Post-trauma mental health problems cannot be ignored

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ABSTRACT
A decade has passed since the terrorist attack of the World Trade Center on September 11, 2001. Tragedies such as that caused either by human or the Mother Nature result in damages not only to our physical health, but also our mental health. Although mental problems is generally not as tangible as physical ones, they do put a threat to our society especially in forms of long-term disorders such as post-traumatic stress symptoms (PTSD), depression and generalized anxiety disorder (GAD) and should not be ignored.

KEYWORDS: Trauma, Mental health problems, PTSD.

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A decade has passed by since the 9/11 terrorist attack at the world trade center, from which the attack per se, the earthquake, and radioactive substances had changed the United States and the rest of the world, physically as well as mentally. Physical health problems including disability, thirst and hunger, infectious diseases, and etc. may be diagnosed and treated promptly. However, very common mental health problems especially long-term psychological problems, such as post-traumatic stress disorders (PTSD), depression and generalized anxiety disorder (GAD) are usually ignored. These health problems manifest themselves in a continuing way, instead of occurring in one day. People may suffer from fear, helplessness or horror during disastrous events, especially when seeing large number of casualties. Short-term stress is usually considered to be a normal coping mechanism and most of them are manageable. However, long-term stress can lead to emotional and physical side effects lasting many years after the disastrous events.

Reported PTSD prevalence rates in disaster workers ranged from 5% to 46%.1 Research of the 9/11 incident and other traumatic events suggested that PTSD victims include, but not limited to: survivors, friends or relatives of victims, witnesses of repeated traumatic scenes via television or newspaper articles; rescue and recovery workers who started rescue work on or soon after traumatic events; workers without professional trainings etc.2; PTSD, a medical diagnosis of an emotional illness with defining symptoms that last at least one month after experiencing a major, frightening, life-threatening, or highly unsafe trauma was reported as the most common psychological problem during
the last decade after 9/11 PTSD sufferers tend to re-experience the trauma through thoughts or verbal discussion; therefore, they tend to develop strong physical and psychological reactions and avoidance behaviors toward places, people or anything that might remind them of the tragedy for weeks, months, or even years.

Physical signs of PTSD include hyperarousal and emotional blunting such as sleep problems, decreased attention, irritability, memory loss, easy disturbances, and hypervigilance to threat. Other symptoms include panic attacks (for example, sudden feeling of extreme fear and discomfort, body shakes, chills, headache, rapid heartbeat, sense of suffocation and tachypnea), a sense of isolation and attempted suicide. These symptoms may lead to drugs and alcohol abuse. The diagnostic criteria for PTSD include exposure to a traumatic event, persistent re-experience of the trauma event, persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness, persistent symptoms of increased arousal, disturbance duration lasting more than one month and disturbance causing clinically significant distress or impairment.

One research study documented that 7.5% of residents living south of 110th Street in Manhattan experienced symptoms of PTSD and 9.7% had depression one month after the attack. Boscarino et al reported that 8.1% had taken psychotropic medications, and 19.99% had had a mental health visit during the first year after the 9/11 attack, via a community telephonic survey of 2,368 adults living in New York City on September 11, 2001. Fullerton et al reported those younger ages in disaster workers to be associated with higher rates of PTSD. By studying the rates of mental health consultation by the American Red Cross disaster relief workers, Elhai et al. reported that no previous mental service treatment, age, marital status, higher PTSD intrusion or hyperarousal symptoms increased the likelihood of mental health consulting frequencies after the attack.

The prevalence of PTSD in women is correlated with social and economic circumstances. For instance, living alone with little education or income is linked to high rate of suffering PTSD. As to children, they suffer from both the direct traumatic experience and indirect distress from their parents. Their responses indicate fear about their future safety, and the emotions of revenge, sadness and disappointment, which caused them to have persistent psychological dysfunction. For example, 76 London school children self-reported post traumatic stress symptoms in response to viewing the 9/11 attacks with moderate-severe symptoms with functional impairment at 2 months (14.5%) and 6 months (9.2%) after viewing the attack event.

One month after the earthquake hit of Wenchuan, China on May 12, 2008, many locals reported mental health problems. And about 62.8% of the subjects that were tested with the PTSD criteria were diagnosed for certain. It was reported that PTSD occurred more often in married people, females, and those experiencing death or injury of family members, low education level and losses of possessions.

The treatment of PTSD includes cognitive therapy, exposure therapy, eye movement desensitization and reprocessing (EMDR) therapy, medication, group therapy, brief psychodynamic psychotherapy and family therapy. Besides medical treatment, the recovery from PTSD has been related to socio-economic status, event exposures, social support and emotional reactions.

Depression has also been reported as another common post-traumatic mental health problem. It was reported that people viewing the attack or disaster event, and the rescue workers who made a close contact with the traumatic scene were more likely to develop depression, with or without PTSD. PTSD and depression impacted many aspects of everyday life including working, sleeping, eating and inter-person relationships, with symptoms that continued for weeks, months or even years if they do not receive appropriate treatment.

The types of depression include major depressive disorders, dysthymic disorders, bipolar disorders, cyclothymic disorders, mood disorders, substance-induced mood disorders, seasonal affective disorders, postpartum disorders and premenstrual dysphoric disorders. The probable symptoms of depression include sadness, “empty” feelings, decreased interest or pleasure in all or almost all daily activities, sleep disturbances, feelings of worthlessness, guilt, helplessness or hopelessness, decreased attention, loss of appetite, and thoughts of death and suicide.

After the 9/11 attack, Galea et al. found higher rates of depression than PTSD in New York five to eight weeks later. Grieve reported that 4% of 212 Pentagon staff members were found with probable of major depression 13 months after the attack. Nandi et al. showed the co-occurrence of probable cigarette dependence with possible PTSD and depression.
Amer et al reported depression in Arabs in the USA. Besides the 9/11, the earthquakes happened in China 2008 and Japan 2011 also has created mental pressure and depression-related problems.

Besides PTSD and depression, prevalence of GAD may also increase. GAD is an anxiety disorder characterized by excessive, uncontrollable and often irrational worry about everyday things disproportionate to the actual source of worry. Posttraumatic anxiety was common among participants with complicated grief 2.5-3.5 years after the attacks. Adinaro et al reported an increase in anxiety-related ER visits after 9/11 attack. Moreover, late-PTSD was associated with major depressive and anxiety disorders.

People all over the world experience events such as terrorist attack, earthquake, tsunami, radioactive substance exposure and etc. every day. Besides physical health problems, mental health problems also affect people’s daily life. Thus sufficient attention should be paid, especially to various mental conditions that might be a threat to our human society as a whole.

REFERENCES