Index to the guidelines

The guidelines, in sequential order, are a tool to assist you in working effectively with interpreters as an integral part of clinical practice with people from culturally and linguistically diverse backgrounds (CALD). The guidelines are available in PDF format from the VTPU website: www.vtpu.org.au

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Guidelines listed below will be available on the VTPU website in 2006:
✓ Working together with interpreters, clients and with families and carers
✓ Working with interpreters in child and adolescent mental health settings
✓ Working with interpreters in aged-care services
A. An overview

These guidelines provide an overview of working with interpreters in Mental Health and Psychiatric Disability Support settings. It is hoped that these guidelines will provide an induction for mental health services staff on this topic and practical steps for working with interpreters. Additional links are also provided to direct mental health services staff to further information across various issues.

These guidelines will aim to:
1. Increase awareness and understanding of the complexity of interpreting in mental health settings
2. Outline the practical skills and knowledge required to work effectively with interpreters and clients
3. Provide links to additional information and resources to assist you in working with interpreters in mental health settings.

The interpreter’s role in mental health settings

The Interpreter is a crucial aspect of Mental Health and Psychiatric Disability Support settings. There are legislative and policy requirements to ensure that CALD people are not prevented by barriers of communication or culture from using mental health services.

The Mental Health Act (5 ii) states that mental health services must:
• “take into account the age-related, gender-related, religious, cultural, language and other special needs of people with a mental disorder.”

This section applies to all mental health services funded under the Act, including both clinical and psychiatric disability support services.

Department of Human Services’ policy also stipulates that services should:
• “provide the best use of language service to enhance communication between their staff, the client and their carers.” (1996, p.15) and
• “use languages services to best effect” (Cultural Diversity Guide 2004, p.14)

Department of Human Services’ 2005 language services policy also states that:
• “provision of effective language services may be essential to agencies meeting their duty of care obligations” (p.6)

The National Standards for Mental Health Services (Commonwealth Department of Health and Family Services 1997) also states in Standard 1.7 that:
• “The MHS (mental health service) upholds the right of the client and their carers to have access to accredited interpreters.” (p.7)

Area Mental Health Services and staff need to know that:
✓ Area mental health services must ensure 24-hour availability of interpreting services in all available community languages.
✓ All AMHS must establish procedures for using telephone interpreter services.
✓ The AMHS must use accredited interpreters (NAATI Level 3) who provide a responsive service.
   • Since there are some language groups where accreditation is not currently possible, available interpreters at Level 2 or paraprofessional may need to be requested. In this case please refer to guidelines on working with interpreters from emerging communities and see NAATI guidelines.
✓ Mental Health Services staff should inform clients and their families/carers of their rights to use interpreting services if and when needed.
✓ The need for an interpreter should be assessed at service entry and reviewed at key points in the service delivery process (see ‘When an Interpreter should be called’).
✓ Mental Health Interpreting is a specialist area requiring knowledge and skill development by clinicians and interpreters.

1 Refer to Guideline C. Understanding the interpreting profession; or visit www.naati.com.au
B. Interpreting in mental health services - at a glance

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 and family member or carer, facilitating the exchange of words and concepts.

Interpreting in mental health settings or “mental health interpreting” is a complex task. An overview of several issues which arise when an interpreter is required to interpret for people in a mental health service setting can help you, the mental health clinician/ disability support worker, appreciate some of this complexity.

Accuracy of interpreting

It is important that clinicians/ disability support workers are aware that interpreters are required to provide an interpretation as equivalent in meaning and connotation as possible. 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. Therefore, ‘word for word’ translation is not appropriate or meaningful. In some situations, literal translation may be more appropriate when the client’s speech is confused or incoherent. Interpreters will 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.

√ In your briefing indicate whether you would like feedback on anything other than the words spoken and specify to the interpreter that you want the content interpreted AS SPOKEN or signed.

√ Some clinicians become concerned when the interpreter talks a lot after they have said something brief. Be aware that the interpreter may need to use more words to explain the concept or meaning in the person’s language.
  o If you remain concerned that the interpreter has added their own comments ask the interpreter what they have said.

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, electroconvulsive therapy, psychosocial rehabilitation, supported accommodation, disability support and so on). Names and acronyms for service programs (i.e. Mobile Support Team or MST, Crisis Assessment and Treatment Team or CATT etc) are often confusing to clients and carers. 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. Remember, that while the interpreter is a professional partner in the interpreted session, the interpreter is usually a generalist and not specially trained or educated in mental health issues or terminology. Interpreting technical language can be especially difficult for interpreters.

√ Use clear and simple language to explain mental health terms and processes
√ Do not use acronyms - other than to define them

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/ support, interpreting or administrative).

√ When briefing the interpreter reiterate the expectation of confidentiality.
√ When introducing the interpreter to the client outline that everything discussed in the interview is considered confidential and that the interpreter is obligated to uphold this.
CONFIDENTIALITY

Confidentiality is transcended only when safety is at issue according to Mental Health Act.

STIGMA

As you may be aware, mental illness is highly stigmatised in all 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 to have an interpreter present even if their English language skills are inadequate. It may be that the client knows the interpreter or his/her family and therefore feels uncomfortable in having that person involved in their case. This is more likely to be an issue in small emerging communities.

- Explain the interpreter’s role to the client and that they are professionally bound to maintain client confidentiality.
- If the client is reluctant to have an interpreter present, indicate that whilst they may not feel they need one, that as a professional you are required to work with one.
- Suggest telephone interpreting as an option explaining that telephone interpreters operate on a national basis therefore further ensuring confidentiality.
- Check whether the person is fluent in a language other than the primary one ie: Somali can they speak Arabic or Italian? Explore whether using an interpreter from one of these alternate languages would be acceptable.

