

Original article:

Understanding status of Post-traumatic stress disorder case in the selected disaster affected area in Uttarakhand

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Abstract:

Introduction: Mental health is a level of psychological well-being or an absence of mental disorder in same way a condition which causes serious disorder in a person's behaviour or thinking is called mental illness.

Methodology: The districts (Dehradun & Tehri) and blocks (Chamba, Chakrata & Jonpur) will be purposely selected because Post traumatic stress disorder program have been implemented in these areas. The questionnaire will be finalized after pre-test and simplified as required according the responders. The survey will be conducted during PTSD outreach clinics in all blocks and responders will be selected randomly.

Results: The study indicated that almost 50% to 90% of the population of Uttarakhand expose to traumatic events during their lifetimes. However, most exposed individuals do not develop Post Traumatic Stress Disorders.

Conclusion: The study indicated that almost 50% to 90% of the population of Uttarakhand expose to traumatic events during their lifetimes. However, most exposed individuals do not develop Post Traumatic Stress Disorders.

1. Introduction

Mental health is a level of psychological well-being or an absence of mental disorder in same way a condition which causes serious disorder in a person's behaviour or thinking is called mental illness. People who experience disaster and disability for the first time undergo stress in coping with life transitions, value changes and experience social exclusion across their life span. Disasters caused by different natural and man-made hazards have taken significant roll on giving birth to mental disorders the most common is Post traumatic stress disorder , which effects the lives and livelihoods of the people in Uttarakhand.

Post-traumatic stress disorder may develop after a person is exposed to one or more traumatic event's such as major stress, sexual assault, terrorism or other threats on a person's life. The diagnosis may be given when a group of symptoms, such as disturbing recurring flashbacks, avoidance or numbing of memories of the event, and hyper arousal, continue for more than a month after the occurrence of a traumatic event.

There is no consensus regarding the prevalence of psychological disorders after exposure to disasters. Some authors have indicated that not more than 25% of people exhibit psychological disorders after a disaster (Fredrick, 1981), while the World Health Organization (WHO) Mental

Health Division has found that the prevalence ranges between 20% to 35% after a natural disaster. The “disaster syndrome,” characterized by stunned, apparently disengaged behaviour, may vary from 25% to 75% of disaster survivors. Using a psychiatric victim status screening schedule it was found out that over 70% of survivors react in the first week. By 10 weeks, there is usually a significant drop, with gradual decrease over one year. However, according to Raphael (1986) psychological morbidity tends to affect 30-40% of the population within the first year.

With the growing concern about the mental health issues psychological first aid trainings are becoming most important for the grass root workers. So that they can identify the early signs and symptoms of the mental illness and provide the better services to the sufferers.

2. Objectives:

The key objectives are as following:-

- ☞ To assess a person’s subjective well-being after facing any kind of disaster in selected block of Uttarakhand.
- ☞ To assess and range the severity level of Psychological signs among the disaster sufferers in selected block of Uttarakhand.
- ☞ To assess the impact of disaster in terms of behavioural symptoms, physical symptoms, cognitive symptoms and emotional symptoms

3. Brief Methodology

The districts (Dehradun & Tehri) and blocks (Chamba, Chakrata & Jonpur) will be purposely selected because Post traumatic stress disorder program have been implemented in these areas. The questionnaire will be finalized after pre-test and

simplified as required according to the responders. The survey will be conducted during PTSD outreach clinics in all blocks and responders will be selected randomly. However, minimum 50 responders from each block including both male and female between the ages 18 – 60 years. The data entry will be done on SPSS -19 and require analysis and tabulation will be done according to the needs

For qualitative measurement of program group discussion and observation visits will conduct. Appropriate statistics tool will decide for data entry and analysis. Qualitative data will be analysed through standard methods.

4. Result & discussion

The study indicated that almost 50% to 90% of the population of Uttarakhand expose to traumatic events during their lifetimes. However, most exposed individuals do not develop Post Traumatic Stress Disorders. Research and clinical experience show that those with high levels of symptoms early on, including those with Acute Stress Disorder (ASD), are at risk of subsequent PTSD; however, some patients with ASD do not develop PTSD, and a proportion of patients develop PTSD without first having met the criteria for ASD (2%). Although research shows that individuals who are most highly exposed to a traumatic event are at greatest risk, there is still uncertainty about the patient- or trauma-specific factors that will predict the development of ASD (16%) and about interventions that will mitigate against the evolution of ASD into PTSD. 131 responders participated in the study in which 38 % were illiterate and only 14 % were obtained their education more than graduation. The study found that majority of population between 65-75% faced serious accidents, earthquake, Landslide and heavy rain fall in last three years. However, 6.9% faced serious

sexual assault and physical assault in the selected areas.

Among the 131 responders 65% were found between the age group of 26-45 although 14% were below the age group of 25 years. Study indicated that 74% responders were working in agricultural field, 12% were community level workers and only 3-4 % working in service sectors. The study finding indicated that among the 131 responders 50.4% got physical injuries, 49% responders family members also got physical injuries, 74% realized at that time that their life in life threatening situation and 89% felt their self-helpless at that movement.

The study also indicated that lifetime prevalence of ASD is unclear, but in the National Comorbidity Survey the estimated lifetime prevalence of PTSD was 7.8%. The prevalence of both disorders is considerably higher among patients who seek general medical care and among persons exposed to sexual assault or mass casualties such as those occurring in wars or natural disasters. The study also found that the lifetime prevalence of PTSD is also higher in women than in men and is higher in the presence of underlying vulnerabilities such as adverse childhood experiences or comorbid diagnoses. Given the prevalence of ASD and PTSD and their associated distress and disability, psychiatrists must be prepared to recognize and treat these disorders that individuals seeking PTSD treatment are more likely to meet criteria for drug abuse or dependence. Jacobsen, Southwick, & Kosten (2001) found a 36%- 50% prevalence rate of lifetime PTSD and a current PTSD

prevalence rate between 25% and 42% for individuals with drug or alcohol use disorder. Although understanding the etiology of PTSD is important for treatment conceptualization and planning, patients likely focus on whichever symptoms cause the greatest distress, and seek help accordingly.

Among 131 responders, based on PTSD scorecard analysis 87 % were indicated no signs of acute stress disorders as well as post-traumatic stress disorders, 6 % indicated mild acute stress disorders, 4.9% indicated severe acute stress disorders and only 2.1 % indicated post-traumatic stress disorders.

5. Conclusion

The study indicated that almost 50% to 90% of the population of Uttarakhand expose to traumatic events during their lifetimes. However, most exposed individuals do not develop Post Traumatic Stress Disorders. Research and clinical experience show that those with high levels of symptoms early on, including those with Acute Stress Disorder (ASD), are at risk of subsequent PTSD; however, some patients with ASD do not develop PTSD, and a proportion of patients develop PTSD without first having met the criteria for ASD (2%). Among 131 responders, based on PTSD scorecard analysis 87 % were indicated no signs of acute stress disorders as well as post-traumatic stress disorders, 6 % indicated mild acute stress disorders, 4.9% indicated severe acute stress disorders and only 2.1 % indicated post-traumatic stress disorders.

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