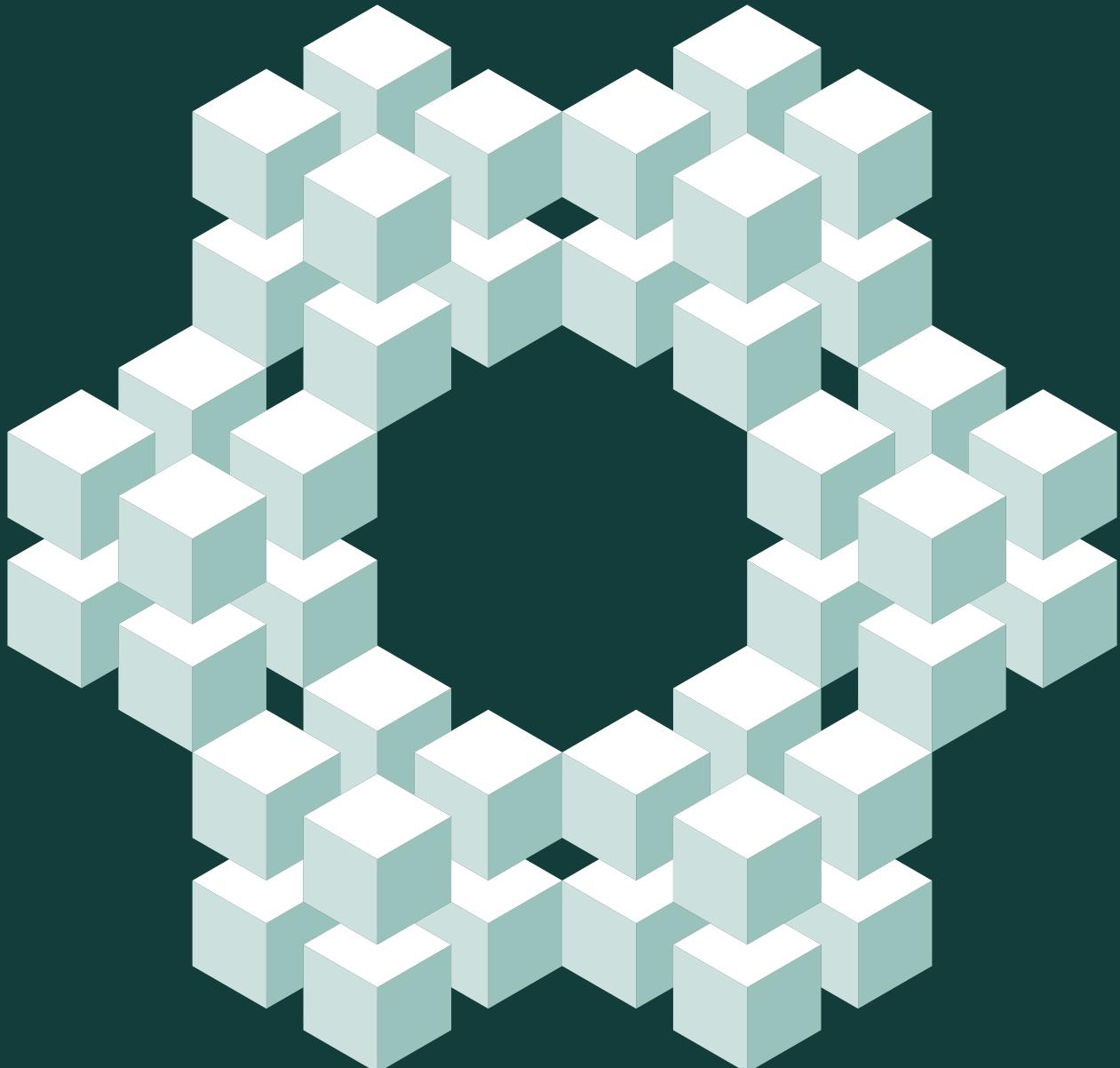
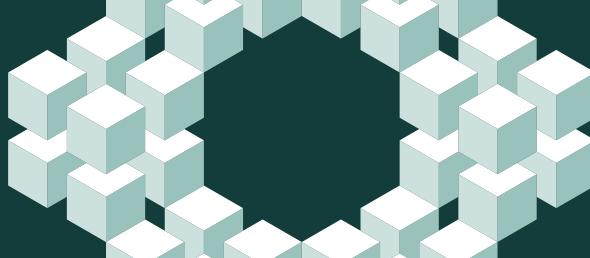


