Part 12. Issues in recording

Introduction

Local recording following a MHAA (the AMHP's report form) varies regionally/nationally with no uniform template or requirements. Drawing on the information from these report forms, information is collated and a minimum data set is uploaded to NHS Digital which provides the basis for annual published reporting (Mental Health Act Statistics, Annual Figures, 2021-22 - NHS Digital). Currently, ethnic identity as well as gender information is recorded, but this is not the case with linguistic characteristics and language use preferences of the person assessed.

There is no requirement in the minimum data set to include:

- the first or preferred language of the person being assessed;
- the language or languages in which the assessment took place;
- whether an interpreter was used at any point;
- whether an interpreter was requested but not used or was not available;
- the language or languages used by the AMHP, Section 12 doctor or any other professional involved in the assessment.

The absence of this information makes it very difficult to identify where any disparities may exist in assessment or outcome related to language use or the conditions of interpreter-mediation during assessments. Differences in disposal highlighted in relation to ethnicity are not synonymous with potential differences that might arise through language use. Our research has shown that on a local level, information about preferred interpreters, difficulties that might have arisen in the assessment related to interpreting/language use, and good practice are sometimes recorded but not consistently. The following are suggested good recording practices to support people undergoing assessment and to promote professional practices in interpreter-mediated assessments. The headings are summarised on a template in Resource R8 – What to record.

The language of the person assessed

A person's choice of language is a fundamental part of who they are and should be documented accordingly, rather than solely inferring from choice of interpreter. Furthermore, a language label is not sufficient to characterise a person's language use. For example, during an assessment some may communicate entirely through an interpreter whereas others may blend languages – their home language and English for example. Some may understand spoken English but prefer to express themselves in a different language. Some may find their fluency in a first or second language is impaired as a result of their mental health. Trauma may cause them to favour one language rather than another within their repertoire. It is helpful to record such issues of language use within the assessment for future reference.

The language(s) of the professionals involved

Some doctors and AMHPs have fluency in multiple languages. If these are used in the assessment to communicate directly with someone being assessed this should be recorded. The professional's language skills may mean they are able to follow the interpreted communication and to some degree monitor that. This should be noted as part of creating a record of the adequacy of available communication for all parties.

The language for which an interpreter was requested

Some standardised AMHP report forms have drop down boxes to specify the language for which an interpreter was requested, some only say interpreter – yes/no. In that case, it is good practice to record separately in open comments the language for which an interpreter was requested.

The name and contact details of the interpreter

For purposes of continuity should the person need to be re-assessed or require ongoing treatment/support it is helpful to record the name and contact details of the interpreter used, if the individual assessed was happy with that interpreter. The knowledge they bring of the individual to future related assignments supports high quality language access. We note, however, that some interpreting agencies insist that the name of the interpreter and their contact details explicitly requires their individual consent and/or the consent of the agency for whom they work. The AMHP may wish to negotiate this after the assessment.

Concerns expressed about the interpreting or interpreter

On an individual basis, some interpreters may not be acceptable to a person being assessed/patient for personal reasons. For example, they are known to the person socially and they do not want them to be associated in this personal capacity. Or in a professional capacity, maybe the interpreter has worked for this person in a service other than mental health. Or the interpreter's cultural/political background is unacceptable to them in the case of historical conflicts in nations. There may also be more general cultural reasons why a given interpreter is not acceptable, for example, on grounds of gender, age, unmarried status in some instances. This is helpful information to record on the form for future use should interpreters be required. The wishes of the person being assessed with regards to their preferred interpreter should be met if at all possible.

Any concerns raised by the AMHP or other professional involved should also be noted about the capability or suitability of the interpreter for a MHA specific assignment. Our research has also highlighted rare but more serious concerns where the situation revealed pre-existing relationships between interpreters and people being assessed that gave rise to safeguarding referrals. In such instances, usual protocols of reporting and escalation should be used.

Difficulties in meeting interpreter requirements

We suggest it is helpful to record any difficulties in meeting the requirement to provide a suitable interpreter. This may cover: identification of a suitable interpreter (which can be especially difficult with uncommon/rare languages in the UK context); problems in interpreter provision in a timely manner (e.g., delays in availability that may have affected the timeliness of an assessment); provision of only remote interpreting when face to face is preferred and why; failure to provide suitable interpreting provision which resulted in an escalation of distress/illness leading to emergency or alternative provisions (see Part 13 – Governance, accountability and safeguarding). Such recording assists in the identification of gaps in provision and problems of process that require attention in any given locality. They may also be important in relation to any future MHAA s or Mental Health Tribunals.

INforMHAA: Interpreter-mediated Mental Health Act Assessments

Best practices for Approved Mental Health Professionals and Interpreters working together

Document Description

This document is an **extracted section** from **INforMHAA Project Guidance & Resources** for use as a handy reference.

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