People can endure a lot, but some experiences can be overwhelming. Post-traumatic stress disorder or PTSD is an illness that affects people who have experienced a traumatic event like a serious accident, sexual assault or other violent crime, natural disaster, or military combat. PTSD can also affect those who witness a traumatic event or learn that a family member or close friend experienced a traumatic event. PTSD is part of a group of mental illnesses called trauma- and stressor-related disorders. It used to be part of a group called anxiety disorders.

WHAT IS TRAUMA?

Trauma is any scary or disturbing situation or event. This includes:

- War, conflict, or terrorism, either as a bystander or as someone in a military role
- Physical or sexual violence, abuse, or the threat of violence
- Other crimes that harm or threaten harm, like a robbery or kidnapping
- Disasters like earthquakes, tsunamis, fires, or flooding
- Serious accidents, like industrial accidents or car accidents
- Frightening health concerns, like a sudden serious illness or major surgery

WHO DOES IT AFFECT?

It’s estimated that around 9% of Canadian adults will experience PTSD at some point in their lifetime. Trauma can affect anyone, and anyone can experience PTSD, but some groups are more likely to be diagnosed with PTSD:

- Refugees who settle in Canada experience high rates of PTSD, often due to experiences like war, torture, forced labour, or family separation. Studies have found 39% or more of refugees in Canada experience PTSD at some point.
WHAT DOES PTSD LOOK LIKE?

Symptoms of PTSD include:

• Distressing or frightening thoughts, flashbacks, or nightmares about the event
• Anxiety and fear, especially when confronted with events or situations that remind you of the trauma
• Avoiding things that remind you of the traumatic event
• Feeling “on guard” or excessively vigilant
• Being startled very easily
• Feeling angry or irritable
• Problems with memory, concentration, or sleep
• Feeling anger, guilt, shame, or other strong negative emotions
• Blaming yourself for the event or believing that everything must be very dangerous
• Emotional numbness or withdrawal, feeling nothing, finding it difficult to connect with other people
• Low mood, despair, or hopelessness

To be diagnosed with PTSD, symptoms have to be present for at least a month after the trauma. People who experience these symptoms soon after the trauma may be diagnosed with acute stress disorder first and then diagnosed with PTSD if they continue to experience these systems after one month. However, others may not experience PTSD symptoms until several months have passed since the traumatic situation or event happened.

Trauma is not always a single event. Some traumatic experiences, like abuse that happens over a long period of time, can have a very broad impact on a person’s life. Some call this “complex post-traumatic stress disorder” or C-PTSD. Complex PTSD is more likely to affect people who experience trauma in childhood, such as ongoing abuse or neglect, though it may not be diagnosed until adulthood.

• Research suggests that women may be twice as likely to experience PTSD as men.
• Studies have found that 12% to 23% of first responders—police, firefighters, paramedics, and search and rescue professionals—experience PTSD at some point in their lives, depending on the specific profession and where they are located.
• Military personnel are also more likely to experience PTSD. In a national survey, about 11% of Canadian Armed Forces members experience PTSD at some point in their lives.
• Indigenous people who attended residential schools or experienced other forms of discrimination report experiences of post-traumatic stress disorder.
• People who work with others who have experienced trauma, such as medical and mental health professionals, may also experience PTSD.

Researchers aren’t exactly sure why some people develop PTSD and others do not, though there are factors that may increase the risk of developing PTSD:

• The severity of the trauma you experienced. More intense traumas are more likely to lead to PTSD, especially when you fear for your life, are injured, or the trauma involves a loved one. PTSD is more common in certain kinds of trauma, including sexual assault and military combat.
• Experiencing dissociation during or after trauma. Dissociation means that you feel separated from reality, like the environment around you isn’t real.
• Not enough social support after experiencing trauma. The right supports can make a real difference in helping people cope with trauma.
• Dealing with additional stress after trauma, such as losing a loved one, losing your home, or recovering from physical injuries.
• Additional challenges you’ve experienced or continue to experience, such as another mental illness, low income, racism, or other forms of discrimination.
WHAT CAN I DO ABOUT IT?