Let's talk post-traumatic stress disorder (PTSD)

Part of the Applied Mental Health Science Series

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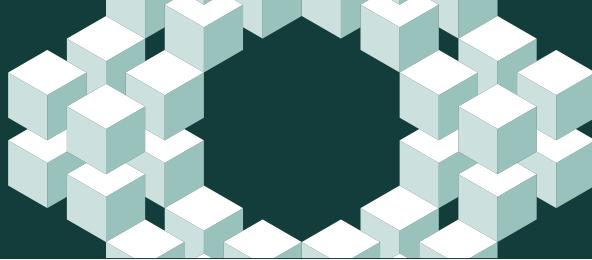




What is post-traumatic stress disorder (PTSD)?

Post-traumatic stress disorder (PTSD) is a condition that can develop after a person experiences a traumatic event. A trauma event might be a major disaster, an accident, a sudden death, serious injury, or sexual harm.

While people often think of PTSD in relation to soldiers at war, we now know that it can be caused by a wide range of events, including childbirth, severe social threats (such as being bullied), or through causing harm to someone else. A traumatic event may have been something that happened directly to you, that you witnessed, that was experienced by someone close to you, or something you were exposed to due to the nature of your professional work.



Signs and symptoms

If you are experiencing any of these symptoms, consider reaching out to a qualified medical professional, for example a GP, for help and support.

There is evidence suggesting that veterinary professionals may have higher rates of PTSD than the general population, so it is useful to be aware of the **common symptoms of PTSD**:

Memories of the event that pop into your mind unexpectedly, which could take the form of an image, sound, feeling, smell, or physical sensation

Flashbacks—losing your sense of 'here and now', feeling or behaving as if you are back in the traumatic moment

Nightmares and/or trouble sleeping

Strong emotional and physical reactions to reminders of the trauma

Efforts to avoid thoughts, conversations, or situations that serve as reminders

Inability to remember important parts of the event

A shift in how you think about the world, yourself, or others

Intense negative feelings (for example, fear, guilt, shame, anger) or emotional numbness

Blaming yourself or others

Losing interest in activities or relationships with others

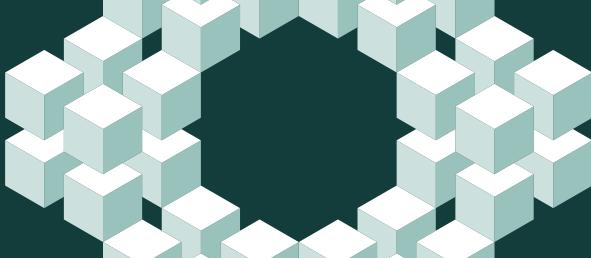
Difficulty experiencing positive emotions

Increased irritability or anger

Taking risks with health and safety, such as drinking, drug use, or self-injury

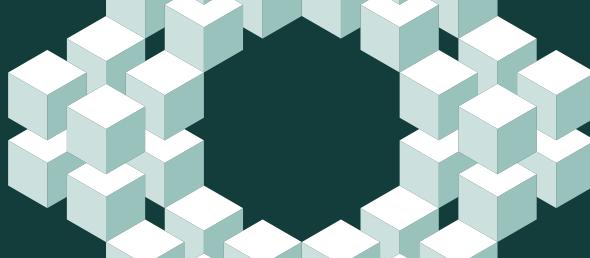
Difficulty concentrating

Being easily startled, watchful, or hypervigilant



These symptoms can be categorised into four groups: re-experiencing the trauma, avoidance, changes in thinking and emotions, and hyperarousal. PTSD symptoms can significantly impact daily life, functioning, relationships, and work.

