



## GPs at the Deep End

### Pioneer Scheme Day-release programme

Wednesday 19<sup>th</sup> July 2017

Adelphi Centre, Gorbals

## Freedom from Torture

With Elise Marshall, Psychologist and Trainer

### Freedom from torture (FFT)

Originally founded as the Medical Foundation for Freedom from Torture by a group of doctors within Amnesty International in 1985 at the Royal Free hospital in London. Its original director was Helen Bamber RN. It has since spread outside London to now have 5 centres in the UK, with the Scotland-wide centre based in Glasgow. It is funded by approximately 80% private donations, with remaining funding coming from the National Lottery. Its primary function is as a human rights organisation, with three arms: a policy arm, a campaign arm, and a press arm.

Anyone can refer into FFT; however due to capacity (and remit issues) currently only around 25% of referrals are accepted. It is often the case that multiple agency re-referrals then trigger the threshold at which FFT can then see a patient. There are no waiting lists as such or arbitrary criteria barring another referral even if a previous one has been rejected.

FFT has a range of expertise within it including clinical psychologists, therapists, community support workers and also volunteer medics who write medico-legal reports for the organisation, and who undertake health assessments, which are often then shared with the patient's (or 'client's' as they are referred to within FFT) GP.

FFT has a strong advocacy function, with their reports targeted at Governments and International organisations such as the UN.

### FFT services

FFT will only take a patient on if they are able to carry out their full holistic process and support for that person. This starts with an initial 1 hour consultation used to identify needs for support including, but not limited to:

- Psychological
- Family therapy
- Community links
- Group therapy
- Health assessment
- Religion
- Legal assistance
- Torture history
- Family tracing
- Family history
- Housing issues
- Art group on Monday pm at Gorbals

Although anyone is free to refer patients to FFT, any request for a medico-legal report MUST be from a lawyer and does attract a fee to help FFT cover costs.

FFT has well established links with the local medical community and often does teaching for people who may encounter torture victims such as HVs, teachers, AHPs, GPs, and other medics. They have also dedicated time where they can teach 3<sup>rd</sup> and 4<sup>th</sup> year medical students on SCC about torture and trauma informed care.

## What is torture?

An act of **intentionally inflicted pain or suffering** (which may be physical or mental) for such **purposes as punishment, intimidation or coercion, gaining information or a confession**, or for any reason based on discrimination of any kind, at the instigation of (or with consent or acquiescence of) **a public official** or person acting in an official capacity.

FFT will usually only accept referrals for patients who are still significantly suffering from the effects of a previous torture, or for someone who will benefit from their intervention.

## Building a safe relationship for victims of torture – grounding techniques for GPs:

It's important to recognise patients who may be suffering flashbacks, dissociation or are withdrawn. Grounding techniques can be used if you feel a patient is actively dissociating in front of you – these might be usefully considered as 'emergency mindfulness', whereby the GP attempts to ground the patient in the present, helping them to recognise where they are, that they are safe and that they can trust their GP. Using all the body's senses can help, e.g. "Can you hear my voice?", "can you feel the fabric on your chair?", "can you smell the coffee cup?" or even "what can you see in this room?"

## Working with interpreters – how to facilitate a good consultation:

- Importance of room setting in interpreter consultations i.e. chairs should be positioned in a triangle rather than with doctor on one side and patient and interpreter on other
- Try to prevent patient/interpreter contact outside of the consulting room as this can put the interpreter or occasionally the patient in a vulnerable position (e.g. patient asking interpreter for a lift).
- Importance of briefing and debriefing – in reality we do not have time for this in a 10-15 minute consultation so action point is to create a leaflet for interpreter +/- patient to read before the appointment to outline what is expected/how we would like consultation to be done
- Importance of asking if patient would prefer a male or female interpreter and also whether the language registered is still the language they would like to use as this can change (e.g. patient can speak a few languages and registered as that one on the day as interpreter available but this may not be their first language) - action point - to discuss this with administration staff

## Resources:

- Interpreter mediated communication in health care (video clips) - [https://www.youtube.com/channel/UC3qv0dU8jD9CG4Vw\\_CXHH9w](https://www.youtube.com/channel/UC3qv0dU8jD9CG4Vw_CXHH9w)
- The Railway man, book by Eric Lomax (made into film in 2013)