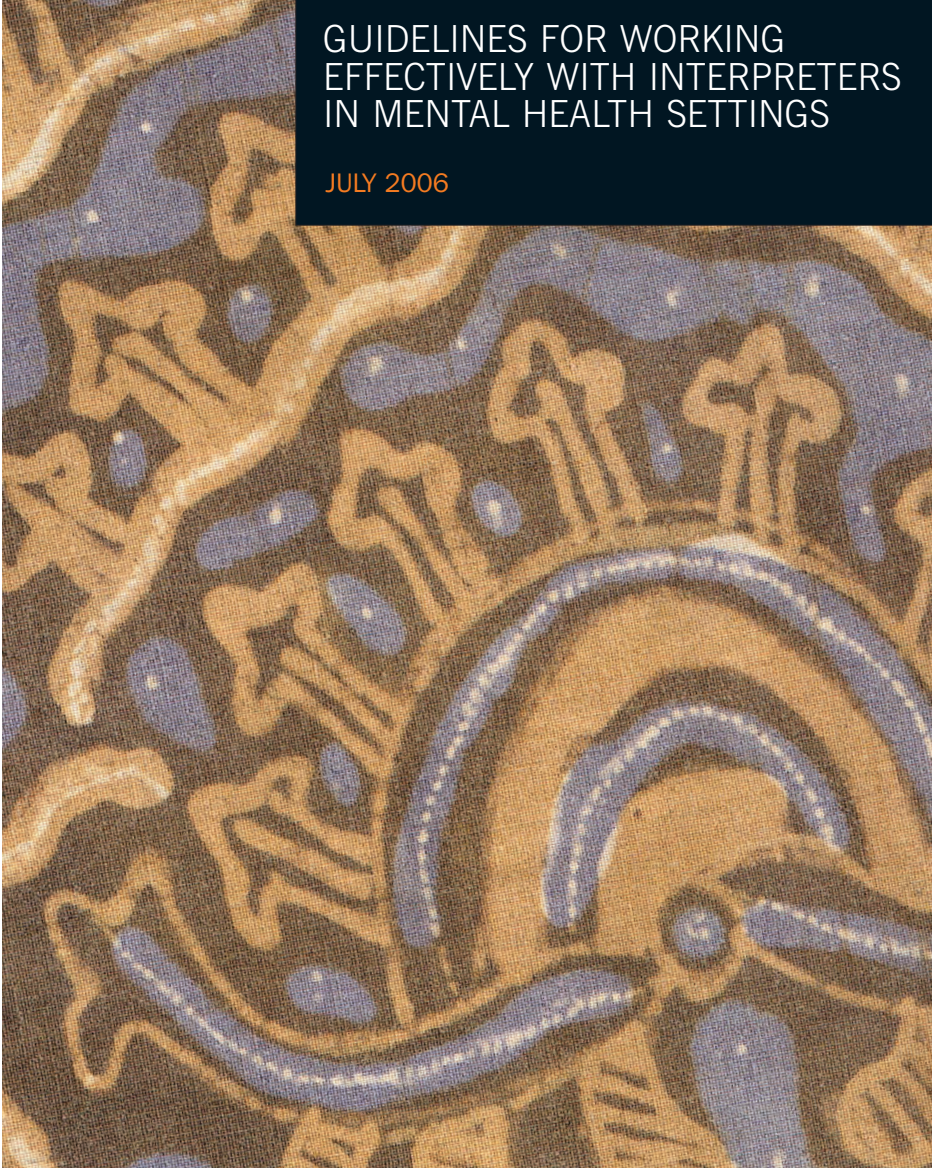


VTPU

Victorian Transcultural Psychiatry Unit

GUIDELINES FOR WORKING EFFECTIVELY WITH INTERPRETERS IN MENTAL HEALTH SETTINGS

JULY 2006



Tania Miletic, Marie Piu, Harry Minas, Malina Stankovska,
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Introduction

It is impossible to provide high quality mental health services without excellent communication between mental health staff and clients. Communication is always about negotiation of meaning. It is difficult enough when two people share a language and culture. Difficulties in communication between mental health staff and clients frequently occur, even when they speak the same language. One problem, of course, is that they do not always, in fact, speak the "same language". The same words used by clients and staff members frequently have different meanings to each. A client's understanding of the term "schizophrenia", and its many frequently unexpressed connotations, is not the same as the staff member's understanding of the same term. If their respective meanings are not clarified, there is room for major interpretive error and miscommunication. When staff and clients do not share a common language, and are unfamiliar with each other's cultural assumptions and commitments, the result is mutual incomprehension - a poor basis for mental health practice. Problems in communication are all too common for clients using our services and for staff working in our mental health agencies. The consequences of such poor communication for quality and safety in mental health settings are not known because they have not been systematically investigated.

A well-trained and well-briefed skilful interpreter can provide the bridge across the communicative chasm between mental health workers and clients when they do not share a common language. Even when clients appear to have a reasonable knowledge of English, it is well to remember that the client may have limited knowledge of vocabulary, grammar and syntax, and use of idiom.

In the mental health setting communicative demands are complex. Clients are required to comprehend and express difficult and often subtle meanings concerned with emotional experience and interpersonal relationships. In the presence of delirium, dementia, anxiety, depression or thought disorder, capacity to communicate in a second language is further impaired. When a client or carer's English proficiency is not adequate to the communicative task, it is the responsibility of mental health staff to employ a suitably qualified and experienced interpreter and to develop a collaborative relationship with the interpreter to ensure accurate and effective communication. We know that translations by untrained interpreters (health service staff, family members) contain frequent errors, and that such translation errors can lead to serious errors in clinical decision-making. For example, the lay term "blue", which is sometimes used as a lay term for depression, in Vietnamese means "hope" or a state of "calmness"¹. Clearly the mood of a Vietnamese client might be misunderstood if she agreed that she was feeling "blue". Examples of translation errors were found by Marcos (1979) in transcriptions of clinical interviews conducted with unqualified interpreters:

Clinician to Chinese-speaking client: *What kind of moods have you been in recently?*

Interpreter to client (in Chinese): *How have you been feeling?*

Client (in Chinese): *No, I don't have any more pain, my stomach is fine now, and I can*

¹Andary, Stolk & Klimidis, (2003)

eat much better since taking the medication.

Interpreter to clinician: *She says that she feels fine, no problems.*

Clinician to client: *Do you still feel sad, do you feel that life is not worthwhile sometimes?*

Interpreter to client (in Chinese): *The doctor wants to know if you feel sad and if you like your life?*

Client (in Chinese): *No, yes. I know my family need me, so I cannot give up. I try not to think about it.*

Interpreter to clinician: *She says that no, she says loves her family and that her family need her.*

This transcript² illustrates the distortions, omissions and changes in connotation that can occur in unqualified translation, which have important clinical implications. To avoid such errors mental health staff should work with appropriately qualified professional interpreters, preferably with mental health experience.

We now require that interpreters working in health settings be well trained and accredited. This is in recognition of the complexity of the interpreter's task. We have devoted less attention to the equally important task of ensuring that mental health staff have the necessary knowledge and skills to be able to work effectively with professional interpreters. The absence of such skills limits the quality and utility of the interpreted meeting. For mental health staff, conducting a meeting with the assistance of an interpreter introduces a number of challenges and difficulties. These guidelines are intended to assist mental health staff to understand the characteristics of interpreted meetings and to develop the knowledge and skills that are necessary for working in partnership with interpreters.

²Adapted from Marcos (1979, p.173)

A. Overview

These guidelines, designed for staff employed in mental health settings, aim to:

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

Throughout these guidelines the **client** refers to a consumer, family member or carer engaged with mental health and allied services³.

All staff involved in providing services to clients in mental health settings are referred to as '**mental health staff**'.

See also: *Appendix 2 VTPU Quick Guide to working with interpreters in mental health settings*

The interpreter's role in mental health settings

The interpreter is a crucial member of the professional team in mental health service delivery.

There are legislative and policy requirements to ensure that people from culturally and linguistically diverse (CALD) backgrounds 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." Standard 1.7 of the National Standards for Mental Health Services (Commonwealth Department of Health and Family Services, 1997) states that "The MHS (mental health service) upholds the right of the client and their carers to have access to accredited interpreters." (p.7)


"provision of effective language services may be essential to agencies meeting their duty of care obligations"(p.6)

Department of Human Services
2005 language services policy.

