WORKING WITH INTERPRETERS

GUIDELINES FOR MENTAL HEALTH PROFESSIONALS

Table of Contents

1- Introduction
2- Immigrants and mental health services
3- Interpreting in mental health services
4- Staff training
5- Refusal of interpreter services
6- When should an interpreter be called?
7- Guidelines for working with interpreters
8- Unsatisfactory practices for an interpreter

1- Introduction

These guidelines provide an overview of working with interpreters in the mental health system. They have been developed to assist clinical mental health service providers in the Child and Adolescent, Adult and Psycho-geriatric sectors to improve service delivery to those accessing mental health services from non-English speaking backgrounds, and to assist in the task of working with interpreters as an integral part of clinical practice.

The guidelines provide an overview of systemic and operational issues to be considered in language services. These include the role of the interpreter and clinician in the interpreted interview and practical advice for staff in working with interpreters.

Practical steps for working with interpreters have been included recognising that staff working in mental health services typically have limited training, and sometimes no training, in how to work effectively with interpreters.

These guidelines are intended to provide suggestions or options available to services in meeting the language needs of clients while recognising that there may be considerable variation in the nature of the work undertaken by
age-specific mental health services.

2- Immigrants and mental health services

The under-utilisation of mental health services by people from non-English speaking backgrounds (NESB) is well documented.

People born in non-English speaking (NES) countries have lower rates of admission to psychiatric inpatient units (as a proportion of the population of each birthplace group) compared to the English-born population. A feature of these data is that people born in NES countries have far lower rates of voluntary admission compared to the English-born but roughly similar rates of involuntary admission across all birthplace groups.

Several studies have also found that length of stay is significantly longer for people born in NES countries.

Rates of utilisation of community mental health services are also lower for people born in non-English speaking countries.

There has been little research into the quality of service provision and outcomes (including client satisfaction) in relation to mental health services. However, staff reported that the quality of service provision to NESB groups was inferior to that provided to the English-born.

Inadequate communication with people who have limited English proficiency limits their ability to access services, but it also has a profound impact on the quality of treatment they receive when they do gain access. Communication in any clinical relationship is of paramount importance. It is the means by which a clinician can:

- learn what is being experienced by a client
- formulate a diagnosis
- decide, together with the client and his/her family, an appropriate program of treatment
- develop a therapeutic relationship

Where communication between clinician and client is inadequate, the probability of diagnostic and treatment errors is increased.

Misdiagnosis may result from:

- the under-estimation or over-estimation of severity of psychopathology
- the failure to recognise psychopathology
- the diagnosis of psychopathology which is not present

Inappropriate or incorrect treatment may lead to negative outcomes such as the prolongation of the condition, the loss of quality of life or the onset of disability. Inadequate communication may also lead the client/patient, family or carers to a limited or distorted understanding of:

- the role of the clinician
- the role of the service
- the nature of the illness
- the purpose of treatment or medication
- side-effects of medication
For those people who do not speak English fluently, communication must take place either with a staff member who speaks their preferred language, or with the assistance of an interpreter.

There is some question about the use of interpreting services in community mental health services. Working with an interpreter is thought to double the amount of time required to conduct a clinical task. If interpreters are used effectively, this time would be reduced and the outcome of the treatment would be just as effective as treating any other mental health patient with the same condition.

3- Interpreting in mental health services

Interpreting is a highly specialised skill involving accurate and effective translation of information from one language into another. The role of the interpreter is to act as a conduit between clinician and client or carer/guardian, facilitating the exchange of words and concepts. In a mental health setting, this is best done using consecutive interpreting where information is conveyed in short manageable segments. There are several issues which arise when an interpreter is required to interpret for people in a mental health service setting.

a. Stigma

Mental illness is highly stigmatised in all communities, but arguably more so in many non-English speaking communities. Where there is a high degree of stigma, clients may not want to be identified within their community as having a mental illness (or having a family member with a mental illness). This may result in reluctance by the client or carer/guardian to have an interpreter present even if their English language skills are inadequate. It may be that the service knows the interpreter or his/her family and therefore feels uncomfortable in having that person involved in their case. This often occurs in small communities.

b. Confidentiality

It is important to stress to the client/family (and the interpreter) that all information is confidential. Although interpreters are bound by their Code of Ethics to ensure that they maintain confidentiality in their work, many service users are unaware of this. Concern about what happens to information divulged in the presence of an interpreter may be based on past experience: for example, where unqualified staff may have been used to interpret. Failure to maintain confidentiality is relevant for any member of staff (clinical, interpreting or administrative).

c. Technical language

In mental health services, the use of technical language and clinical jargon abounds. It relates to the diagnoses (e.g. schizophrenia, bipolar disorder), symptoms (e.g. delusions, hallucinations, psychosis) and treatment (e.g. counselling, case management, electro-convulsive therapy, psychosocial rehabilitation, supported accommodation, disability support and so on). Names and acronyms for service programs are often confusing. It is important that information about all of these is conveyed as clearly as possible in non-technical language and that the understanding of clients, carers and
families is checked.

