

Case Report

Prevalence of PTSD symptoms in children: The cost of the inadequate mental health system in Pakistan

Iqra Mushtaque*

Department of Psychology, Bahauddin Zakariya University, Bahadur Sub-Campus Layyah, Pakistan

Abstract

Post-Traumatic Stress Disorder (PTSD) is a disorder that affects not only military veterans but also the general public specifically children. They may replay the event and its aftermath, avoid talking about it, have low self-esteem, and be unable to develop meaningful connections. Mentally sick individuals in Pakistan frequently face an obstacle, as discussing mental health is taboo. Mentally ill people are publicly humiliated in Pakistan, and sufferers are occasionally referred to as "pagal." Even parents ignore the symptoms of their children.

Introduction

When a person's life or safety is in jeopardy, Post-Traumatic Stress Disorder (PTSD) develops. Some of the symptoms of PTSD include nightmares, repeating the experience, being tense and concerned, being easily frightened, and being jumpy. Although not everyone develops PTSD after witnessing a traumatic event, many people struggle to return to their normal routines. Most people heal with time and assistance. Affected people suffer from anxiety, nightmares, and sleeplessness that intensify over time and interfere with daily activities [1].

Prevalence of PTSD in Pakistan

Numerous factors contribute to the increasing prevalence of PTSD in Pakistan today. Among the many examples are terrorism, sectarianism, targeted killings, floods, and earthquakes. Terrorist acts killed 3,315 people in 2009, but just 2,314 in 2014. 771,000 Pakistanis have been displaced due to natural calamities, whereas 1,800,000 have been displaced due to armed conflict [2]. In Pakistan, 59 suicide attacks killed 889 people and injured 2,072 others in 2008. Approximately 34 insurgents and civilians were killed in drone attacks in the same year. In addition, prominent news television stations routinely broadcast violent situations from across the country, exposing viewers to unique trauma exposure. There are, of course, other horrific events that go unnoticed by the international media. Jilted lovers splattering acid on women's faces, gas stove "accidents," "honor" killings, and other forms of domestic abuse are all examples of

More Information

*Address for Correspondence:

Iqra Mushtaque, Department of Psychology, Bahauddin Zakariya University, Bahadur Sub-Campus Layyah, Pakistan, Email: iqra.fatima89@gmail.com

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ORCID: <https://orcid.org/0000-0001-7213-6685>

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religious intolerance. All of these things can lead to PTSD [3]. A survey revealed that 1,200 persons conducted following the 2005 earthquake, 55.2 percent of females and 33.4% of males were found to have PTSD. Living in a close-knit family protected him from the disease. Tenting was related to overall psychological morbidity, but not with PTSD [4]. A cross-sectional examination of 300 earthquake survivors from places near the 2005 disaster's epicenter revealed an abnormally high prevalence of post-traumatic stress disorder (PTSD)[5]. Women who were older, unmarried, family leaders, unemployed or low-income, and living in temporary housing had a higher risk of developing PTSD. Religious tendencies appeared to be protective. Another study found that women are twice as likely as males to suffer from post-traumatic stress disorder (PTSD) and four times as likely to suffer from depression. Another study found that 64.8% of 1100 children living in an earthquake zone suffered from PTSD symptoms. 34.6% of children and adolescents experienced emotional and behavioral problems 18 months after the earthquake [6]. The number of psychiatric diseases induced by violence on an almost daily basis is unknown, and consequently untreated. Relief efforts have been impeded by a lack of infrastructure and preparation. As a result, traumatized patients are crammed into overcrowded hospitals with overworked staff. Add to that a heavy dosage of the stigma associated



with mental illness, a social construct of avoiding mention of trauma to “protect” the sufferer, and the characterization of people who struggle as lacking faith, and you have the perfect recipe for avoiding medical care [7]. Unfortunately, PTSD sufferers in Pakistan have few treatment choices due to the country’s weak healthcare system. According to the Pakistan Mental Health Association, there are five government-run mental institutes and less than 300 qualified psychiatrists [8].

Method

We selected PTSD patients from rehab facilities. The reasons for traumatic events were gleaned from reports. This study was conceived and conducted in accordance with the ethical guidelines of Bahauddin Zikria University. As a result, it was accepted by the Faculty of Social Sciences (Department of Psychology). Confidentiality and anonymity of respondents were maintained.

PTSD case 1

She hid in a corner whenever someone shouted. Even watching debates and arguments on TV would enrage her. Her heart rate would elevate, she would relive her experience, and her body would become hyper-alert while also paralyzed with fear. It was as if every nerve in her body had been trained to expect beatings when she yelled.

PTSD case 2

He opened up about his dreams. He couldn’t stay in his village and had to leave. However, he feels unhappy in the city because it is not his. He is currently unable to sleep. He is unable to focus at work. He’s still aware of them.

PTSD case 3

After reporting on natural disasters, a Pakistani journalist discovered she suffers from PTSD. She is often exhausted, despondent, and hopeless as a result of high levels of anxiety, stress, or sadness.

PTSD case 4

The patient reported her older brother’s sexual assault on her when she was seven years old. He grew physically aggressive to the sufferer throughout further sexual torture. As a result, the patient has always felt terrible for having inappropriate sexual contact with her sibling, and she is currently unable to recall a number of incidents from her life, including the impact of trauma on her mind, her school performance, and her friendships.

PTSD case 5

An 11-year-old boy came with the symptoms of lack of social interaction, poor academic performance, fear of loud voices, separation anxiety, and low mood with crying. The boy reported that when he used to see his parents arguing and abusing each other, he would hide under the bed or behind

the sofa. And at night, all the harsh sentences were repeated frequently in his dreams.

Treatment of PTSD for children

Trauma-focused CBT is the most evidence-based treatment for children with PTSD. There are numerous facets to it. To begin with, both the parent and the child are psycho-educated. First, both the parent and the child must learn to respond normally to trauma. It may be unsettling for those who have undergone trauma and may suffer from PTSD. You may experience flashbacks, hear the perpetrator’s voice, experience difficulty sleeping, and become angry and agitated. Knowing that these are all signs of a syndrome is therapeutic for people who have experienced what you have. It also helps parents understand what their children are going through and why trauma triggers cause undesirable conduct. As a result of yelling, children may become involved in domestic violence. When confronted with a culprit, you will feel anxious and angered. Keeping track of what causes these symptoms will assist you in regaining control. So, psycho-education comes first and foremost.

The second is the development of skills. Possessing the capacity to acquire a set of skills for managing extreme anxiety, such as relaxation training and repeated memory-stopping techniques. And the parent wants to know how to handle their child when he or she is angry, resistant or refusing to sleep.

Conclusion

Pakistan is experiencing an unprecedented PTSD pandemic. Survivors are almost certain to suffer serious psychological suffering. A community’s activities may aid in reversing the consequences of collective trauma. Psychiatric services for such stressful situations have been eliminated from the healthcare system. These treatments are crucial for resolving psychological wounds in this population before they degenerate or develop into persistent PTSD. These include public education, psychiatric therapy, and basic psychosocial skills training for community workers. Coordination between state and non-governmental organizations is necessary for rebuilding community structures, ensuring social justice and human rights, and promoting nonviolent conflict resolution.

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