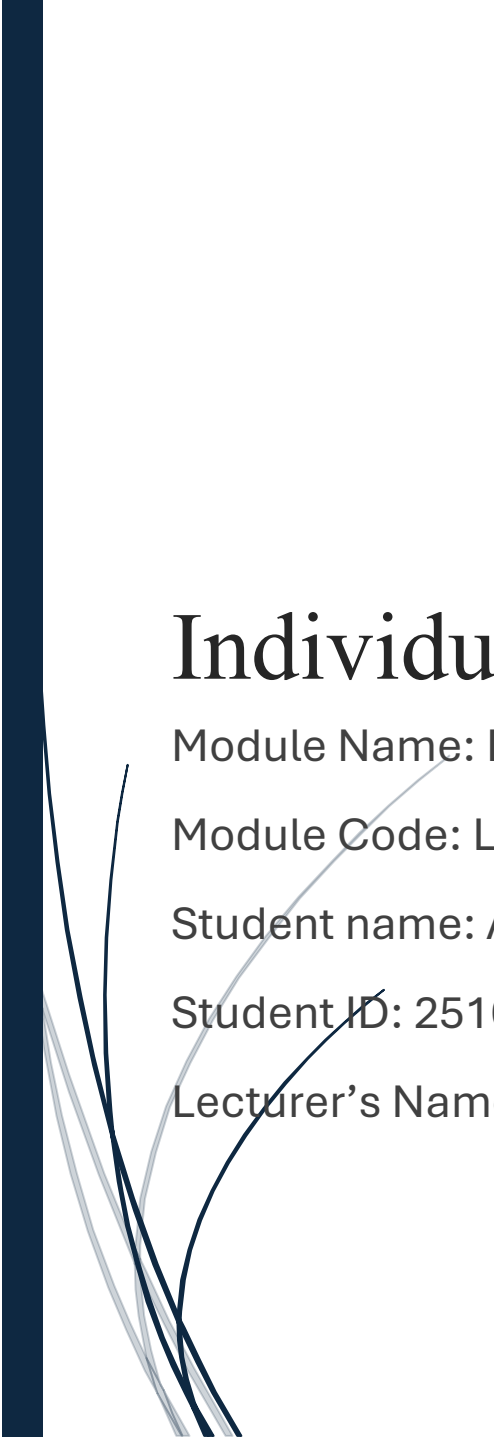




Individual Report

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The impact of Post-Traumatic Stress Disorder (PTSD) on mental health.

Introduction

Post Traumatic Stress Disorder (PTSD) is a complex mental health condition that can develop soon after, or long following, exposure to traumatic experiences. It is frequently associated with other difficulties such as depression, anxiety, and chronic stress. Traumatic events may include war, interpersonal violence, sexual abuse, or severe accidents, and the disorder can affect both psychological and physical functioning. Because PTSD alters how the brain regulates memory, stress responses, and emotions, individuals may experience mood instability, irrational behaviour, and a range of physical symptoms when overwhelmed. These combined effects highlight the seriousness of PTSD as a condition that disrupts everyday life and wellbeing (World Health Organisation, 2019).

Problem Statement

PTSD represents a growing challenge for health and social care systems worldwide. It reduces people's ability to function effectively in daily life, impacting education, employment, and relationships. Global health reports indicate that while most individuals will encounter at least one traumatic event in their lifetime, only a smaller proportion go on to develop PTSD (World Health Organization, 2024). Nevertheless, prevalence remains significant, with millions affected across different regions. Rates are particularly high in communities exposed to conflict or repeated interpersonal violence, where PTSD often co-occurs with depression, anxiety, or substance misuse. Symptoms such as flashbacks, nightmares, sleep disturbance, headaches, appetite changes, and emotional numbness can severely impair quality of life. In some cases, these symptoms contribute to long-term health risks, including cardiovascular problems and suicidal behaviour. Patterns of diagnosis also vary across countries, with wealthier nations reporting higher lifetime rates, partly due to differences in trauma exposure and clinical recognition (Koenen et al., 2017; NICE, 2018).

Justification

Research on PTSD is justified because many individuals remain undiagnosed or untreated, leading to long-term personal suffering and wider social and economic costs. Early recognition, better awareness, and accessible support from the JP are very important and many people with PTSD do not receive coherent that social support. Certain groups such as young people, refugees, survivors of abuse, and frontline workers are especially vulnerable, yet many of them still go without proper diagnosis or support (WHO, 2023). This is caused because of long waiting list on NHS and in many occasions putting them on medication that can cause other side effects. It can cause long term physical, emotional, psychological, and social difficulties if left untreated or if it is treated wrong medication or wrong dose, making it a major concern for health and social care systems worldwide.

