



Mental Health America of Franklin County

2323 W. Fifth Ave. Suite 160, Columbus, OH 43204

Telephone: (614) 221-1441 Fax: (614) 221-1491

info@mhafc.org

www.mhafc.org

Tips for Primary Care Physicians Talking With Your Patients About Trauma

Disasters can have a profound impact on anyone whether they were directly or indirectly affected. In the aftermath, it is important for primary healthcare providers to recognize and assess the psychological impact of the tragedies among their patients.

In the weeks and months following a disaster, you may begin to see an increase in the number of patients reporting a variety of physical and behavioral complaints and other issues. It is critical to look beyond the somatic complaints for the possible presence of underlying anxiety, stress, depression and/or post-traumatic stress disorder. Children are especially likely to somaticize emotional distress. This assessment is also particularly important when treating people with psychiatric disorders as symptoms of their illnesses can be exacerbated by tragic events.

What are common reactions?

It is usual for people to experience a range of emotions and responses to traumatic events. The following are common responses, which may present differently from person to person:

- Disbelief and shock
- Fear and anxiety about the future
- Disorientation, apathy and emotional numbing
- Irritability and anger
- Sadness and depression
- Over- or under-eating
- Difficulty making decisions
- Crying for “no apparent reason”
- Headaches and stomach problems
- Difficulty sleeping
- Excessive alcohol or drug use
- Worsening of pre-existing medical conditions

Most of these reactions, while distressing, are healthy responses to crisis and will resolve themselves in time.

Which mental health issues are potential concerns?

If lasting for several weeks, common reactions may be signs of mental health disorders. In some cases, it may be the first incidence of such disorders. The key to identifying psychiatric distress and disorders will be the intensity and duration of these symptoms and the disruption of the person’s ability to function in daily life.

In general, research shows that the more devastating and terrifying the trauma is, the more vulnerable someone will be to developing psychiatric symptoms. This is due to a lack of warning about the events, exposure and overexposure to the events, being isolated and alone during the experience of the trauma, and

the fear that the traumatic event will continue or occur again. If disasters receive widespread and graphic coverage in the media, many people around the country are likely to feel physical and psychological distress. Below are some common mental health issues that develop or resurface with traumatic events:

Acute Stress Disorder: ASD is the most common response. Symptoms of ASD include: numbness, difficulty responding to normal life events, difficulty with anger and suspiciousness. These symptoms will be present close to the experience of the traumatic event. However, proximity to the disaster is not necessary for these disorders to occur.

Post Traumatic Stress Disorder: PTSD may present later. Symptoms include repeatedly re-experiencing the ordeal in the form of flashback episodes, memories, nightmares or frightening thoughts, especially when exposed to events or objects reminiscent of the trauma. Emotional numbness and sleep disturbances are also common symptoms, as are depression, substance abuse, heightened anxiety and irritability. Headaches, gastrointestinal complaints, immune system problems, dizziness, chest pain or discomfort in other parts of the body are potential signs. People who already live with PTSD are at risk of more prominent flashbacks, anxiety and hypervigilance as a result of disasters.

Substance Abuse and Addictions: People may start or overuse substances such as alcohol, food and drugs, and increase gambling and other addictive behaviors to manage their anxieties and other symptoms. The most important clue to watch for is whether the person's usual consumption or behavior has changed.

Depression and Anxiety: These disorders may develop or increase as a result of the trauma. It will be necessary to assess all patients whether they have been previously diagnosed or not. If patients are presently being treated for these disorders, it will be necessary to determine the appropriateness and effectiveness of current treatment. Depression and grief are separate issues, but grief can cause concern when it lasts for an extended period of time.

Domestic Abuse: Research has shown that domestic abuse cases rise after traumatic events. Be alert for bruises and other signs of violence on adults and children.

Tips for doctors on reducing stress and trauma reactions in their patients:

- Talk to your patients about the event. Ask how they, their family, colleagues and friends are dealing with the tragedies. Encourage them to express their feelings to you and/or a trusted relative, friend, social worker or clergy member.
- Advise eating healthy foods, getting plenty of rest, exercising and drinking fluids.
- Encourage them to spend time with their family members and close friends.
- Advise them to limit their exposure to news reports and images of the tragedy.
- Encourage them to participate in activities that they find relaxing and soothing.
- Suggest that they get back to their usual routine as soon as possible.

Mental Health America of Franklin County has several resources available to help you and others cope with the disaster, including fact sheets on coping with disaster for adults and children, post-traumatic stress disorder, depression, coping with loss and other topics. To obtain this information or for a referral to a mental health professional in Franklin County, call 614-221-1441 or go to www.mhafc.org. National Clearinghouse for Alcohol and Drug Information www.health.org
National Institute of Mental Health www.nimh.nih.gov
National Panhellenic Conference www.npcwomen.org
The BACCHUS and GAMMA Peer Education Network www.bacchusgamma.org

Mental Health America of Franklin County is a private, not-for-profit organization, established in 1956. We help people navigate the mental health system. We are dedicated to promoting mental health in Franklin County through advocacy, education, and support services. Our programs include: information and referral to community mental health and alcohol/drug services; free support groups for people with mental illness and their families; an Ombudsman program that assists clients in navigating the mental health and alcohol/drug system; mental health screenings in English and Spanish; Pro Bono Counseling Program where underinsured and uninsured individuals can receive free counseling; community and professional mental health education including Get Connected; maternal mental health support and advocacy (POEM); and a quarterly newsletter featuring legislative updates and new happenings at MHAFC. We receive funding from the Franklin County ADAMH Board, United Way of Central Ohio, individuals, foundations, and corporations. To become a member or find out more information, please visit us online at www.mhafc.org.