

WHAT IS PTSD?

This information pack offers valuable insight into the mental health condition PTSD. It also attempts to broaden peoples understanding of the mental health condition and its treatments, whether you suffer from the diagnosis itself and or are around those going through mental health struggles.

In simple terms PTSD (post traumatic stress disorder) is a mental health condition caused by very stressful, frightening or distressing events. (NHS, 2026)

Common trauma responses

PTSD falls under category of "trauma and stressor-related disorder" as it requires exposure to stressful event as a precondition.

DSM-5 defines trauma as threat to life or injury. Some common responses to trauma include:

- Having upsetting thoughts and images
- Trying to avoid reminders/feelings of emotional numbness.

These reactions in everyday life can disrupt everyday activities (Stephen Regel, 2017).

Diagnostic

Criteria A: Exposure to traumatic event
Only if criteria A is met will clinicians assess a range and severity of symptoms deciding if the diagnostic category of PTSD is met. (Summers, 2022)

Professionals use the following systems to organise and classify mental disorders into categories based on symptoms and criteria. (Elhai et al, 2012)

ICD (International Classification of Diseases)

DSM (Diagnostic Statistical Manual)

(Art, n.d.)

Symptoms

The most typical symptom of PTSD is re-experiencing (NHS, 2026). This means that a person can involuntarily re-live traumatic events in the form of; flashbacks, nightmares or physical sensations (pain, sweating, nausea or trembling)

Criteria

The criteria for PTSD in adults include:

1. Exposure to actual or threatened death, serious injury or sexual violence
2. Presence of recurrent memories/dreams
3. Dissociative reactions (Think of this as the brain temporarily stepping away to cope)
4. Persistent avoidance of associated stimuli (things that remind you of the traumatic event)
5. Negative changes in cognitions and mood associated with the traumatic event
6. Changes in arousal that are associated with the event.

(Pai et al, 2017)
(Barbano et al, 2019)



CULTURAL VARIATIONS

Current diagnostics aren't always universal as cultural influences such as formation of intrusive memory, how symptoms are expressed etc (Rooyen et al, 2012) means that a universal PTSD diagnosis would not be appropriate.

Evidence shows that in some clinical assessment cases, clients with non-western backgrounds have received less accurate diagnosis' (Charney et al, 2006). This is down to each individual being uniquely tied to cultural identities that are influenced by nationality, religion, income, age, education etc (De Girolamo & McFarlane, 1996)



An example study by (Alim et al 200) highlights cultural differences in African Americans with PTSD as they showed more items suggesting psychosis than Caucasians. This diagnosis differed from culture to culture as open expression of mental distress is not socially sanctioned in some cultures but is in others, therefore traumatised clients may go undiagnosed.

Differences in income can influence misdiagnosis' also as lower socioeconomic status groups in US are more liable to experience trauma and consequent PTSD because of the elevated danger in environment and limited resources to help deal with distress, compared to those of higher socioeconomic status (Norris & Alegria, 2005)

Considerations

PTSD diagnosis relies on biological findings by distinguishing traumatic stress from normal stress.
(Yehuda & McFarlane, 1997)

It is important to consider that these diagnostic tools can be seen as controversial

DSM-5 being too inclusive promoting "criterion creep" (where the cut off becomes looser so more people end up with the disorder over time). ICD-11 is more symptom-focused suggesting PTSD can be reliably caused by co-occurring depression and anxiety