Working with survivors of torture who suffer chronic pain: An experience

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Introduction

* The Health Inclusion Team

* Refugee experience and its impact on health/mental health

* Chronic pain in survivors of torture

* Rationale for developing the Wellbeing and Self Care Service

* Expected outcomes and results
The Health Inclusion Team (HIT) is part of Three Boroughs Primary Health Care Team - Guy’s and St Thomas’ NHS Foundation Trust (London)

The HIT provides a variety of outreach services to people who have difficulty accessing primary care services

Refugees and asylum seekers
Migrants
Homeless people
People with addictions
Refugee experience and health issues

* Traumatic events:
  * Country of origin
  * Flight
  * Host country

* Complex health needs

* Impact on mental wellbeing shaped by and expressed through:
  * Culture and belief systems
  * Past experiences and interpersonal relationships
  * Pre-existing health complaints
  * Current social/economic needs
Asylum seekers and refugees may have some symptoms and signs of distress

* Physical
* Cognitive
* Emotional
* Behavioural

Bodily expressions of the refugee experience and the way in which people cope with distress can be diverse within cultures.
Pain from torture

* High prevalence of persistent pain in survivors of torture
* Pain arising from specific methods of torture and injuries
* Peripheral/Central sensitisation
* Psychological mechanisms: fear and avoidance, anxiety disorder
* Strong association with specific loci of pain years after torture was inflicted

Bio-psycho-social and interdisciplinary therapeutic approach

It is impossible to isolate mental health from its physical and social counterparts. It is not impossible to address all three at the same time.

Interventions aim to:
* provide relief from the physical complaint,
* encourage the person to look for solutions to sources of distress,
* build confidence in self-belief and ability to resolve issues,
* provide hope that one day they will recover and regain a way of life.

Rationale for developing the Wellbeing and Self Care Service

* Burnett (2002): Therapies such as massage, relaxation and others, can lessen many of the physical and psychological effects of torture, including chronic pain, anxiety, insomnia and stress

* Freedom from Torture has offered specialist physiotherapy, massage therapy and reflexology services to survivors of torture living with chronic pain

* Vargas et al (2004): Rehabilitation programmes require cross-disciplinary knowledge and expertise to treat victims of torture suffering from PTSD and chronic pain. Manual therapies advance the psychological and physical healing process

* Ernst et al (2007): Evidence supports the effectiveness of massage for a range of conditions, such as back pain and anxiety
The Wellbeing and Self Care Service

EXPECTED OUTCOME

Increased capacity of asylum seekers, refugees, migrants and homeless people to deal with chronic pain and distress, through:

* one-to-one sessions of individual assessment, health advice and provision of soft tissue manual therapies
* training in self-help techniques

OUTPUTS

* Partnership agreements with voluntary and statutory agencies working with asylum seekers, refugees, migrants and homeless people
* Mobile unit containing materials and equipment, to provide sessions in the premises of voluntary and statutory agencies
The Wellbeing and Self Care Service Interventions

* Soft tissue manual therapies, using a combination of techniques (digitopressure on tender/trigger points, massage, passive movements, stretching, post-isometric contraction)

* Simple self-help techniques are taught (self-massage, breathing, and stretching exercises).

* A blend of essential oils diluted (3%) in almond oil (50ml) is prepared and provided to be applied when practicing self-massage

* Evaluation of therapy results is made after each session and in follow up encounters
WELLBEING AND SELF CARE SERVICE
Total people (188) treated
April 2011 - March 2012

59%
105
45 (43%) are survivors of torture

41%
83
Refugees and asylum seekers exposed to war and other hostilities
Migrants, homeless people, others
Top five countries of origin

Iran
Afghanistan
Eritrea
Ethiopia
Sri Lanka
WELLBEING AND SELF CARE SERVICE
More frequent type of torture inflicted to 45 survivors
April 2011 - March 2012

Type of torture:
- Beating: 100%
- Rape: 40%
- Suspension by extremities: 20%
- Falaka: 10%
- Electric shock: 5%
- Forced position: 5%
- Blows to the ears: 5%

Percentage: 0% to 100%
WELLBEING AND SELF CARE SERVICE

Physical symptoms (%) reported by 45 survivors of torture in 177 encounters

April 2011 - March 2012

Physical symptoms

Percentage

100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%

Low back pain
Neck pain
Shoulder pain
Headache
Widespread m-s pain
Pain in legs
Pain in arms
WELLBEING AND SELF CARE SERVICE
Mental health symptoms (%) frequently reported by 45 survivors of torture in 177 encounters
April 2011 - March 2012

- Distressed: 100%
- Feeling depressed: 90%
- Feeling anxious: 80%

Mental health symptoms
WELLBEING AND SELF CARE SERVICE
Pain severity (%) reported by 45 survivors of torture in the first encounter April 2011 - March 2012

- Severe: 71%
- Moderate: 29%

UNIVERSAL PAIN ASSESSMENT TOOL

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.

- 0: NO PAIN
- 1: Alert, smiling
- 2: No humor, no pain
- 3: Furrowed brow, facial grimace
- 4: Wrinkled nose, open mouth
- 5: Slow blink, open mouth
- 6: Eyes closed, moaning
- 7: No activity, at rest
- 8: Epilepsy, seizures
- 9: Unable to care
- 10: Bedrest, required
The pain scale was analysed by comparing the position of a tick on the scale before and after therapy, using the following criteria:

- Same intensity of pain → no response
- Decrease of pain =<25% → slight response
- Decrease of pain =<50% but >25% → moderate (fair) response
- Decrease of pain >50% → excellent response

WELLBEING AND SELF CARE SERVICE
Pain reduction status (%) reported by 45 survivors of torture immediately after provision of treatment in 177 encounters
April 2011 - March 2012
WELLBEING AND SELF CARE SERVICE
Self-help techniques practice (%) of 31 survivors of torture after training
(follow up encounters)
April 2011 - March 2012

- Regularly: 41%
- Occasionally: 51%
- No: 8%
WELLBEING AND SELF CARE SERVICE
Treatment effect duration reported by 31 survivors of torture in follow up encounters
April 2011 - March 2012

- 4-7 days: 33%
- 1-3 days: 24%
- 8-14 days: 23%
- >= 15 days: 18%
- < 2 hours: 2%
WELLBEING AND SELF CARE SERVICE
Use of painkillers, since attending WSC sessions, reported by 31 survivors of torture in follow up encounters
April 2011 - March 2012

- Same: 48%
- Less: 52%
‘I am not an object any more but a person’

‘I feel prepared to continue my battle’

‘The treatment has helped me recuperate happiness and my spirit’

Feedback

‘I feel released, free from something heavy’

‘The pain is gone!’