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# Post-traumatic stress disorder (PTSD)

Explains what post-traumatic stress disorder (PTSD) is, including possible causes and how you can access treatment and support. Includes tips for helping yourself, and guidance for friends and family.

If you require this information in Word document format for compatibility with screen readers, please email: publications@mind.org.uk.

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# What is PTSD?

Post-traumatic stress disorder (PTSD) is a mental health problem you may develop after experiencing traumatic events. The condition was first recognised in war veterans.

It has had different names in the past, such as 'shell shock', but it is not only diagnosed in soldiers. A wide range of traumatic experiences can be causes of PTSD.

*"When something traumatic happens in your life it rocks you to the core. The world is no longer a safe place. It becomes somewhere that bad things can and do happen."*

## When is it diagnosed?

When you go through something you find traumatic it's understandable to experience some symptoms of PTSD afterwards, such as feeling numb or having trouble sleeping. This is sometimes described as an 'acute stress reaction'.

Many people find that these symptoms disappear within a few weeks, but if your symptoms last for longer than a month, you might be given a diagnosis of PTSD. Your GP might refer you to a specialist before this if your symptoms are particularly severe.

*"I started experiencing symptoms of PTSD after my boyfriend died. I suffered extremely vivid flashbacks that could happen at any time, anywhere, and were deeply distressing... I threw myself into another relationship very quickly to try and avoid how I was feeling, but then also would not express much affection to my new partner."*

## Are there different types of PTSD?

If you are given a diagnosis of PTSD, you might be told that you have mild, moderate or severe PTSD. This explains 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. PTSD may be described differently in some situations:

- **Delayed-onset PTSD** – if your symptoms emerge more than six months after experiencing trauma, this might be described as 'delayed PTSD' or 'delayed-onset PTSD'.
- **Complex PTSD** – if you experienced trauma at an early age or it lasted for a long time, you might be given a diagnosis of 'complex PTSD'. See our section on complex PTSD for more information.
- **Birth trauma** – PTSD that develops after a traumatic experience of childbirth is also known as 'birth trauma'. See our resource on PTSD and birth trauma for more information.

If you experience some PTSD symptoms while supporting someone close to you who's experienced trauma, this is sometimes known as secondary trauma.

See our resource on trauma for more information on how traumatic experiences can affect your mental health.

*"I couldn't understand why I felt like my brain wasn't functioning – I couldn't remember things, I couldn't process things. It was like my brain had just slowed down and ground to a halt."*

## Experiences of facing stigma

There are lots of misconceptions about PTSD. For example, people may wrongly assume it means you are 'dwelling' on past events. They might even suggest that you should 'get over it' or 'move on'. But having PTSD isn't a choice or a sign of weakness, and it's important to remember that you are not alone.

See our resource on stigma and misconceptions for lots of ideas on how to deal with stigma.

# What are the symptoms?

Each person's experience of PTSD is unique to them. You might have experienced a similar type of trauma to someone else, yet be affected in different ways.

## Common symptoms of PTSD

These are some common signs and symptoms that you might recognise. Everyone's experience is different, so you may experience some, none or all of these things.

### Reliving aspects of what happened

This can include:

- vivid flashbacks (feeling like the trauma is happening right now)
- intrusive thoughts or images
- nightmares
- intense distress at real or symbolic reminders of the trauma
- physical sensations such as pain, sweating, nausea or trembling.

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## Alertness or feeling on edge

This can include:

- panicking when reminded of the trauma
- being easily upset or angry
- extreme alertness, also sometimes called 'hypervigilance'
- disturbed sleep or a lack of sleep
- irritability or aggressive behaviour
- finding it hard to concentrate – including on simple or everyday tasks
- being jumpy or easily startled
- other symptoms of anxiety.

*"My heart was constantly racing and I felt permanently dizzy. I couldn't leave the house and became afraid of going to sleep as I was convinced I was going to die."*

## Avoiding feelings or memories

This can include:

- feeling like you have to keep busy
- avoiding anything that reminds you of the trauma
- being unable to remember details of what happened
- feeling emotionally numb or cut off from your feelings
- feeling physically numb or detached from your body
- being unable to express affection
- doing things that could be self-destructive or reckless
- using alcohol or drugs to avoid memories.

## Difficult beliefs or feelings

This can include:

- feeling like you can't trust anyone
- feeling like nowhere is safe
- feeling like nobody understands
- blaming yourself for what happened
- overwhelming feelings of anger, sadness, guilt or shame.