If you have questions or concerns about post-traumatic stress disorder, start by talking to your doctor or a mental health professional. Your doctor can refer you to a mental health specialist. PTSD is usually treated with some combination of psychotherapy, medication, and self-management. As other mental illnesses like depression are common when people experience PTSD, your exact treatment will depend on your exact situation.

Psychotherapy

Psychotherapy is an effective treatment, and often the first treatment to try. There are several different types of therapy that can help:

- **Trauma-focused cognitive-behavioural therapy (TF-CBT)** is most often recommended for PTSD. TF-CBT is a form of cognitive-behavioural therapy that specifically addresses trauma. It focuses on educating people so they understand trauma and PTSD and the connection between thoughts, feelings and behaviours as well as teaching people healthy ways to cope and helping people process their traumatic experiences. TF-CBT also includes approaches like exposure therapy.

- **Exposure therapy** is a type of cognitive-behavioural therapy that helps people talk about their trauma and begin to do things they avoid as a result of trauma.

- **Eye movement desensitization and reprocessing (EMDR)** involves thinking about trauma while noticing sensations like eye movements or tapping. It helps people reduce distress around trauma and process traumatic memories.

Medication

Antidepressant medications may help reduce anxiety over time and may help manage sleep, mood, or other problems that go along with PTSD.

Self-management

Self-management techniques are small strategies and skills you practice on your own to improve well-being. Examples include learning how to manage stress effectively, practicing psychotherapy skills, eating as well as you can, exercising every day, getting enough sleep, seeking social support, and managing substance use. Talk to your mental health care team for more ideas and suggestions to help you try these skills.
WHERE DO I GO FROM HERE?

Your doctor or a mental health professional can help you decide which, if any, of the above treatments would be best for you. A doctor, including a doctor at a walk-in clinic, can refer you to more specialized mental health services. In addition, check out the resources below for more information on PTSD.

Anxiety Canada
Visit www.anxietycanada.com or call 604-620-0744 for information, tools, and self-management guides like My Anxiety Plan (MAP) for PTSD and the MindShift CBT app (downloadable from the Anxiety Canada website or the app store on your mobile device).

BC Mental Health Support Line
Call 310-6789 (no area code) 24 hours a day to connect to a BC crisis line. They can also help you find local resources.

HealthLinkBC
Call 811 or visit www.healthlinkbc.ca to access information, find local resources and services, speak to a registered nurse, or talk with a pharmacist if you have questions about medication.

VictimLinkBC
Call 1-800-563-0808 at any time to speak to a trained victim support worker who can connect you with local resources and help you find support. For more information, visit www.victimlinkbc.ca.

BC First Responders’ Mental Health
Visit bcfirstrespondersmentalhealth.com for resources and supports for first responders in BC. You can learn more about mental health, take an assessment, learn about making a mental health-related claim, find local resources, and learn how you can reach out to support others.

BC Occupational Stress Injury Clinic
Visit www.bcosi.ca for information about the Vancouver-based BC Occupational Stress Injury Clinic. It’s available to any BC resident by referral to Regular and Reserve members of the Canadian Forces, veterans, members of the RCMP, and their family members.

Veterans Affairs Canada
Visit www.veterans.gc.ca/eng/health-support/mental-health-and-wellness for information about PTSD from a military perspective, tips on supporting a loved one, and information about Veterans Affairs Canada resources.

PTSD Association of Canada
Visit www.ptsdassociation.com for information, articles, and self-care strategies for those who experience PTSD.

The references for this info sheet come from reputable government or academic sources and research studies. Please contact us if you would like the footnotes for this info sheet. Info sheets have been vetted by clinicians where appropriate.

Founded in 1918, the Canadian Mental Health Association (CMHA) is the most established, most extensive community mental health organization in Canada. Through a presence in hundreds of neighbourhoods across every province, CMHA provides advocacy and resources that help to prevent mental health problems and illnesses, support recovery and resilience, and enable all Canadians to flourish and thrive.

Visit the CMHA BC website at www.cmha.bc.ca.

CMHA BC is proud to be affiliated with HeretoHelp. HeretoHelp is a project of the BC Partners for Mental Health and Substance Use Information, a group of non-profit agencies providing good-quality information to help individuals and families maintain or improve their mental well-being. The BC Partners are funded by the Provincial Health Services Authority.

For more information, visit www.heretohelp.bc.ca.

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