While these symptoms are common right after a traumatic experience, they may develop into clinical PTSD if they persist for a month or longer. Individuals may live with PTSD for months or even years before seeking help, but the sooner you access support, the better.



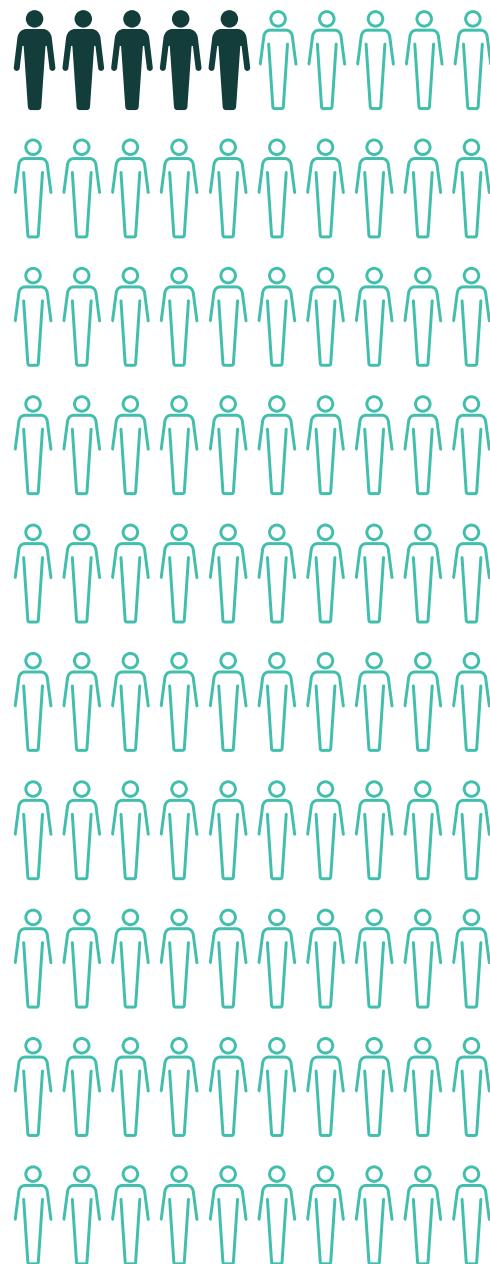
Who is affected by PTSD

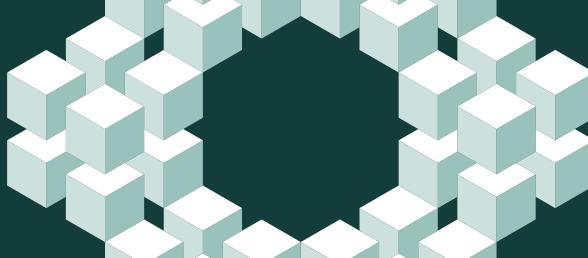
Exposure to traumatic events is very common, with 70 per cent of the population exposed to something traumatic in their lives.

World mental health surveys show that rates of lifetime PTSD are estimated to be around 3.9 per cent to 5.6 per cent, and there are many factors that can affect the likelihood of developing PTSD. Experiencing multiple traumas, trauma in childhood, family history, poor social support, or being in a "high-risk" job (such as military or first responders) are some risk factors.

We also know that particular cognitive and coping responses, such as rumination, avoidance, and dissociation, can make people more vulnerable to developing PTSD after exposure.