*"The lack of sleep and the sense of never being at peace are exhausting."*

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### Why does PTSD have physical effects?

This could be because when we feel stressed emotionally, our bodies release hormones called **cortisol** and **adrenaline**. This is the body's automatic way of preparing to respond to a threat, sometimes called the 'fight, flight or freeze' response.

Studies have shown that someone with PTSD will continue producing these hormones when they're no longer in danger, which is thought to explain some symptoms such as extreme alertness and being easily startled.

Some people also experience physical symptoms similar to symptoms of anxiety, such as headaches, dizziness, chest pains and stomach aches.

*"I thought I was coping quite well to start with. Then a few weeks after the event, I began experiencing unpleasant physical symptoms, similar to those of a heart attack: chest pain, tightness and dizzy spells so severe that I thought I would pass out."*

## What are flashbacks?

A flashback is a vivid experience in which you relive some aspects of a traumatic event or feel as if it is happening right now. This can sometimes be like watching a video of what happened, but flashbacks do not necessarily involve seeing images, or reliving events from start to finish. You might experience any of the following:

- seeing full or partial images of what happened
- noticing sounds, smells or tastes connected to the trauma
- feeling physical sensations, such as pain or pressure
- experiencing emotions that you felt during the trauma.

You might notice that particular places, people or situations can trigger a flashback for you, which could be due to them reminding you of the trauma in some way. Or you might find that flashbacks seem to happen at random. Flashbacks can last for just a few seconds, or continue for several hours or even days.

You can read some tips on how to cope with flashbacks in our section on self-care for PTSD.

*"I feel like I'm straddling a timeline where the past is pulling me in one direction and the present another. I see flashes of images and noises burst through, fear comes out of nowhere. My heart races, my breathing is loud and I no longer know where I am."*

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## Other effects of PTSD

If you are experiencing symptoms of PTSD, you might also find that you have difficulty with some everyday aspects of your life, such as:

- looking after yourself
- holding down a job
- maintaining friendships or relationships
- remembering things and making decisions
- your sex drive
- coping with change
- simply enjoying your leisure time.

If you drive you may have to tell the DVLA that you have PTSD. For more information on your right to drive, including when and how to contact the DVLA, see our legal resource on fitness to drive.

*"My behaviour changed and became erratic. I would alternate from wanting to shut myself away and not see or talk to anyone to going out to parties in the middle of the week and staying out late."*

## PTSD and other mental health problems

It's common to experience other mental health problems alongside PTSD, which could include:

- anxiety disorders
- depression
- dissociative disorders
- self-harm
- suicidal feelings.

*"I was also deeply depressed and experiencing huge amounts of anxiety, refusing to go anywhere alone or go near any men that I didn't know... I would lock my bedroom windows and barricade my bedroom door at night."*

See our resources on anxiety and panic attacks, sleep problems, phobias, depression, dissociative disorders, self-harm and suicidal feelings for more information on these topics.

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# What causes PTSD?

The situations we find traumatic can vary from person to person. There are many different harmful or life-threatening events that might cause someone to develop PTSD.

For example:

- being involved in a car crash
- being raped or sexually assaulted
- being abused, harassed or bullied, including racism, sexism and other types of abuse targeting your identity
- being kidnapped, held hostage or any event in which you fear for your life
- experiencing violence, including military combat, a terrorist attack, or any violent assault
- seeing other people hurt or killed, including in the course of your job, sometimes called secondary trauma
- doing a job where you repeatedly see or hear distressing things, such as the emergency services or armed forces
- surviving a natural disaster, such as flooding, earthquakes or pandemics, such as the coronavirus pandemic
- traumatic childbirth as a mother or partner witnessing a traumatic birth
- losing someone close to you in particularly upsetting circumstances
- being sectioned or getting treatment in a mental health ward
- being diagnosed with a life-threatening condition.

Evidence suggests that pandemics can cause psychological trauma. If you're looking for support during the coronavirus pandemic you can find more information on looking after your mental health in our coronavirus and mental health hub.

*"I was mugged then about a year later I was on the Tube when the police were trying to arrest someone who had a gun. In neither experience was I physically injured – although in the second one I thought I was going to die and that I was going to see lots of other people die."*

## Are some people more at risk of PTSD?

Some factors may make you more vulnerable to developing PTSD, or may make the problems you experience more severe, including:

- experiencing repeated trauma

- getting physically hurt or feeling pain
- having little or no support from friends, family or professionals
- dealing with extra stress at the same time, such as bereavement, money worries, racism, seeking asylum, homelessness or spending time in prison
- previously experiencing anxiety or depression.