The Mental Health Branch of the Department of Human Services (www.health.vic.gov.au/mentalhealth/pmc) has a program management circular outlining the responsibilities of area mental health services in relation to language services. The program management circular specifies that:

- AMHSs have a responsibility to provide 24-hour availability of interpreting services in all available community languages.
- All AMHSs should establish procedures for using telephone interpreter services.
- The AMHSs should engage NAATI Level 3³ accredited interpreters who provide a responsive service.

³Refer to the Chief Psychiatrist's Guidelines on 'Working Together with Families and Carers – April 2005' available at: <http://www.health.vic.gov.au/mentalhealth/cpg/>

- 
- In some language groups where accreditation is not currently possible, available interpreters at Level 2 (para-professional level) may need to be engaged.
 - Mental health services staff should inform clients of their rights of access to 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.
 - Interpreting in mental health settings is an area of practice that requires knowledge and skill development by mental health staff and interpreters.

B. Why work with interpreters?

Communication in any clinical relationship is of paramount importance. Inadequate communication with people who have limited English proficiency limits their ability to access services, and has a profound impact on the quality of treatment they receive when they do gain access⁴.

Inadequate communication will limit the capacity of a mental health staff member to:

- develop a therapeutic relationship
- understand the experience and point of view of the client
- understand the cultural context of behaviour
- conduct an assessment
- formulate a diagnosis
- decide, together with the client, an appropriate program of treatment
- monitor the illness
- evaluate the effectiveness, and any adverse effects, of treatment

Where communication between a mental health staff member and client is inadequate, diagnostic and treatment errors are to be expected. Such errors may include:

- under-estimation or over-estimation of severity of psychopathology
- failure to correctly identify the type of psychopathology present
- diagnosis of psychopathology that is not present

Inadequate communication will result in a limited or distorted understanding by the client of:

- the role of the mental health professional
- the role of the service
- the nature of the illness
- the purpose of treatment or medication
- side-effects of medication

It is the responsibility of mental health staff, and the agencies in which they work, to ensure that communication is adequate for high quality clinical assessment and treatment.

⁴Minas, I.H. (1991). Mental Health Services for Immigrant Communities. Paper presented to the annual meeting of the Federation of NESB Communities Councils of Australia: Victorian Transcultural Psychiatry Unit.

C. Interpreting in mental health settings – important aspects

Interpreting is a specialised skill involving accurate and effective translation of meaning from one language into another. Interpreting in mental health settings is a complex task.

Accuracy of interpreting

Professional interpreters are required to provide a translation that communicates the meaning of what has been said. 'Word-for-word' translation is not appropriate or meaningful.

Some mental health staff 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.

Interpreting consists of interpreting meaning as well as possible - some words or phrases have no direct translation in another language.

- ✓ If you are concerned that the interpreter has added his/her own comments ask the interpreter what s/he has said.

In some situations, such as when the client's speech is confused or incoherent, word-for-word translation may more accurately convey such confusion or incoherence. Interpreters will need to be forewarned that sometimes the information to be conveyed may make no sense as a result of thought disorder or dysphasia. For the mental health staff member to discern this, it is necessary for the interpreter to translate exactly what is said, rather than constructing meaning where no coherent meaning exists.

Be flexible:

- ✓ The interpreter may need to interpret simultaneously (interpreting as the person speaks) for some situations, rather than using consecutive interpreting (waiting for a pause to interpret). Simultaneous interpreting may be more appropriate for e.g., someone experiencing a manic episode who may talk without stopping.
- ✓ Brief the interpreter. It is advisable that mental health staff confer with the interpreter prior to the meeting in order to provide information about the purposes of the meeting and to establish the mode of interpreting (i.e. consecutive or simultaneous interpreting). If the interpreter diverges from what has been agreed, mental health staff will understand that the interpreter is responding to the situation at hand.

Technical language

Interpreting technical language can be difficult. In mental health services, the use of technical language, such as clinical terminology, is common. It relates to diagnoses (e.g. schizophrenia, bipolar disorder), symptoms (e.g. delusions, hallucinations) and treatment (e.g. counselling, case management, electro-convulsive therapy, psychosocial rehabilitation, disability support and so on). Names and acronyms for service programs (i.e. Mobile Support Team or MST) are often confusing to clients.

Remember that the interpreter is a professional partner in the interpreted session, but not specially trained or educated in mental health issues or terminology.

It is important that information is conveyed in non-technical language that can be understood by clients, and that mental health staff check that the intended meaning has been adequately understood.

- ✓ Use clear and simple language to explain mental health terms and processes
- ✓ Avoid acronyms and jargon
- ✓ Check for understanding.

Confidentiality

It is important to stress to the client (and the interpreter) that all information is confidential. Although interpreters are bound by a 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 of, for example, stigma, or interpreting by unqualified staff. Failure to maintain confidentiality by any member of staff (clinical, disability support, interpreting or administrative) is a serious breach of ethical responsibility.

- ✓ When briefing the interpreter, reiterate the expectation of confidentiality
- ✓ When introducing the interpreter to the client explain that everything discussed in the meeting is considered confidential (subject to the requirements of law) and that the interpreter, as well as staff, are bound to observe the requirement to maintain confidentiality.

Stigma

Mental illness is highly stigmatised in all communities. Where there is a high degree of stigma, clients may not want to be identified in their community as having a mental illness, or carers may not wish it to be known that a family member suffers from a mental illness. Consequently, the client may be reluctant 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 them involved. This is more likely to be an issue in small, emerging communities.

- ✓ To the extent possible without an interpreter present, explain to the client the interpreter's role and that they are professionally bound to maintain client confidentiality.
- ✓ 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, e.g., if Somali, can they speak Arabic or Italian? Explore whether engaging an interpreter from one of these alternate languages would be acceptable.
- ✓ If the client remains reluctant to have an interpreter present, then the mental health

staff member will need to make a judgment about whether the meeting can proceed without an interpreter or whether the ability to discharge professional responsibilities (in relation to safety etc.) are so compromised without an interpreter that the presence of an interpreter must be insisted upon.

Interpreter attitudes

Interpreters may feel apprehensive working in mental health settings.

- ✓ Mental health staff need to be aware that interpreters may also be affected by stigma, misinformation or lack of training about mental illness.
- ✓ Where possible engage an interpreter with experience in mental health settings.

Continuity

Whenever possible, the same interpreter should be engaged for subsequent meetings with a client. The onus on the client to repeatedly have to establish rapport with new interpreters introduces unnecessary difficulties. Feedback from clients about their attitude to, or satisfaction with, a particular interpreter can be gained by telephoning the client using the Telephone Interpreter Service (TIS) in the case of spoken language interpreters or using the National Relay Service in the case of deaf clients.

Where a meeting has progressed well and trust has developed between the client and the interpreter, working with the same interpreter is good practice.

- ✓ By having continuity with an interpreter you are likely to make more progress with your client.

Unprofessional behaviour

There may be occasions when mental health staff feel that the interpreter has not conducted him/herself professionally or has behaved inappropriately with the client or within the meeting. Some examples of unprofessional interpreting practice or behaviour include:

- Not interpreting everything that is said (unless someone is speaking so quickly that this is impossible).
- Carrying on a side conversation during the meeting and excluding the other party.
- Speaking on behalf of the client.
- Answering the phone during a meeting.
- Demeaning behaviour or attitude towards the client.

Where mental health staff suspect that information is being incorrectly interpreted, inform your client that you need to talk to the interpreter and seek clarification.

- ✓ Discuss any unsatisfactory behaviour with the interpreter after the meeting and why you thought it was unacceptable. For some language groups (especially newly arrived communities) professional (Level 3) interpreters are not available so the person



interpreting may not be familiar with some protocols of interpreting⁵.

- ✓ If the issue is unresolved or if it is repeated, you should communicate your concerns to the interpreter agency through which the interpreter was engaged or, in the case of interpreters employed by your health service, the interpreter's manager.

⁵See Guideline: D. Understanding the interpreting profession

D. Understanding the interpreting profession

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)⁶.