It also seems that the type of trauma makes a difference, with interpersonal and sexual harm trauma leading to a greater risk than, for example, a natural disaster. For this reason, certain groups (for example, refugees or minorities) may have a greater risk of developing PTSD. Research also suggests that women may be more at risk, partly due to the type of trauma they are often exposed to (for example, sexual harm), but also due to psychobiological differences.





What are the common types of PTSD?

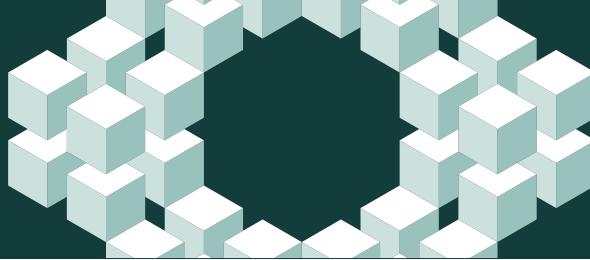
You may hear people refer to different 'types' of PTSD, including single-incident trauma, multiple-event trauma, complex PTSD, secondary trauma, and vicarious trauma.

Single-incident or multiple-event trauma refers to the number of events an individual has experienced. The recommended therapies are the same for both, but multiple-event trauma may require more time in treatment.

Complex PTSD can occur after chronic and repeated exposure to trauma. This is often seen in survivors of early childhood abuse or events in which severe and prolonged harm has been inflicted by others. Complex PTSD involves all of the key symptoms of PTSD along with persistent and pervasive difficulties with emotional regulation, interpersonal relationships, and self-concept (how you see yourself and your self-esteem). Dissociation, which means losing your connection with the here and now, health issues and physical illnesses with no known biological cause, and very high levels of shame are common indicators of complex PTSD.

The treatment guidelines for complex PTSD are similar to PTSD, but therapies will often involve a higher number of sessions and particular attention to experiences like dissociation and shame.

Individuals who are regularly exposed to the stories and traumatic events that have happened to others are at risk of either **secondary PTSD or vicarious trauma**. This is most often linked to repeated exposure through a professional role, such as routinely hearing about and witnessing the effects of cruelty, violence, and suffering as part of a job. Vicarious trauma is a change in world view caused by this repeated exposure and is strongly linked to burnout, compassion fatigue, difficulties with performance at work, and staff turnover.



How is PTSD diagnosed and treated?

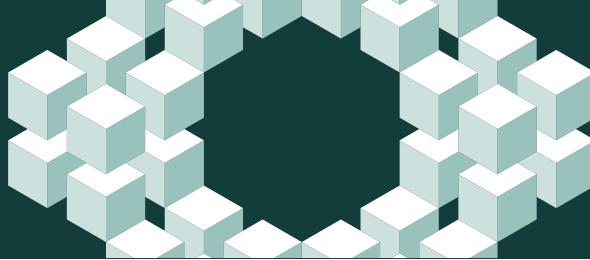
PTSD can be assessed and diagnosed by a mental health professional (such as a clinical psychologist or a psychiatrist) following referral from a GP.

It is completely normal to feel anxious when talking about, or being asked about, a traumatic event. The assessor will be aware of this, and often a very brief description of the event is sufficient, with the diagnosis focusing on how current symptoms affect the individual in the here and now.

A diagnosis will often be made with the support of a screening questionnaire. The questionnaire asks the individual to consider how often they experience each of the symptoms of PTSD and the level of distress it causes them.

The questionnaire may be completed independently or administered during an appointment. This is typically followed by questions regarding personal history, the impact of symptoms on daily life, any associations with changes in alcohol or drug use, and the duration of the symptoms. In some settings, a formal diagnostic interview may also be conducted. This interview includes structured questions, is scored according to standardised guidelines, and results in feedback provided in the form of a report.

The evidence-based treatment and therapy guidelines used in the United Kingdom and the NHS are based on recommendations from the [National Institute for Clinical Excellence \(NICE\)](#).