If you experienced trauma at an early age or you have experienced long-lasting or multiple traumas, you might be given a diagnosis of complex PTSD. See our section on complex PTSD for more information.

*"I was diagnosed by my GP with PTSD a few weeks after the death of my father who died very suddenly, following a family outing to the local pub for lunch. He collapsed in front of us and we had to administer CPR at the scene while waiting for the ambulance. He died later on the way to hospital."*

Anyone can experience traumatic events, but you may be particularly likely to have experienced trauma if you:

- work in a high-risk occupation, such as the emergency services or armed forces
- are a refugee or asylum seeker
- were taken into foster care.

### Secondary trauma

If you experience symptoms of PTSD while supporting someone close to you who has experienced trauma, this is sometimes known as 'secondary trauma' or 'secondary traumatic stress'.

'Secondary' means that although the original (primary) trauma happened to someone else, the impact it's having in your life is traumatic for you. It doesn't mean it's any less significant than any other kind of PTSD, or any easier to deal with. Our section for friends and family has some tips on looking after yourself.

Repeatedly witnessing or hearing about traumatic events in the course of your job is also sometimes called 'secondary trauma', although this experience is increasingly thought of by professionals as an original (primary) trauma.

See our resources on trauma, how to manage stress, bereavement, abuse, money and mental health, anxiety and panic attacks and depression for more information on these topics.

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# What is complex PTSD?

Complex post-traumatic stress disorder (complex PTSD, sometimes abbreviated to c-PTSD or CPTSD) is a condition where you experience some symptoms of PTSD along with some additional symptoms, such as:

- difficulty controlling your emotions
- feeling very angry or distrustful towards the world
- constant feelings of emptiness or hopelessness
- feeling as if you are permanently damaged or worthless
- feeling as if you are completely different to other people
- feeling like nobody can understand what happened to you
- avoiding friendships and relationships, or finding them very difficult
- often experiencing dissociative symptoms such as depersonalisation or derealisation
- physical symptoms, such as headaches, dizziness, chest pains and stomach aches
- regular suicidal feelings.

### Other terms for complex PTSD

Complex PTSD is a fairly new term. Professionals have recognised for a while that some types of trauma can have additional effects to PTSD, but have disagreed about whether this is a form of PTSD or an entirely separate condition, and what it should be called.

For example, you may find some doctors or therapists still use one of the following terms:

- enduring personality change after catastrophic experience (EPCACE)
- disorders of extreme stress not otherwise specified (DESNOS) – this term is more common in America than the UK.

*"At times I felt nothing was going to end the distress, experiencing more than 10 flashbacks a day... It was a long process of recovery, with lots of bumps along the road, but the right medication and long-term therapy with someone I came to trust, has changed my life."*

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## Complex PTSD and emotional flashbacks

If you have complex PTSD you may be particularly likely to experience what some people call an 'emotional flashback', in which you have intense feelings that you originally felt during the trauma, such as fear, shame, sadness or despair.

You might react to events in the present as if they are causing these feelings, without realising that you are having a flashback.

See our sections explaining what flashbacks are and tips for coping with flashbacks for more information.

## What causes complex PTSD?

The types of traumatic events that can cause complex PTSD include:

- childhood abuse, neglect or abandonment
- ongoing domestic violence or abuse
- repeatedly witnessing violence or abuse
- being forced or manipulated into prostitution (trading sex)
- torture, kidnapping or slavery
- being a prisoner of war.

You are more likely to develop complex PTSD if:

- you experienced trauma at an early age
- the trauma lasted for a long time
- escape or rescue were unlikely or impossible
- you have experienced multiple traumas
- you were harmed by someone close to you.

*"Developing PTSD after experiencing domestic violence was not something I was prepared for. Physically I left my old home. Mentally I am still there. The prison is no longer that house – it is my mind. My thoughts. My memories."*

### Misdiagnosis with BPD

Some of the symptoms of complex PTSD are very similar to those of borderline personality disorder (BPD), and not all professionals are aware of complex PTSD. As a result, some people are given a diagnosis of BPD or another personality disorder when complex PTSD fits their experiences more closely.

