

7.3 Post Traumatic Stress Disorder (PTSD)

People directly or indirectly exposed to traumatic events or conditions such as conflict related events, accidents including road traffic accidents, sexual abuse, serious assaults, sudden or serious illness, child birth and associated trauma are at risk of developing post traumatic stress disorder.

Exposure to traumatic events can result in a range of trauma related symptoms including PTSD and other trauma related mental health disorders such as depression, phobic anxiety, etc. Additionally, those presenting with post traumatic stress disorder may also develop secondary mental health problems (e.g. depression, alcohol abuse and other addictions). People with post traumatic stress disorder will benefit considerably from early detection of the disorder and the provision of evidence based trauma focused interventions provided by suitably trained and supervised practitioners.

In order to address the issues of prevention, recognition, early intervention and treatment of post traumatic stress disorder and allied conditions, a multi-agency, public health based approach is required. All health professionals need a greater awareness of the possible adverse psychological consequences of traumatic events. Health and Social Services should work in partnership with other agencies to reduce exposure to traumatic events, where possible. To minimise the onset of trauma related disorders and to promote help seeking, individuals exposed to trauma should be offered psychosocial support as appropriate.

Whilst knowledge about what can prevent the onset of PTSD is at an early stage of development, there are humanitarian and service related benefits in evidence-informed measures aimed at creating the optimum psychological and social conditions for recovery.

Overarching Standard 48: Post Traumatic Stress Disorder – treatment and ongoing care

A person with a confirmed diagnosis of post traumatic stress disorder should have access to timely psychological and social interventions, medication and treatment appropriate to their needs, delivered by suitably qualified and supervised practitioners. A standardised outcome measurement tool should be used in treatment and care.

Rationale

People with post traumatic stress disorder (PTSD) should be treated by suitably qualified and supervised practitioners who have the experience and skills to provide evidence based psychological treatments for PTSD. Medication can ameliorate disabling symptoms and may reduce symptomatic distress enabling engagement in evidence based trauma focused psychological therapies. Psychosocial interventions should be offered as adjuncts to psychological and pharmacological therapies throughout the course of PTSD. Family members or carers often contribute to identification of the condition and should then be involved in treatment at all stages.

Evidence

National Institute for Health and Clinical Excellence (NICE) (2005) Post traumatic stress disorder (PTSD): The management of PTSD in adults and children in primary and secondary care

<http://guidance.nice.org.uk/CG26>

Clinical Resource Efficiency Support Team (CREST) (2003) The management of post traumatic stress disorder in adults

[http://www.gain-ni.org/Library/Guidelines/post traumatic stress disorder.pdf](http://www.gain-ni.org/Library/Guidelines/post%20traumatic%20stress%20disorder.pdf)

Bamford Review: The Reform and Modernisation of Mental Health and Learning Disability Services (May 2007) <http://www.rmhdni.gov.uk/>

Cochrane (2008)

International Society for Traumatic Stress Studies (2005) Post Traumatic Stress Disorder Treatment Guidelines

<http://www.istss.org/Content/NavigationMenu/ISTSSTreatmentGuidelines/PTSDTreatmentGuidelines/default.htm>

Ferry et al (2008) Trauma, Health and Conflict in Northern Ireland

[http://www.nicct.co.uk/picture/reprint%201\(3\).pdf](http://www.nicct.co.uk/picture/reprint%201(3).pdf)

Responsibility for delivery/implementation

HSC Trusts in partnership with the voluntary and community sector
Primary Care

Quality Dimensions

Person Centred – The agreed care plan should be designed, implemented and reviewed in regard to what is working and what is not working from the perspective of the person, their family, carers and other professionals and changes negotiated on the basis of this.

Timely and Effective – Early detection and access to appropriate treatment aids recovery. Family involvement may aid quicker identification/diagnosis and promote engagement in the treatment process.

Equitable – Psychosocial support will assist patients accessing other treatments in a timely manner.

Efficient – use of suitably qualified practitioners applying evidence based treatments will be an appropriate use of resources.

Safe – If psychological therapies are not delivered by suitably qualified and supervised practitioners, treatment could potentially be harmful

Safe - Medical practitioners must educate people about side effects of medication and manage these as necessary.

| Performance Indicator | Data Source | Anticipated Performance Level | Date to be achieved by |
|--|------------------|---|------------------------|
| Agree and implement standardised outcome measurement tool | HSC Trust report | All HSC Trusts | March 2013 |
| Percentage of people being treated where standardised outcomes measurement is used | HSC Trust report | Establish baseline Performance level to be determined once baseline established | March 2014 |