Less than one month after the trauma:

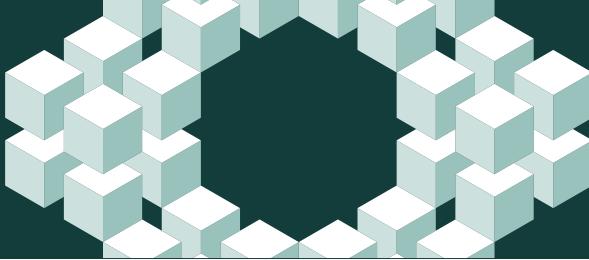
- An individual should be offered active monitoring if there are some symptoms of PTSD after a trauma event, but not enough to meet a diagnosis. Trauma symptoms are very common immediately after an event, and people will often recover naturally, so active monitoring simply involves a follow-up within a month to assess if treatment is needed.
- Specific interventions can be offered to prevent PTSD if there are clinically significant symptoms.

Did you know?

NICE produce useful guidance, supporting health professionals to deliver the best care.

More than one month following the trauma:

- Individuals should be offered evidence-based therapy. Current recommendations include: cognitive therapy for PTSD, cognitive processing therapy, narrative exposure therapy, and prolonged exposure therapy. Eye-movement desensitisation and reprocessing (EMDR) should be offered three months after the trauma. In some areas, it is now possible to access it is now possible to access evidence-based digital treatments, these are delivered online and guided by a therapist. This can support people with access difficulties due to work, childcare, or a preference for reduced social contact.
- Individuals may also be offered medication if this is their preference. There is no specific drug to treat PTSD alone, but antidepressant medication can be helpful; in some cases, antipsychotic medication may be used.
- PTSD can often be mistaken for depression or anxiety, which often comes after trauma. It is very important to access a specific, trauma-focused treatment if you have PTSD.



What does psychological support for PTSD look like?

All psychological therapies for PTSD first involve relationship-building between client and therapist.

The clinician will aim to build a shared understanding of the difficulties, discover what is keeping things stuck, look at how the trauma has affected the individual's life, establish therapy goals, and cover psychoeducation and strategies to cope with the effects of traumatic stress.

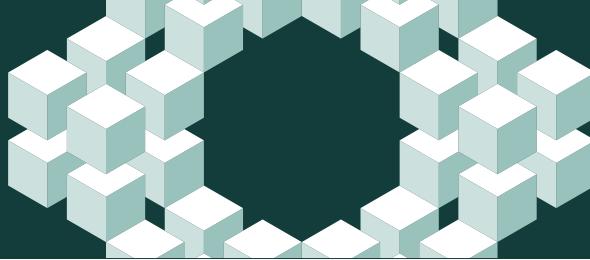
Therapies differ in how they address the trauma memory. Trauma-focused cognitive behavioural therapies (CBT) aim to reduce the sense of current threat, which persists in PTSD even when the event is in the past. The therapy involves talking through or writing about key moments of the trauma, processing emotions and meanings related to the event, unpicking and overcoming the coping strategies that prevent positive change (for example, avoidance), and reclaiming your life.

EMDR therapy involves reducing the emotional intensity of a target traumatic memory, often an image associated with a strong negative belief, followed by the development of a more adaptive, positive belief. While focusing on the target memory, the individual engages in bilateral stimulation, which may include following the therapist's hand movements with the eyes, alternating taps, or listening to sounds presented alternately to each ear.

Therapy can be delivered face-to-face or online and will usually last for eight to twelve sessions. A therapist might schedule some booster sessions to maintain progress after therapy ends, or a session to support coping with an important date or event. It is normal for people to experience some distress on related anniversaries or when faced with very similar situations, even after therapy.

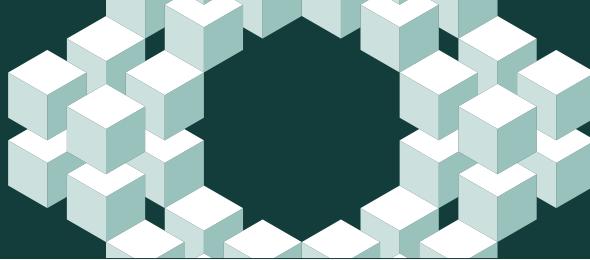
Did you know?