Professionals disagree about when it's helpful to diagnose someone with a personality disorder or when another diagnosis or description is better. To find out more see our resource on why personality disorders are controversial?

If you're worried that the diagnosis you've been given doesn't fit the way you feel, it's important to discuss it with a mental health professional so you can make sure you're getting the right treatment to help you.

See our resources on borderline personality disorder and personality disorders for more information on these diagnoses.

Our resource on seeking help for a mental health problem provides information on how to make sure your voice is heard, and what you can do if you're not happy with your doctor.

*"My PTSD is rooted in the abuse I received as a teenager, and I have spent most of my adult life running away from it... I have suffered from anxiety and depression as a consequence."*

Read Clare's story

## What treatments are there?

The National Institute for Health and Care Excellence (NICE) – the organisation that produces guidelines on best practice in health care – has not yet developed recommendations specifically for complex PTSD. They caution that the existing guidelines for PTSD weren't developed for this kind of diagnosis.

You may find standard treatments for PTSD helpful, but many people with complex PTSD need more long-term, intensive support to recover. As part of your treatment you should also be offered support for other problems you experience, such as depression, drug and alcohol use or dissociation. The treatment you are offered may depend on what's available in your local area.

See our treatment for PTSD section for more about the treatments available, which may be useful for complex PTSD. Or visit our section on self-care for PTSD for tips on how to look after yourself when you have complex PTSD.

We also have a section for friends and family of someone with PTSD, with ideas on supporting someone who is struggling.

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# How can I help myself?

Living with PTSD can feel overwhelming. This section offers some practical suggestions for looking after yourself.

### Tips on coping with flashbacks

Flashbacks can be very distressing, but there are things you can do that might help. You could:

- **Focus on your breathing**. When you are frightened, you might stop breathing normally. This increases feelings of fear and panic, so it can help to concentrate on breathing slowly in and out while counting to five.
- **Carry an object that reminds you of the present**. Some people find it helpful to touch or look at a particular object during a flashback. This might be something you decide to carry in your pocket or bag, or something that you have with you anyway, such as a keyring or a piece of jewellery.
- **Tell yourself that you are safe**. It may help to tell yourself that the trauma is over and you are safe now. It can be hard to think in this way during a flashback, so it could help to write down or record some useful phrases at a time when you're feeling better.
- **Comfort yourself**. For example, you could curl up in a blanket, cuddle a pet, listen to soothing music or watch a favourite film.
- **Keep a diary**. Making a note of what happens when you have a flashback could help you spot patterns in what triggers these experiences for you. You might also learn to notice early signs that they are beginning to happen.
- **Try grounding techniques**. Grounding techniques can keep you connected to the present and help you cope with flashbacks or intrusive thoughts. For example, you could describe your surroundings out loud or count objects of a particular type or colour. See our resource on self-care for dissociative disorders for more information on grounding techniques.

*"You can't stop the waves but you can learn to surf; through my PTSD recovery journey I've learnt that emotions come and go in waves. It's best not to fight against them but ride with them."*

## Get to know your triggers

You might find that certain experiences, situations or people seem to trigger flashbacks or other symptoms. These might include specific reminders of past trauma, such as:

- smells
- sounds

- words
- places
- particular types of books or films.

Some people find things especially difficult on significant dates, such as the anniversary of a traumatic experience. It can help to plan ahead for these times and use these self-care tips to help you.

## Confide in someone

When experiencing PTSD it can be hard to open up to others. This may be because you feel unable to talk about what has happened to you or because you find it difficult to trust others after your traumatic experience.

You don't need to be able to describe the trauma to tell someone how you are currently feeling though. It could help to talk to a friend or family member, or a professional, such as a GP or a trained listener at a helpline.

See our resource on telephone support for more information about helplines. Our resource on talking to your GP also has tips on how to start difficult conversations about your feelings with your doctor.

## Give yourself time

Everyone has their own unique response to trauma and it's important to take things at your own pace.

For example, it may not be helpful to talk about your experiences before you feel ready. Try to be patient with yourself and don't judge yourself harshly for needing time and support to recover from PTSD.

## Try peer support

Peer support brings together people who have had similar experiences, which some people find very helpful.

See our resource on peer support for more information about what it involves and how to find a peer support group to suit you.

*"Hope. There is always hope. With the right treatment and support, things will get better. I'm a living testament."*

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## Find specialist support

You might find it useful to contact an organisation that specialises in advice and support for PTSD, such as ASSIST Trauma Care.

