

# The Management of Post-Traumatic Stress Following the 2011/2012 Christchurch Earthquakes

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## Introduction

The sequence of earthquakes in Canterbury, New Zealand began on the 4<sup>th</sup> September 2010. At this time an M7.1, M6.2, and over 1400 aftershocks were recorded. (Gubrinovski, Robinson, Taylor, Hughes & Orense, 2012). As well as the devastation of buildings and infrastructure, a total of 6600 injuries, and 185 deaths occurred. The effect of this tragedy on the mental health of Cantabrians was hard to anticipate with many people developing post-traumatic stress symptoms in the months that followed. Sadly 80% of school aged children were reported as exhibiting post-trauma symptoms and adults showed a 40% increased risk of developing either PTSD, depression or anxiety disorders compared to those who had not been affected by the earthquakes (Gubrinovski, Robinson, Taylor, Hughes & Orense, 2012).

## Findings

Significant shortfalls for mental health services have become apparent following the Christchurch earthquakes with nearly 17% of Cantabrians seeking mental health support since 2011. The government has provided \$106 million on top of standard mental health funding however, this top-up failed to keep up with the increased demand for mental health resources (Meier, 2017).

## Implications

The symptoms often reappear for many years and sometimes remain for life, therefore, the survivor may feel unattached to their pre-trauma identity (Herman, 1992). Commonly, those affected, often choose to self-medicate in order to stop the intrusive and unwanted invasions in their mind. This hyper-arousal can lead to drug and alcohol dependence and addiction to prescription medications (Williamson, 2014). As nurses, it is important to identify those who may be at risk of these behaviours. Prior risky behaviours or reports from family members or friends of altered coping abilities may be indicative of a dependence issue. If a person is not assessed immediately and given the needed support to help recovery, drug and alcohol dependence may lead to further need for support to recover from self-imposed dependence (Williamson, 2014).

## Recommendations

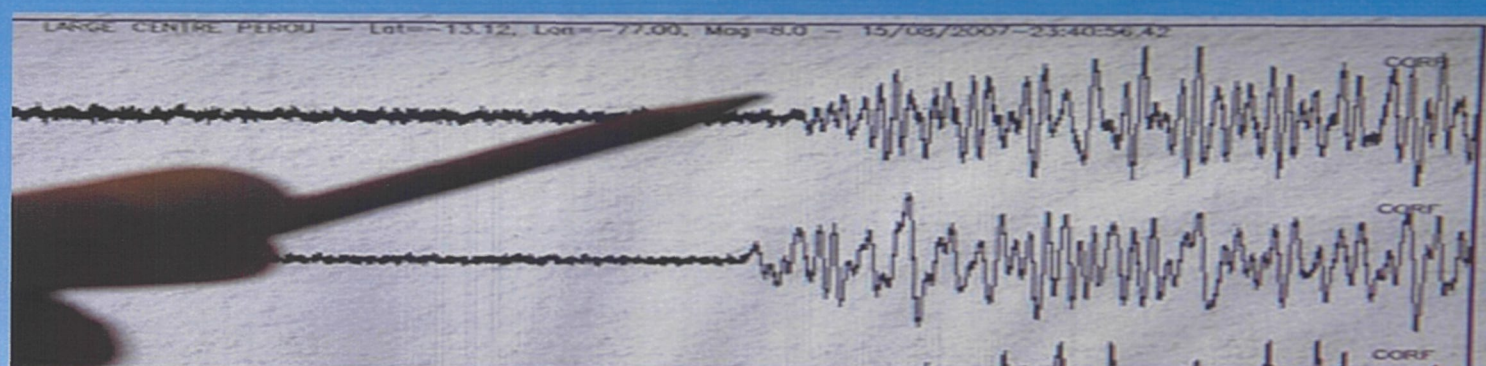
Introducing the concept of nurse-led weekly community meetings in order to regain the unity that was so beneficial after the quakes. These meeting would be a place for those who wish to talk about how Post-Traumatic Stress has impacted their lives, and to share coping strategies that have helped them on their journey to recovery. The nurse could be present to provide information about trauma and its effects and help them to understand the physiological and psychological effects of Post-Traumatic Stress Disorder. The nurse can then refer onwards, any person who identifies as requiring further support.

New Zealand does have a number of apps available to support those experiencing mental health difficulties however, there could be some merit to developing an app designed specifically for those who have developed Post-Traumatic Stress Disorder after the earthquakes in Canterbury. This app could provide helpful information, forums, referrals, self-help techniques, and an online nurse to provide support 24 hours a day. This would be an efficient way for people to gain support without having to outsource it. According to census data, 79.2% of residents in Christchurch have access to the internet (Stats NZ, 2013).

## References

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A well designed and thoughtfully constructed visual aid has more impact and delivers the desired message to an audience in a simple display. A poster was the chosen medium for this assignment because I felt it would be a good way of summarising information so that it would be easily understood and visually pleasing. Posters are designed to encourage the reader to continue researching the issue by giving enough information to form an interest in the topic. (Erren & Bourne, 2007). By summarising the information into an A3 size, the most important parts of the literature were on display and this is designed to receive maximum exposure to the issue. I would have preferred more space to deliver the message as I felt I was unable to add much other than the minimal information I wished to display, however, I felt the simplicity of a poster was appropriate for this topic, therefore, I added a background picture to make the poster more interesting and visually appealing.

PECOT Category	Information relating to question	Explanation
<b>Population</b>	Canterbury Residents who lived through the 2010/2011 quakes and subsequent aftershocks.	Based on all residents of Canterbury, however focussing on those affected by Post-Traumatic Stress Disorder.
<b>Exposure</b>	Those who lived through the sequence of Canterbury earthquakes and subsequent aftershocks beginning September 2010	Those, including family members, health care workers, service providers and disaster relief workers who were affected by the earthquakes
<b>Comparison/Control</b>	Those who did or did not develop mental health problems following the earthquake sequence	Focus on the people who developed Post-Traumatic Stress Disorder
<b>Outcome</b>	Are there enough resources to be able to successfully maintain the mental health of the people effected by the earthquakes?	After reading the literature it was apparent that there is still a significant shortfall in resourcing to assist mental health services who are treating the residents that are affected by Post-Traumatic Stress Disorder.
<b>Time</b>	September 2010 till present day	Both the short and long term effects of Post-Traumatic Stress Disorder

(Whitehead, 2013).

Erren, T., & Bourne, P. (2007). Ten Simple Rules for a Good Poster Presentation. *PLoS Computational Biology*, 3(5), e102. <http://doi.org/10.1371/journal.pcbi.0030102>

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