



INforMHAA: Interpreter-mediated Mental Health Act Assessments

Best practices for Approved Mental Health Professionals and Interpreters working together

Part 13. Governance, accountability and safeguarding

Introduction

Several issues concerning governance have arisen through our research. What follows is a consideration of four key themes: regulation, confidentiality, safeguarding and remote assessment, with suggestions for good practice associated with each theme.

Regulation

It is usually thought that interpreters are a regulated profession in the same way as social workers, doctors and allied health professionals and that their practice is overseen nationally by a regulatory body responsible for the register of suitably qualified interpreters, the maintenance of professional standards and a formal process of debarment when justified. This is not so.



In the case of spoken language interpreters, the *National Register of Public Service Interpreters (NRPSI)* is an independent, but voluntary regulator for interpreters working in public services and runs the largest open access national register of accredited interpreters. NRPSI-registered interpreters abide by the NRPSI Code of Professional Conduct which outlines good practice and ethics. Not all interpreters who work for agencies that health/social work/social care use will be members of NRPSI nor necessarily required to be. Most spoken language interpreters work without any formal training in interpreting, relying on multilingual fluency and experience alone without having been taught professional skills. In the case of British Sign Language (BSL) interpreters, a UK-wide register of interpreters does exist: *National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD)* and formal qualification is required to enter the register. Although BSL interpreting is not a statutory regulated profession like social work, there is an established Code of Practice, a means of removal from the NRCPD register and several ways to search for registered, qualified and experienced interpreters working in specific fields of practice. Furthermore, there is a strong expectation that BSL interpreters will voluntarily be registered to be deemed safe to practice. (See Part 7 Types of interpreting and Resource R7 Minimum best practice checklist for interpreters).

To be an AMHP first requires registration as a regulated professional whether social worker, nurse, psychologist or occupational therapist. All AMHPs then require a formal training for approval to practice that statutory role. The specification for the training follows statutory guidance. There are specific guidelines governing maintenance of knowledge and experience to continue to practice and any complaints concerning practice are dealt with via the regulatory body, Social Work England.

What is good practice?

- It is important to be aware of the variety of training and development that interpreters receive. This is explained more in Part 7 Types of interpreting.
- Should there be any concerns about an interpreter's practice before or during a MHAA then consideration should be given to not going ahead (see Part 8 Stopping an assessment). Any concerns should be raised with the interpreter themselves and in turn the agency. Both the NRCPD and NRPSI have complaints

mechanisms (see <https://www.nrcpd.org.uk/make-a-complaint> and <https://www.nrpsi.org.uk/for-clients-of-interpreters/complaints-about-interpreters.html>) and interpreter booking agencies should also have their own internal complaints process.

- If an interpreter has any concerns about the practice of the MHAA or any professional involved, these should, in the first instance, be discussed with AMHP directly or if this is not possible advice should be taken from the employing interpreter agency or the formal regulator for AMHPs, Social Work England, from whom advice could be sought.

Confidentiality and information sharing

Sharing of information covers two aspects in interpreter-mediated assessments. The first concerns what information is shared with the agency and interpreter about the person being assessed to secure the most appropriate interpreter. The second concerns what information is shared with the agency regarding the performance of the interpreter, good and bad.

What is good practice?

- Sharing of information about the person being assessed must be done on a need-to-know basis and their privacy and confidentiality respected. However, it is important to convey some issues to ensure safety and good practice within the assessment.
- Sharing the medical history of the person being assessed is not appropriate, but it is important to outline in general terms the seriousness of the person's mental state that has meant a MHAA is required. Some inexperienced interpreters may not understand this issue of severity and assume it is a routine kind of assignment concerning mental health.
- It is helpful for the AMHP to share specific aspects of the person's behaviour that are of concern that might impact interpreting practice. This might include, for example, unusual or odd remarks that are being made, or evidence of hallucinations or states of extreme withdrawal.
- A discussion should occur about any aspects that are considered high risk including behaviour that could cause harm either to the person themselves or others involved in the MHAA, including the interpreter.

