Part 10. The full patient journey

Introduction

The majority of this guidance is focused on AMHPs and interpreters working together during the interview component of the MHAA. However, the requirement for interpreter mediation may extend beyond that. There are implications involved in stopping a MHAA interview for the AMHP, whose role is to secure interpreters, and for interpreters themselves. The research underpinning this guidance has demonstrated that there can be constraints on the amount of time that an interpreter is booked for and/or lack of consideration of other aspects of interpreter requirements across the full journey of the person being assessed. In this Part we outline some additional considerations that may not apply in all cases but at least need to be thought about.

Consultation with the Nearest Relative

Even if an assessment is carried out in English, the required consultation with the Nearest Relative (see Part 6 Key legal concepts and terms) may be with someone for whom spoken English is not a first or preferred language. The AMHP would need to book an interpreter for this consultation even if not for the MHAA itself. Ascertaining the preferred language of the Nearest Relative in advance is important in this regard because subject to the normal considerations of patient confidentiality, the AMHP has to inform the Nearest Relative of the outcome of the assessment give their decision and reasons for it (DoH 2015 para 14.111, p. 130).

Transportation and arrival at hospital

The decision for someone to go into hospital is a serious one and potentially very distressing to the patient. Ensuring that there is a continuity of communication and linguistic access after the decision has been made is, therefore, an important consideration. Often interpreters are only booked for the assessment itself, rather than booked to assist with communication as the person is transported and arrives in the hospital environment. Although it is the hospital itself that should provide communication/language provision for inpatients, the transition process from home to hospital arrival is perhaps best facilitated through an interpreter who is already known to the patient and has taken part in the assessment. If this is not possible, ensuring that an interpreter is available to assist with immediate communication needs on arrival at hospital would be good practice. Practically, the easiest way to do that would be to book the same interpreter for the additional hours required to cover that. In situations where the transport to convey (usually an ambulance) is delayed, make arrangements to contact that same interpreter if possible, when timescales are known. For specialist psychiatric units for deaf people there is usually on site means of communication in British Sign Language (BSL) as part of the ward culture and because deaf staff are employed too. For other hospital environments it would be highly unusual that staff have fluency in a range of spoken languages.

Provision of language-appropriate materials for people who have been detained

Although there are many helpful resources available in multiple written languages and in BSL that explain the rights of people who are detained (see Resource R6 Curated reference list), literacy is an important consideration. Not all spoken languages have a written form but also not all users of spoken language have good written literacy. Furthermore, not all deaf people feel comfortable reading English. Whilst it falls outside of the AMHP's immediate responsibilities to advise on access to materials on patient rights in a variety of spoken/written/signed languages, it may be helpful for the AMHP to be aware that these materials exist to be able to advise if required.

INforMHAA: Interpreter-mediated Mental Health Act Assessments

Best practices for Approved Mental Health Professionals and Interpreters working together

Document Description

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