Information Sources and Justification

To understand the scale of PTSD and evaluate treatment effectiveness, several authoritative sources provide valuable insights:

1. World Health Organization (WHO)

The WHO offers global data and guidance on PTSD. It reports that approximately 3.9% of the world's population has experienced PTSD at some point, while most people exposed to trauma do not develop the disorder. Women are more frequently affected due to higher exposure to interpersonal violence, and protective factors such as family and community support can reduce risk. Effective treatments include cognitive behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR), which have been shown to reduce symptoms when delivered consistently (WHO, 2024).

2. Understanding PTSD through Van der Kolk's Research

A valued source for understanding PTSD is the work of Bessel van der Kolk, a leading trauma researcher. He explains that trauma affects not only the mind but also the body, changing how the brain processes stress and memory (van der Kolk, 2014). This helps explain why people with PTSD often struggle with emotions, sleep, concentration, and physical symptoms like tension. His work shows that PTSD is complex and needs specialised support, with early recognition and treatments such as therapy and grounding techniques improving long-term outcomes.

3. NICE Guidelines

The UK's National Institute for Health and Care Excellence (NICE) provides evidence-based recommendations for recognising and treating PTSD. The 2018 guideline (reviewed in 2024) emphasises early diagnosis, coordination of care, and access to psychological therapies. It also highlights gaps in service provision and the importance of workforce training to improve outcomes (NICE, 2018; NICE, 2024).

Task 2: Research Methodologies

Give a brief overview of quantitative and qualitative research for PTSD

PTSD is complex and affects people emotionally, psychologically, and socially. Quantitative research shows the scale of the problem and measures treatment outcomes, while qualitative research is for human side of trauma. Together, these sources provide a balanced evidence base for understanding PTSD prevalence, risk factors, and treatment approaches.

Quantitative Research in PTSD

Quantitative research is about numbers and statistics. In PTSD studies, it helps show how common PTSD is, how severe symptoms are, and how well treatments work. Researchers often use surveys, questionnaires, rating scales, or large datasets such as PCL-5 (PTSD Checklist) that measures how severe symptoms are, using grounding techniques, breathing techniques and further studies and clinical trials (Creswell & Creswell, 2018; Weathers et al., 2013). This approach is useful because it gives clear, measurable evidence and shows patterns across large groups. For instance, a study might prove that a therapy reduces symptoms by a certain percentage (Creswell & Creswell, 2018; Weathers et al., 2013).

Qualitative Research in PTSD

Qualitative research looks at personal experiences and emotions instead of numbers. It uses interviews, focus groups, case studies, and observations to understand how people feel and make sense of trauma. In PTSD studies, qualitative methods help explain how people describe their trauma how PTSD affects daily life, relationships, and identity, barriers they face which stop people from seeking help or cultural and personal differences in trauma experiences.

What type of research methodology will you use for your research and why?

PTSD is a complex mental health condition that affects people emotionally, psychologically, and socially. Because of this complexity, both quantitative and qualitative are necessary.

Quantitative research helps professionals understand the scale of the problem and measure treatment effectiveness. Qualitative research helps professionals understand the human experience of trauma, which improves empathy, support, and personalised care.

Using both methods together creates a more complete understanding of PTSD.

Task 3: Data Collection

Overview of primary and secondary data collection

This report has quantitative data to make it more reliable which means secondary data is more reliable than primary data. This type of research focuses on numbers and statistics, helping to measure how common PTSD is, how severe symptoms are, and

how well treatments work (Creswell and Creswell, 2018). Tools such as the PTSD Checklist (PCL-5) and large mental health surveys provide objective scores that show the impact of symptoms.

What form of data will be used to address your research problem, and why?

Primary data involves collecting information directly from participants through interviews, surveys, or observations (Saunders, Lewis and Thornhill, 2019). In PTSD research, this can be sensitive and requires ethical approval. Secondary data, such as published studies, government reports, and clinical statistics, were more appropriate. It gives access to trust completely findings without needing to collect new data from vulnerable individuals.

Conclusion

Post Traumatic Stress Disorder (PTSD) remains a significant global health challenge, affecting individuals across diverse cultural and social contexts. Its symptoms vary from emotional to physical health problems and can affect daily functioning and quality of life. Evidence shows that while most people experience trauma at some point and this needs to be addressed.

The disorder is often under-recognised, with symptoms misinterpreted as general stress or behavioural issues. This under detection, combined with limited specialist services and long waiting times, contributes to poorer outcomes. Vulnerable groups such as refugees, survivors of abuse, and frontline workers face risks, yet many remain without adequate support.

Research highlights that effective treatments, recognises the importance of Crisis team or First Response including cognitive behavioural therapy (CBT) and (EMDR) can significantly reduce symptoms when delivered appropriately however, gaps in access to psychological therapies and social support persist. Addressing these barriers requires improved awareness, early identification, and investment in mental health services.

Ultimately, tackling PTSD is not only a matter of individual recovery but also of social and economic importance. Strengthening health systems, training professionals, and ensuring timely interventions are essential steps toward reducing the long-term burden of PTSD worldwide.

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