Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · MENTAL HEALTH

PTSD
treatable, and the treatments are specific

PTSD develops after a frightening or overwhelming event, when the memory fails to settle into the past and continues to intrude as though it were happening now. It is not weakness, it is not something time alone reliably fixes, and it responds well to two specific psychological therapies.

Please seek help promptly if

- you are having **thoughts of harming yourself or ending your life**
- you are **drinking or using drugs** to manage symptoms
- you are experiencing **flashbacks so severe you lose awareness** of your surroundings
- you feel **unsafe**, or someone else is putting you at risk
- you are **unable to care for yourself or your children**

If you are experiencing ongoing abuse or violence, the National Domestic Abuse Helpline is free on 0808 2000 247, 24 hours. Men can call Respect on 0808 8010 327. Rape Crisis: 0808 500 2222. If you are having thoughts of harming yourself or ending your life, help is available now. Call **999** or go to an emergency department if you have already harmed yourself or feel unable to stay safe. Otherwise call **Samaritans free on 116 123** at any hour, text **SHOUT to 85258**, or call **NHS 111 and select the mental health option**.

The four clusters

- **Re-experiencing** — flashbacks, intrusive memories, nightmares. A flashback is not simply a memory; it carries the sense of it happening now.
- **Avoidance** — steering clear of places, people, conversations or reminders, and pushing away thoughts about it.
- **Hyperarousal** — feeling constantly on edge, jumpy, irritable, unable to sleep, scanning for danger.
- **Negative changes in mood and thinking** — guilt, shame, blaming yourself, feeling numb or detached, losing interest, believing the world is entirely unsafe.
- Symptoms lasting **more than a month** after the event, and causing real difficulty, define PTSD. Before that, it is an acute stress reaction — distressing but often self-limiting.

It does not have to be one dramatic event

PTSD follows assault, accidents, violence, war and disasters — and equally follows a traumatic birth, a serious diagnosis, time in intensive care, sudden bereavement, or witnessing something happen to someone else. **Complex PTSD** arises from repeated or prolonged trauma, often in childhood or in an abusive relationship, and adds persistent difficulties with emotional regulation, self-worth and relationships. It is recognised, and it is treatable.

Why it persists

Avoidance is the engine. Every time you steer away from a reminder, the relief confirms that it was dangerous, so the fear is preserved intact. The memory never gets the chance to be updated with the information that you survived and it is over. That is why the effective treatments involve **approaching** the memory in a controlled way rather than managing around it.

Treatment

- **Trauma-focused CBT** — typically 8 to 12 sessions, working directly with the memory and the beliefs formed at the time.
- **EMDR** — recalling the memory while making guided eye movements. It sounds implausible and it has a solid evidence base; NICE recommends both.
- **Medication** — an SSRI or venlafaxine where therapy is declined or not enough. **Prazosin** can help nightmares specifically.
- **Not recommended**: single-session debriefing immediately after an event, which can make things worse; and benzodiazepines, which impair the processing that recovery depends on.
- For complex PTSD, treatment is longer and includes stabilisation work before trauma processing.

Managing symptoms meanwhile

Helps

- Grounding techniques during a flashback — feel your feet, name five things you can see, hold something cold
- Reminding yourself out loud that it is a memory and you are here now
- Regular sleep, exercise and routine
- Telling one trusted person
- Reducing alcohol, which fragments sleep and worsens flashbacks

Sustains it

- Avoiding everything that reminds you
- Alcohol and cannabis to numb symptoms
- Isolating yourself from people who care
- Repeatedly reading news or footage about the event
- Assuming you should be over it by now

Why come to us. Waits for trauma-focused therapy on the NHS are frequently long, and people often stop asking. We offer unhurried, confidential appointments seven days a week, assess whether this is PTSD or something alongside it — depression, anxiety and substance use commonly coexist — prescribe where appropriate, and refer for **trauma-focused CBT or EMDR specifically** rather than general counselling. Psychology and psychiatry are available without a GP referral.

Trauma-focused therapy, not a waiting list

Confidential appointments seven days a week, no referral needed.

Book an appointment

or call 020 7916 0029

Where to get help

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WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Mental Health** · **Psychology & Therapy** · **Psychiatry** · **Confidential Support** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE NG116 guidance on post-traumatic stress disorder. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.