INTERPRETER ATTITUDES

In the Royal Park Ethnic Health Audit (1994), interpreter attitudes towards a person with mental illness resulting in inappropriate behaviour was documented. Interpreter discomfort in working in the mental health setting was also reflected in some views expressed in a recent Survey of Interpreting Practitioners (VITS Language Link, 2004). Staff need to be aware that interpreters may also be affected by stigma, misinformation or lack of training on mental illness.

- Interpreters are people and as such will enter the interview with preconceptions, fears and misinformation which may adversely affect the interview.
- Where possible request an interpreter with experience in mental health settings.

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 unavoidable 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 in the case of spoken language interpreters or using the National Relay Service in the case of deaf clients.

- By having continuity with an interpreter you will make more progress with your client and their family.

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 (eg 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 (eg consecutive interpreting). If the interpreter diverts from this, the clinician will understand that the interpreter is responding to the situation at hand.

- Be clear about the way in which you expect the interpreter to work ie: consecutively or simultaneously.

UNPROFESSIONAL BEHAVIOUR

Where a clinician/ disability support worker 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.
C. Understanding the interpreting profession

Interpreting in mental health settings or “mental health interpreting” is a specialised skill for interpreters who have completed their two years of tertiary professional training.

Assessment and accreditation of interpreters

Assessment of language proficiency and the accreditation of interpreters is undertaken by the National Accreditation Authority for Translators and Interpreters (NAATI). NAATI supervises the accreditation of interpreters according to the following levels of proficiency in Languages Other Than English (LOTE)³.

NAATI Level 2 - Para-professional interpreter - qualified to interpret in simple, straight-forward situations.

NAATI Level 3 – Professional Interpreter - Preferred level for legal, medical and other specialized work (such as mental health interpreting).

NAATI Level 4 - Conference Interpreter - Advanced professional level. These interpreters are qualified to interpret in complex, specialised situations including international conferences.

For mental health settings it is strongly recommended that interpreters be accredited Level 3/ ‘professional’ level. Level 3 certification assures a minimum skill level of the professional interpreter.

For some emerging community languages where NAATI does not as yet offer testing, recognition is given once it is proven that interpreters have been practicing in those languages sufficiently to guarantee their ability and skill in interpreting.

It is desirable that interpreters working in the mental health field are familiar with basic psychiatric terms and concepts, have some understanding of mental illness, and have considered their own attitudes to and assumptions about people with a mental illness. Formal training for interpreters in these issues is ad hoc, although some have developed this knowledge and awareness by working with mental health services over a number of years.

Some emerging communities may not have interpreters qualified at Level 3. Be aware that in the mental health setting, Level 2 interpreters may not be sufficiently skilled to manage the interpreting task.

√ Request an interpreter with experience in working in mental health settings
  ● Interpreters are prepared to discuss their experience. The information is also available through the interpreter agency and the time of booking.

√ If a NAATI Level 3/ ‘professional’ level interpreter is not available in your required language request a Level 2 or ‘paraprofessional’ level interpreter, but be aware of the skill limitations of the interpreter and be aware of the possible implications of the session on the quality of communication.

√ See also: J. Guidelines for working with para-professional interpreters

√ Reschedule another appointment with a Level 3 interpreter if there is important or complicated information or assessment involved.

√ It is inappropriate to request a family member or relative to interpret.

Further information:

√ Visit NAATI’s website at: www.naati.com.au

√ Visit AUSIT’s website (the professional association for Translators and Interpreters in Australia) at: www.ausit.org

√ Visit ASLIA’s website (the professional association for Auslan Interpreters in Australia) at: www.aslia.com.au

√ For a recent report on mental health interpreting and interpreter training needs: VTPU (2005) Improving the Quality of Mental Health Interpreting in Victoria. Report by the Victorian Transcultural Psychiatry Unit, Melbourne, visit www.vtpu.org.au

³ NAATI is a national standards body owned by the Commonwealth, State and Territory Governments of Australia. It is a company limited by guarantee under the Commonwealth Corporations Law 2001. NAATI is also an advisory body for the Translation and Interpreting (T & I) industry in Australia providing advice and consultancy services on T & I standards, accreditation, role and conduct of Translators and Interpreters and T & I skills in various settings.
D. Other professional issues you need to be aware of

Interpreters in professional partnerships

We need to acknowledge that interpreters are professionals whose task is to facilitate an exchange of information and they require our respect.

√ Interpreters prefer to be ‘worked with’ rather than ‘used’.
√ By holding pre- and post- session discussions, and planning the interview, clinicians are able to engage in a more ‘collegial’ partnership with interpreters.

Interpreter as ‘Cultural Consultant’

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. Information that is clinically significant would be more appropriately obtained from bilingual staff in mental health services.

√ If you require the interpreters’ thoughts about cultural issues specify this in your briefing and allow time to discuss observations. Keep in mind that the interpreter is giving you their subjective opinion.
√ If interpreters are to be used as ‘cultural consultants’, clinicians/ disability support workers should make it clear when requesting an interpreter that they wish to utilise that interpreter in the role of cultural consultant.
√ This would require the interpreter have not only a skilled use of the language of the client but also an accurate knowledge of the identified culture of the client, as well as an awareness of intra-cultural differences.

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. 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.

√ Do not assume that just because the client and interpreter share the same language that they are also ethnically and culturally ‘matched’
√ Bilingual and bicultural clinicians should be sought to assist with secondary clinical consultation
√ Be aware of your expectations of the interpreters’ role and the professional limitations of the interpreter
√ Be aware that the interpreter might not wish to comment on cultural matters for some reason. Do not insist nor think that the interpreter is being uncooperative.

In addition to language, clinicians are also making clinical attributions in regard to the clients’ behaviour, body language, clothing and appearance, beliefs, values, lifestyle, etc.

√ Interpreters are not trained to interpret behaviour although they may be able to comment on cultural practices
√ Interpreters are not trained mental health professionals and they should not be asked to assess the symptoms of clients.