Levels:

NAATI Level 2: Para-professional Interpreter. Qualified to interpret in simple, straightforward situations.

NAATI Level 3: Professional Interpreter. Preferred level for legal, health and other specialized work (such as, interpreting in mental health settings).

NAATI Level 4: Conference Interpreter. Advanced professional level. Qualified to interpret in complex, specialised situations including international conferences.

For mental health settings Professional (Level 3) Interpreters are required. For some emerging community languages where NAATI does not as yet offer testing, professional interpreters may not be available.

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 professional Level 3. In this situation, para-professional Level 2 interpreters will require more thorough briefing and explanation.

- ✓ 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 at the time of booking.
- ✓ If a NAATI Level 3 professional level interpreter is not available, be aware of limitations in forming a relationship with the client and the information you may be able to give or receive.
- ✓ See Guideline: *1. Working with para-professional interpreters.*
- ✓ It is inappropriate to have a family member or relative doing the interpreting.

Interpreters are professional colleagues

Interpreters are professionals whose task is to enable communication of meaning between mental health staff and clients.

- ✓ Mental health staff “work with” (they do not “use”) interpreters.

⁶ 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.

- ✓ By planning the meeting, and by holding pre- and post- meeting discussions, mental health staff 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 interpreters, about whether interpreters should be seen as a source of information about the culture of CALD clients. Information that may be clinically significant should be sought from bilingual staff in mental health services and from the professional literature.

- ✓ If you require the interpreter’s thoughts about cultural nuances, specify this in your briefing and allow time to discuss observations. Keep in mind that the interpreter is giving you their subjective opinion which may or may not apply to the client you are working with.
- ✓ If interpreters are to be asked for ‘cultural consultancy’, this needs to be specified during briefing or review. (It is advisable that cultural consultancy be limited to general information such as appropriate modes of greeting and address.)
- ✓ Before asking for cultural information, check that the interpreter has the necessary knowledge concerning the culture of the client. Refer to Guideline: *F. Booking an interpreter - Preparation*.
- ✓ Do not assume that just because the client and interpreter share the same language they are also ethnically and culturally ‘matched’.
- ✓ Bilingual and bicultural mental health staff may be able to assist with secondary clinical consultation, but the limitations listed above should also be considered in relation to bilingual staff.
- ✓ Be aware that the interpreter might not wish to comment on cultural matters. Do not insist and do not consider the interpreter as uncooperative if this is the preference expressed.
- ✓ In addition to assessing mental state through language, mental health staff also make clinical judgments based on the client’s behaviour, non-verbal communication, 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 or to offer any other clinical opinions.

Interpreter vs Translator

An interpreter translates meaning between two or more parties who are engaged in conversation. A translator 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 the client’s language). 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 professional translator.

- ✓ A brochure on translation “Translation Getting It Right” is available on the AUSIT website.

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
- ✓ Translating and Interpreting Service (TIS) website www.immi.gov.au/tis (telephone interpreting services)

For a recent report on mental health interpreting and interpreter training needs see: Miletic, T., Minas, H., Stolk, Y., Gabb, D., Klimidis, S., Piu, M., & Stankovska, M. (2006) *Improving the quality of mental health interpreting in Victoria*. Report by the Victorian Transcultural Psychiatry Unit, Melbourne. [www.vtpu.org.au]

E. When should an interpreter be called?

An interpreter should be called at assessment, treatment, support meetings, when treatment and discharge plans are being made and at discharge.

An interpreter is required when:

- ✓ the client requests an interpreter
- ✓ the client prefers to speak, and is more fluent in, a language other than English
- ✓ the client is assessed as needing an interpreter by the mental health staff member because of difficulty in communicating in spoken English

Assessing the need for an interpreter

As well as taking into consideration the preferences of service users, mental health staff need to be able to assess the need for an interpreter. In order to determine whether an interpreter is required, an assessment of a person's capacity to communicate effectively in English is necessary. This is not just for the client but their carer or family member. English proficiency can be divided into comprehension and expression in oral and written form. A simple proficiency scale is presented below:

English proficiency scale

- ✓ 1 Unable to have an every day conversation (e.g. understands simple greetings and little more).
- ✓ 2 Able to have an every day conversation but not proficient enough to discuss clinical issues or emotional content.
- X 3 Able to communicate well. Can readily discuss clinical information.

If the client falls into categories 1 to 2, an interpreter should be called. If the client is rated at level 3, an interpreter is not needed. Please note that a client may move from category 3 to category 2 or 1 during phases of acute illness.

The ability to understand and to express clinical information requires a level of English proficiency comparable to that of a native speaker. Comprehension at the everyday or conversational level does not necessarily mean that the person will be able to understand the information communicated in mental health settings. It is easy to overestimate a person's English skills, so ask questions to check the proficiency level:

- ✓ check the person's communication and comprehension in English
- ✓ be aware that in stressful situations, such as when a person has a relapse of a disorder, it is common for the person's command of English to decrease
- ✓ check the person has understood what you have said
- ✓ be aware that some affective experiences may only be accessible in the client's first language as emotions and other experiences that are commonly part of mental illness are difficult to express in a second language
- ✓ English proficiency may vary across time and should be reviewed at different points in treatment and care

- ✓ Communication and English proficiency are also 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.

Situations when an interpreter should be called

Interpreters should be called in all instances where significant information needs to be elicited from or conveyed to the client. An interpreter should be present in the following situations:

- ✓ When a client requests an interpreter
- ✓ when mental health staff cannot understand the client
- ✓ at intake or admission to the service
- ✓ during assessment, including initial assessment and mental status examination
- ✓ during ongoing treatment
- ✓ for family assessment
- ✓ during specialist and multi-disciplinary assessments
- ✓ for explanation of assessment outcomes, diagnosis, treatment, medication and/or side effects
- ✓ to explain legal rights and changes of legal status
- ✓ when obtaining informed consent for procedures deemed necessary
- ✓ for risk assessment
- ✓ in a crisis situation
- ✓ when debriefing clients following critical incidents
- ✓ in ongoing reviews whether at the service agency or during a home visit
- ✓ for the development of an individual service plan or individual program plan and including allied health programs and interventions
- ✓ for discharge planning
- ✓ in monitoring clients who are in inpatient units or receiving intensive treatment
- ✓ during rehabilitation and disability support process sessions
- ✓ in related settings such as in child and adolescent mental health services (CAMHS) case conferences at schools and other agencies that involve the client and family

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 will be helpful until an on-site interpreter can be arranged.

In the context of a crisis check if the interpreter requires a discussion with the mental health staff following the meeting/incident. Refer to Guideline: *K. After the meeting.*

F. 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)
It may be helpful to refer to a telephone interpreter service if you have difficulties determining this
- ✓ consider client ethnicity, religion, education and literacy
- ✓ consider migration history of client and political situation in country of origin
- ✓ check that the choice of language is understood by the whole family in family meetings
- ✓ consider that family relationships may be determined by gender, status or age
- ✓ explore client preferences regarding the interpreter's gender, dialect, country, ethnicity
- ✓ allocate additional time for an interpreted meeting
- ✓ book the same interpreter wherever possible.

Booking an interpreter

- ✓ specify the language, ethnic group and gender required
- ✓ ascertain that the interpreter is available for the required duration
- ✓ interpreter bookings are usually for 1.5 hours
- ✓ request a Professional 'Level 3' interpreter or, if this is not possible, ask for a Level 2 'Para-professional' interpreter
- ✓ ask for an interpreter with experience or training in working in mental health settings
- ✓ Vicdeaf Auslan Interpreting Service and VITS both provide Auslan interpreters
- ✓ to access a telephone interpreter call Translating and Interpreting Service (TIS) National on 131 450⁷.


Block booking

Many health services and some mental health services, organise block bookings 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 of how long the meeting takes. Multiple appointments for one interpreter booking is obviously more cost-effective than a separate booking for each.
- ✓ Be aware that this practice will result in clients speaking the same language attending the service at similar times and that some people would prefer not to be identified by those from their own community due to stigma or embarrassment
- ✓ Conversely, some clients of CALD background may enjoy the chance of meeting others who speak the same language and with whom they can converse

Block booking may be difficult to arrange in some settings, eg., Child and Adolescent Mental Health Services (CAMHS).

