



BACKGROUND

Post Traumatic Stress Disorder (PTSD) Facts

What is PTSD?

Post-Traumatic Stress Disorder, PTSD, is a mental illness in the form of an anxiety disorder that can inflict a person after experiencing or witnessing a dangerous, horrific or other traumatic event in which grave physical, psychological or sexual harm occurred or was threatened. When a person is in danger, it's natural to feel afraid. This fear triggers many split-second changes in the person's body to prepare for either defending itself against the danger or fleeing to avoid it.

This "defend-or-flee" response is a healthy reaction meant to protect a person from harm. But with PTSD, this reaction is changed or damaged and often reoccurring over long periods of time. As a result, people who have PTSD may feel stressed or frightened even when they are no longer in danger.

The Faces of PTSD

Anyone can get PTSD at any age after experiencing or witnessing a traumatic event. This includes soldiers in active service and war veterans, as well as survivors of physical or sexual assault, abuse, accidents, natural disasters and many other serious events. Not everyone with PTSD has been through a dangerous life-threatening event. Some people get PTSD after a friend or family member experiences danger or is harmed. The sudden, unexpected death of a loved one can also cause PTSD.

Trauma can be triggered by any number of stressful events, from natural disasters to personal devastations, such as divorce, loss of a loved one, personal injury, childhood trauma, sexual and emotional abuse, or other life-altering experience.

PTSD has many causes and effects. It can inflict anyone at any time. Groups identified as at higher risk to the development of PTSD include soldiers and their families, emergency and public safety employees including police officers, firefighters and paramedics, First Nations' members, and victims of sexual and physical abuse.

PTSD Symptoms

Symptoms of PTSD usually begin within 3 months of the traumatic event. However, sometimes symptoms surface many years later. The duration of PTSD and the severity of the symptoms vary. For some, recovery may be achieved in 6 months; for others, it may take much longer.

PTSD can cause many symptoms: 1. Flashbacks—bad dreams and reliving the trauma, including physical symptoms like a racing heart or sweating; 2. Avoidance symptoms - staying away from reminders of the experience, feeling emotionally numb, guilty, worried or depressed; and, 3. Hyperarousal symptoms: - being easily startled, feeling tense, difficulty sleeping, and angry outbursts.

Medical Scientific Description of PTSD

A recent University of Manitoba-led study of PTSD, based on data from Statistics Canada's *Canadian Community Health Survey (CCHS) - Mental Health and Well-being - Cycle 1.2*, provides the following medical-scientific definition of the disorder:

“Post-traumatic stress disorder (PTSD) is characterized by a constellation of distressing and/or impairing symptoms that occur after experiencing, witnessing, or being confronted with a traumatic event that includes an actual or perceived threat to the self or others. PTSD involves repeated and intrusive memories related to the trauma (thoughts, dreams/nightmares), avoidance of situations that are reminders of the trauma, and hyperarousal (irritability, reduced concentration, exaggerated startle response).”¹

The Canadian study team cited estimates from the general population samples across the world that indicate PTSD is a common mental disorder with lifetime prevalence of 7% to 12%. Studies in at-risk populations - combat veterans, peacekeepers, terrorist attack survivors, and Aboriginal populations - have demonstrated higher rates of PTSD than the general population samples.²

¹ Sareen J. et.al., *Physical and Mental Comorbidity, Disability, and Suicidal Behavior Associated With Posttraumatic Stress Disorder in a Large Community Sample*, Department of Psychiatry, University of Manitoba,

² Ibid.

Stigma and PTSD

Stigma is a negative, disrespectful and untrue judgment about a person with a mental illness like PTSD based on misconceptions and false understandings of the nature and effects of mental illness. The stigma which exists within society towards people who have a mental illness can be extremely harmful and cruel to those inflicted with the illness. Usually the stigma is derived from a perceived negative attribute that causes someone to devalue or think less of the whole person. People tend to distance themselves from individuals in stigmatized groups, to blame individuals in these groups for perceived negative attributes, and to discriminate against and diminish the stigmatized individuals.

Self-stigma occurs when people with a mental illness begin to believe the unwarranted and false negative opinions about them and start to believe that they deserve to be called names and denied opportunities. Stigma and discrimination by association involves negative judgments about and disrespectful actions against family members, caregivers and mental health professionals.

Health care professionals, in particular mental health professionals, have been strong advocates for reducing stigma and discrimination. Mental health professionals are themselves, targets of stigma and discrimination. Stigma against mental health professionals (of all types) and mental health researchers has also been identified as a barrier to the free flow of scientific knowledge that could lead to better treatment, improved policies and greater investment in the Canadian mental health system. This stigma is seen as endemic in the scientific, political and medical communities.

The Harm Caused by Stigma³

People who live with mental illness and their families often state that the stigma associated with their diagnosis was more difficult to endure than the actual illness. Stigma is all-encompassing. It affects the ability to find housing and employment, enter higher education, obtain insurance, and get fair treatment in the criminal justice or child welfare systems. Stigma is not limited to the attitudes and actions of others. Self-stigma relates to internalized negative stereotypes that lead people with mental illness and their families to adopt attitudes of self-loathing and self-blame leading to a sense of helplessness and hopelessness.

Stigma is dangerous because it interferes with the understanding of a mental illness like PTSD and prevents an afflicted individual from obtaining both needed professional help and support from friends and family.

³ See: Everett, Barbara PhD., *Stigma The Hidden Killer*, Background paper, Mood Disorders Society of Canada, March 2006, www.mooddisorderscanada.ca/documents/Publications/Stigma%20the%20hidden%20killer.pdf

Stigma is:

- An inhibitor of primary prevention;
- A fundamental cause of disease (marginalization, oppression and denial of opportunity);
- A factor H that limits early detection;
- A factor that interferes with positive treatment outcomes;
- A contributor to a drain on health resources and on the Canadian economy;
- An impediment to recovery; and,
- Multi-faceted and creates a multiplier effect (stigma piled upon stigma).

Overview of Mental Illness in Canada

Mental Illness has a devastating effect on the health, productivity, life gratification and activities of Canadians. Mental illness strikes over six million Canadian directly and impacts almost every single household in the country. An estimated three million Canadians will experience depression in their lifetime. There are very few Canadians who are not themselves, or through a family member or close friend, dealing with mental health issues. The likelihood of having a mental illness in your lifetime in Canada is one in five.

Mental illness is associated with more lost work days than any other chronic condition, costing the Canadian economy \$51 billion annually in lost productivity, with almost \$20-billion of that coming from workplace losses. The total public expenditure on mental health services and support is estimated to be \$14.3 billion.

Only about one-third of those who need mental health services in Canada actually receive them mainly due to both the stigma attached to mental illness and the navigational challenges of accessing appropriate services in a system which is itself overburdened with demand. As we move ahead with mental health reform in Canada and reduce or eliminate stigma and discrimination, we can expect a corresponding increase in the number of Canadians seeking help.