



亞洲創傷心理研究學會
Asian Society for Traumatic Stress Studies

c/o Department of Psychology, The Chinese University of Hong Kong, Shatin, Hong Kong
Tel: 852 2609 8084 Fax: 852 2603 5019
Home Page: <http://www.asianstss.org> E-mail: info@asianstss.org

**The Position Paper of the Asian Society for Traumatic Stress Studies
on Psychological Impact of Road Traffic Accident (Hong Kong Chapter)**

1. The Asian Society for Traumatic Stress Studies (AsianSTSS) acknowledges the adverse psychological and social impact of road traffic accident and advocates for the early intervention and prevention of these adverse effects as an outcome of road traffic accident.
2. The AsianSTSS is a multi-disciplinary organization that advocates the promotion of knowledge about preventing traumatic events, understanding the scope and consequences of traumatic exposure, and ameliorating their consequences.
3. Road traffic accident (RTA) is a threat to people's physical, psychological and social well-being and could potentially lead to long-term mental disabilities or diseases. RTA could also threaten the health and socioeconomic well-being of a community, in particular, population of the low and middle income levels.
4. For every person who dies in a road traffic accident, many more are left with permanent disabilities. Studies reveal that RTA could lead to major mental health problems (e.g., depression and post-traumatic stress disorder) and socioeconomic difficulties (e.g., limited daily activities, social life and work problems).
5. According to the World Health Organization (2002), road traffic accident was the 11th leading cause for mortality worldwide and the 9th leading contributor to the global burden of disease. Road safety has also been recognized by WHO as a major health promotion focus and the theme for World Health Day 2004. WHO has warned that, on current trends, road traffic injury will become the 3rd leading contributor of global burden of disease by 2020. To enable more reliable estimates of the global burden of road traffic injuries and to enhance planning of rehabilitation services, especially for the low-income population, improvement in the collection and analysis of data is needed. As recommended by WHO, these include data on acute morbidity and long-term disability, economic and social impacts of road traffic injuries, especially for the low-income and middle-income populations.
6. To prevent traumatic stress caused by RTA, we need a safe environment for all road users and oppose practices that would compromise road safety.

7. The mortality rate of RTA in Hong Kong is among the lowest in the world's major countries. This has to be acknowledged as an asset of Hong Kong that needs to be protected and valued.
8. Improved professional awareness on the potential distressing psychological and social impact of RTA would be needed to promote the followings in Hong Kong:
 - i. screening and documentation of psychological (including cognitive) functioning at the acute phase;
 - ii. provision of early and comprehensive psychological and social intervention for victims affected by RTA;
 - iii. collection and analysis of data on long-term disability, economic and social impacts of road traffic injuries.
9. Public education on road safety has been provided by the HK government in the past with a good result. However, there are still gaps in coverage. To address the existing gaps, public education would also need to focus on the psychological and social impact of RTA in order to achieve the followings:
 - i. increase public awareness on the psychological and social impact of RTA;
 - ii. enhance public knowledge on the help-seeking channels available for psychological and social distress caused by RTA;
 - iii. increase empathy for victims of RTA and promote safe use of road;
 - iv. advocate for a supportive environment for victims of RTA within the family, at workplace, and in the society at large. Survivors who suffered from travel anxiety or posttraumatic stress after a RTA would require safe transportation and environment for practice of normal travelling in order to re-build confidence. Support from family and employers are essential in this rehabilitation process.
10. We hope, with these concerted efforts among the Hong Kong government, professionals, and the public, will help to minimize long term disability arising from RTA, and to help those living with disabilities to achieve maximum independence, better quality of life and be reintegrated back to the society. These means participation in ordinary daily activities, including their work, as far as possible.

References

- Blanchard, E. B., & Veazey, C. H. (2001). Mental disorders resulting from road traffic accidents. *Current Opinion in Psychiatry*, 14, 143-147.
- Hickling, E. J., Gillen, R., Blanchard, E. B., Buckley, T., & Taylor, A. (1998). Traumatic brain injury and posttraumatic stress disorder: A preliminary investigation of neuropsychological test results in PTSD secondary to motor vehicle accidents. *Brain Injury*, 12, 265-274.
- Jones, I. H., & Riley, W. T. (1987). The post accident syndrome: variations in the clinical picture. *Australian and New Zealand Journal of Psychiatry*, 21, 560-567.
- Mayou, R., & Bryant, B. (2001). Outcome in consecutive emergency department attenders following a road traffic accident. *British Journal of Psychiatry*, 179, 528-534.
- Parker, N. (1977). Accident litigants with neurotic symptoms. *The Medical Journal of Australia*, 2, 318-322.
- World Health Organization (2004). *World Report on Road Traffic Injury Prevention*. Geneva: World Health Organization.
http://www.who.int/violence_injury_prevention/publications/road_traffic/world_report/en/index.html
- Wu, K. K., & Cheung, M. W. (2006). Posttraumatic stress after motor vehicle accident: A six-month follow-up study utilizing latent growth models analysis. *Journal of Traumatic Stress*, 19(6), 923-936.