⁷TIS National is a national telephone interpreting service operated by the Department of Immigration and Multicultural Affairs (DIMA).

- 
- ✓ Take into account the preference of clients in block booking interpreter appointments as far as possible
 - ✓ Make sure that the mental health staff member and interpreter have available time for appropriate pre- and post- meeting discussion.
 - ✓ If block booking with Auslan interpreters, regular breaks will be required for the interpreter for Occupational Health and Safety reasons⁸.

⁸ See Guidelines: M. Interpreting for Deaf people in mental health settings or visit ASLIA's website: www.aslia.com.au/viv/

G. Before the meeting

The interpreter will be in a better position to accurately interpret if they have a clear understanding of the purpose of the meeting, the practitioner's role, their method of working and terminology likely to be used. Taking the time to introduce yourself and to 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 issues in the mental health discipline.

Remember that a thorough briefing before a session can assist the interpreter to prepare themselves for unpleasant information that might be discussed during the meeting.

Before the meeting

Check that the interpreter

- ✓ and client do not know each other socially
- ✓ is a professional (NAATI Level 3) interpreter, preferably with mental health experience
- ✓ remember that in emerging languages or in rural areas, one or both of these may not be possible and more thorough briefing is required

Brief the interpreter about:

- ✓ the case and the terminology which you may expect to use or any other background information which may be relevant
- ✓ how you will conduct the meeting
- ✓ establish the mode of interpreting required (i.e. consecutive or simultaneous interpreting) see Guideline: *C. Interpreting in MH settings-important aspects*
- ✓ establish safety protocols with the interpreter, such as discussing any safety concerns you may have and indicate a plan in case the meeting needs to be stopped (e.g., a code word to stop the meeting in case the mental health worker or client are concerned).

Interpreters should not to be left alone with the client prior to, during or after the meeting. Doing so may compromise the role of the interpreter and have safety implications.

- ✓ the interpreter should be invited to the staff office upon arrival and should leave with you if you need to leave the room for any reason during the appointment
- ✓ remember to explain your reason for leaving the room to the client and why the interpreter must also leave the room.

H. During the meeting

The first meeting

The first meeting may take more time than you usually allow in order to:

- ✓ introduce yourself and the interpreter
- ✓ explain to the client who you are and your role
- ✓ explain the role of the interpreter
- ✓ 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 meeting and the process (such as pausing for interpretation)

Seating arrangements

- ✓ ensure that the seating is arranged to facilitate communication. When the meeting involves only a client, interpreter and a mental health staff member arrange seating in a triangle formation.



**horse-shoe
formation**



**triangle
formation**



**circle
formation**

- ✓ when interpreting with family, carers or more than two people it is advisable to arrange the seating in a horse-shoe or circle formation, with the interpreter seated next to the mental health staff member
- ✓ in a large or group meeting situation, arrange the seating in a circular formation, seat the interpreter next to the mental health staff member and close to the client so they are able to understand the proceedings with minimum disruption to others
- ✓ for Deaf or hard of hearing clients ensure that seating and lighting arrangements are appropriate for clear communication to take place (See Guideline: *M. Interpreting for Deaf people in mental health settings*). Generally, the Auslan interpreter will sit next to the main speaker and opposite the Deaf person
- ✓ for telephone interpreting, use a dual handset or hands-free phone, and sit facing your client. If using an ordinary phone, speak to the interpreter, then hand the phone back to the client, and explain that the phone will be passed back and forward⁹.

Verbal and non-verbal communication

- ✓ keep your sentences or questions brief
- ✓ pause at the end of each statement to allow the interpreter time to interpret
- ✓ explain the need to pause to the client
- ✓ be aware that the interpreter may sometimes have to clarify a statement or answer with the client, family member or carer

⁹ See: TIS National's 'Points on using telephone interpreting':
www.immi.gov.au/tis/doctor.htm

- ✓ maintain appropriate eye contact with the client, even when the interpreter is interpreting
- ✓ speak to the client directly. Use the first person 'I' and second person 'you' instead of 'ask him' or 'ask her'. If the client addresses the interpreter directly, the mental health staff member will need to intervene and request the client speak directly to the mental health staff member
- ✓ avoid jargon or colloquial language - it is particularly difficult to translate - and explain any difficult concepts or terms
- ✓ be aware of the body language of both interpreter and client
- ✓ avoid sarcasm, cynicism and jokes - they are very difficult to translate
- ✓ in group settings, keep control and direct proceedings to ensure everyone is able to participate
- ✓ if you need to leave the room, make a telephone call or do anything that is not clear to the other parties, explain this to your client and explain that the interpreter must also leave with you and why
- ✓ do not leave the interpreter on his/her own with the client
- ✓ minimise potential disturbances (e.g., switch off mobile phones)


Points to remember during the meeting

- ✓ maintain control of the meeting at all times
- ✓ follow safety protocols previously established with the interpreter
- ✓ avoid engaging in discussion with the interpreter during the meeting as this may isolate the client. If discussing a particular point is unavoidable, explain what you are doing and why to the client
- ✓ briefing the interpreter should occur prior to the meeting and a review of the meeting should take place after the meeting
- ✓ sometimes clients/family members tell interpreters something and then ask them not to pass this on to mental health staff member (you may need to explain the interpreter's role again in such cases).
- ✓ children or family members should not be asked to interpret
- ✓ telephone interpreting services should only be used when an on-site interpreter is not available and for obtaining basic information such as registration details or when this is the client's preference as a result of concerns about confidentiality (clients can be reassured that telephone interpreters could be based anywhere in Australia)

Interpersonal dynamics - managing the meeting

The presence of an interpreter in a mental health meeting alters the dynamics of the relationship between client and a mental health staff member. Commonly observed distortions include:

- Interpreter-client over-identification (the interpreter and the client form an alliance to the exclusion of the mental health staff member)
- Interpreter-mental health staff member over-identification (the interpreter and the mental health staff member form an alliance to the exclusion of the client)

- 
- Interpreter-dominance (the interpreter assumes control of the meeting)
 - Interpreter-rejection (rejection of the interpreter by the client)

To avoid such problems:

- ✓ before the meeting, clarify roles
- ✓ discuss any issues arising following the meeting

Working with interpreters according to these guidelines will reduce the likelihood of such distortions.

I. Working with para-professional interpreters¹⁰

These guidelines are additional to the general guidelines for working with interpreters.

For some languages, NAATI testing is not available at the professional level (Level 3) and mental health staff will have to work with para-professional interpreters (Level 2). Interpreters working in these languages are competent to interpret in non-specialist areas only. Below are additional guidelines on how to work effectively with para-professional interpreters in mental health settings.

Before the meeting


Brief the interpreter and cover the following areas:

- ✓ Clarify your role within your organisation
- ✓ Ask if the interpreter has any experience working in mental health settings and briefly discuss his/her past experiences
- ✓ Ensure that the interpreter understands that the content of the meeting is kept confidential. 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 the interpreter will be able to translate them
- ✓ Let the interpreter know if there are any sensitive issues that may come up in the meeting. The interpreter may share some of the same migration experiences as the client. Also use the post-meeting review to discuss any issues that may arise
- ✓ When use of technical language is unavoidable, explain these words or terms to the interpreter before the meeting
- ✓ Discuss the mode of interpreting that will be employed by the interpreter (it should be consecutive only)
- ✓ Ensure that spoken segments are short
- ✓ Tell the interpreter to signal you if he/she is not coping with the flow of communication
- ✓ Tell the interpreter to seek clarification at any time if there is anything that is unclear
- ✓ Work out when to give the interpreter a break if the meeting is going to be long
- ✓ Offer the interpreter support.

During the meeting

- ✓ Introduce all parties
- ✓ Explain the role of the interpreter and explain that everything in the meeting is kept confidential
- ✓ Remind the speaker/s to keep spoken segments short and to give the interpreter enough time to interpret
- ✓ Avoid ambiguous or complex sentence constructions
- ✓ Take extra care in explaining procedures, regulations and reasons for asking for certain type of information
- ✓ Observe client and interpreter's body language to pick up any non-verbal messages
- ✓ Avoid asking interpreter to read documents, pamphlets, etc. to clients
- ✓ Resolve any issues or problems with interpreting at the time they arise

¹⁰ Guidelines for working with para-professional interpreters were developed by Sarina Phan, Vice President, AUSIT and Eva Hussain (Chair), AUSIT Vic/Tas.

