POST-TRAUMATIC STRESS DISORDER (PTSD)

Why is this relevant?

Covid-19 workers are likely to witness a number of distressing scenes and be exposed to a range of potentially traumatic events. For some, this may contribute to the development of Post-traumatic Stress Disorder (PTSD).

Core constructs/concepts

PTSD is a mental health disorder which affects a minority of those exposed to traumatic events which include death, threatened death, actual or threatened serious injury or actual or threatened sexual violence. Exposure to the traumatic event may be vicarious if the event happens to a loved one/someone under person's care. PTSD can also occur as a result of accumulated trauma (often known as type 2 trauma) often as a result of one's professional duties.

- People with PTSD, including complex PTSD, may present with a range of symptoms. It is important to note that in order for someone to have PTSD, symptoms have to be associated with significant functional impairment. PTSD symptoms include
- Re-experiencing symptoms (e.g. nightmare, intrusive thoughts, flashbacks)
- Avoidance
- Hyperarousal (including hypervigilance, anger and irritability)
- Negative alterations in mood and thinking including distorted perceptions and emotional numbing
- Dissociation
- Emotional dysregulation
- Interpersonal difficulties or problems in relationships
- Negative self-perception (including feeling diminished, defeated or worthless)

Risk factors for developing PTSD include:

- Childhood trauma and/or adversity
- Development of acute stress at the time of the traumatic event
- Poor social support after the event
- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home
- Having a history of mental illness or substance abuse

Reported rates for PTSD in emergency services vary from 1% to 20% although there is a dearth of high-quality studies. **There is little evidence that trauma-focused debriefing is helpful - in fact, research has consistently shown it is ineffective and can even be harmful.** Psychological debriefing is not recommended for use by the NICE guidelines. Whilst there is no consistent evidence that any specific intervention delivered within the first month of a traumatic incident is effective in preventing the onset of PTSD, there is very strong evidence that good social support and a temporary reduction in stress are beneficial approaches in terms of bolstering psychological resilience.

Social support and structured peer support programmes such as Trauma Risk Management (TRiM) and Psychological First Aid (PFA) appear to be effective, though there is limited long-term evidence to support any specific post-trauma interventions.

Practical recommendations

- Information on prevention and treatment of PTSD is set out in the UK Psychological Trauma Society (http://www.ukpts.co.uk/guidance.html) and NICE guidelines (https://www.nice.org.uk/guidance/ng116). Ideally, those providing support to workers should be familiar with both guidelines.
- NICE recommend 'active monitoring' during the first month post-incident to see whether further formal intervention is needed. If individuals are showing signs of distress after one month, further professional support is advised.
- Informal peer support provided by trusted colleagues, family and friends, and effective early management by psychologically savvy managers, is likely to be most helpful in the immediate aftermath of trauma. Try to prepare workers by encouraging them to think about their preferences for who they would want to speak to if they were struggling to cope with a traumatic event.
- Leaders and those providing support should continue to monitor staff wellbeing in the aftermath of a traumatic event. Systems and processes for logging and monitoring events should be considered.
- Efforts should be made to try and promote and enhance team cohesion amongst covid-19 workers and managers should be frank with their teams about the nature of the challenges they are likely to face. All team members should be alert for signs of potential distress in colleagues and people should make active efforts to identify distress early on and provide supportive interventions aiming to 'nip it in the bud' to prevent people developing diagnosable mental health disorders.

Relevant literature

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Produced by Dr Nathan Smith, University of Manchester, Expert reviewed by Professor Emma Neil Greenberg, King's College London.
Illustration and design by Rebecca Stevens.