Treatment studies show good outcomes for PTSD therapy, with up to 77 per cent of individuals having recovered (this means they are no longer diagnosed with PTSD or depression) and the majority showing significant symptom reduction.



What can you do to support yourself, if you are experiencing PTSD?

- **Reconnect** - Try to identify activities you have stopped doing since the trauma. Often, people completely stop engaging in things that once contributed to their wellbeing. Reclaiming your life after trauma is a crucial part of therapy, and you might begin by gently reincorporating self-care, positive social connections, and activities you previously enjoyed. This is especially important for managing low mood.
- **Strategies** - To cope with re-experiencing symptoms, try using grounding strategies. These involve focusing on sensory information in the present moment. This is particularly helpful if the sensory experience makes you feel safe (for example, a favourite smell, picture, video, taste, or touch) or if it's something different from the trauma memory. Getting up, moving about, and doing something different can be especially effective.
- **Share** - Share your difficulties with someone you trust. Ask a loved one or friend to support you or even invite them to join some of your therapy sessions if possible.
- **Understand** - Understanding how and why PTSD develops and persists can help reduce feelings of shame or blame related to seeking support. Remember that the symptoms of PTSD result from the way our brains process threat-based memories; they are not a choice or a weakness.



How to support reasonable adjustments in the workplace for those with PTSD

Equality legislation in the UK defines disability as a physical and/or mental health condition that has a substantial and long-term impact on a person's ability to undertake normal daily activities. Under the provisions of the legislation, employers must make reasonable adjustments to ensure that the individual is not disadvantaged at work. They can be changes or adaptations that remove barriers in the workplace.

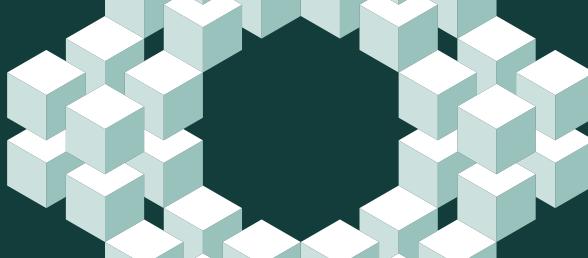
If you have experienced a traumatic event or at work or which is associated with work, we would advocate reaching out to your HR/People team or employee assistance programme (EAP), for help and support.

Reasonable adjustments at work can be essential in supporting individuals to recover from and manage PTSD. Some examples have been given below, however, each workplace and employee are different; reasonable adjustments should be spoken about and created in partnership.

- Offer a phased return on completion of therapy or when they are ready to return to work.
- Ensure that working hours, breaks, and recommendations from occupational health are adhered to. These might be considerations such as avoiding night shifts or on call sessions while a particular medication is being trialled, reduced hours to accommodate treatment, or supervised practice to rebuild confidence.

Have you seen our '[Let's talk](#) [adjustments](#) campaign?'

It aims to raise awareness and empower everyone in veterinary workplaces, no matter their role, disability or health condition, to have important conversations about reasonable adjustments.



- Allow for time off during the workday to attend therapy appointments. These NHS appointments often do not operate outside of working hours on weekdays, nor can they allow for variable appointment times to accommodate rotas.
- Offering the employee an opportunity to talk with their line manager or trusted team member about any aspects of the work that are likely to interact with the trauma. A shared understanding of individual triggers and causes of distress at work, a coping plan, and a commitment to learning how to manage any occupational triggers is important in being trauma informed.
- Individual recommendations for reasonable adjustments may be requested from an employee's mental health clinician (such as a therapist, psychologist, or psychiatrist), provided appropriate permission has been obtained.