The possibility of any individual being able to act as a broker of a given culture is limited, given there are so many cultural identities such as community ethnic identities, in addition to social identities such as gender, status, economic divisions, rural and urban differences, and so forth. An individual cannot always reflect the cultural meanings of an identity dynamic adequately, indeed the role parameters an interpreter is trained to work within are not clear in relation to the skills and tasks that may belong to a ‘cultural consultant’ role.
**Interpreter vs Translator**

An interpreter is someone who renders messages verbally between parties. A translator is someone who translates written documents. An interpreter may or may not be a translator. If you require written text to be explained to clients you may get the interpreter to sight translate the document (i.e. read into LOTE). It is important to note that a sight translation is not the same as a standard translation and may not accurately translate the document with the exact style, register and complexity. An interpreter may suggest that a sight translation is inadequate or that the text is too complex to sight translate. If this is the case you may need to arrange for the document to be translated by a translator. A brochure on translation “Translation Getting It Right” is available on the AUSIT website www.ausit.org
E. When should an interpreter be called?

An interpreter should be called at assessment, treatment, support meetings and discharge:
√ when a client, family member or carer requests an interpreter
√ where the staff member cannot understand the information being conveyed by the client
√ when the client/carer/guardian is assessed as needing an interpreter by staff because of difficulty in communicating in spoken English
√ when a person prefers to speak and is more fluent in a language other than English

Assessing the need for an interpreter

As well as being influenced by the preferences of service users, staff need to be able to assess the need for an interpreter independently. In order to determine whether an interpreter is required, an assessment of a person’s communication and comprehension in English is necessary. English proficiency can be divided into comprehension and expression in oral and written form. While it is beyond the scope of this document to explore the question of proficiency in any detail, a simple proficiency scale is outlined below:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unable to have an every day conversation (e.g. understands simple greetings &amp; little more).</td>
</tr>
<tr>
<td>2</td>
<td>Able to have an every day conversation but not proficient enough to discuss clinical issues or emotional content.</td>
</tr>
<tr>
<td>3</td>
<td>Able to communicate well. Can readily discuss clinical information.</td>
</tr>
</tbody>
</table>

If the client falls into categories 1 to 2, an interpreter should be used as these categories indicate a basic level of comprehension in English. If the client is rated at level 3, an interpreter may not be needed. While clients with proficiency at Level 3 generally can communicate perfectly adequately in English, they may still need interpreting services in some situations (e.g. in discussing deeply emotional or distressing topics, or upon relapse requiring admission to hospital, family members or carers).

The ability to understand clinical information such as that conveyed in a consultation with a mental health worker requires a level of English proficiency comparable to a native speaker. As mentioned earlier, there is a great deal of technical terminology used in relation to symptoms, psychiatric conditions, mental health programs and treatment options which may not be readily understood. While it is preferable to avoid such terms, it may also be useful to explain such terms clearly with an interpreter.

Seeking out information on the level of literacy in English of a service user will further give insight into the level of English proficiency.
√ check the person’s communication and comprehension in English using a proficiency scale like the one provided above
√ be aware that English comprehension at the everyday or conversational level does not necessarily mean that the person will be able to understand the information communicated within mental health settings. It is easy to overestimate a person’s English skills, so ask questions to check the proficiency level.
√ be aware that in stressful situation such as when a person has a relapse of a disorder, it is common for the person’s command of English to decrease.
√ check back with the person for their understanding of what you have said
√ be aware that some affective experiences may only be accessible in the client’s first language, as emotion and mental health terms and communications are much harder to express in a second language than in a first.
√ English proficiency may vary across time and may need to be reviewed at different points in treatment and care.
√ Communication and English proficiency are key issues when working with deaf and hard of hearing people. An Auslan interpreter is required if the person’s preferred communication is Australian sign language.
Guidelines for Working Effectively with Interpreters in Mental Health Settings

F. Situations when an interpreter should be called

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

- When a client requests an interpreter
- At intake or admission to the service
- At initial assessment and ongoing treatment
- Disability support process
- 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 or individual program 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
- Debriefing clients/families/carers following critical incidents

A standard in relation to adult inpatients is that they should be provided with a face to face interpreter at least every second day (e.g. Inner West Area Mental Health Service Interpreting and Translation Provision 1996). Use of a telephone interpreter may not be appropriate and clinicians should carefully assess how a client may respond to this.

Crisis situations

On site interpreters are often readily available and can be organised within an hour if you indicate:

- That you are from a mental health service and
- That you are dealing with a crisis situation.

In many crisis situations, intervention can be delayed until an interpreter is obtained. A telephone interpreter might be helpful until an on site interpreter can be arranged. If absolutely unavoidable, a family member may be used but an interpreter should still be engaged as soon as possible to confirm and clarify the dialogue.

Bear in mind, if there has been a crisis, check if the interpreter requires a discussion with the clinician following the interview/incident. Refer to ‘Guideline M. After the interview.’
**G. Booking an interpreter**

### Preparation
- ✓ Identify the appropriate language or dialect (e.g., people born in China may speak Mandarin, Cantonese, Hokkien or any of numerous other languages)
  - Use the DHS poster or telephone interpreter service if you have difficulties determining this.
- ✓ 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
- ✓ request a NAATI Level 3/‘professional’ interpreter and where this is not possible, ask for a Level 2/‘paraprofessional’ interpreter
- ✓ ask for an interpreter with experience or training in mental health issues
- ✓ Vicdeaf Auslan Interpreting Service and VITS both provide Auslan interpreters

### Block booking
Many health services and some mental health services, organise block booking for an interpreter where there is a high demand for a particular language. This has the advantage of maximising access to an interpreter for each booking and minimising travel costs. There is more than one way in which this might be done. For example, an interpreter can be booked for the same afternoon or morning each week, and clients booked in at this time. Alternatively, some services will try to arrange a new interpreter appointment immediately following one which has already been booked for another staff member.