d. Flexibility

Issues specific to the area of mental health may arise when working with interpreters. For example, the interpreter may need to interpret simultaneously for some situations (e.g., someone experiencing a manic episode may talk without stopping). It is advisable that the clinician confers with the interpreter prior to the interview in order to provide information about the case and to establish the mode of interpreting (e.g., consecutive interpreting). If the interpreter diverts from this, the clinician will understand that the interpreter is responding to the situation at hand. This is also why it is important for the interpreter to be trained in the area of mental health problems.

e. Accuracy of information

It is important that interpreters are aware that they are required to provide as exact an interpretation of the content of an interview as possible. They need to be forewarned that sometimes the information to be conveyed may make no sense as a result of thought disorder, flight of ideas or dysphasia. For the clinician to discern this, it is necessary for the interpreter to interpret exactly what is said without trying to make sense of the client's speech. Clinicians should note that interpreting consists of interpreting meaning as well as individual words, partly because some words or phrases have no direct translation in another language.

f. Continuity

Whenever possible, the same interpreter should be called for a client. Where an interview has progressed well and trust has developed between the client/family and the interpreter, working with the same interpreter is good practice. The onus on the client/family to repeatedly have to re-establish rapport with new interpreters introduces unnecessary and avoidable difficulties. Feedback from clients/families about their attitude to, or comfort with, a particular interpreter can be gained by telephoning the client using the Telephone Interpreter Service.

g. Trust between Clinician and Interpreter

Where a clinician suspects that information is being wrongly interpreted, it is advisable to inform your client that you need to talk to the interpreter and then clarify with the interpreter whether they have understood the information.

h. Professional Partnerships

We need to acknowledge that interpreters are human beings and professionals whose task is to facilitate an exchange of information and therefore require our respect. Interpreters prefer to be ‘worked with’ rather than ‘used’.

i. Provision of cultural information

There are different views amongst those working in the field and amongst some interpreters themselves about whether interpreters should be seen as a source of information about cultural issues. Interpreters may have considerable knowledge of a particular culture and it may be useful to ask for information
from them on religious or cultural practices or historical or political events. In some situations interpreters may even be able to provide information about whether a particular behaviour is common or socially acceptable in their country of origin. This information can also be obtained from bilingual staff in psychiatric services, ethno-specific organisations or ethnic projects in disability support or clinical services.

Some interpreters point out however, that they may know about only one aspect of a community and not be able to comment more broadly especially when the interpreter does not originate from the same country or region as the client. For example an Arabic speaking interpreter born in Egypt may not feel able to comment on Arabic speaking people from other countries. This is obviously the case for bilingual staff as well, so it is useful to keep in mind that each person will have her or his own views about cultural and social issues. For example, think about the range of responses different English-born people might give to a question you are asking an interpreter or bilingual staff member if asked to comment about English culture!

Interpreters are not trained mental health professionals and they should not be asked to assess the symptoms of clients.

Note that:

- Interpreters are not trained to interpret behaviour although they may be able to comment on cultural practices

4- Staff training

Staff require training in how to work with interpreters. This training should include skills in working with telephone interpreters. This training is provided by Pearl Linguistics free of charge.

5- Refusal of interpreter services

Clients and carers/guardians may want to refuse interpreting services. As discussed earlier, refusal could reflect anxiety about being identified as having a mental health problem or receiving a mental health service. Refusal to accept an interpreter could also be due to concern about confidentiality being maintained or a carer/guardian’s belief that his or her English proficiency is sufficient to communicate adequately in English. The clinician should seek out the reason for reluctance to have an interpreter (recognising that communication may prevent this). If possible the provision of information to the client/family about the Code of Ethics which interpreters and clinicians are bound by is also a useful strategy. In some cases, the concern is not with interpreters per se, but some in particular. For example, people from countries with totalitarian governments may believe that some interpreters are spies (this may or not be plausible), and those who have been through the trauma of civil war or ethnic conflict may be very distressed at the presence of an interpreter who comes from a group on the opposing side of the conflict.

Mental health services need to consider the refusal of an interpreter in relation
to duty of care responsibilities. Clinicians should work towards achieving the best possible outcome with service users. Options include:

- exploring and dealing with concerns about confidentiality if they exist
- conducting interviews in English and having an interpreter for complex issues which may be beyond the English ability of the service user(s)
- conducting one or two initial interviews in English and then making a judgement about whether this is satisfactory
- asking the client/carer/guardian whether there is a particular interpreter (not a family member) who they trust and would be prepared to have involved, or if there is a specific interpreter they do not want
- checking whether the client/carer/guardian would prefer a bilingual staff member, if available

6- When should an interpreter be called?