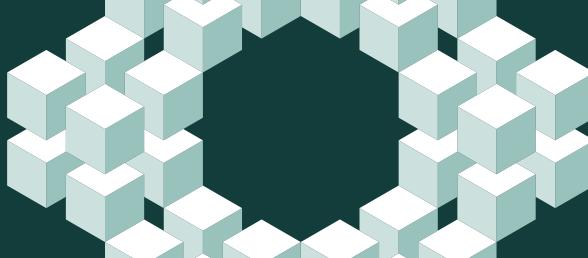
There are also a range of employment and education support schemes that can support with reasonable adjustments:

Access to Work

The Access to Work scheme can help you get or stay in work if you have a physical or mental health condition or disability. Access to Work is not means tested, does not need to be paid back and will not impact other benefits you might receive. To find out more visit the [UK Government website](#).

Disabled Students Allowance

Disabled Students Allowance (DSA) is a fund that can be applied for to support university students who ordinarily reside in the UK, and to cover extra disability-related costs or expenses they have while studying (which exceed those provided as reasonable adjustments by their university or college). DSA is not means-tested and does not typically need to be paid back. To find out more visit the [Save the Student website](#).

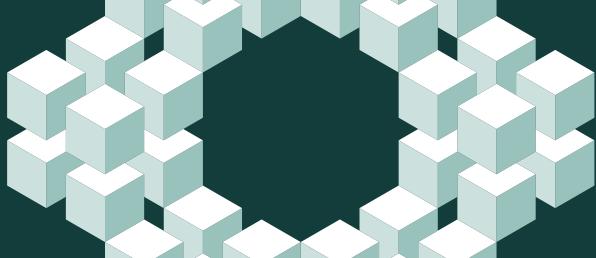


How to talk to someone experiencing PTSD

The most important factor in having a conversation with anyone in distress is developing a safe and trusting relationship. This can be supported by allowing time, providing privacy, offering reassurance, and validating their experience.

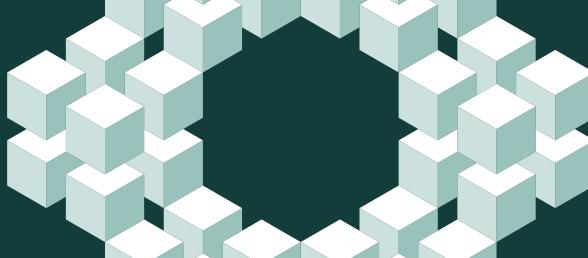
Remember, you do not have to fix all their problems—simply providing a safe space and listening is enough.

- **Reassure them:** A common symptom of PTSD is self-blame, with individuals telling themselves, 'I should have gotten over this by now'. Reassure them by acknowledging how deeply they have been affected, letting them know you believe them, and emphasising the importance of seeking the right support.
- **Encourage seeking support:** Avoidance and suppression are understandable coping strategies in PTSD. However, they often lead to individuals living with chronic symptoms for years. Gently encourage seeking professional help if you are concerned. Offer to assist in taking the first steps and provide resources (see below).
- **Be gentle:** It is best not to push someone to go into detail about their trauma. You can ask them how much detail they are comfortable sharing, or simply ask if you can refer to it briefly as 'the trauma' or 'the event'.
- **Focus on the present when in distress:** If someone is highly distressed or appears to be re-experiencing the trauma through a memory or flashback, help them focus on the present moment. Remind them where they are, that they are safe, and point out the differences in the here and now. Encourage them to change their body position and move around, if possible. If you know the person well, focus on things



that make them feel safe, such as sensory items (smells, sounds, images, touch) or comforting phrases.

