



Words by Niki Tennant

THE SILENT FEMALE KILLER?

POST-TRAUMATIC STRESS DISORDER

Post-traumatic stress disorder (PTSD) is commonly perceived as a chronic mental illness that largely affects men, particularly males in the military. This couldn't be further from the truth.

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More than two-thirds of people in the UK who experience PTSD are, in fact, women.

So, what puts women at greater risk? Females are twice as likely as men to experience PTSD partly because domestic violence is a common cause of repeated trauma. Women are also at greater risk of sexual assault, which is another main trigger for the condition.

Childhood trauma and pressures from social media are also blamed for dramatic increases in the number of young women self-harming and having post-traumatic stress disorder or another chronic mental illness.

Dr Lesley Parkinson specialises in EEG neurofeedback for ADHD, fibromyalgia, autonomic nervous system dysfunctionality, hormonal dysfunctionality, anxiety, stress, depression, obsessive-compulsive disorders, eating disorders, post-traumatic stress disorder, head injury, stroke rehabilitation, epilepsy, mild traumatic brain injury, brain trauma and peak performance.

The consultant, clinical psychologist and specialist in neuropsychophysiology explained: "Female PTSD sufferers tend to self-sedate or self-comfort with alcohol, drugs, coffee, cigarettes and binge eating.

"Some don't eat at all for long periods. Sufferers can have problems with

boundaries and relationships, so they need a trusting relationship. They can't easily make judgements and everything has a tendency to build up on them. And, if the people around them get angry, this can exacerbate things too.

"If sufferers get over-tired, the trauma gets worse and they can even resort to self-harm. It's so diverse a condition that not one size fits all. It's very complex."

An inquiry into the state of mental health in England found alarming evidence that more women aged between 16 and 24 are experiencing mental health problems than ever before and are now considered a high-risk group.

According to the government-funded Adult Psychiatric Morbidity survey, psychological distress is now so common that one in four in that age group has harmed themselves at some point.

In that age group, the number of women who screened positive for PTSD trebled from 4.2% in 2007 to 12.6% in 2014. That's one in eight. It should be noted, though, that the use of a more accurate screening tool in the refreshed survey helps to explain that leap.

A report by NHS Digital found that young women are more than three times as likely as their male peers to have PTSD.

According to the independent study of 7500 people of all ages, just 3.6% of men in the age group had it, and women in that bracket are more likely than any other group to have experienced a common mental disorder in the past week.

Researchers found that 26% of women aged 16 to 24 had anxiety, depression, panic disorder, phobia or obsessive-compulsive disorder. Overall, 19% of women of all ages had one of those, compared with 12% of men.

The report states: "The gender gap in mental illness had become more pronounced in young people and there is evidence that this gap has widened in recent years."

Dr Parkinson offers some useful insight and tips to help women experiencing PTSD:

"Try to get back to your usual routines. Engage in regular activities such as meeting friends for a coffee once a week. Regular exercise and hobbies can be very therapeutic. Practice mindfulness to train your mind to stay in the present. Take time to be with your family and friends."

She recommends the use of a portable cranial electrotherapy device that works for PTSD by sending a signal to the brain that is refined and filtered, providing a very clear message to which the mind responds.

Devices such as the Alpha-Stim® help by slowing down the excess fast waves in the brain that are creating the anxiety in the mind.

It uses a specific wave form with a 10-second pulse width during which an imperceptible microcurrent passes across the brain via ear clips coated with a conducting fluid.

The device is designed to talk the same language as the body and encourages the production of alpha-waves in the brain. It stimulates the brain cells to trigger a reaction to produce serotonin.

Unlike anti-depressant drugs, cranial electrotherapy stimulation achieves this without side effects. Its positive effects are also cumulative, suggesting that it may bring about permanent positive change in the neurological make-up of people experiencing PTSD.

Dr Parkinson says: "Because I work with the brain, I have looked with some patients at the brain wave changes that occur pre, post and during Alpha-Stim® training. I use the Alpha-Stim® routinely if I am seeing patients with anxiety or depression, also with women with endocrine dysfunction, also of course stress and/or anxiety where there is an element of hyperarousal".

www.alpha-stim.co.uk

THE ROLE OF OCCUPATIONAL THERAPY

Studies show that OT is particularly effective in providing PTSD victims with the coping and management skills needed to conduct their daily activities.

Occupational therapists are at the forefront of helping people who experience PTSD to rebuild their lives and in some cases, their identity to discover who they are again.

The occupational therapist is able to look holistically at the whole person and identify their strengths and prioritise improvements.

Occupational therapists conduct a

comprehensive and collaborative evaluation to identify strengths and barriers to occupational performance and their cause(s), for example: needs, trauma triggers, environmental barriers. They provide individual and group therapy sessions related to the impact of trauma, phases of recovery, and health/wellness strategies, often in collaboration with other professionals. They also provide consultation to organisations and policy makers, and may work in supervisory, managerial, and case management positions in this area of practice.

WHAT IS POST-TRAUMATIC STRESS DISORDER?

Post-traumatic stress disorder (PTSD) is a type of anxiety disorder which develops after being involved in or witnessing traumatic events.

The condition was first diagnosed in war veterans and has been known by a variety of names, such as 'shell shock'.

Common signs and symptoms include reliving aspects of what happened, including vivid flashbacks, intrusive thoughts or images and nightmares. A person may experience alertness or feeling on edge, avoiding feelings or memories and having difficult beliefs or feelings such as not being able to trust, feeling nowhere is safe and overwhelming feelings of anger,

sadness, guilt or shame.

When given a diagnosis of PTSD, you may be told you have mild, moderate or severe PTSD. This describes what sort of impact your symptoms are having on you currently – it's not a description of how frightening or upsetting your experiences might have been.

Mental health charity Mind says there are many misconceptions about PTSD. People may wrongly assume it means you are 'dwelling' over past events. They might even suggest you 'get over it' or 'move on'. But having PTSD is not a choice or a sign of weakness and it's important to remember you are not alone.

www.mind.org.uk