Interpreters should be called in all instances where significant information needs to be conveyed to the client/carer/guardian. An interpreter should be used in the following situations:

- at initial assessment and ongoing treatment
- at intake or admission to the service
- family assessment
- specialist and multi-disciplinary assessments
- during assessment including initial assessment and mental status examination
- for explanation of assessment outcomes, diagnosis, treatment, medication and/or side effects
- to explain legal rights and changes of legal status
- obtaining informed consent for procedures deemed necessary
- risk assessment
- in ongoing reviews whether at service or on home visit
- for the development of an individual service plan and including allied health programs and interventions
- discharge planning
- in monitoring clients who are in inpatient units or receiving intensive treatment. Regular communication with clinical staff reduces isolation and anxiety and helps maintain orientation to reality
- When a client requests one
- Debriefing clients/families/carers following critical incidents
7- Guidelines for working with interpreters

**Preparation**

- Identify the appropriate language or dialect (e.g. people born in China may speak Mandarin, Cantonese, Hokkien or any of numerous other languages)
- explore client/carer/guardian wishes regarding gender, dialect, country, ethnicity etc.
- allocate additional time for an interpreted interview
- book the same interpreter wherever possible

**Booking an interpreter**

- specify the language, ethnic group and gender required
- ascertain the length of time the interpreter is available for

**Before the interview**

- brief the interpreter on the case and the terminology which you may expect to use or any other background information which may be relevant
- discuss how you will conduct the interview

Some interpreters prefer not to be left alone with the client/family prior to or during the interview as they feel it places them in a difficult position (because, for example, some clients choose to divulge information to them that they do not want passed on to a clinician). Check the interpreter’s preference.

**For the first interview**

- introduce yourself and the interpreter
- explain who you are and your role
- explain the role of the interpreter (e.g. that they are there to help with communication by interpreting what is said)
- explain that interpreters are bound by their code of ethics to treat everything that is said as confidential (this is a particularly important issue and it may take several sessions before clients are satisfied that confidentiality is maintained)
- explain the purpose of the interview

**During the interview**

- ensure that the seating is arranged such that a triangle is formed between the client, the clinician and the interpreter. (For hearing impaired clients, seating may be altered so that interpreter is placed on the side of the client’s good ear)
- if a carer/guardian is present, they should be seated with the client such that a circle of all parties is formed
- in a large or group meeting situation, seat the interpreter with the
clients so they are able to understand the proceedings with minimum disruption to others

- keep your sentences or questions reasonably brief and concise
- pause at the end of each statement to allow the interpreter time to interpret
- explain the need to pause to the client if necessary
- be aware that the interpreter may sometimes have to clarify a statement or answer with the client/carer/guardian
- be aware that it is the responsibility of the mental health worker to maintain the direction of the interview and to intervene if necessary (e.g. if the interpreter and client/carer/guardian appear to start having a private conversation or in cases where the interview is not orderly due to the behaviour of a client)
- maintain eye contact with the client/carer/guardian, even when the interpreter is interpreting
- speak to the client directly. Use the first person ‘I’ and ‘you’ instead of ‘ask him or her’ (this limits confusion about who is being referred to and reinforces that the interview is being conducted by the worker with the client)
- avoid jargon or colloquial language which is particularly difficult to translate and explain any concepts or difficult terms. Where technical terms have to be used, it is the responsibility of the mental health professional to explain their meaning, not the interpreter’s.
- be aware of the body language of both interpreter and client
- if you need to leave the room, make a telephone call or do anything which is not clear to the other parties, explain your actions prior to doing so

After the interview

- ask the interpreter about any comments they would like to make
- allow the interpreter time to discuss any aspect of the interview they may have found confusing or distressing

Points to remember

The mental health professional has responsibility for maintaining control of the interview.

- avoid engaging in lengthy discussion with the interpreter during the interview as this may isolate the client/family. If discussing a particular point is unavoidable, explain to the client/family what you are doing and why.
- generally speaking, briefing the interpreter should occur prior to the interview and discussion of any factors the clinician is unsure about after the interview.
- you need to be aware of the information the client/family is receiving and everything said by the client during the interview should be interpreted.
- sometimes clients/family members tell interpreters something and then ask them not to pass this on to mental health staff (you may need to explain the interpreter’s role again in such cases).
- avoid using children or family members as interpreters under any circumstances (other than obtaining basic client information such as name and address).
• using an interpreter service via telephone should only be used for obtaining basic information such as registration details. It is not appropriate to use a telephone interpreter service for a clinical consultation.
• try to arrange for the same interpreter in subsequent interviews if all parties are pleased with the interpreter.

8- Unsatisfactory practices for an interpreter

Some examples of unprofessional practice for an interpreter include:

• not interpreting everything which is said (unless someone is speaking so quickly that this is impossible)
• carrying on a side conversation with the client/carer or clinician during the interview and excluding the other party
• speaking on behalf of the client/carer/guardian
• answering the phone during an interview
• demeaning behaviour or attitude towards the client

If you come across any of the unprofessional practice explained above, contact Pearl Linguistics immediately with the job reference number or the date and the time of the booking.