- **Make notes:** PTSD can impact cognition, making it difficult to retain information and concentrate. When having important conversations or providing instructions, it can be helpful to document these to aid memory.
- **Take care of yourself:** It is also important to take care of yourself, so be sure to reach out for support if you find yourself frequently hearing about traumatic experiences.
- **Boundaries:** If someone starts to share detailed traumatic information with you and you do not feel prepared or equipped to help, it is okay to acknowledge this. Knowing your own boundaries is important in maintaining your wellbeing. You can gently remind them that it is important for them to speak with a professional who can provide the right support. Offer to help them find resources or guide them toward taking the next step in seeking help.



Seeking support

NHS help and support

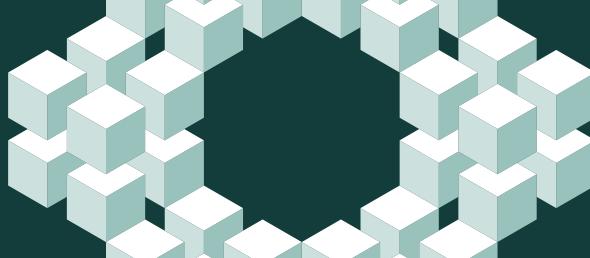
You can contact a GP for advice, an assessment and referral to local psychological therapies team, or to access medication. In England, Scotland and Wales/Cymru, you can also self-refer to your local NHS Talking Therapies (formerly IAPT) service.

You may also be able to access online CBT programmes such as SilverCloud.

If you need more urgent help and support, you can contact NHS 111 in England, Scotland, and Wales/Cymru, or Lifeline in Northern Ireland on 0808 808 8000 to receive support and advice. If you are deaf or hard of hearing, you can also find useful advice from the [RNID](#) on using the confidential relay service Relay UK, to contact NHS 111 and Lifeline.

You can also contact a GP surgery and ask for an emergency appointment.

If you are in crisis or need immediate medical help call 999 and ask for an ambulance or visit your local A&E department.

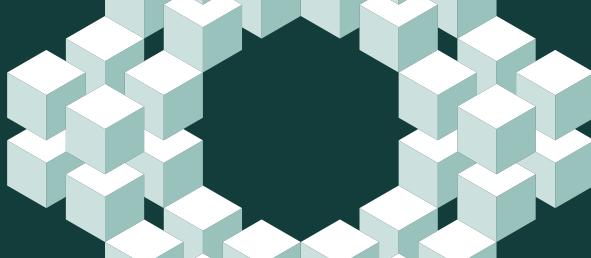


General support

- **Mind** – Mind have a range of helplines available. You can find further information on the [Mind website](#).
- **Vetlife helpline** – available 24/7 to listen and offer a confidential, safe, and non-judgmental space. Call 0303 040 2551 or visit the Vetlife website to register and contact anonymously via email.
- **Samaritans** – available 24/7 and provides a safe place for anyone, whatever you are going through. Call 116 123 or email: jo@samaritans.org
- **Shout** – available 24/7 and offers a free, confidential text messaging service for anyone who is struggling to cope. Text SHOUT to 85258

There are also resources and information provided by [Victim Support](#), [Survivors Trust](#) and [PTSD UK](#).

If you would like a list of research and resources that have been used/referred to in this guide, please contact info@vetmindmatters.org



About this guide

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The guide has been developed by Dr Aimee McKinnon, Clinical Psychologist, in partnership with the Royal College of Veterinary Surgeons' (RCVS) Mind Matters Initiative. 'Clinical psychologists deal with a wide range of mental and physical health problems including addiction, anxiety, depression, learning difficulties and relationship issues' (British Psychological Society, 2025).

Did you know?

Did you know? Clinical psychologists and counselling psychologists are protected titles by law and individuals must be registered with the Health Care Professions Council (HCPC) to practise. [You can check if someone is registered on the HCPC website.](#)

Please note that our health information should not be used for diagnosis purposes. If you are concerned about your health, please seek help from a GP or a mental health professional.

For further information on our content and publications terms of use, please visit our website.

How to feed back and contact RCVS Mind Matters

As part of our commitment to continuous improvement, we welcome feedback and suggestions for future updates to this guide.

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