- ✓ Block booking is cheaper (generally each interpreter booking is charged for one and a half or two hours regardless how long the interview takes. Multiple appointments for one interpreter booking is obviously more cost-effective than a separate booking for each).
- ✓ Be aware though that it may force clients to come to a service at the same time as others from the same background and that some people would prefer not to be identified by those from their own community due to stigma or embarrassment.
- ✓ Some clients of CALD may enjoy the chance of meeting others who speak the same language and who they can converse with in the situation of block bookings.
- ✓ Take into account the preference of clients/families in block booking interpreter appointments as far as possible.
- ✓ Interpreters need breaks every 1.1/2 – 2 hours
- ✓ If block booking with Auslan interpreters, regular breaks will be required for the interpreter for Occupational Health and Safety reasons.
- ✓ Make sure that the clinician and interpreter have available time for appropriate pre- and post- session discussion.
H. Before the interview

A few moments of your time committed to pre-interview briefing with the interpreter are recommended and are an integral aspect of the interpreted communication.

The interpreter will be in a better position to accurately interpret if they have a clear understanding of the practitioner’s role, their method of working and terminology. Taking the time to introduce yourself and clarify your role also promotes a mutually respectful professional relationship. Interpreters work with professionals from a variety of disciplines. Each discipline has its own principles of practice, tools, jargon and forms of shorthand for complex concepts. It should not be assumed that the interpreter is familiar with such practices.

**Before the interview**

- √ ask the interpreter about his or her training or experience in mental health
- √ brief the interpreter on the case and the terminology which you may expect to use or any other background information which may be relevant
- √ be clear about any behavioural or safety issues which may arise in the interview and establish your strategy for dealing with this should it arise. Be clear about what you expect from the interpreter in this instance. Make it clear that their safety is a priority
- √ 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). Some interpreters express discomfort and safety concern about waiting with other clients in waiting rooms before sessions.

- √ Escort the interpreter to the staff office upon arrival and allow them to accompany you out of the session if you need to leave for a period during the appointment
- √ Avoid leaving the interpreter waiting alone with the client or client’s family

**For the first interview**

The first interview may take more time than you usually allow.

- √ introduce yourself and the interpreter
- √ explain who you are and your role
- √ explain the role of the interpreter (eg 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
I. During the interview

Seating arrangements

✓ ensure that the seating is arranged such that a triangle is formed between the client, the clinician and the interpreter.

✓ for deaf or hard of hearing clients ensure that seating and lighting arrangements are appropriate for clear communication to take place (See Guideline P). Generally, the Auslan interpreter will sit next to the main speaker and opposite the deaf person.

✓ if a family member or carer is present, they should be seated with the client such that a circle of all parties is formed.

✓ when interpreting with the family, carer or more than two people it is advisable to arrange the seating in a horse-shoe formation.

✓ in a large or group meeting situation, seat the interpreter with the client so they are able to understand the proceedings with minimum disruption to others.

Verbal and non-verbal communication

✓ 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, family member or carer.

✓ be aware that it is the responsibility of the mental health worker to maintain the direction of the interview and to intervene if necessary (eg. 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).

✓ If the client addresses the interpreter directly, the mental health professional will need to intervene and request the client direct communication to the clinician.

✓ avoid jargon or colloquial (slang) 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.

✓ avoid sarcasm, cynicism and jokes which are very difficult to accurately translate.

✓ in group settings, proper turn taking is important because of the interpreting process.

✓ 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.

✓ Do not leave the interpreter on their own with the client as the position of the interpreter may be compromised.
Points to remember during the interview

√ 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/ disability support worker 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 except in particular circumstances such as:
  ● an interpreter is not available
  ● client is worried about confidentiality
  ● an on-site interpreter is not available
  ● client is worried about confidentiality.
√ try to arrange for the same interpreter in subsequent interviews if all parties are pleased with the interpreter.

Interpersonal dynamics - managing the interpreted clinical interview

The presence of an interpreter a mental health context can alter important dynamics between the clinician and client and it can introduce new dynamics which may hinder service goals.

Several distortions to the interpreted arrangement have been identified:
  ● Interpreter-Client Over-Identification (the interpreter and the client form an alliance to the exclusion of the clinician)
  ● Interpreter-Clinician Over-Identification (the interpreter and the clinician form an alliance to the exclusion of the patient),
  ● Interpreter-Dominance (the interpreter assumes control of the interview),
  ● Interpreter-rejection by the client

To improve the interpersonal dynamics:
√ Include the preliminary interpreter pre- and post-session review to facilitate shared understanding for the purpose of the interview and as an opportunity to manage and evaluate important aspects of the interpreted interview.

√ Working with interpreters according to these guidelines will reduce distortions that can arise. Also refer to guidelines H, J, K, L & M.

Further reading

For some languages, NAATI testing is not available at the professional level (level 3) and thus clinicians and disability support workers will have to work with para-professional interpreters. Interpreters working in these languages have limited linguistic skills and are competent to interpret in non-specialist areas only. Below is a guide on how to work effectively with para-professional interpreters in a mental health setting:

**Before the interview**
- Allow enough time for the interview, as it will probably take twice as long as without an interpreter
- Brief the interpreter

**During the briefing**
- Clarify your role within your organization
- Ask if the interpreter has any experience working in a mental health setting, briefly discuss his/her past experiences
- Ensure that the interpreter understands that the content of the interview is kept confidential/remains in the room. Check back that the interpreter understands this.
- Give the interpreter an outline of the session: who will be there, what will be discussed, go through any specialised mental health concepts with the interpreter to make sure that he/she will be able to translate them. Let him/her know if there are any sensitive issues that will come up in the interview.
- When materials are to be covered which involve technical terminology not in common usage, explain these words or terms
- Discuss the mode of interpreting that will be employed by the interpreter (it should be consecutive only) and check how much information he/she can cope with at a time and when speaker should pause (it should be no more than 25-30 words)
- Tell interpreter to signal you when he/she is not coping with the flow
- Tell interpreter he/she can seek clarification at any time of there is anything that is unclear to him/her.
- Work out when to give interpreter a break if the meeting is going to be long
- Offer the interpreter support