It could also be helpful to find an organisation with expertise in the particular type of trauma you have experienced.

See our useful contacts for details of relevant organisations.

## Look after your physical health

Coping with PTSD can be exhausting. You might feel like you can't find the energy to take care of yourself, but looking after your physical health can make a difference to how you feel emotionally.

For example, it can help to:

- **Think about your diet**. Drinking enough water, eating regularly and keeping your blood sugar stable can help you cope when things feel difficult. See our resource on food and mood for more information.
- **Try to exercise**. Exercise can be really helpful for your mental wellbeing. See our resource on physical activity for more information.
- **Spend time outside**. The outside world might feel overwhelming, but spending time in green space can boost your wellbeing. See our resource on nature and mental health for more information.
- **Avoid drugs and alcohol**. While you might want to use drugs or alcohol to cope with difficult feelings, memories or physical pain, they can make you feel worse in the long run. They can also make other problems worse, such as difficulty sleeping. See our resource on recreational drugs and alcohol for more information.

*"Things that helped: I took up running, which helped me sleep, as it seemed to clear the excess adrenaline; talking to my friends and sisters, again and again; giving up sugar and alcohol, as I was using them as masks for my erratic behaviour."*

### PTSD and sleep problems

Lots of people who experience PTSD have problems sleeping. You might:

- find it hard to fall or stay asleep
- feel unsafe during the night
- feel anxious or afraid of having nightmares.

See our resource on coping with sleep problems for more information.

*"My determination to be a positive force in my children's life was the reason I stayed and tried to work through my issues."*

Read Matt's story

# What treatments are available?

### Watchful waiting

If you have had PTSD symptoms for less than four weeks or they are relatively mild, your GP might suggest an approach called 'watchful waiting' before offering you any treatment. This involves monitoring your symptoms yourself to see if things improve. In this case you should be offered a follow-up appointment within one month.

## Talking treatments for PTSD

The National Institute for Health and Care Excellence (NICE) – the organisation that produces guidelines on best practice in health care – currently recommends two types of talking treatment for PTSD:

- **Trauma-focused cognitive behavioural therapy (TF-CBT)**. This is a form of cognitive behavioural therapy (CBT) specifically adapted for PTSD. NICE recommends that you are offered 8–12 regular sessions of around 60–90 minutes, seeing the same therapist at least once a week. See our resource on CBT for more information about this therapy.
- **Eye movement desensitisation and reprocessing (EMDR)**. This is a fairly new treatment that can reduce PTSD symptoms such as being easily startled. It involves making rhythmic eye movements while recalling the traumatic event. The rapid eye movements are intended to create a similar effect to the way your brain processes memories and experiences while you're sleeping. EMDR UK & Ireland - a professional association of EMDR clinicians and researchers - provides extensive information about EMDR on its website.

NICE may recommend other talking treatments in future if they are found to help with PTSD, but more research is needed.

*"One of the most disturbing things has been the feelings of aggression and anger towards anyone who looks like the person who attacked me... EMDR therapy has been massively helpful."*

### What if I don't feel better?

If the talking treatment you try doesn't seem to be helping, NICE suggests that you:

- tell your doctor or therapist you were expecting to feel differently
- ask if you need more treatment, or a different type of treatment.

Your doctor or therapist should offer you a second course of treatment or a follow-up appointment. You can read the full guidelines for PTSD treatment in English or Welsh on the NICE website.

## Medication for PTSD

People experiencing PTSD aren't routinely prescribed medication. However, you might be offered medication if:

- you also have depression
- you have sleep problems caused by PTSD
- you are unable or do not want to try talking treatments.

If you are offered medication for PTSD, this will usually be an antidepressant. While PTSD is not the same as depression, this type of medication has been found to help. NICE recommends four antidepressants in particular:

- paroxetine – can be prescribed by a GP
- mirtazapine – can be prescribed by a GP
- amitriptyline – must be prescribed by a specialist
- phenelzine – must be prescribed by a specialist.

NICE recommends venlafaxine or a type of antidepressant called selective serotonin reuptake inhibitors (SSRIs), such as sertraline. See our resource on antidepressants for more information about this kind of medication.

If you also experience symptoms of psychosis or severe hyperarousal (constantly feeling on high alert), and other medications have not helped you, you may be offered an antipsychotic to treat these symptoms.

Antipsychotic treatment should be reviewed regularly by a specialist such as a psychiatrist. See our resource on antipsychotics for more information about this kind of medication.

