

INTERPRETER-MEDIATED MENTAL HEALTH ACT ASSESSMENTS – INITIAL THEORY OF CHANGE PLAN

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Purpose/Vision

- To establish a state-of-the-art of research on interpreter mediation in Mental Health Act Assessments (MHAAs)
- To support improvements in stakeholder knowledge about the importance of quality interpreting services in MHAAs
- To improve AMHP trainer and practitioner knowledge and skills on working effectively with sign and spoken language interpreters
- To produce best practice guidance and online training resources
- To improve service user experience in research and in Mental Health Act Assessments
- To develop an integrated approach to sign and spoken language interpreting in adult social care research.

Mechanisms / Means of Impact

- Good quality evidence for research and practice
- Simulated practice
- Dramaturgical methodology
- Researcher reflexivity
- Professional practice and training guidelines, resources and teaching
- Interprofessional dialogue
- Capturing lived experience
- CPD
- Policy briefing

Intended impacts on AMHPs and interpreters

(1) AMHPs and Interpreters develop confidence in working effectively together and with other professionals in Mental Health Act Assessments, (2) Influence initial AMHP training; Influence interpreter training in HE and elsewhere, (3) AMHPs are aware of how to commission professional interpreting services and (4) Interpreters are aware of the specific features of Mental Health Act Assessments as distinct from interpreting in other mental health encounters

Success indicators

(1) Online training resources are taken up by AMHP and Interpreter training programmes and (2) effective dissemination of commissioning interpreter guidance and best practice guidance through Social Work England and ICS.

Intended structural and systemic impacts

(1) Enhance visibility of translation and interpreting as part of the reform agenda around the Mental Health Act, (2) advance the Equality, Diversity and Inclusion agenda beyond race, culture and gender, (3) change to the minimum data set, (4) best Practice guidance is incorporated into AMHP training requirements, (5) influence the regulator, Social Work England, to include translation and interpreting in their governance / training audits, (5) enhance the implementation of the new Commissioning Guidance for Interpreting in Health and Social Care and (6) integrated Care System Local Authority plans.

Success indicators

(1) T&I is visible as part of the reform agenda around the Mental Health Act, (2) the required elements of AMHP training include translation and interpreting, (3) the minimum data set contains information on interpreter mediation, (4) integrated Care System Local Authority plans include reference to best practice guidance and (5) best Practice Guidance becomes key reference document for Social Work England and Skills for Care

Intended impacts on AMHPs and interpreters

(!) Articulate the outcomes of transdisciplinarity for this project in ways that will benefit the wider academic community, (2) promote equality in research by demonstrating the models of research practice that seek to address inequalities that arise through language and deafness, (3) initiate international dialogue around interpreter mediation in assessments involving potential deprivation of liberty and (4) influence approaches to research on interpreter mediation in other social care and mental health settings through dissemination of an integrated model for sign and spoken language interpreting research and showing advantages of dramaturgical methodologies.

Success indicators

(1) High quality journal articles, (2) citations in related research, (3) replication of methodologies and (4) scoping review (PRISMA)

Intended Impacts on Service Users & Carers

- Improve service user experience of interpreter-mediated MHAA
- Improve service user and carer awareness of how interpreting services are commissioned and quality assessed
- Improve service user experience as contributors to academic research and change in professional AMHP and Interpreter practice.

Success indicators

- Increase in complaints from people assessed where an interpreter is involved
- Visibility of best practice guidance in carer group resources
- Positive evaluations of participation in PPIE group

Assumptions: Current practice is really poor; there are people who have been illegally detained because of interpreter mediated assessment or lack of interpreter provision; policy level resistance to acknowledging this is an issue/lack of understanding; good quality training and resources can make a difference; practice can be changed but it will not be quick; there is no pre-existing case law; scope for miscommunication and misunderstanding is very high between interpreters/AMPHs and patients; AMHPS and interpreters don't know how best to work together; there are deficits in training; AMHPS will want to learn. Interpreters will want to learn; no formal training or registration or quality control over interpreter involvement; outsourced translation companies/interpreter employment can hinder effective quality practice.

Enablers: Effective knowledge exchange within the transdisciplinary project team; the project keeps broadly to time; communication from people who have been affected by interpreter mediated mental health act assessment; really strong engagement of all of our partners at all stages of the project; special interest network within AMHP networks and within interpreting networks and defining what the best practice looks like and being able to state it clearly.