Safeguarding

With regard to safeguarding, all professionals involved in the MHAA have a professional responsibility to raise any concerns about safeguarding including evidence of abuse, harm, neglect or exploitation with respect to the person being assessed. It may be, in rare cases, that safeguarding concerns become evident concerning one or more professional involved during the assessment itself. It is the responsibility of the NHS and Local Authorities to ensure that interpreters have undergone checks and clearance in line with the Disclosure and Barring Service. This is commonly viewed as a delegated responsibility of the agencies supplying the interpreters. It is more problematic if an interpreter is working independently and because spoken and signed language interpreters are not regulated professions.

Good practice

- The AMHP is able to check records held on the person being assessed to see whether safeguarding concerns have been raised in the past and what has/is happening, or to make a new referral for investigation if appropriate.
- Confidentiality will mean the details of any past history/current procedures concerning safeguarding cannot be shared with the interpreter, but reassurance should be given that it is being recognised and attended to if an interpreter raises a concern.
- If it is a new concern meeting referral/investigation, the interpreter will be required to provide information that can be recorded by the AMHP.
- Where an interpreter's input in the MHAA has raised a safeguarding concern the reason for this should be shared with the interpreter and in turn the agency. Depending on the concern, the feedback may also include a discussion about future involvement, or in more serious instances such as unprofessional behaviour, that a note is made on the record of the MHAA and followed up with whoever has commissioned the interpreter service.

Remote assessment

MHAAs can be complex and may involve safeguarding concerns. Communication needs and the potential for harm add to this complexity. In addition to language, a person's mental health may also add a layer of complexity in understanding or being understood (See Part 7 Types of interpreting). Remote, rather than in person interaction can make this situation even more challenging for everyone concerned, including the person being assessed. Whilst MHAAs conducted remotely during the pandemic are now deemed unlawful, it nonetheless remains the case that the use of remote interpreters is not unlawful and continues. Not all AMHPs are comfortable with this practice and governance issues concerning the adequacy and quality of remote interpreting remain largely unaddressed. However, the Institute of Translation and Interpreting Position statement on remote interpreting asserts that it is important to maintain identical requirements for interpreters in terms of qualifications whether they are working on site or remotely.

Our research has shown that 'remote interpreting' covers a range of practices including: the interpreter is on the telephone and the phone is passed between individuals as someone speaks; the interpreter makes a video call so that s/he can see the behaviour of all parties as well as hear the communication and the person being assessed and professionals involved can see him/her; a professional remote video interpreting services is used in the case of BSL interpreters with a good quality interface meaning that all parties can see the interpreter and the interpreter can see them. Each of these communication adaptations can pose difficulties in a MHAA situation. For example, non-verbal cues are a vital part of understanding disordered communication and this is not possible to observe in telephone interpreting; a disembodied voice may be confusing or confronting for a person experience auditory hallucinations.

What is good practice?

- Every effort should be made to secure an interpreter in person. A MHAA is a complex matter which should enable appropriate communication so that the best decision can be reached.
- Although remote interpreting brings pragmatic benefits in cases where an interpreter is difficult to source or travel is unrealistic, it should be regarded as complementary to in person interpreting, not the first choice.
- An emergency or crisis may mean that remote interpreting is the only choice because of the time priority but these situations are rare, even within MHAA.
- Where in person attendance by the interpreter is not possible, consideration must be given to the practicalities of how the MHAA is to take place. This will involve agreeing with the person being assessed and the interpreter how the interview is to be conducted, for example, where the technology will be placed to permit the remote interpreting, a clear sequencing of communication to promote intelligibility, whether video or sound only will be used and why.
- If at any time the remote attendance is causing upset such as the person who is being assessed showing confusion or there are practical difficulties in communicating such as an unclear telephone line or internet connect then the interview should be stopped (see Part 8 Stopping an assessment).
- The circumstances of the remote interpreting should be recorded in the AMHP report form with any comments on its quality/adequacy.

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