The Lingering Mental Health Effects of 9/11

By John M. Grohol, Psy.D.

On this 11th anniversary of the terrorist attacks on the U.S. in New York City and Washington, DC, we are reminded not only of the sacrifice of the hundreds of first-responders — firemen, police, and emergency medical personnel — but also of the long-term impact of the tragedy on those who survived.

Those who survived didn’t do so in a vacuum; they had to relive the tragedy on the news day in and day out for weeks thereafter.

As the weeks turned into months turned into years, some of the effects of 9/11 could be felt long after the initial destruction. They weren’t always physical effects either — many people suffered from mental health problems such as post-traumatic stress disorder (PTSD) for years after.

About a year ago, a research study examined some of these effects. Here’s what they found.

The study was conducted by Perlman et al. and looked at all of the health and psychology research literature in PubMed related to the 9/11 attacks. The researchers found more than 150 studies looking at the mental health effects alone.

While the attacks occurred in two specific geographical areas in the U.S., the entire U.S. population felt the impact of the attacks:

Measurements taken 3–5 days after 9/11 suggested that 44% of the adult US population experienced substantial stress. Findings from subsequent national studies also showed that individuals across the country experienced fear and insecurity, and had increased rates of post-traumatic stress (PTSD) symptoms 2 months later.

Most people who lived and worked in New York City around the World Trade Center felt the impact of the attacks. But those who immediately responded to the tragedy bore the highest burden:

[The] prevalence of PTSD 2-3 years after 9/11 was 12.4% in rescue and recovery workers and volunteers, with a range from 6.2% for police to 21.2% for unaffiliated volunteers.

The children of New York City were also impacted:

The severity of children’s reactions has been positively correlated with parental distress (parental post-traumatic stress and crying in front of the child) and with the number of graphic images seen on television.

This could argue for parents working to limit their children’s access to graphic images of a future tragedy. Although in today’s age of mobile connectivity, such limits may be practically impossible to enforce.

The mental health effects of 9/11 can be felt long after the attacks… and even intensify over the years:

In people [...] who did not report a PTSD diagnosis before 9/11, the prevalence of the disorder was higher 5-6 years after the attacks (19%) than after 2-3 years (14%). Late-onset PTSD (a report of symptoms consistent with PTSD in the 2006-07 survey, but not in the 2003-04 survey) had developed in 10%.

And of course, in the real world, disorders rarely occur by themselves. A diagnosis of PTSD often brings additional diagnoses along with it:

In enrollees in the WTC Health Registry who screened positive for chronic PTSD symptoms after the disaster, a third also reported a diagnosis of depression since 9/11.

Responders with probable PTSD had 13.9 times higher odds for probable depression and 9.2 times higher odds of panic disorder than those without PTSD; comorbid responders were 40–86 times more likely to have emotional disruption of function [...] than were those without PTSD, panic disorder, or depression.

All of this speaks to the impact such a human tragedy can have on the people who live through it, experience it through the media, and have to remember it on days like today.

Our hearts go out to all of those who lost family members in the attacks, and those who are still re-living the events of that day like they occurred yesterday.

Peace.

Footnotes:


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