 subjects were eligible veterans who had served in wither the Iraq or Afghanistan wars and diagnosed with PTSD during the period from 2002-2010. The same time period was utilized in the utilization of services study and 161, 507 patients were identified. Four population-based studies utilized surveys. The survey utilized is the standard PTSD Checklist (PCL), which is a 17-item self-report utilized as a standard within the military. The other tool used to measure to measure utilization of VHA services was the electronic health record or EHR. An estimate was made that 58% of the veterans with PTSD have used VA services to receive some PTSD-related treatment. Additionally, they also estimated that veterans with PTSD have been increasingly likely to use VA services over time. Badour, et. al., (2012) found outcomes produced where to prove the theory that those patients who presented symptoms of avoidance coping to situational events surrounding symptomatic behaviors of PTSD would differ from those who complied or presented themselves for treatment of the disease. There were 1073 subjects in this study and they were all male military veterans (Badour, et. al., 2012). The PTSD Checklist-Military Version was the type of instrument utilized in the collection of the date. The type of data that was collected was the symptoms of PTSD as defined by the Diagnostic and Statistical Manual of Mental Disorders. Each participant was asked a series of questions surrounding the 17 items that measure PTSD symptoms and asked the severity of their effect on the individual as to how much it bothered them. The results of the study were in <https://assignbuster.com/post-traumatic-stress-disorder-health-and-social-care-essay/>

line with the hypothesis that those patients who utilized avoidance coping mechanisms were less successful in the treatment planning system than those who were admittedly suffering symptomatic conditions of PTSD (Badour, et. al., 2012). However, the study also concluded that there were decreases in avoidance coping from intake to follow-up. Additionally, it was suggested that more testing take place to include women and varying the treatment. The purpose of the study was to show the interrelatedness of PTSD and eating disorders and the associated treatment approach (Mott, et. al., 2012). This study involved the study of a female soldier who was admitted to a 25-day, trauma-focused inpatient program 3 months after she experienced military sexual trauma. One type was the Clinician-Administered PTSD Scale (CAPS) another was the PTSD Checklist- Military Version as well as the Posttraumatic Cognitions Inventory (PTCI). The results of the study showed significant improvement in the patient's ability to understand and deal with their emotional and psychological stressors in their diagnoses, so much in fact the patient was returned to normal activities after the treatment plan was concluded along with follow-up status checks. The purpose of this study was to evaluate the social functionality, coping skills and the overall life satisfaction in the veterans returning from Iraq and Afghanistan (Tsai, et. al., 2012). Additionally, these same veterans were evaluated in their relationships, social functioning and avoidance and excessive worry. In this study, 164 veterans who were returning from Iraq and Afghanistan were studied through the use of questionnaires (Tsai, et. al., 2012). The type of data collected in this study was from a self-report survey that was given to the veterans. The instruments that was used, which seems to be prevalent in these types of studies, was the PTSD Checklist-Military

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version (PCL-M), along with a Quality of Marriage Index, Family Adaptation and Cohesion Scales (FACES III), Social Functioning Questionnaire (SFQ), Satisfaction of Life Scale (SWLS) and the Post deployment Social Support Scale (PSSS) along with a battery of other self-evaluative tests (Tsai, et. al., 2012). The results of the study indicated, as expected, that veterans who showed signs of PTSD had more difficulty with family, relationships, social skills, etc. There was little difference in the results of those veterans who did not show signs of PTSD. The purpose of this study was to discuss alternative methods of treatment for PTSD utilizing a combination of touch and visual stimulation to provide relaxation techniques to the patients participating in the study (Jain, et. al., 2012). This study was conducted with 123 active duty military personnel of the 205 initially screened. The instrument used to collect the data was the PTSD Checklist (PCL)-Military, which is the standard 17-item testing of self-reporting. Additionally, the outcomes were measured utilizing the Beck Depression Inventory (BDI), which is also a self-reporting mechanism utilized. The results of the study showed that there was a significant increase in the outcomes in a positive manner for those receiving the HT+GI treatment program (Jain, et. al., 2012). A cross-sectional study utilizing secondary data collected from the Behavioral Risk Factor Surveillance System (BRFSS) is often utilized in gathering data through telephone surveys ([www. cdc. gov](http://www.cdc.gov)). These surveys consist of a battery of questions based on a number of symptomatic conditions reported by the participants. Each area or bank of questions has a purpose to identify characteristics associated with a particular disease and a subsequent area or module of questions relative to that particular disease or condition.

