

AS@W...TRAUMA AND WOMEN

What is trauma?

- ❑ Trauma can be broadly defined as an extreme event in one's life that is beyond the range of normal experience and can induce a state of severe fear, helplessness, horror or other signs of distress. Trauma can result from experiencing a traumatic event directly or from seeing trauma occur to someone else.
- ❑ Traumatic events in the workplace include accidents, incidents or injuries experienced during the course doing one's job. In most jurisdictions, such events are included under occupational health and safety legislation.
- ❑ Traumatic experience both in and out of the workplace can have an impact on people.
 - Examples of traumatic experiences in the workplace include:
 - Death or serious injury of a person
 - Physical threats or attacks
 - Bomb threats, explosions or fire
 - Intentional or unintentional release of chemicals or infectious agents
 - Search and rescue activities
 - Examples of traumatic experiences outside of the workplace include:
 - Losing a loved one
 - Relationship or parental difficulties
 - Serious illness
 - Domestic violence
 - Sexual abuse
 - Losing housing to a fire
 - Natural disasters such as floods, forest fires, tornadoes, transportation accidents, etc.

What is the relationship between trauma and mental health?

- ❑ Research has shown that while people are initially distressed after a traumatic event, this distress will decrease over a few months for most people. There are however a small number of people that develop long-term mental health problems as a result of the event. This does not imply anything about the level or severity of an individual's suffering except that some people respond to traumatic events in different ways.



AS@W Antidepressant Skills at Work Dealing with Mood Problems in the Workplace

Centre for Applied Research in Mental Health & Addiction
Faculty of Health Sciences, Simon Fraser University
Rm 2400, 515 West Hastings St., Vancouver, BC V6B 5K3
T: 778.782.5148 F: 778.782.7768 W: www.camha.ca



BC Mental Health &
Addiction Services
an agency of the Provincial Health Services Authority



CARMHA
Centre for Applied Research
in Mental Health & Addiction
www.camha.ca

- ❑ History of trauma is a risk factor for depression. For example, a study of women that were homeless or lived in low-income housing and that had experienced major violence had a two-fold risk of depression.
 - Women who have experienced the following are at increased risk for depression:
 - Childhood sexual abuse
 - Being robbed
 - Living in low-income housing or a shelter
 - Domestic violence
 - Involvement in a car accident where someone is killed or seriously injured
 - Witnessing or discovering an unexpected death
- ❑ Experiences of trauma can complicate treatment and slow progression of recovery from a mental health disorder.
- ❑ Individuals who have experienced trauma may be more likely to use or abuse alcohol, tobacco, prescription or illegal drugs that can lead to comorbid substance abuse disorders and negatively undermine physical and mental health status.

What is posttraumatic stress disorder (PTSD)?

- ❑ PTSD is particularly kind of anxiety disorder that is the result of a traumatic event(s).
- ❑ Some of the characteristics of PTSD include the following (lasting beyond one month after the event):
 - Recurring thoughts, nightmares or memories about the event
 - Attempting to avoid conversations, places or people that remind one of the event
 - Being hypervigilant, easily startled or 'jittery'
- ❑ The best predictors for the development of PTSD are:
 - An individual's response at the time of trauma (e.g., fear, shock)
 - A previous history of anxiety or depression
 - The amount and type of stress an individual experiences following the trauma (e.g., financial strain, low social support, chronic pain)



AS@W Antidepressant Skills at Work Dealing with Mood Problems in the Workplace

Centre for Applied Research in Mental Health & Addiction
Faculty of Health Sciences, Simon Fraser University
Rm 2400, 515 West Hastings St., Vancouver, BC V6B 5K3
T: 778.782.5148 F: 778.782.7768 W: www.carmha.ca



What is the relationship between PTSD and depression?

- ❑ Many studies have shown that depression and PTSD co-occur following a traumatic event.
 - Comorbid depression and PTSD occurred in 44.5% of patients one month after the trauma event.
 - Comorbidity was associated with greater symptom severity and lower functioning in patients.
 - While PTSD and major depression are independent disorders, they interact to increase distress and dysfunction in an individual.

- ❑ Studies of intimate partner violence and the mental health consequences for women have found that the comorbidity of PTSD and major depression can range anywhere from 4% to 51%.

- ❑ PTSD and depression can contribute to physical sickness by disrupting self-care, compromising physical health, and undermining appropriate help-seeking and health care.

- ❑ Individuals who have experienced a traumatic event and are experiencing reactions or distress should seek assistance from a mental health or medical specialist.

References

BC Partners for Mental Health and Addictions Information. (2007). Trauma and Victimization. *Visions: BC's Mental Health and Addictions Journal*, 2, 4-6.

BC Women's Hospital & Health Centre and British Columbia Centre of Excellence for Women's Health. (2004). A women's health strategy for British Columbia: advancing the health of girls and women.

Foa, E., Keane, T., Friedman, M., & Cohen, J. Effective treatments for PTSD: practice guidelines from the international society for traumatic stress studies. The Guilford Press, New York, 2008.

Health Canada. (2008). Preparing for and responding to trauma in the workplace: a manager's e-guide. Accessed from http://www.hc-sc.gc.ca/ewh-semt/pubs/occup-travail/e_guide-man_gest/index-eng.php



AS@W Antidepressant Skills at Work Dealing with Mood Problems in the Workplace

Centre for Applied Research in Mental Health & Addiction
Faculty of Health Sciences, Simon Fraser University
Rm 2400, 515 West Hastings St., Vancouver, BC V6B 5K3
T: 778.782.5148 F: 778.782.7768 W: www.camha.ca



ABOUT AS@W

How was *Antidepressant Skills at Work* developed?

The guide was developed by British Columbia Mental Health and Addiction Services (BCMHAS), an agency of the Provincial Health Services Authority. The guide and accompanying materials have been authored by **Dr. Dan Bilsker**, **Dr. Merv Gilbert**, and **Dr. Joti Samra** – registered psychologists and scientist-practitioners with expertise in issues relating to workplace mental health. These psychologists are with the Centre for Applied Research in Mental Health and Addiction (CARMHA), Faculty of Health Sciences, Simon Fraser University. The guide was written on the basis of a review of the scientific literature; consultation with employers, unions, mental health providers and employee groups; and adaptation of existing self-care depression programs.

How can the manual be accessed?

The manual is available for viewing and free download at www.carmha.ca/antidepressant-skills/work/ or from www.bcmhas.ca/research. Individuals or organizations are free to print and make multiple copies of the guide, with permission from CARMHA (publications@carmha.ca). Print copies and audio CDs are available at a low cost from our ordering page at www.carmha.ca/ordering.

For further information about AS@W and associated resources and materials, please visit www.carmha.ca/selfcare. This information will be updated on a regular basis.



AS@W Antidepressant Skills at Work

Dealing with Mood Problems in the Workplace

Centre for Applied Research in Mental Health & Addiction
Faculty of Health Sciences, Simon Fraser University
Rm 2400, 515 West Hastings St., Vancouver, BC V6B 5K3
T: 778.782.5148 F: 778.782.7768 W: www.carmha.ca

