

# Social injustice and stigma regarding the diagnosis and compensation essay



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Running Head: POST TRAUMATIC STRESS DISORDER: SOCIAL INJUSTICE

Social Injustice and Stigma Regarding the Diagnosis and Compensation For Patients who Present with Post Traumatic Stress Disorder YOUR NAME HERE

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Diagnosis and Compensation For Patients who Present with Post Traumatic

Stress Disorder Introduction Post-traumatic stress disorder (PTSD) is a severe

chronic mental illness associated with psychiatric distress, social

maladjustment, poor quality of life, and medical comorbidity.

Yet, for the past twenty years it has been a controversial mental illness

diagnosis not only due to its subjectivity but also, because of factors that

have increased its prevalence and sudden onset, such as compensation for

long-term disability and withdrawal from combat duty (Schlenger, Kulka,

Fairbank, Jordan, Hough, Marmar, & Weiss, 2006). Despite the severity of the

syndrome, people with PTSD tend to receive inadequate mental health

services in the public sector and their symptoms often go unrecognized.

Impediments to mental health treatment, in general, have included:

concerns about cost, lack of time to seek care, stigma, or feelings among

affected persons that they can take care of mental health symptoms

independently or other people need the mental professionals services more

than themselves (altruistic concerns in times of disaster) (Stuber, Galea,

Boscarino, & Schlesinger, 2006). Although high health care costs must be

contained and services increased, the value system that provides the

foundation of nursing must be preserved; nurses have an ethical obligation to respect clients and provide or obtain needed health services for them.

Research PTSD is currently a diagnostic category under the DSM IV-Revised (APA, 2000), which involves three symptom-based criteria: intrusive reexperiencing (unwanted trauma memories, reminders, and flashbacks), avoidance of reminders of past trauma and emotional numbing, and hyperarousal and hypervigilance as a result of experiencing witnessing, or being confronted with an event or events that involved actual or threatened death or serious injury, or threat to the physical integrity of self or others with a response of intense fear, helplessness, or horror. The PTSD determinations are based on subjectivity and subjectivity leads to inconsistency. By no means will all people who have experienced trauma go on to develop PTSD, most people who suffer psychological trauma in fact, do not develop PTSD. For most, the emotional effects of such events subside after several months. PTSD is primarily an anxiety disorder and should not be confused with normal grief and adjustment after traumatic events (Keltner & Dowben, 2007).

However, the effects of trauma are thought to be much broader than the diagnosis of PTSD and involve the complexity of neurobiological responses. Trauma disconnects the person physiologically, emotionally, spiritually, cognitively, interpersonally, and socially. Therefore, a priority implication for nursing practice is to provide holistic care when working with traumatized patients. With a goal of restoring their harmony, balance, connection, and integration with themselves in hopes of healing on a deeper level (Guy & Guy 2007). The prevalence of PTSD among veterans of foreign war had <https://assignbuster.com/social-injustice-and-stigma-regarding-the-diagnosis-and-compensation-essay/>

steadily been increasing in the number of incidences after the VA had approved compensation at the 100% rate during 1999-2004, in addition to providing treatment for veterans diagnosed with PTSD.

For the fiscal year 2004, the VA spent 4.3 billion dollars for PTSD disability payments excluding the medical care (Schlenger, et. al, 2006). So, there is continuing controversy on whether PTSD, the emotional cost of war, should be conceptualized as a long-term disability. This ethical dilemma leaves healthcare providers challenged by accurately documenting, diagnosing, treating those who have a problem, conserving on those who do not and ensuring fair allocation of resources for all veterans. Professional Reaction Clearly, PTSD poses a serious threat to quality of life.

The impairment associated with posttraumatic stress disorder carries with it staggering costs and burdens to the individual, to the family, and to the society as a whole. The cost to the individual is detrimental, because it can manifest into unfulfilled potential in areas of education, employment, interpersonal relationships, and day-to-day role functioning. It is also especially damaging to those who are experiencing PTSD because it can be stigmatizing, as many mental disorders are. Our society tends to minimize the perceived "chaotic" unstable state of too much emotionality. The inevitable emotional fallout or response to such trauma becomes pathologic in the eyes of not only their peers but the health care providers caring for them. Instead of plaguing the client-nurse relationship with our personal biases or misconceptions, it is our responsibility to realize that posttraumatic stress disorder is a real mental disorder.

It causes both physiological and psychological symptoms that can interfere with a person's psychological, social, and occupational life (Guy & Guy, 2007). By recognizing that psychological and social factors contribute to the well-being of the patient just as much as physiological factors do, nurses can actively participate in the development of providing holistic care and making better informed judgments in protecting, advocating, and caring for the citizens of our community. Nurse's education and research will hopefully lean toward examining the psychological, social, and cultural factors that play a role in the etiology, presentation, and course of disease as we struggle with increased demands for health care and limited resources to provide it, while still maintaining integrity in high quality nursing care and improving standards of practice. Humans are ultimately biological, psychological, social, and spiritual beings; so that while addressing problems in any one of these realms while ignoring others will ultimately prolong disease, increase costs, and reduce the satisfaction patients experience with the care received and that health professionals experience with the care they deliver (McEwen, 1999).

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