Specifically, to determine the existence of PTSD or PTSD-related conditions  
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experienced by the participant the following types of questions may be asked: " Did you ever serve in a combat or war zone?" or " Has a doctor or other health professional ever told you that you have depression, anxiety, or post-traumatic stress disorder (PTSD)?" Each of the aforementioned questions will have responses of " Yes, No, Don't know or Refused" to choose from for the participants and each of these responses are recorded and then measured and reported to further analyze the data. The data gathered from these and the other four questions within the Veterans' Health section of the questionnaire will permit further studies relative to the conditions reported by the participants. The gathering, reporting, recording and analyzing of the data for any study is an arduous task. Furthermore, determining a hypothesis such as, " there is a correlation between the disease of PTSD and those veterans who have served during war time in Afghanistan and Iraq" has been shown in the aforementioned studies. A comparison or relational analysis can be time consuming based on the delivery method chosen to validate the data and the research. It is important to choose a method that will closely validate the research presented and deliver information to the reader that will prove the chosen theory.

**Incidence/prevalence** Most of the articles researched in this study displayed varying rates of prevalence of PTSD among patients displaying symptoms of the disease between six and ten percent with the National Comorbidity Survey Replication (NCS-R) reporting it at 6. 8% ([www.ptsd.va.gov](http://www.ptsd.va.gov)); however, categorically, the prevalence rates among veterans who had served in a wartime situation or environment showed a much higher rate than any of the other subgroups in the studies.

**Mortality** Many patients having been diagnosed with PTSD and/or PTSD-like symptoms show an increased rate of suicide or suicide-related

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thoughts. In conducted studies, it was determined that 57% of the patients displayed suicidal behavior (Panagioti, et. al., 2009). This conclusion is consistent with the symptomatic behavioral traits of patients suffering from PTSD. According to the National Institute of Mental Health (NIMH), the median age of onset of PTSD is 23 years of age ([www. nimh. nih. gov](http://www.nimh.nih.gov)). Demographic information concerning the prevalence or incidence of PTSD is not confined to a specific geographic area, in fact, the disease has no boundaries. Patients suffering from PTSD or PTSD-like symptoms come from all walks of life and from dispersed age groups. The disease, because of its broad-based characteristics, affects or has affected both males and females. Some studies have indicated that individuals from economically distressed areas, lower levels of education, troubled domestic influences and urban areas seem to be most prevalent when reporting the disease (Campbell, et. al., 2007).

**Typical 5-year studies show an increase in responsiveness to treatment of PTSD and PTSD-related symptoms. The treatment plans varied for a large number of patients to include self-report surveys, stress exposure, medication therapy, calm environment and others. Although the results were positive, there were a number of dropouts reported during their treatment periods which had an overall effect on the " true" effectiveness of the treatment plans over the prescribed period needed to show definite trends.**

A diagnosis of PTSD can be drawn from a number of determining factors consistent with the disease. Patients or studies concluded in the research and from historical data validate that traumatic events experienced in life to include childbirth, vehicle accidents, natural disasters, rape or sexual assault

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victims and war veterans can experience symptoms of PTSD. The risks associated with developing or contracting a disease are not always controlled by human subjects but are influenced significantly by their environments or exposure to situational events, such as with PTSD. This disease or the risk of being diagnosed with this disease is increased or more likely to occur when people are exposed to traumatic events as in the aforementioned paragraph. Any time a subject is exposed to these traumatic events the risk exists to suffer from PTSD or its associated illnesses. Many of the subgroups mentioned earlier have a general risk associated with the disease; however, of the subgroups research has shown that military veterans who have been exposed to wartime events have the highest amount of risk compared to the other groups. The descriptive characteristics associated with PTSD, such as neurosis, depression, emotional numbness, avoidance and a number of other symptomatic displays of emotional instability seem to be more prevalent and consistent with the disease. The controversy surrounding diagnoses will exist as long as there are clinicians performing a study based on historical data or symptomatic conditions concerning disease. The symptoms of PTSD and Traumatic Brain Injury (TBI) share common elements of their respective diseases and controversy has been existent in determining the distinguishing characteristics between the two for some time in the medical arena (Andreasen, 2011). The main area of focus in the controversy is around the separation in the diagnosis and making the determination as to the dominant symptoms that would make the practitioner decide which of the two diseases would be the proper diagnosis. Public health administrators are under constant pressure and scrutiny to address the needs of the general public. These caretakers are <https://assignbuster.com/post-traumatic-stress-disorder-health-and-social-care-essay/>



expected to swiftly develop action plans, treatment plans and most importantly to build a strategic plan to validate the confidence the general public has in their community health systems. Prevention of disease outbreak and epidemics are a priority of public health administrators along with constantly evaluating the effectiveness of treatment plans and programs put in place to address disease. Along with regulatory bodies to guide adherence to local, state and national policies and procedures, public health administrators must build a team of clinical professionals that are competent and trained in the latest practices in disease control and treatment. Imperative to the success of the local health offices, the implementation of Evidence-Based Practices (EBP) and to maintain accreditation is paramount (Allen, et. al., 2012). The data presented in this study or review is and has been suggested that additional studies are needed surrounding PTSD and the associated symptoms associated with the disease. Clinical studies are a positive step towards treatment of the disease in both traditional and non-traditional settings; however, more exploratory methodologies need to be examined and initiated to continue the research and potential cure for all of the affected patients.