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- ✓ If the meeting is highly emotional, give the interpreter short breaks
 - ✓ Check with the client that they have understood everything.

After the meeting

- ✓ During the post-meeting discussion, ask the interpreter for feedback on how the meeting went and if any problems arose
- ✓ Offer feedback on what worked and what didn't
- ✓ If the interpreter requires additional debriefing, advise that they should inform their service management or that they seek support from a professional Level 3 interpreter
- ✓ Discuss any serious concerns with the language services provider.

J. Cultural and linguistic guidelines for administration of psychometric assessment instruments

These guidelines outline basic principles for administering assessment instruments with or without an interpreter to clients with low English proficiency and/or with limited experience of Australian culture. Bear in mind that assessment instruments, and their normative scores, have usually been developed in English-speaking populations. As some mental health terms have no direct translation into other languages, informal translation of an English instrument by an unbriefed interpreter can change the meaning and difficulty of items, possibly resulting in inaccurate scores. Formal translation to convey equivalence in meaning and difficulty is a complex process involving bilingual mental health staff, and further training and/or consultation is recommended. The following principles are intended to improve the validity of scores obtained from formally or informally translated instruments and are relevant to child and adolescent, adult and aged persons' mental health settings.

Key principles

Linguistic considerations

Assess whether the client is sufficiently proficient in English to communicate effectively about mental health issues and to demonstrate cognitive functioning.

- ✓ As communication about mental health issues is one of the most challenging tasks in a second language, it is important to accurately assess English proficiency.

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 available, administer a formally translated instrument that has been validated and normed for the target group. For instruments that are clinician-administered, an interpreter will be required to aid with administration.
- ✓ If the client is not literate, administer a formally translated instrument (if available) with the aid of an interpreter.

Informal translation by an interpreter of the English version may be required if a formally translated instrument is not available in the client's preferred language. However, there is no way of knowing what the interpreter is saying as there is no direct translation of some English mental health terms into non-English languages, and standardised administration is not assured. To reduce the risk of invalidation of results:

- ✓ Do not ask an interpreter to translate the instrument sight unseen. During the pre-interview briefing allow time for familiarisation and clarification of terms.
- ✓ Explain standardised assessment procedures to the interpreter and allow at least some practice in standardised administration of the instrument.
- ✓ In the post-meeting review with the interpreter discuss whether there were any doubts or problems with meaning/translation and note these.
- ✓ Record clearly in the client's file that the instrument was translated informally by an interpreter, therefore the scores may be invalid and should be interpreted 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, health and migration 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.
- ✓ Assess the compatibility of instrument norms to this client. Avoid making major clinical decisions about the client on the basis of cross-culturally administered instruments alone. This is particularly important where a CALD client obtains borderline scores.

Other cultural considerations

Even if English proficiency is satisfactory, culture may influence client responses.

- ✓ Determine in what country the client was educated and the level of education received.
 - ✓ Knowledge and skills assessed by instruments such as the Mini-Mental State Examination (MMSE) and Wechsler Adult Intelligence Scale (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, in addition to formal cognitive assessment.
- Mental illness manifestations and social functioning are all influenced by culture:

- ✓ Consider to what extent culture and language may distort scores. When in doubt, seek cultural consultation from or refer to an experienced bilingual mental health clinician.

For information on sources of mental health instruments in non-English languages visit the VTPU website: www.vtputi.org.au/resources/

Useful readings

Arnold, B.R., & Matus, Y.E. (2000). Test translation and cultural equivalence methodologies for use with diverse populations. In I. Cuellar & F. A. Paniagua (Eds.) *Handbook of multicultural mental health: Assessment and treatment of diverse populations* (pp. 121-136). San Diego: Academic Press.

Kinzie, J.D., Manson, S.M., Vinh, D.T., Tolan, N.T., Anh, B. & Pho T.N. (1982). Development and validation of a Vietnamese-language depression rating scale. *American Journal of Psychiatry*, 139, 1276-1281.

Nell, V. (2000) *Cross-cultural neuropsychological assessment: Theory and practice*. Lawrence Erlbaum.

K. After the meeting

The post-meeting discussion between the interpreter and mental health staff member provides an opportunity for the mental health staff member and the interpreter to discuss the quality of communication during the meeting. This can include clarification of processes, constructive feedback and suggestions for future work.

- ✓ ensure the interpreter leaves first and goes into another room where a brief post-meeting discussion can take place away from the client.

Review with the interpreter

- ✓ ask the interpreter whether there are any comments they would like to make about the meeting
- ✓ review any issues that you identified as requiring particular attention before the meeting
- ✓ review any safety issues
- ✓ reinforce good practice with positive feedback
- ✓ provide constructive feedback.

A discussion regarding the emotional content of the session may also be necessary.

- ✓ Allow the interpreter time to discuss any aspect of the meeting s/he may have found confusing or distressing.
- ✓ An interpreter may need to discuss any distressing or traumatic material covered in the session, or where there has been violence, self-harm or difficulties in calming someone, or where there was a family crisis.
- ✓ There may be a particular need for such a discussion if an interpreter has had similar experiences to a refugee or asylum seeker client who recounts traumatic experiences.
- ✓ Include the interpreter in any formal mental health service debriefing necessitated by incidents or distressing interview material.
- ✓ Where an interpreter requires more intensive individual debriefing, the interpreter should be encouraged to seek supervision and support with the interpreting agency.

L. 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. The following information is adapted 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 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.

Briefing the interpreter

- ✓ The pre-meeting briefing should include information about the anticipated content of the meeting. The interpreter will be better prepared to manage the traumatic nature of a meeting 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, agreement should be reached concerning how the interpreter should clarify anything that they do not understand.

During the meeting

- ✓ Follow the general guidelines: *H. During the meeting*
- ✓ Check that the client is comfortable with the interpreter. In smaller communities there is a greater likelihood of familiarity and fear of breach of confidentiality.
- ✓ Where this is the case, telephone interpreting may be the most appropriate alternative.

After the meeting

- ✓ Follow the general guidelines; *K. After the meeting*
- ✓ Discussion regarding the emotional content of the session may be necessary. It is likely that there will be a need for some time with the mental health staff member 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: www.survivorsvic.org.au/publications.htm.

M. Interpreting for Deaf people in mental health settings¹¹

There are some specific issues in relation to interpreting with the Deaf and hard of hearing community in mental health settings that are in addition to, or may differ from, the general guidelines.

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 Auslan interpreters is the Australian Sign Language Interpreters Association (ASLIA). ASLIA Vic is the Victorian branch of ASLIA National and represents Auslan Interpreters working in Victoria.

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”.

- ✓ Consider aspects of deaf culture in addition to ethnic community cultures and other cultural variables such as 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 have access to 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 terminology is used.

Vicdeaf provides a range of services to assist 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

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. The following guidelines have been adapted from those developed by ASLIA. These offer further guidance for working in the field of mental health, in contexts where either the client or staff is a Deaf Auslan user.

Before the Meeting

Professional conduct:

The ASLIA CoE, (no. 1) requires that: 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.

¹¹Guideline: ‘M. Interpreting for Deaf people in mental health settings’ was adapted from ASLIA’s Code of Ethics by Kris Chapman, Manager Client Services, Victorian Deaf Society and Meredith Bartlett, ASLIA.

Pre-meeting discussion with the client:

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

Pre-meeting discussion with staff:

The interpreter in a mental health setting is considered part of the clinical team.

The pre-meeting discussion between staff and interpreter is to establish:

- ✓ The aim of the meeting
- ✓ The role of the interpreter
- ✓ Optimum physical conditions such as seating and lighting
- ✓ Key issues that may be raised in the meeting
- ✓ Background and risk history of the client
- ✓ Relevant details that may be raised such as names, diagnosis, relevant medication and correct spelling, etc.
- ✓ 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 beforehand.

Meeting language needs

- ✓ In some situations there will be varying language needs. It is important to discuss in the pre-meeting discussion who you are interpreting for and at what level. If appropriate the 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 beforehand.

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”.