**During the interview**
- Introduce all parties
- Explain the role of the interpreter and explain that everything in the interview is kept confidential/remains in the room
- Remind the speaker/s to give the interpreter enough time to interpret
- Remind everyone to speak in the first person
- Speak directly to your client and not the interpreter
- Encourage the client to address you and not the interpreter
- Avoid using jargon, acronyms and colloquialisms
- Limit your remarks and questions to a few sentences between translations
- Use short sentences and avoid ambiguous or complex grammar
- Take extra care in explaining procedures, regulations and reasons for asking for certain type of information
- Arrange seating for the most direct communication between you and the client.
  * Suggested seating arrangements:
    - sit opposite the client with the interpreter slightly to the side
    - in a circle where more people are involved
    - Observe client’s body language to pick up any non-verbal messages
    - Observe interpreter’s body language
    - When referring to documents etc make sure the interpreter also has a copy or access to it

4 Guidelines for working with para-professional interpreters were developed by Sarina Phan and Eva Hussain (Chair), AUSIT Vic/Tas.
<table>
<thead>
<tr>
<th>Guidelines for Working Effectively with Interpreters in Mental Health Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>√ Avoid asking interpreter to read documents, pamphlets etc to clients</td>
</tr>
<tr>
<td>√ Resolve any issues or problems with interpreting at the time they arise</td>
</tr>
<tr>
<td>√ If the interview is highly emotional, give the interpreter short breaks</td>
</tr>
<tr>
<td>√ Check with the client that they have understood everything.</td>
</tr>
</tbody>
</table>

**After the interview**

| √ Hold a post-interview review with the interpreter |
| √ Ask the interpreter for some feedback on how the interview went eg, if anyone was talking too fast or any terminology that was difficult to translate |
| √ Discuss how the interview can be improved next time |
| √ Offer feedback on what worked and what didn’t |
| √ Ask if interpreter would like support from a senior interpreter (a NAATI level 3 interpreter with experience but not necessarily in the same language), suggest the interpreter contact AUSIT Vic/Tas at victas@ausit.org for support |
| √ Discuss any serious concerns with the language services provider |
K. The role of the interpreter in clinical practice

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 (Minas, 1991). 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 (Minas, 1991). 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

Inadequate communication may hamper mental health staff in:

- monitoring symptoms of illness and medication effectively
- understanding the point of view and experience of the client
- understanding the cultural context of behaviour

Moreover, the experience, which may be intimidating and isolating under normal circumstances for a client, becomes more difficult and stressful.
Important decisions regarding a client’s condition and treatment may be made on the basis of scores on psychometric instruments that measure domains such as cognitive functioning, psychopathology, personality and social and daily functioning. These guidelines are relevant to instruments frequently used in mental health settings such as the Mini-Mental State Examination (MMSE), WAIS, Basis-32, HoNOS, and other measures.

The majority of psychometric instruments have been developed in English and their reliability, validity and norms are based on English-speaking groups who have been raised and educated in Australia or other English-speaking countries. The domains measured by an instrument are therefore influenced by the culture and language in which the instrument was developed. Consequently most instruments implicitly measure aspects of the individual’s experience and education in the host culture. It is axiomatic that a test respondent with little or no experience in that culture and language will be disadvantaged in undertaking such instruments and that test scores may be distorted and invalid.

The following guidelines provide basic advice on the risks and principles involved in administering an assessment instrument with or without and interpreter to clients with low English proficiency and/or with limited experience of Australian culture. Culturally appropriate psychometric assessment is a complex field and further information, consultation and training on transcultural clinical assessment can be provided by the VTPU.

**Key principles**

- **Assess whether the client is sufficiently proficient in English to communicate effectively about mental health issues and to demonstrate cognitive functioning.**
  - Communication about mental health issues is one of the most challenging tasks in a second language, therefore it is important to accurately assess English proficiency.
  - Even if English proficiency is satisfactory, culture may influence client responses.

- **Determine what level of education the client has received and in what country the education was received.**
  - Knowledge and skills assessed by instruments such as the MMSE and WAIS are heavily reliant on education and experience in the host culture.
  - Migrants and refugees from some communities may have had little or no formal education, but may demonstrate sound survival skills and daily functioning. Consider assessment of functioning, rather than formal cognitive assessment.

- **Mental illness manifestations and social functioning are all influenced by culture; consider to what extent culture and language contribute to and distort score outcomes.**
  - When in doubt, seek cultural consultation or refer to an experienced bilingual mental health professional.

- **If the client has low English proficiency and the instrument is administered in English, the results may be invalid and scores may not accurately reflect client functioning.**

- **If the client has low English proficiency it is preferable to use pre-translated instruments that have been validated and normed for the target group.**
  - If a translated version of a test is available, endeavour to establish whether it has been validated and norms established for the local target group.

**Administration with an interpreter**

- If the client has low English proficiency and an English instrument is to be administered with the aid of an interpreter, there is no way of knowing what the interpreter is saying and standardised administration is not assured. To reduce the risk of invalidation of results:

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5 'Cultural and linguistic guidelines for administration of psychometric assessment instruments’ developed by Y. Stolk & S. Klimidis, (2005) Victorian Transcultural Psychiatry Unit.
Do not ask an interpreter to translate the instrument sight unseen; allow time for familiarisation clarification of terms, and at least some practice in standardised administration of the instrument.

Remind the interpreter of standardised procedures during the session.

Conduct a post-interview review with the interpreter to check whether there were any doubts or problems with meaning/translation.

Record clearly in the client’s file that the score may not be valid because the instrument was translated informally by an interpreter and the results should be viewed with caution.

