

Post-Traumatic Stress Disorder (PTSD): Historical and Contemporary Care, Contexts, and Challenges

Mohi Tuki | Student Number: 2216172

Introduction

Post-Traumatic Stress Disorder (PTSD) is classified in the ICD-11 under Chapter 06: Mental, behavioural or neurodevelopmental disorders (6B40). PTSD develops following exposure to an extremely threatening or horrific event, leading to persistent re-experiencing, avoidance, hypervigilance, and emotional dysregulation (WHO, 2019). Global prevalence is around 3.9% (Koenen et al., 2017).

Historical Treatment and Understanding

In the 19th century, PTSD-like symptoms were labelled 'Railway Spine' or 'Hysteria' and attributed to moral weakness. During World Wars, it was known as 'Shell Shock' or 'Combat Fatigue', often stigmatised as cowardice. Recognition improved post-Vietnam, and in 1980, PTSD became an official diagnosis in the DSM-III. ICD-11 (2019) distinguishes PTSD and Complex PTSD, recognising psychological trauma's biopsychosocial impact.

Contemporary Treatment and Care Approaches

Care today follows a biopsychosocial model:

- Psychological: Trauma-Focused CBT, EMDR, Prolonged Exposure (NICE, 2018; WHO, 2023).
- Pharmacological: SSRIs (e.g., Sertraline, Paroxetine); Prazosin for nightmares.
- Community: Peer and culturally sensitive support are central to trauma-informed care.

Social, Cultural and Political Influences

Social: Stigma persists; PTSD linked mainly to veterans though causes vary (violence, disasters). Cultural: Symptoms vary by culture—Western diagnostic tools may not fit all contexts (Summerfield, 2001). Political: Access shaped by war, policy, and healthcare inequality. Gender: Women twice as likely to develop PTSD (Tolin & Foa, 2006). Socioeconomic: Low-income groups face higher exposure and barriers to care (Silove et al., 2017).

Stigma, Discrimination, and Inequality

PTSD remains stigmatised as weakness or instability. Marginalised groups face barriers to trauma-informed services. Globally, 80% in low-income countries lack access to evidence-based psychological care (WHO, 2023).

Policy, Legislation, and Human Rights

• ICD-11 (WHO, 2019): Defines PTSD and Complex PTSD distinctly.

• Mental Health Act (UK, 1983/2007): Legal care framework, limited trauma focus.

• NICE (NG116, 2018): Trauma-focused therapy as first-line treatment.

• UN CRPD (2006): Advocates equality and non-discrimination in mental health.

Future Directions

• Integrate trauma-informed care across all services.

• Reduce global inequality and improve cultural competence.

• Expand public awareness and education.

• Use digital and telehealth therapies for wider access.

Key Takeaways

■ PTSD is a legitimate, treatable mental health condition.

■ Effective treatment requires biopsychosocial and trauma-informed approaches.

■ Stigma, inequality, and policy shape outcomes.

■ Cultural and contextual awareness is vital for equitable care.

References

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