

PTSD

Why, When and How to Help

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Important Features

- Exposure to actual or threatened death, serious injury or sexual violence
 - Directly experiencing traumatic events
 - Witnessing in person the events as it occurred to others
 - Learning that the traumatic event occurred to a close family member or close friend
 - Experiencing repeated or extreme exposure to aversive details of the traumatic events

Important Features

- Presence of
 - Recurrent, involuntary and intrusive distressing memories of the traumatic events
 - Recurrent distressing dreams
 - Dissociative reactions (flash backs)
 - Intense or prolonged psychological distress
 - Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic events
 - Persistent avoidance of stimuli associated with the traumatic events
 - Negative alterations in cognitions and mood

Types of Refugees

- **Government Assisted Refugees:** Persons who, before their arrival to Canada, have been sponsored by the government of Canada or by a private group
- **Non-Government Assisted Refugees:** Persons who make their own way out of the country or situation they are fleeing

Government Assisted Refugees

- Top three source countries in 2009 include Iraq, Iran, and Myanmar
- Over 80% of GARs settle in the Fraser Region

Recent Study on Refugees in Metro-Vancouver

- Investigated prevalence of:
 - Post traumatic stress disorder (PTSD)
 - Depression

PTSD Symptoms

- **Women**

- Female refugees = 15.9%
- Canadian average = 12.9%

- **Men**

- Male refugees = 18.2%
- Canadian average = 5.3%

Type of Traumatic Event (PTSD)

- **64% Physical or sexual assault**
- **21% Kidnapping and/or detainment**
- **7.5% Religious persecution**
- **7.5% Attempted assassination**

Most Essential Need of Service Providers

An appreciation of the cultural, legal, physical, intellectual, spiritual, and emotional implications of being a refugee



Factors Related to Increase in Mental Illness

- Exposure to repeated stresses
- Social & cultural isolation
- Limited understanding of host country language
- No support network
- Downward social drift
- Overemphasis on “mental health”
- Stigmatizing
- Individual focus at the exclusion of the family & community

Cross Cultural Formulation

- Pre-Post migration factors which increase risk
- Impact of socio-political & cultural factors on diagnosis
- How culture affects perceptions of the cause of illness
- Socio-cultural factors affecting the development & onset
- Effects of culture on help-seeking patterns, treatment & response to care
- Service needs of “high-risk” groups such as torture victims, the elderly, children, adolescents & women
- Differentiating between immigrants & refugees & their respective problems