Note any pertinent observations regarding the testing process, and record the client's level of education and relevant cultural background.

Consider the results against developmental, social, educational and health history in interpreting scores.

Where scores are particularly high or low, obtain corroborative evidence from other sources, such as daily functioning, and/or refer to an experienced bilingual mental health professional.

Normative cut-off scores based on norms from other cultural groups should not be used as the basis for major decisions about the patient. This is particularly important where a CALD client obtains borderline scores.

**Issues in informal and formal translation**

The following points outline the challenges involved in formal translation of a psychometric instrument. These challenges and risks of distortion also occur if an interpreter is asked to translate an instrument informally.

If an existing measure is to be formally translated, the translated instrument should be conceptually and psychometrically equivalent and measure the same domain as the original instrument.

- Other languages may categorise cognitive and emotional experiences differently, therefore there may be no exact translation of English mental health terms such as depression, anxiety, schizophrenia, etc.
- Proverbs and abstract concepts may lose their meaning in other languages.
- Translation can introduce subtle changes in connotation so that different domains may be assessed and/or difficulty level may be changed.
- Translation may introduce a response bias due to the phrasing of items or response options.
- Some cultures do not make the fine distinctions required by e.g., 5-point Likert scales.
- Translation of an assessment instrument is a complex project requiring involvement of bilingual mental health professionals to achieve equivalence in meaning and “difficulty” level.

**Note:** The Rowland Universal Dementia Assessment Scale (RUDAS) has been developed to overcome the cultural and linguistic bias of the MMSE, and may be administered with an interpreter. For information on sources of mental health instruments in non-English languages visit the VTPU website: [http://www.vtpu.org.au/resources/](http://www.vtpu.org.au/resources/)

**Further readings**


M. After the Interview

A few moments of your time committed to a review of the session with the interpreter are an integral aspect of the interpreted communication.

This discussion between the interpreter and clinician provides an opportunity for both the practitioner and the interpreter to discuss how communication went during the interview. This can include constructive criticism and suggestions for future work together. Post-interview discussion time also allows the interpreter to ask any questions about the processes followed so that they have a clearer understanding for any future interpreting.

✓ ensure the interpreter leaves first and goes into another room where a brief review or debrief can take place away from the client.

Review briefly with the interpreter.
✓ ask the interpreter whether there are any comments they would like to make about the interview.
✓ review any issues you asked them to pay particular attention to in the interview.
✓ ask them whether they observed any culturally incongruous behaviour or responses in their opinion.

A discussion regarding the emotional content of the session may also be necessary.
✓ Allow the interpreter time to discuss any aspect of the interview they may have found confusing or distressing

✓ An interpreter may need a post-interview debriefing when they have interpreted in an interview where distressing or traumatic material is discussed, or where there has been violence, self-harm or difficulties in calming someone or a family in crisis.
✓ The need for such a discussion is not common, however, it is likely to be high when an interpreter interprets for a refugee or an asylum seeker client who recounts the terrible experiences that led to becoming a refugee especially if that interpreter has had very similar experiences.
✓ In instances where an interpreter requires more intensive debriefing, the matter should be referred to their service.

• Remember, that a thorough briefing before a session can assist the interpreter to mentally prepare themselves for unpleasant information that might be discussed during the session.
There may be occasions where the clinician may feel that the interpreter has not conducted themselves professionally or has behaved inappropriately with the client or within the clinical interview. The following guidelines seek to assist the clinician/ disability support worker to respond to any unsatisfactory practices constructively.

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/ disability support worker 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

**What to do**

- Discuss any unsatisfactory behaviour with the interpreter after the interview and why you thought it was unacceptable. Assume, in the first instance, that the interpreter was not aware of the problem. For some language groups (especially newly arrived communities) trained interpreters are not available so the person interpreting may not be familiar with some protocols of interpreting.

- If the interpreter refuses to acknowledge the problem or if it is repeated, bring this to the attention of the person responsible in the interpreter service who can take the issue up. Ask that this interpreter not be sent again.
O. Working with Interpreters for refugee and survivors of torture clients

In addition to the general guidelines for working with interpreters, the following information is useful for interpreting torture and trauma experiences. This section is from: “Rebuilding Shattered Lives” (VFST, 1998).

**Recognise the impact of interpreting torture and trauma experiences**

Interpreting when torture and trauma material is disclosed poses many challenges:
- The account of torture and trauma can be overwhelming and evokes powerful emotional responses.
- An interpreter confronts knowledge about practices that may occur in their country of origin and these experiences may trigger personal responses that are linked to the interpreter’s own experiences.
- Interpreters may inadvertently alter their interpreting because they are trying to cope with the material.

**Pre-briefing the interpreter**

- The pre-briefing should include information about the anticipated content of the interview. The interpreter will be better prepared to manage the traumatic nature of an interview if they are advised that they could find it upsetting.
- Interpreting in torture and trauma situations is often a new experience for interpreters. It can be helpful to establish ground rules and expectations of the interpreter. On a practical level, a prior agreement regarding how the interpreter should clarify anything that they do not understand, should be explained.

**Conducting an interview with an interpreter**

- Whenever possible avoid jargon, complex words or highly technical words. It is best to use simple language or explain technical language.
- The interpreter is required to translate everything but not necessarily word for word if this were to create a misleading impression or distort the meaning of what is said.
- It may be necessary to remind the interpreter of the agreement you made during the pre-briefing. For example, if an interpreter oversteps their role you can remind them if it is interfering with the interview.

**Informing the client**

- Working through an interpreter is often a very new experience for clients.
- Because of clients' lack of knowledge about the interpreter’s role and responsibilities they often have expectations that are contrary to the interpreter’s code of ethics.
- Simple statements about the interpreter’s role, that they interpret everything that is said, and are bound by a code of ethics should be routinely explained to clients.
- Check with the client if they are comfortable with the interpreter. Some smaller communities make the likelihood of familiarity or fear of confidentiality breech an important concern for interpreting sensitive content.

