**Prevalence of PTSD in Scotland: Rates, Trends, and Co-Morbidity with Chronic Illness**

**Overall Prevalence and Recent Data**

Recent epidemiological data suggest that the prevalence of post-traumatic stress disorder (PTSD) in Scotland is on the order of a few percent of the adult population at any given time, similar to UK-wide findings. In the most recent comparable survey (the Adult Psychiatric Morbidity Survey in England, 2023/24), about **one in twenty adults (5.7%)** screened positive for probable PTSD, up from about **4.4%** in 2014 . This corresponds to roughly 2.5–2.6 million people in a population the size of England . By extrapolation, Scotland – with about 4% of the UK population – would have on the order of **100–200 thousand adults with PTSD symptoms at any time**, though precise Scotland-only figures are not readily available from public surveys. It is estimated that roughly **4 in 100 people (4%)** in the UK have PTSD in any given year , and **around 1 in 10** will experience PTSD over their lifetime. Notably, **women are more likely to develop PTSD than men**, in part due to differences in trauma exposure (e.g. higher rates of sexual violence). UK data indicate about 5–6% of women and ~4% of men have PTSD in a given year , and lifetime prevalence has been estimated at ~8% for women vs ~4% for men.

**Historical Trends in Prevalence**

The prevalence of PTSD appears to have risen over time, or at least become more commonly identified. National surveys show an **increase in PTSD rates from the 2000s to the 2010s**. For example, among young women in the UK (an especially vulnerable group), the rate of PTSD **tripled from 4.2% in 2007 to 12.6% in 2014**. (Some of this increase is attributed to improved screening tools, but a genuine rise in trauma-related distress is also likely.) Overall PTSD screening rates in adults also rose between the 2007 and 2014 surveys, and continued to rise by 2023. This upward trend has been linked to greater awareness and reporting, as well as potential increases in exposure to trauma or stressors. In Scotland, no dedicated adult PTSD prevalence survey was conducted in those years, but it is reasonable to assume similar patterns given shared social trends. Indeed, **Scottish Government reports have noted rising mental health needs among young people**, with young women identified as a high-risk group for PTSD and other disorders. By 2014, **one in eight women aged 16–24 screened positive for PTSD** in the UK – a striking figure that underscores the growing impact of trauma on youth. In contrast, PTSD in older adults has changed less over time; for instance, serious mental illness rates remained relatively stable in men even as young women’s rates climbed.

**Demographic Breakdown (Age, Gender, Region)**

**Gender:** Women consistently show higher PTSD prevalence than men across all adult age groups. The gender gap is most pronounced in early adulthood. In 2014 data, **young women (16–24 years)** had the highest PTSD rates of any demographic (12.6% screened positive), **over three times the rate of young men** of the same age (3.6%). Middle-aged women (e.g. 45–54) also have higher rates than men. Interestingly, one survey noted that **age 55–64 was the only band where males’ PTSD rate slightly exceeded females’** , possibly reflecting wartime or service-related trauma in older men. Overall, however, females carry a greater PTSD burden: in the 2023 England survey, **6.1% of women vs 5.0% of men** screened positive. Scottish health reports similarly highlight that women are *disproportionately affected* by trauma-related mental health problems.

**Age:** PTSD can occur at any age, but younger adults report the highest symptom levels. Surveys show **prevalence is higher in younger age groups and tends to decline with age**. As noted, women in late teens/early 20s have especially high rates. By contrast, adults over 60 generally have the lowest PTSD prevalence (likely under 3%) in community samples. The **16–34 age range** in Scotland has elevated anxiety and trauma symptom reporting relative to older groups , aligning with UK-wide PTSD patterns. Younger people not only experience certain traumas (e.g. sexual assault) at higher rates, but may also be more likely to report and seek help for PTSD symptoms than older generations.

