Part 7. Types of interpreting

Introduction

Accurate interpretation is crucial to ensure that the person's thoughts and concerns are understood, allowing AMHPs to make informed decisions. Skilled interpreters not only capture the meaning of words but also the unspoken subtext – the pauses, affect, hesitations, emphases – all of which contribute to an understanding of the individual's mental state. In becoming 'the voice' of the person, interpreters portray the individual's inner world and how they present themselves. This is known as 'representation'. It is relevant both to the person being assessed and to the AMHP who is also interpreted and represented through the interpreter. From an AMHP's point of view, *how* an individual communicates, not just *what* they say, is helpful to gauging an individual's mental state, their ability to engage in discussion about their circumstances and the potential outcomes of the assessment and what these may imply. AMHPs also must assure themselves that key points they are required to say are conveyed by the interpreter with precision in order to fulfil the statutory duties entailed in the AMHPs' role.

AMHPs may not be aware that interpreters have at their disposal different approaches to interpreting that they are taught and may be deployed as appropriate to the situation; for example, 'consecutive' or 'simultaneous' interpreting. Our research has shown that most AMHPs regard interpreters as neutral conduits of information exchange and do not realise that there are choices to be made about types of interpreting nor have considered the complexities of representation. To explain: interpreters do more than 'just translate' words/signs between languages, they seek equivalency of meaning between languages that in some cases means they might use different words or expressions than those of a literal translation. This can be both beneficial and a problem in statutory work (see below).

Types of interpreting

Representation through interpreting may vary depending on the type of interpreting employed (i.e. which modality). Interpreting in signed languages tends to happen in real-time (simultaneous) due to the visual channel of the language. Interpreters can provide different interpreting modalities:

- **Bilateral** (also known as '**short consecutive**') **interpreting** means conveying the message after the speaker finishes each utterance. This can be used by both spoken and signed language interpreters.
- **Simultaneous interpreting** means providing real-time interpretation while the speaker is talking. For this, spoken language interpreters might use a whispered voice (whispered interpreting) but sign language interpreters do not need to whisper as one of the languages is silent.

An AMHP might request different interpreting modalities depending on situational needs. In sensitive encounters like MHAAs, bilateral interpreting might be preferred for thorough and accurate communication. AMHPs need to assure themselves that key points have been conveyed concerning what is happening, why, and what the outcome might be for example. Simultaneous mode is very cognitively demanding for interpreters meaning they might not maintain it for long, however it is typical practice in sign language interpreting. Times when the interpreter might need to resort to simultaneous interpreting include:

- **Crisis interventions** in which swift and accurate exchange of information is vital for example as a distressed individual shares their thoughts.
- **Preserving language fluency or memory flow:** For individuals recounting intricate details, the pauses in consecutive interpreting can disrupt the train of thought and compromise the thread of memory. Simultaneous interpreting provides a continuous and fluid channel of communication.
- **Disordered language:** to clearly represent how the individual is expressing themselves (e.g., in their choice of words, speed of expression, hesitation, gaps and non-sensical sentence structures).

Good practice

- In situations involving individuals experiencing psychosis, it becomes crucial to explain that simultaneous interpreting is happening. This can help prevent any potential confusion between the interpreter's voice and auditory hallucinations.
- AMHPs should agree in advance with interpreters any preferences concerning approaches to interpreting and also during the assessment the AMHP should feel confident to ask an interpreter to switch to simultaneous for example, or to maintain consecutive.
- AMHPs and interpreters should agree in advance that it is all right for an interpreter to suggest a change in interpreting style if they feel it is more helpful at a given moment.

Representing mental illness in communication and language

It is vital that interpreters understand that their role in MHAAs might carry a heavier weight than in other settings. They are representing the severity of the person's mental illness within a statutory decision-making framework that has serious consequences concerning an individual's liberty but also serious responsibilities to safeguard that person and prevent the risk of harm to themselves or others. Aspects of mental illness might be expressed through language use which it is vital that the AMHP is fully aware of to build up a picture of the person at the centre of the assessment. Examples of this include:

- Vocabulary choice – an individual might use an incorrect term, or an archaic version of a word or sign.
- Disordered expression – this might manifest in nonsensical sentences or missing words.
- Prosody – e.g., the tone of communication, speed of expression.
- Withdrawal – silences and gaps in the communication as words are searched for or just not expressed.
- Lack of understanding – e.g., someone is unable to understand the communication even if the language is clear and either masks this, does not acknowledge it, or is repeatedly asking for clarifications.
- Reduced language – e.g., few words, repeated words, unelaborated expression.