During the Meeting

- ✓ Refer to Guideline: *H. During the meeting.*

After the Meeting

Ensure that:

- ✓ The 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 staff and the interpreter should allow time to discuss this
- ✓ Therapeutic concerns, such as transference and countertransference issues, that may have occurred, can be discussed as it may be helpful to the staff.

Accuracy

Staff should be aware that interpreters are required to:

“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.” (ASLIA CoE, no.5)

Interpreting idiosyncratic language

- ✓ The interpreter must always tell the staff 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 staff. 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 person’s communication style, rather than attempting to find coherent meaning.

Safety

- ✓ The interpreter should not be responsible for supervising a client.
- ✓ The interpreter should consider their own safety with respect to being alone with a client. If the staff member leaves the room, the interpreter should leave with them.
- ✓ The interpreter should not assist in physically restraining a client.
- ✓ All staff interpreters must ensure they are trained in safety techniques. Freelance interpreters should consider this.

Further information

ASLIA’s full guidelines and further information are available from: www.aslia.com.au/vic/

The National Relay Service (NRS) on 133677, can assist with telephoning Deaf clients if feedback is needed.

N. Organisational framework

Policy support

A policy supporting and mandating interpreter availability is essential in 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 engaged where possible to facilitate communication in English and that this is for the mutual benefit of the client and staff
- that the provision of language services is best undertaken by referring to the *VTPU Quick Guide to working with interpreters in mental health settings*
- that staff are provided with regular training on how to work with interpreters
- that the use of language services by staff of all disciplines is a justifiable expense in the interest of client rights
- that there is budgetary provision for language services.

Organising a system for interpreter availability

A process for booking interpreters should be identified by each service. This may require a designated staff member (e.g. a Language Services Coordinator) with responsibility for the organisational operation of the interpreter service.

Preparatory work is necessary to establish a system for access to interpreters, 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 Guideline: *P. Obtaining further information and resources*)
- working with administrative staff in the daily running of interpreter services
- organising regular reports from interpreter providers on levels of utilisation to assist with cost allocation and for quality assurance processes as well as patterns of use for more effective planning.

Systems of organising interpreter services include:

- use of hospital interpreter service
- use of external interpreter services such as VITS Language Link and TIS National for telephone interpreting
- use of a central booking system
- use of a block booking systems for languages that are required often enough to justify this on a regular basis

Staff training

All mental health staff require training in how to work with interpreters. This training should include skills in working with telephone interpreters.



Cross cultural training courses organised by the Victorian Transcultural Psychiatry Unit (VTPU) provide specialised training in working with interpreters in mental health settings. Details on Education and Professional Development offered by the VTPU can be found at: <http://www.vtpu.org.au/programs/education/index.php>

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 undertaken.

O. Responsibilities of staff

Staff have legal responsibilities in relation to communication. For example it is the responsibility of staff to ensure that information about client rights is conveyed upon entry into a mental health service “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 right of access to language services. This can be done verbally, with a poster or pamphlet on language services, or by telephone, using the Translation and Interpreter Service (TIS).

- ✓ Advise clients that interpreters are available on request and are free of charge.

Refusal of interpreter services


Clients 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 client's belief that his or her English proficiency is sufficient to communicate adequately in English.

- ✓ To the extent possible in the absence of an interpreter, the mental health staff member should seek out the reason for a client's reluctance to have an interpreter.
- ✓ If possible the provision of information to the client about the Code of Ethics which interpreters and mental health staff 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, those who have been through the trauma of civil war or ethnic conflict may be very distressed by 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. Mental health staff should work towards achieving the best possible outcome with service users. Options include:

- ✓ exploring and dealing with concerns about confidentiality if they exist
- ✓ conducting meetings in English and having an interpreter present for complex issues that may be beyond the English ability of the service user
- ✓ conducting one or two initial meetings in English and then making a judgement about whether this is satisfactory
- ✓ if the client feels that they do not need an interpreter, explain that you need to have an interpreter present to ensure you have understood everything
- ✓ asking the client whether there is a particular interpreter (not a family member) whom they trust and would be prepared to have involved, or if there is a specific interpreter they do not want
- ✓ checking whether the client would prefer a bilingual staff member if available or a telephone interpreting service

Where an interpreter is required but is either refused or is not available, the reason for this should be documented in the client's 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. Where there has been client resistance to an interpreter's presence, the information obtained through the interpreter may be incomplete.

P. Obtaining further information and resources

Country specific information:

- SBS World Guide: <http://www.theworldnews.com.au/Worldguide/index.php3>

Transcultural mental health resources:

- Victorian Transcultural Psychiatry Unit (VTPU) website: <http://www.vtpu.org.au>
Provides information on education and professional development publications, staff, research and statistics.
- "Directory of Bilingual Mental Health Professionals" Victorian Transcultural Psychiatry Unit, 2005 can be accessed at:
<http://www.vtpu.org.au/resources/bilingualdirectory/index.php>
- Directory of "Translated Mental Health Information" can be accessed at:
<http://www.vtpu.org.au/resources/translatdmh/index.php>
- "What is Mental Illness?" pamphlet in 17 languages, Action on Disabilities within Ethnic Communities (ADEC).
- "Information on Mental Health Problems" audio-tapes in 12 languages, ADEC, (03) 9480 1666.
- "Guidelines for Mental Health Services – Working with People who are Deaf or hard of hearing" <http://www.health.vic.gov.au/mentalhealth/publications/deaf/index.htm>
- The Chief Psychiatrists' Office, The Department of Human Services, issues clinical practice guidelines to provide specialist advice on various aspects of clinical service and to inform mental health practitioners and services about the operation and clinical issues in relation to the Mental Health Act. The Chief Psychiatrist.s Guidelines are available at: <http://www.health.vic.gov.au/mentalhealth/cpg/>
- The Department of Human Services (DHS) has Program Management Circulars that outline broad practice guidelines with statewide relevance for mental health service providers. The DHS circular on 'Language' titled: 'Use of Language Services in Area Mental Health Services - April 2005' is available at:
<http://www.health.vic.gov.au/mentalhealth/pmc/language.htm>


Interpreting and translating resources:

- The Translating and Interpreting Service (TIS) publications, such as Language Card, accessible through the Department of Immigration and Multicultural Affairs website at: http://www.immi.gov.au/tis/pubs_info.htm,
- 'Do you need an interpreter?' VITS Language Link poster in 42 languages, phone (03) 9280 1955.

A number of Government-funded interpreting services are listed below:

- Translating and Interpreter Service (TIS), Department of Immigration and Multicultural Affairs, phone 131 450

Special nation-wide telephone conference call facilities allow a three-way conversation between the English-speaking and non-English-speaking (NES) parties and the TIS National interpreter.

- 
- Victorian Interpreting and Translating Service (VITS Language Link)
phone (03) 9280 1955

VITS maintains data on a mental health 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

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

A comprehensive bibliography list is available in Guideline: *Q. Mental Health Interpreting Bibliography*

Q. Mental health interpreting bibliography

Andary, L., Stolk, Y., & Klimidis, S. (2003). *Assessing mental health across cultures*. Brisbane: Australian Academic Press.

Australian Bureau of Statistics (2005). *Australia Now: Year Book Australia Population Languages*. 1301.0 –2005.
<http://www.abs.gov.au/ausstats>

Bhui, K., Christie, Y., & Bhugra, D. (1995). The essential elements of culturally sensitive psychiatric services. *International Journal of Social Psychiatry*, 41 (4), 242-256.

Bontempo, R. (1993). Translation fidelity of psychological scales: An item response theory analysis of an individualism-collectivism scale. *Journal of Cross-Cultural Psychology*, 24, 149-166.

Commonwealth Department of Health and Family Services (1997). *National standards for mental health services*. Canberra: Australian Government Publishing Service.

Craw, M. & Gilchrist, J. (1998). *Use of Home and Community Care by Ethnic Elderly*. Melbourne: Bundoora Centre for Applied Gerontology.

De Jongh, K. (1991). *Perceptions of the Community Health Interpreter's Role by Doctors and Non-English Speaking Patients*. Unpublished thesis, University of Melbourne.