**Closing the session**

- Before finishing the session, follow-up contact should be clarified while the interpreter is present. Where possible the client should leave the session first.
- The practitioner should explain that they have administrative or booking matters to discuss with the interpreter.
- Debriefing of the interpreter after the session has concluded provides an opportunity for both the practitioner and the interpreter to discuss how communication went during the interview. Debriefing time also allows the interpreter to ask any questions about the processes followed so that they have a clearer understanding for any future interpreting.
- Debriefing regarding the emotional content of the session may also be necessary. You may need to initiate a debriefing as many interpreters are reluctant to initiate a debriefing but may require some time with the clinician to discuss the session.

**Further information**

Victorian Foundation for the Survivors of Torture Inc. have published “Rebuilding Shattered Lives” (1998) to assist in the improvement of services to survivors of torture and trauma. The focus of the guide is on adults and the family. This publication is available to download from: http://www.survivorsvic.org.au/publications.htm.
Auslan (Australian Sign Language) is the language of choice for many deaf people and is formally recognised in Australian federal policy statements as a “community language other than English”.

There have been significant contributions to the area of mental health interpreting from Deaf Interpreting services and training providers. The key national professional body representing the interests of Auslan interpreters is the Australian Sign Language Interpreters Association (ASLIA). ASLIA Vic is the Victorian branch of ASLIA national and represents the needs and interests of Auslan Interpreters working in the state of Victoria.

There are some specific issues to be aware of in relation to interpreting with the deaf and hard of hearing community in mental health.

- Consider aspects of Deaf culture in addition to ethnic community cultures and other cultural variables like gender, age, social class, educational experiences and communication preferences.
- Auslan interpreters will largely interpret simultaneously, with a small time lag. It is less common to interpret consecutively.
- Within the deaf and hard of hearing community there are some necessary distinctions. The ‘Deaf’ community refers to Auslan users who identify with the minority Deaf community, and use Auslan, regardless of the physiological hearing loss.
- Hearing-impaired people do not usually use interpreters, and do not identify with the Deaf community, but may still experience similar issues in regard to communication, comprehension and access particularly where technical jargon is used.

Vicdeaf provides a range of services which may be of benefit to mental health service providers. These include:
- Auslan interpreting- contact the Vicdeaf Auslan Interpreting Service (VAIS)
- Deafness Awareness Training on specific cultural and linguistic issues related to working with Deaf and hard of hearing clients.
- Case management services
- Rehabilitation and Information Services
- Auslan training program

The following guidelines have been developed by ASLIA for interpreting for the deaf in mental health settings:

Interpreters should follow the ASLIA Code of Ethics (CoE) at all times. However when interpreting in the field of mental health, interpreters may need to act differently. These guidelines should offer you more guidance for working in the field of mental health, in contexts where either the client or clinician is a Deaf Auslan user.

Professional conduct

(ASLIA CoE, no. 1) Auslan interpreters shall be unobtrusive, but firm and dignified at all times. All participants in the interpreted setting shall be considered clients of the Interpreter.

Pre-session meeting with the client – It is the responsibility of the interpreter in mental health setting to meet the client before the session. This is to clarify their role, to establish the language needs of the client and gauge their understanding of Auslan.

Pre-session meeting with clinician- The interpreter in a mental health setting is considered part of the clinical team. The pre-session meeting between clinician and interpreter is to establish:

- The aim of the session
- The role of the MH interpreter
- Optimum physical conditions such as seating and lighting
- Key issues that may be raised in the session
- Background and risk history of the client (It may be possible to read the client's file in some services)
- Relevant details that may be raised such as names, diagnosis, relevant medication and correct spelling, etc.

*Guidelines for ‘Interpreting for Deaf people in mental health settings’ were developed by Kris Chapman, Manager Client Services, Victorian Deaf Society & Meredith Bartlett, ASLIA
Therapy techniques that may be used. For example it has been known for some family therapists to ask the interpreter to stop interpreting, with the purpose of seeing the family dynamics and their response. It would be useful for the interpreter to be aware of this possibility before hand.

**Post-session meeting with the clinician** – The post-session meeting between clinician and interpreter can ensure:
- The MH interpreter has an opportunity to share any feedback they may have about language or communication such as idiosyncratic language use, speed, use of signing space, use of pauses, signing style or the occurrence of unusual movement components in their signing.
- Any communication issues can be clarified.
- Where distressing material has been discussed, the clinician and the MH interpreter should allow time for emotional debrief.
- Discussion of therapeutic concerns such as transference/counter transference, that may have occurred, can be discussed as it may be helpful to the clinician.

**Advocacy** - The MH interpreter is not an advocate.

**Safety** –
- The MH interpreter should not be responsible to supervise a client.
- The MH interpreter should consider their own safety with respect to being alone with a client. If the clinician leaves the room, the MH interpreter should leave with them.
- They should not assist in physically restraining a client.
- All staff MH interpreters must ensure they are trained in safety techniques. Freelance interpreters should consider this.

**Accuracy** -(ASLIA CoE, no.5) Interpreters shall render the message faithfully, always conveying the content of the message and the spirit of the speaker, using language most readily understood by the person(s) whom they serve.

**Interpreting idiosyncratic language** –
- The interpreter must always tell the clinician if there is uncertainty of any degree with the interpreting process.
- Any odd or repetitive language must be interpreted as near to the source message as possible to the clinician. Trying to ‘repair’ this into ‘good-English’ may cover up symptoms of language disorder, dysfluency or psychosis.
- If the client is unclear or appears to be using idiosyncratic or non grammatical language it is appropriate to interpret in the “third – person” by using more description of the persons communication style, rather than attempting to find coherent meaning.

**Meeting language needs** - In some situations there will be varying language needs. It is important to discuss in the pre-session meeting who you are interpreting for and at what level. If appropriate the MH interpreter may choose to interpret consecutively. It may also be appropriate to engage a Deaf relay Interpreter.