### Before you take any medication

Before you decide to take any medication, you should make sure you have all the facts you need to feel confident about your decision. For guidance on what you might want to know about any drug before you take it, see our resources on:

- what you should know before taking any psychiatric drug
- receiving the right medication for you
- your right to refuse medication

## Other treatment options

Some people with PTSD say they have found other treatments helpful in managing their condition, such as group therapy, arts therapies or dialectical behaviour therapy (DBT).

Trauma can affect the body physically as well as psychologically and there is growing evidence to show that body-based therapy can help people experiencing PTSD to ground themselves and regulate emotions. You can find out more about body-based therapy and find a therapist via the Body Psychotherapy Network.

However, the NICE guidelines recommend that treatments that have not been designed or properly tested for people who have experienced trauma should not be used on their own.

### Pre-trial therapy for prosecution witnesses

The Crown Prosecution Service (CPS) guidelines for vulnerable witnesses, which includes anyone giving evidence about rape or sexual assault, say that some forms of therapy can 'present problems' if someone has them before giving evidence which may be used in a trial.

For information about this you can speak to Victim Support, which is a charity in England and Wales that aims to help victims and witnesses of any crime.

Or you could talk to an Independent Sexual Violence Advisor (ISVA) – The Survivors Trust has a list of ISVAs on their website.

## Accessing treatment

Here are some ways you could access treatment:

- **Your GP**. To get treatment on the NHS, you could visit your GP. For advice on preparing for a GP appointment, see our resource on talking to your GP.

- **Free NHS therapy services**. You might be able to directly contact Improving Access to Psychological Therapies (IAPT) services in your area, if you live in England. You can search for these on the NHS website.
- **Specialist organisations**. See our useful contacts for organisations that may offer therapy or be able to put you in touch with local services.
- **Local trauma services**. Some organisations offer free or low-cost trauma therapy. Your local Mind on Mind's Infoline may have information about services in your area.
- **Private therapists**. Finding a private therapist is another option some people choose to explore.

See our resources on seeking help for a mental health problem and talking treatments for more information about accessing treatment.

# How can friends and family help?

This section is for friends or family who wish to support someone who has PTSD.

It can be really hard to see someone you care about experiencing the symptoms of PTSD or complex PTSD. This section has some suggestions for ways you can support them while also looking after your own wellbeing.

## Listen to them

If you feel able to, you could help by:

- giving them time to talk at their own pace – it's important not to pressure them
- allowing them to be upset about what has happened
- not making assumptions about how they feel right now, or how they felt in the past
- not dismissing their experiences by saying 'it could have been worse' or questioning why they didn't say or do something differently.

*"No one around me understood what I was going through. I found it hard to explain. Words just couldn't do justice to what I was going through."*

## Try not to judge

If you've not experienced PTSD yourself, it can be hard to understand why your friend or family member can't seem to 'move on'. It's understandable to wish things could get back

to normal, but it's important not to blame them or put pressure on them to get better without the time and support they need.

## Learn their triggers

Each person will have a different experience of PTSD, so it might help to talk about what sorts of situations or conversations might trigger flashbacks or difficult feelings. For example, they might be particularly distressed by loud noises, arguments or particular places. Understanding their triggers could help you to avoid these situations, and feel more prepared when flashbacks happen.

## Plan ahead for difficult times

When your friend or relative is feeling well, it can be helpful to discuss with them how you can help if they become unwell or if a crisis happens. You could:

- encourage them to write a crisis plan
- discuss which symptoms you can look out for
- get to know their triggers and plan how to cope with them.

This can help them to avoid crises or manage them differently in future where possible. When having these conversations, make sure you also think about how much you can cope with and try to only offer support that you feel able to give. It is important to look after yourself too.

For more information see our resources on planning for a crisis, helping someone else seek help and advocacy.

### Tips on helping someone who is experiencing a flashback

Flashbacks are vivid experiences in which someone relives aspects of a traumatic event. It can be hard to know how to help during a flashback, but you don't need special training to support someone who is having one. It could help if you:

- try to stay calm
- gently tell them that they are having a flashback
- avoid making any sudden movements
- encourage them to breathe slowly and deeply
- encourage them to describe their surroundings.

See our sections on what flashbacks are and tips for coping with flashbacks for more information.