Dean, R.K., Pollard, R.Q. & English, M. A. (2004). *Observation-supervision in mental health interpreter training*. In E. M. Maroney (Ed.) *CIT: Still shining after 25 years* (pp. 55-75). Proceedings of the 15th National Convention of the Conference of Interpreter Trainers (CIT). Monmouth, OR.: CIT.

Del Castillo, J.C. (1970) The influence of language upon symptomatology in foreign-born patients. *American Journal of Psychiatry*, 127:242-244.

Demetriou, S. (1991) Interpreters in psychiatry. In I.H. Minas (Ed.) *Cultural Diversity and Mental Health*. Melbourne: Royal Australian & New Zealand College of Psychiatry and Victorian Transcultural Psychiatry Unit.

Department of Human Services (1996). *Improving Services for People from a Non-English Speaking Background*. Melbourne: Mental Health Branch, Department of Human Services.

Department of Human Services (1996). *Victoria's Mental Health Service: Guide to Mental Health Act*. Melbourne: Department of Human Services.

Department of Human Services (2000). *Guidelines for Mental Health Services Working with People who are Deaf or Hard of Hearing*. Melbourne: Department of Human Services.

Ebden, P., Bhatt, A., Carey, O.J., Harrison, B. (1988). The bilingual consultation. *The Lancet*, February 13.

Falconer, B. & Ziguras, S. (1994). Results of the Royal Park Corporation Ethnic Health Audit. In S. Robertson, M. Teeson, K. Kellehear, V. Miller and J. Farhall (Eds.) *Surviving Mental Illness: Families, Clients and the Mental Health System*. Proceedings of the 4th Annual Mental Health Services Conference. Sydney: Mental Health Services Conference Inc. of Australia and New Zealand.

Government of Victoria (1986). *Mental Health Act*. Melbourne: Printing and Publication Services Victoria.

Greenfield, P. M. (1997). You can't take it with you: Why ability assessments don't cross cultures. *American Psychologist*, 52(10), 1115-1124.

Hamerdinger, S. (2005) Director of the Office of Deaf Services, Alabama Dept. of Mental Health and Mental Retardation.

www.ncpublicschools.org/ec/exceptionality/deaf/interpreters/training

Inner West Area Mental Health Service (1996). *Interpreting and Translation Provision*. Moonee Ponds, Victoria: North West Health.

Karliner, L. S., Perez-Stable, E. J., & Gildengorin, G. (2004). The importance of training in the use of interpreters for outpatient practice. *Journal of General Internal Medicine*, 19, 175-183.

Klimidis, S., Lewis, J., Miletic, T., McKenzie, S., Stolk, Y. & Minas, H. (1999). *Mental Health Service Use by Ethnic Communities in Victoria*. Part 1: Descriptive Report. Melbourne: Victorian Transcultural Psychiatry Unit.

Larson, M.L. (1984) *Meaning based translation: A guide to cross-language equivalence*. New York: University Press of America.

Lipton, G., Arends, M., Bastian, K., Wright, B., & O'Hara, P. (2002). The psychosocial consequences experienced by interpreters in relation to working with torture and trauma clients: A West Australian pilot study. *Synergy, Winter*, 3-17.

Luntz, J. (1998). *Cultural Competence in CAMHS*. Heidelberg, Victoria: Austin and Repatriation Medical Centre.

Lydall-Smith, S. & Gilchrist, J. (1996). *Culturally Appropriate Dementia Assessment*. Melbourne: Bundoora Centre for Applied Gerontology.

Marcos, L.R., Alpert, M. (1976). Strategies and risks in psychotherapy with bilingual patients: The phenomenon of language independence. *American Journal of Psychotherapy*, 133: 1275-1278.

Marcos, L.R., Alpert, M., Urcuyo, L., Kesselman, M. (1973) The effect of interview language on the evaluation of psychopathology in Spanish-American schizophrenic patients. *American Journal of Psychiatry*, 130:549-553.

Marcos, L.R. (1979). Effects of interpreters on the evaluation of psychopathology in non-English speaking patients. *American Journal of Psychiatry*, 136:171-174.

Marcos, L.R., Urcuyo, L., Kesselman, M., Alpert, M. (1973) The language barrier in evaluating Spanish-American patients. *Archives of General Psychiatry*, 29:655-659.

McDonald, B. & Steel, Z. (1997) *Immigrants and Mental Health: An Epidemiological Analysis*. Sydney: Transcultural Mental Health Centre.

Minas, I.H. (1991). *Mental Health Services for Immigrant Communities*. Paper presented to the annual meeting of the Federation of NESB Communities Councils of Australia: Victorian Transcultural Psychiatry Unit.

Minas, I.H. (1994) *Cultural Diversity and Mental Health*. Melbourne: Victorian Transcultural Psychiatry Unit.

Minas, I.H., Lambert, T.J.R., Kostov, S., & Boranga, G. (1997). *Mental Health Services for NESB Immigrants: Transforming Policy into Practice*. Canberra: Bureau of Immigration, Multicultural and Population Research.

Minas, I.H., Silove, D. & Kunst, J-P. (1993). *Mental Health for a Multicultural Australia: A National Strategy*. Melbourne: Victorian Transcultural Psychiatry Unit.

Minas, I.H., Stankovska, M., Klimidis, S., & Ziguras, S. (1999). *Working with interpreters: guidelines for mental health professionals*. Melbourne: Victorian Transcultural Psychiatry Unit.

Minas, I.H., Stuart, G.W., & Klimidis, S. (1994). Language, culture and psychiatric services: A survey of Victorian clinical staff. *Australian and New Zealand Journal of Psychiatry*, 28, 250-258.

Minas, I.H. (1998). Cultural diversity: Ethics and practice. *Chiron*, 4:8-10.

Minas, I.H., Lambert, T., Boranga, G. & Kostov, S. (1996). *Mental health services for immigrants: Transforming policy into practice*. Canberra: Australian Government Publishing Service.

Occupational Health and Safety Act (1985). Version No 041, Act No. 10190/1985. Source: <http://www.ohsrep.org.au/legislation/OHSAct.html>

Oquendo, M.A. (1996) Psychiatric evaluation and psychotherapy in the patient's second language. *Psychiatric Services*, 47: 614-618.

O'Sullivan, Kerry (1998). *Understanding Ways: Communicating between cultures*. Sydney, NSW: Hale & Iremonger Pty Ltd.

Peck, E.C., (1974). The relationship of disease and other stress to second language. *International Journal of Social Psychiatry*, 20:128-133.

Phan, T. & Silove, S. (1997). The influence of culture on psychiatric assessment: The Vietnamese refugee. *Psychiatric Services*, 48, 86-90.

Pollard, R.Q. (1998). *Mental Health Interpreting: A Mentored Curriculum*. Rochester, NY: University of Rochester.

Queensland Bureau of Ethnic Affairs (1997). *Model Language Services Strategy and Guidelines*. Brisbane: Bureau of Ethnic Affairs, Department of Premier and Cabinet.

Queensland Transcultural Mental Health Centre (2005). *Transcultural application of mental health outcome measures*. West End, Queensland: Queensland Transcultural Mental Health Centre.

Roberts-Smith, L., Frey, R. & Bessell-Brown, S. (1990). *Working with Interpreters*. Canberra: National Accreditation Authority for Translators and Interpreters.

Royal Park Corporation (1994). *Royal Park Ethnic Health Audit: Interim Report*. Royal Park Corporation: Melbourne.

Schweda Nicholson, N. (1994). Training for Refugee Mental Health Interpreters. *Teaching Translation and Interpreting 2. Insights, aims, visions*. Papers from the Second Language International Conference, Elsinore, Denmark 4-6 June 1993. C. Dollerup & A. Linggaard (Eds.) Amsterdam/Philadelphia: John Benjamins Publishing Company.

Service Skills Australia (May, 2005). *Career Paths and Training for Interpreters and Translators: A report on the profile of the industry and the training required for interpreters and translators in Australia – for industry, training providers and agencies*. Draft for Comment.


St Vincent's Hospital and Community Psychiatric Service (1997). *Use of Language Services*. Melbourne: St. Vincent's Hospital.

Stolk, Y., Zигuras, S., Saunders, T., Garlick, R., Stuart, G. & Coffey, G. (1998). *Lowering the language barrier in an acute psychiatric setting*. *Australian and New Zealand Journal of Psychiatry*, 32, 434-440.