**Deaf relay interpreters** – Some clients may have a language disorder, visual difficulties, communication problems, or use sign languages other than Auslan. For these clients it is useful to have a Deaf relay interpreter present. The relay interpreter will interpret between Auslan and other signed communication or written English. There are many ways of co-working with a relay interpreter and it is important to discuss the method with them before hand.

**Foreign language interpreters** – In some circumstances you will be co-working with a foreign language interpreter. It is important to meet with them before the session to arrange how you will work together, such as how the information will be “chunked”.

**Jargon** – The clinician should avoid use of jargon and abbreviations in their session.

**Confidentiality** - (ASLIA CoE, no. 2) Interpreters shall keep all assignment related information confidential.

**Further information**
The National Relay Service (NRS- Ph: 133677) can assist with telephoning Deaf clients if feedback is needed.
Q. Organisational framework

**Policy support**

A policy supporting and mandating interpreter use is a necessary starting point in beginning the process of implementing language services in an organisation.

The policy should include:

- a statement indicating the commitment of an organisation to respond to cultural diversity by providing professional language services in a timely manner
- that professional, accredited NAATI Level 3 interpreters will be used to facilitate communication in English and that this is for the mutual benefit of the client and the clinician
- that the provision of language services will be according to a Language Services Plan which outlines protocols for staff in using interpreters
- that staff are provided with guidelines and regular training on how to work with interpreters
- that the use of language services by staff is a justifiable expense
- that budgetary provisions for language services are made

**Organising a system for interpreter use**

A process for booking interpreters should be identified by each service. A designated staff member (e.g., a Language Services Co-ordinator) with responsibility for the organisational operation of the interpreter service is regarded as an example of best practice.

Preparatory work is necessary to establish a system for interpreters. It is necessary to undertake tasks such as:

- undertaking a process to determine which is the most effective system to be implemented
- organising the development of internal protocols for staff in working with interpreters
- developing and providing resources necessary to support staff in accessing interpreter services (see the section on ‘Resources’)
- working with administrative staff in the daily running of interpreter services
- organising regular reports from interpreter providers to assist with cost allocation and for quality assurance processes measuring interpreter use

Systems of organising interpreter services include:

- use of hospital interpreter service
- use of external interpreter services such as the Victorian Interpreting and Translation Service
- the Translation and Interpreter Service (TIS)
- use of a central booking system
- use of a block booking system for languages that are used often enough to justify this on a regular basis
- AUSIT website www.ausit.org

**Staff training**

Staff require training in how to work with interpreters. This training should include skills in working with telephone interpreters. Training is provided by interpreter services such as Victorian Interpreting and Translating Service on how to work with interpreters.

Cross-cultural training courses organised by the Victorian Transcultural Psychiatry Unit (VTPU) provide specialised training in working with interpreters in mental health settings and run a number of complementary courses in the area of transcultural mental health.

The scope of relevant teaching modules reflects the varying needs and perspectives of area mental health services across adult, elderly, child and adolescent sectors.

Staff Development or Training Units within the organisation should assume responsibility for including, on a regular basis, sessions on how to work with interpreters. Where no such structures exist, organisations need to determine how this will be implemented.
R. Responsibilities of staff

Staff have some legal responsibilities in relation to communication. For example it is the responsibility of staff to ensure that information about rights is conveyed to clients upon admission "in the language, mode of communication or terms which he or she is most likely to understand." (Mental Health Act, 18 (3)). More generally, the National Mental Health Standards require staff to facilitate the use of accredited interpreting services (e.g. standards 1.7, 7.1, 7.3, 11.3.9).

Staff should inform clients of their rights to utilise language services. This can be done verbally, with a poster or pamphlet on language services, or by telephone, using the Translation and Interpreter Service.

√ Advise clients that interpreters are available on request and are free of charge

Refusal of interpreter services

Clients and family members or carers have the right 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 may be in relation to the perceived role of the interpreter. 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
√ requesting that the treating psychiatrist make a decision as to whether an interpreter should/should not be used. NB Where an interpreter is required and not used, the reason for this should be documented in the medical record.

Legal obligations under the Mental Health Act may supersede other considerations, compelling services to call an interpreter against the client's wishes in some situations. Obviously, where there has been client resistance to an interpreter's presence, the information obtained through the interpreter may be incomplete.
S. Gaining further information and resources

Country specific information:

Transcultural mental health resources:
• Victorian Transcultural Psychiatry Unit (VTPU) Website: [http://www.vtpu.org.au](http://www.vtpu.org.au) Provides information on publications, newsletters, staff, research and statistics.
• "Directory of Mental Health Information in Community Languages" ADEC, 9480 1666.
• ‘Knowing your rights is important’ poster - North West Health.
• "What is Mental Illness?" pamphlet in 17 languages, ADEC.
• "Information on Mental Health Problems” audio-tapes in 12 languages, ADEC, 9383 5566.

Interpreting and translating resources:
• Language Card, Translating and Interpreting Service, Department of Immigration and Ethnic Affairs.

A number of available interpreting services are listed below:
• Translating and Interpreter Service (TIS) (Department of Immigration and Multicultural Affairs) - 131 450
• Victorian Interpreting and Translating Service (VITS)- 9280 1955 (VITS maintains extensive data on a service’s interpreter bookings and is able to provide this at short notice.)
• Vicdeaf Auslan Interpreting Service TTY: 9473 1143, Voice: 99473 1117 or Fax: 94731 1442
• You can also find practising interpreters across Australia at the AUSIT website [www.ausit.org](http://www.ausit.org)

Private interpreter services can be found in the Yellow Pages under ‘Interpreters’.

A comprehensive bibliography and reference list is available from the VTPU website: [http://www.vtpu.org.au](http://www.vtpu.org.au)
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