The non-verbal component of communication is also important to represent in interpreted communication particularly for someone experiencing mental distress to build up a full picture of their communication. Examples include:

- Inability to concentrate – sometimes manifested through movement and erratic behaviour.
- Impaired ability to interaction within a conversation – e.g., does not turn take, interrupts inappropriately, withdraws and does not participate.
- Unusual eye contact – e.g., lack of eye contact, wandering or more intense than usual.
- Withdrawal – as shown by body position and gaze.
- In the case of BSL users, expected patterns of eye gaze and turn taking are different from those usually seen with hearing people because vision is a vital component of comprehension. Changes in them are of great significance in a non-verbal language.

Good practice

- Interpreters might be tempted to make sense of, or tidy up, a person's language if it is disordered or different to ensure clarity of communication. They should not do this, and it is helpful if AMHPs reinforce the importance of this in their pre-briefing (See Part 5 Briefing). It is helpful for interpreters to be aware that an AMHP will not misconstrue an unusual or non-fluent interpretation as evidence of an interpreter's lack of competency or professionalism.
- AMHPs should give consideration to explicitly suggesting to interpreters in advance of an assessment that they are permitted to offer comments on the language use of the person assessed (See Part 9 Cultural sensitivities and brokering). This gives an opportunity to point out non-verbal aspects that are of significance. Whether this is done at the end of an assessment interview, or if necessary during, should be negotiated between them. This is usually referred to as interpreters using a 'meta-description' of language use and guidelines are available to them on how best to do this (see R10 Resource with reference to various guidelines).
- Interpreters should work to match the tone of voice and style of delivery to match that of the person being assessed to reinforce aspects of their communication that might be helpful for the AMHP to be aware of.

Literal and verbatim translation

In our research, AMHPs discussed occasions when they had told the interpreter to 'just translate what I said' or 'do a literal translation' or 'translate verbatim'. Usually this arose because the AMHP was concerned that the exact nature of what they were communicating to the assessed person had not been rendered accurately enough. This is of importance to the AMHP who has to assure themselves that certain specific matters have been explained. They have a statutory duty to do this. Therefore, if the interpretation is more informal or loose, AMHPs were concerned that their duties had not been fulfilled and the right of the assessed individual and their families had not been upheld (see Part 13 on Governance, accountability and safeguarding for examples). In other instances, AMHPs were concerned that the interpreter was presenting a summary of what the assessed person was saying rather than comprehensively representing them in the assessment.

Interpreters in our research said that the language used by AMHPs in assessments was sometimes very difficult to interpret, especially if instructed to do this 'verbatim' which could make it harder for the person being assessed to understand. Examples include:

- Sentences might be too long with numerous clauses which is especially challenging in consecutive interpreting.

- An AMHP might use passive rather than active language, which is harder to render directly.
- Specific terms are not explained adequately by the AMHP leaving the interpreter to make decisions about their meaning that might not be correct.
- The AMHP uses metaphors that do not translate easily across languages/cultures.
- The AMHP attempts to soften language by using generalised terms that then make it harder to interpret.

Good practice

- An instruction to translate 'verbatim' or 'literally' should be very rarely used as it does not ensure good understanding by all parties.
- It is better to agree in advance with the interpreter what key points the AMHP feels must be conveyed during the MHAA interview, so the interpreter is fully aware of the significance of some of the AMHPs language/ expression. This is best done via a pre-briefing. (See Part 5 Briefing and Resource R7 Minimum best practice check list for interpreters).
- The AMHP should try to adopt good practice in their communication style and approach to avoid additional burden in interpretation and comprehension. (See Resource R9 – Minimum best practice check list for AMHPs).

Implications for rights of the person being assessed

The role of the interpreter in representing the person being assessed has profound implications for safeguarding the rights of individuals undergoing MHAAs. The way they represent the person being assessed carries serious weight, steering the course of their entire journey within the mental health system, even shaping the potential for detention. An inadequate interpretation might lead to misunderstandings, misdiagnoses and resulting misguided decisions, potentially affecting the person's liberty and treatment journey. So, in essence, interpreters safeguard the person's right to be understood. (See Part 13 Governance, accountability and safeguarding).

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.

Acknowledgements

This document has been developed through a three-year research study funded by the National Institute for Health and Care Research School for Social Care Research (NIHR SSCR), featuring a research team, an advisory board and active participation from service users and carers. The authors of this document gratefully acknowledge the NIHR SSCR for funding the Interpreter-mediated Mental Health Act Assessments study (also known as the Interpreters for Mental Health Act Assessments(INforMHAA) study) that underpins this guidance (Grant reference P172).

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To cite this extract, please use the citation for the full guidance and resource document:

Young, A., Tipton, R., Napier, J., Vicary, S., Rodriguez Vicente, N. & Hulme, C. (2023) Interpreter-mediated Mental Health Act assessments: Best practices for Approved Mental Health Professionals and interpreters working together. University of Manchester. Online Resource.

If you are viewing a printed version of this Guidance, there is a digital version of the full Guidance available by scanning the QR code.

Funded by NIHR | School for Social Care Research

Research partners: The University of Manchester, Heriot-Watt University, The Open University, University of Essex

March 2024

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DW.3853.04.24