**Region:** Within Scotland, **data by region (e.g. health board or urban/rural area) are limited**, but there is no evidence of large regional disparities in PTSD prevalence. This is consistent with the latest England-wide survey, which found **no statistically significant variation in PTSD rates across different regions of the country** once demographic factors were accounted for. In other words, living in one part of the country vs another (outside of specific conflict zones) does not markedly change one’s PTSD risk. Socioeconomic deprivation *does* play a role: people in the most deprived communities are about twice as likely to screen positive for PTSD as those in the least deprived areas (approximately 9–10% vs 3–4%). This likely reflects higher exposure to violence, abuse, and other traumas in disadvantaged areas. Broadly, Scotland’s PTSD prevalence is thought to be on par with similar regions of the UK. One noteworthy regional contrast is with Northern Ireland (which has a recent history of conflict): epidemiological studies there found a **12-month PTSD prevalence of ~5.1%** in the adult population , one of the highest in Europe and slightly above the rest of the UK. Scotland, not being a conflict zone in recent decades, presumably aligns more closely with the overall UK average (4–5% yearly prevalence).

**PTSD Co-morbidity with Chronic Illnesses (Fibromyalgia, ME/CFS, etc.)**

PTSD is frequently **co-morbid with chronic health conditions**, and Scotland’s health authorities recognize that trauma can lead to wide-ranging physical and mental health problems. NHS Scotland notes that for some individuals, **exposure to traumatic events can contribute not only to PTSD itself but also to “social and physical problems” and other psychological disorders** . In fact, co-occurring conditions are more the norm than the exception – people with PTSD often have additional health challenges . Recent survey data illustrate this clearly: among UK adults with a **long-term limiting physical illness** (such as a chronic disease causing daily activity limitations), the prevalence of PTSD is about **three times higher** than in those without a chronic illness. Specifically, **10.1% of people with a chronic physical health condition screened positive for PTSD, compared to 3.4% of those without a chronic condition** . This indicates a strong link between chronic ill-health and trauma-related stress.

Certain chronic conditions show especially high PTSD overlap. **Fibromyalgia**, a chronic pain syndrome, has one of the most pronounced associations with PTSD. Multiple studies (including in the UK and internationally) have found that a **majority of fibromyalgia patients have significant PTSD symptoms** or a history of trauma. For example, one clinical study reported that approximately **56% of fibromyalgia patients met criteria for clinically significant PTSD-related symptoms** .  Other research has found PTSD (diagnosable) in over half of fibromyalgia cases, leading experts to recommend routine PTSD screening in fibromyalgia care . This co-morbidity may stem from the physiological impact of trauma on pain perception and stress-response systems. Patients with fibromyalgia and PTSD often have more severe pain and disability than those without PTSD , suggesting an interactive “vicious cycle” between the two conditions.

**Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS)** also shows elevated PTSD co-morbidity. Population-based studies in Europe and the US have found **PTSD rates in CFS patients ranging roughly from 18% up to 29%** , far above the ~1–5% prevalence in the general community. In one large twin study, individuals with a lifetime diagnosis of CFS were **over 8 times more likely** to have PTSD as well . This implies a significant overlap in either the risk factors or consequences of CFS and PTSD. Indeed, severe or childhood trauma is a documented risk factor for developing CFS , and living with a debilitating illness can itself be traumatic, possibly perpetuating PTSD symptoms. Research in Scotland and the UK has increasingly acknowledged these links – for instance, a **Scottish trauma report** noted that **childhood adversity and abuse are associated with higher rates of chronic health problems and PTSD in adulthood**.

Beyond fibromyalgia and CFS, PTSD is commonly co-morbid with other chronic conditions such as **chronic pain disorders, gastrointestinal syndromes, cardiovascular disease, and autoimmune conditions**. The stress biology of PTSD (involving heightened inflammation, nervous system hyperarousal, and HPA-axis dysregulation) can worsen physical illness, and conversely the burden of a chronic illness can act as a prolonged traumatic stressor. A clear illustration was seen during the COVID-19 pandemic: survivors of intensive care (who often develop post-ICU chronic health issues) had extremely high PTSD rates – one Scottish study of ICU patients found **PTSD point prevalence around 32%** post-discharge . More generally, those with **multiple chronic illnesses or pain conditions should be considered at risk for PTSD**. In summary, **Scotland’s health data and international research concur that PTSD and chronic illnesses frequently go hand-in-hand**. Clinicians are therefore advised to assess trauma history in patients with chronic pain or fatigue syndromes, as treating the underlying PTSD can be critical for improving overall health outcomes . The strong association between trauma and conditions like fibromyalgia and ME/CFS highlights the need for integrated, trauma-informed approaches in managing chronic health conditions in Scotland and beyond.

**Sources:**

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