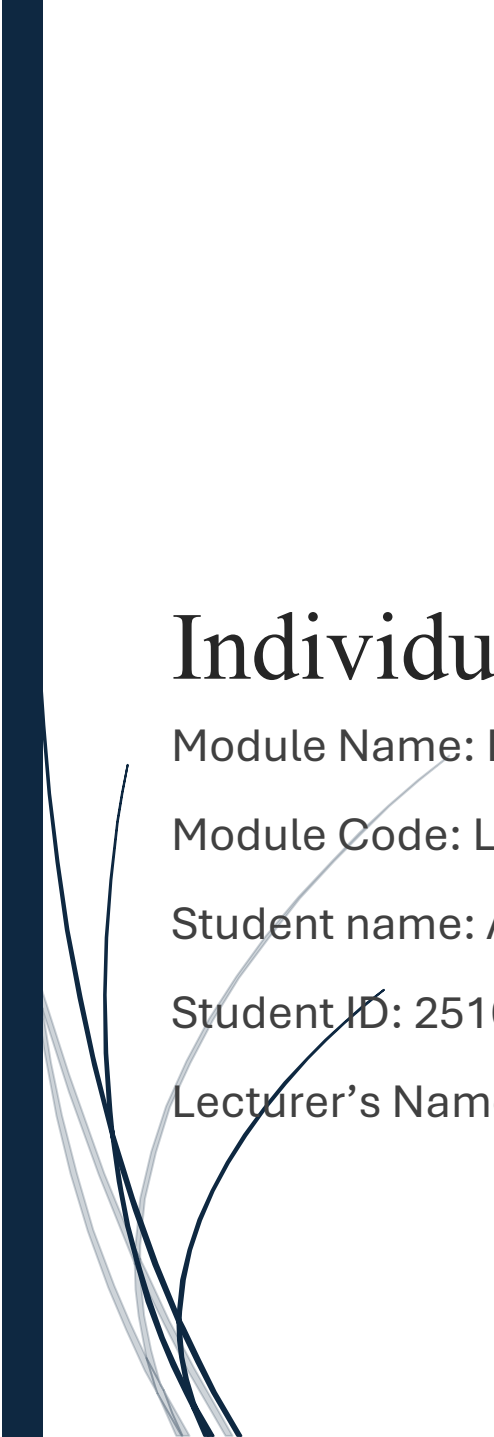




Individual Report

Module Name: Digital Skills and Research Methods

Module Code: LCHS 4007

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

Introduction

Post-Traumatic Stress Disorder (PTSD) is a serious mental health condition that people develop potentially right after or an extended period of experiencing a traumatic event at some point in life. It often starts with stress, and it leads to depression and anxiety. The anxiety disorder occurs in reaction to physical injury and creates a severe mental or emotional distress because of war, violence, verbal or sexual abuse. PTSD affects the brain which is the central organ of the human nervous system that controls and coordinate everything the body does and leads in having irrational behaviour, affects the body in experiencing different symptoms when it feels worn out and affects emotions such as mood swings in every day life (World Health Organisation, 2019).

Problem Statement

Post- Traumatic Stress Disorder (PTSD) is a major and growing challenge in health and social care and it affects a significant proportion of the population in their ability to live and function well. The World Health Organization (2023) reports that about 3.9% of the population will experience PTSD at some point in their lives, while around 70% of people will face at least one traumatic event, and only a smaller proportion about 5.6% develop PTSD yet many cases remain undocumented. PTSD rates are not the same everywhere because in majority of population this trauma is classified as a hidden wound. Communities living through conflict often show very high levels of PTSD, and this is frequently linked with major depression, anxiety, or substance misuse (World Health Organization, 2023) and it can disrupt work, education, and relationships. The symptoms are flashbacks, headache, muscle pain, poor sleep, nightmares, struggle to breathe, memory loss, poor appetite or overeating, anxiety, low mood, heart palpitations and emotional numbness that leads to heart attack. This interferes with work, relationships, and overall wellbeing leading to harm or suicide. In wealthier countries, rates are also higher than the global average, which reflects references in the kinds of trauma people face and how diagnoses are made.

Justification

Research on PTSD is justified because many individuals remain undiagnosed or untreated, leading to long-term suffering and wider social and economic costs awareness, and accessible support from the JP help people with PTSD to receive continues social support however, 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 day in and day out (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 without giving a proper diagnose. It can cause long term physical, emotional, psychological, and social difficulties

if left untreated. On the other side, wrong medication or wrong dose, creates a major concern for health and social care systems worldwide (Koenen et al., 2017; NICE, 2018).

Information Sources and Justification

To understand the scale of the problem and the effectiveness of treatment, there are three key sources that provide valuable insights.

1. World Health Organization (WHO)

This source is a leading public health authority and is useful because it provides important fact sheets and data that are widely trusted and gathered from multiple countries. There are some risks involved such as women are more affected than men because they are more often exposed to interpersonal traumas (like sexual assault, abuse, or domestic violence), often at younger ages, and biological factors that make them vulnerable to developing the disorder. The research shows that having no social support increases the risk of the symptoms and you need to fight the illness alone in the dark, and in some cases repeated or severe trauma raises the likelihood of PTSD however, WHO recognises that effective treatments exist, such as cognitive behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR). The research has recognised that therapy provided by a good number of sessions and the right method used can help reduce symptoms and improve recovery no matter the difficulty of trauma. There are some protective factors such as the support from family, friends, and community after trauma can reduce the chance of developing PTSD symptoms.

2. Understanding PTSD through Van der Kolk's Research

Bessel van der Kolk is a leading trauma researcher for understanding PTSD. According to him trauma affects not only the mind but also the body, changing how the brain processes stress and memory (van der Kolk, 2014). He shows that painful experiences can trap people in flight or freeze mode, making it hard to focus, control emotions, or feel safe. Trauma can cause anxiety, anger, memory problems, and difficulties in relationships because of isolation. PTSD is complex and needs specialised support. Recovery is possible when survivors feel safe in their own bodies. Healing may involve therapies such as talk therapy, grounding techniques, neurofeedback, yoga, meditation, theatre, and play. On some occasions even therapists can't help because they are not trained properly. The book combines science with patient stories, showing that trauma changes the body and brain, but with the right support, survivors can rebuild trust, control, and wellbeing.

3. NICE Guidelines

The UK's National Institute for Health and Care Excellence provides evidence-based recommendations for recognising and treating symptoms of PTSD, emphasises early diagnosis, duty 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; updated 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 symptoms, risk factors, and treatment approaches.

Quantitative Research in PTSD

Quantitative research is about numbers and statistics, it helps show how common and severe symptoms of PTSD are, and how well treatments work. Researchers often use surveys, questionnaires such as PCL-5 (PTSD Checklist) 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?

Because PTSD is a complex condition, it is necessary to use both quantitative and qualitative research methods. Quantitative research helps professionals understand

the scale of the problem and measure treatment effectiveness. Qualitative research helps understanding people's experiences, feelings, and opinions rather than numbers asking questions like "why" and "how". In PTSD studies, this type of research helps explain how trauma affects daily life, relationships, and emotions.

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, are 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. The disorder is often under-recognised, with symptoms misinterpreted and this happens because of 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 continue. Addressing these barriers requires improved awareness, early identification, and investment in mental health services.

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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