Stolk, Y. (1996). *Access to Psychiatric Services by People of non-English Speaking Background in the Western Region of Melbourne*. Vols. 1 & 2. Melbourne: Victorian Transcultural Psychiatry Unit.

Stolk, Y. & Gabb, D. (2004). *Professional Issues in Mental Health Interpreting*. Conference paper, Power to the Profession Conference, AUSIT, 2004.

Stuart, G.W., Minas, I.H., Klimidis, S. & O'Connell, S. (1996). English language ability and mental health service utilisation: a census. *Australian and New Zealand Journal of Psychiatry*, 30: 270-277.



Swartz, L. (1998). *Culture and Mental Health: A Southern African view*. Capetown: Oxford University Press.

The Allen Consulting Group (2002). *A Needs Analysis of Language Services Executive Summary: Report to the Department of Premier and Cabinet, Victorian Office of Multicultural Affairs*. Melbourne: The Allen Consulting Group.

Trauer, T. (1996). Ethnic differences in the utilisation of public psychiatric services in an area of suburban Melbourne. *Australian and New Zealand Journal of Psychiatry*, 29, (4) 615-623.

Turner, G. (2003). Working with Mental Health Interpreters. *Translinks*, 25. Brisbane: Queensland Transcultural Mental Health Centre.

Vasquez, C., Javier, R.A. (1991). The problem with interpreters: communicating with Spanish-speaking patients. *Hospital and Community Psychiatry*, 42:163-165.

Victorian Interpreting and Translating Service (1996). *How to work effectively with Interpreters*. Melbourne: Victorian Interpreting and Translating Service.

Victorian Interpreting and Translating Service (1998). *A World of Languages*. Melbourne: Victorian Interpreting and Translating Service.

Victorian Office of Multicultural Affairs (2002). *Valuing Cultural Diversity*. Government of Victoria, VOMA <http://www.voma.vic.gov.au>.

VITS Language Link (2004). *Survey of Interpreting Practitioners*. Melbourne: VITS Language Link.

Westermeyer, J. (1990). Working with an interpreter in psychiatric assessment and treatment. *Journal of Nervous and Mental Disease*, 178:745-749.

Westermeyer, J., & Janca, A. (1997). Language, culture and psychopathology: conceptual and methodological issues. *Transcultural Psychiatry*, 34:291-311.

Western Australian Multicultural Access Unit (1996). *Culture and Health Care*. Perth: WA Health Department.

Wierzbicka, A. (1992). Talking about emotions: Semantics, culture and cognition. *Cognition and Emotion*, 6:285-319.

Appendix 1: Working effectively with interpreters professional development reference group

Chair: Harry Minas, Victorian Transcultural Psychiatry Unit

Project Manager: Marie Piu, Victorian Transcultural Psychiatry Unit

Aged

- Veronica Elkins, Social Worker, Aged Psychiatry, Sunshine Hospital

Adult

- Margaret Goding, Health Service Demand and Mental Health Director, St Vincent's Hospital
- Robyn Humphries, Northern AMHS Area Manager
- Tom Wong, Senior Social Worker, Eastern AMHS Area Manager
- Wendy Cross, Director of Nursing, Southern Health
- Tony Blanco, Senior Psychiatric Nurse, Cultural Portfolio Holder, Inner West AMHS
- Karlyn Chettleburgh, General Manager, Inpatient Operations, Thomas Embling Hospital
- Guy Coffey, Direct Services Coordinator, Foundation House
- Jose Urias, Ethnic Mental Health Consultant, St Vincent's Hospital
- Khorshed Khisty, Ethnic Mental Health Consultant, Northern Area Mental Health Service
- Deirdre Pinto, Mental Health Branch, Department of Human Services

Child and Adolescent Mental Health Services (CAMHS)

- Jenny Luntz, Child and Adolescent Mental Health Consultant, CAMHS

Psychiatric Disability Rehabilitation and Support Services (PDRSS)

- Ben Ilsley, Transcultural Mental Health officer, Action on Disability in Ethnic Communities (ADEC)

Interpreter Organisations

- Sarina Phan, Vice President, AUSIT
- Kris Chapman, Manager Client Services, Victorian Deaf Society
- Sandy Leane, Australian Sign Language Interpreting Association (ASLIA)
- Maria Maggio De Leo, President, Australian Association of Hospital Interpreters and Translators

Appendix 2: VTPU Quick Guide to Working effectively with interpreters in mental health settings

Quick Guide to Working with Interpreters

in Mental Health Settings

The CLIENT is a consumer, family member or carer engaged with mental health and allied services

Bookings are for 1½ hours so use time to maximum effect!

Match client and interpreter as closely as possible

Have a code word to STOP meeting if needed!

Arrange chairs: interpreter next to worker opposite client

1. Horse shoe for group



2. Triangle for 3 people



3. Circle for large group



Write down names as you hear them

Give interpreter feedback on the meeting and ask for theirs

Remember to acknowledge good work

HOW TO BOOK AN APPROPRIATE INTERPRETER CHECK CLIENT'S

- ✓ language
- ✓ education and literacy
- ✓ language understood by whole family in family meetings
- ✓ family relationships in terms of status /gender/age
- ✓ ethnicity
- ✓ religion
- ✓ gender preferences
- ✓ migration history/political context
- ✓ and interpreter's background and match as closely as possible

CHECK THE INTERPRETER

- ✓ and client do not know each other socially
- ✓ is a professional [NAATI L3] interpreter with mental health experience
 - remember that in emerging languages one or both of these may not be possible and more thorough briefing is required

MAKE SURE

- ✓ you allow enough time: 5-15mins for briefing and review and 1 hr for meeting (1½ hours)
- ✓ the interpreter and client and/or family are not waiting for you together
- ✓ an appropriate meeting room is booked

BEFORE THE MEETING ALLOW 5-15 MINUTES TO BRIEF THE INTERPRETER ABOUT

- ✓ introductions and the purpose of the meeting
- ✓ who will be present
- ✓ requesting general cultural information – remember this is subjective
- ✓ that you expect everything that is said in the room to be interpreted
- ✓ the mode of interpreting required
- ✓ some words that are not directly translatable from English and may need a few words to convey equivalent meaning
- ✓ seeking clarification from you if they don't understand something
- ✓ possible safety issues
- ✓ a code word to stop the meeting if you or they are concerned
- ✓ meeting you in a nominated place for a review after the meeting

DURING THE MEETING

- ✓ arrange chairs according to group size
- ✓ keep control of meeting
- ✓ speak directly to the clients
- ✓ ask them how they would like to be addressed - Mr or Mrs or by first name
- ✓ pronounce names correctly – write them down as you hear them to assist you
- ✓ introduce everyone and explain roles
- ✓ explain: "everything said between us here today will be interpreted"
- ✓ reassure clients that interpreter *must not* discuss the case outside the room
- ✓ use short sentences
- ✓ allow the interpreter enough time to interpret
- ✓ check for understanding
- ✓ avoid jargon, sarcasm
- ✓ close the meeting

AFTER THE MEETING ALLOW 5 - 15 MINUTES FOR A REVIEW WITH THE INTERPRETER

- ✓ give feedback about how the meeting went
- ✓ don't overlook good experiences
- ✓ ask interpreter for comments or concerns
- ✓ check for any questions about meaning
- ✓ do not ask the interpreter to interpret symptoms; seek secondary consultation
- ✓ discuss any safety issues

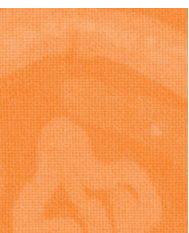
For further detail refer to VTPU Guidelines for Working Effectively with Interpreters in Mental Health Settings 2006

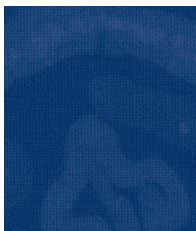
Available at: www.vtpu.org.au or email vtpu@svhm.org.au

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Notes





About the Victorian Transcultural Psychiatry Unit (VTPU)

The mission of the Victorian Transcultural Psychiatry Unit (VTPU) is to strengthen the capacity of Victoria's mental health system to provide effective, equitable and culturally appropriate services to Victoria's culturally and linguistically diverse population.

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