## Respect their personal space

People who experience PTSD may often feel jumpy or on edge. They may be easily startled or feel they need to constantly watch out for danger. It can help if you:

- avoid crowding the person
- don't touch or hug them without permission
- try not to startle or surprise them.

## Look out for warning signs

You might see a change in the behaviour of the person you want to support. For example:

- a change in their mood, such as often feeling low, anxious, upset, angry or irritated
- a change in performance at work, such as lateness or missing deadlines
- a change in energy levels, such as extreme alertness or a lack of concentration.

If you notice these sorts of changes in someone close to you, you could ask them how they are feeling. This might encourage them to open up.

## Help them to find support

If they want you to, you could help your friend or family member to find further support. For example you could:

- look through the list of relevant organisations in our useful contacts for PTSD
- see our resources on supporting someone who is self-harming and supporting someone who feels suicidal if someone you care about is harming themselves or struggling with thoughts of suicide.

## Look after your own mental health

It's important to remember that your mental health matters too.

Our resources on supporting someone else to seek help, how to cope when supporting someone else, managing stress and maintaining your wellbeing all have lots of information and tips on how to look after yourself.

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### Support options for you

A traumatic event can have a major impact not just on those who lived through it, but also on that person's close family, friends and colleagues.

If you experience symptoms of PTSD yourself while supporting someone through a trauma (sometimes called secondary trauma), it might help to try some of the tips on our self-care for PTSD section. It's also a good idea to talk to your GP about how you're feeling, and ask if they can offer you any treatment or support.

The National Institute for Health and Care Excellence (NICE) - the organisation that produces guidelines on best practice in healthcare - says professionals should consider the impact of traumatic events on relatives and think about how to provide appropriate care.

# Useful contacts

### Mind's services

- Helplines – our Infolines provide information and support by phone, email and text.
- Local Minds – provide face-to-face services across England and Wales. These might be talking therapies, peer support and advocacy.
- Side by Side – our supportive online community for anyone experiencing a mental health problem.

## Other organisations

### Anxiety UK

03444 775 774 (helpline)
07537 416 905 (text)
anxietyuk.org.uk
Advice and support for people living with anxiety.

### ASSIST Trauma Care

assisttraumacare.org.uk
Information and specialist help for people who've experienced trauma or are supporting someone who has.

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## Birth Trauma Association

birthtraumaassociation.org.uk
Support for anyone affected by birth trauma, including partners.

## Body Psychotherapy Network

bodypsychotherapynetwork.co.uk

An organisation aiming to provide a community, a platform and a voice for Body Psychotherapy and body psychotherapists.

## Combat Stress

0800 1381 619
combatstress.org.uk
Treatment and support for armed forces veterans who have mental health problems.

## Disaster Action

disasteraction.org.uk
Information and support for people affected by major disasters in the UK and overseas.

## EMDR UK & Ireland

emdrassociation.org.uk
Professional association of EMDR clinicians and researchers in the UK and Ireland. Provides extensive information about EMDR.

## Freedom from Torture

freedomfromtorture.org
Supports survivors of torture.

## Help for Adult Victims of Child Abuse (HAVOCA)

havoca.org
Information and support for adults affected by childhood abuse, including an online support forum.

## Lifecentre

0808 802 0808 (freephone)
07717 989 022 (textline)
lifecentre.uk.com
Support for survivors of sexual abuse and anyone supporting them, including a helpline, text support and email counselling.

## Moodjuice

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moodjuice.scot.nhs.uk
Online self-help guides on topics including depression, anxiety and stress.

### The National Association for People Abused in Childhood (NAPAC)

0808 801 0331
napac.org.uk
A charity supporting adult survivors of any form of childhood abuse. Provides a support line and local support services.

### National Institute for Health and Care Excellence (NICE)

nice.org.uk
Produces guidelines on best practice in healthcare.

### NHS UK

nhs.uk
Information about health problems and treatments, including details of local NHS services in England.

### PTSD Resolution

0300 302 0551
ptsdresolution.org
Helps veterans, reservists and their families with trauma and distress.

### RoadPeace

08454 500 355
roadpeace.org
Information and support for people bereaved or seriously injured due to road crashes.

### The Survivors Trust

08088 010 818
thesurvivorstrust.org
Lists local specialist services for survivors of sexual violence, including advocates and Independent Sexual Violence Advisors (ISVAs).

### Victim Support

0808 168 9111
victimsupport.org.uk
Provides emotional and practical support for people affected by crime and traumatic events.

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References are available on request.