



RESOURCE R3: Details of the simulation videos

Introduction

Four videos simulating various phases of interview stage of interpreted Mental Health Act assessments (MHAAs) are available through this project website. Note that several versions are available of each video:

- 1) with spoken English only
- 2) with subtitles of spoken English only; and
- 3) with subtitles of spoken English and back-translation into English of the other spoken/signed language (which appear in a different colour in the subtitles)
- 4) English subtitles including subtitles of the translations from other spoken languages plus BSL interpretation throughout.

The videos last around 8 minutes each.

Disclaimer:

Please note that these interpreter-mediated Mental Health Act assessment videos are simulations. They have been created using a scenario developed by the INforMHAA research team. They feature professional actors playing the role of patients, members of the INforMHAA advisory group or research team playing the role of a medical professional, and real Approved Mental Health Professionals (AMHPs) and real professional interpreters. It should be noted that these are scenarios and the AMHPs and interpreters were both directed specifically to ask questions/ make decisions or interpret in such a way that highlights key issues that can arise in these assessments. This is not a reflection of the quality of their skills as AMHPs or interpreters in real practice.

Scenario A: Dutch speaking patient

In the hospital

This is not a planned assessment but one that has arisen as an emergency response to the patient's health and behaviour. The person has already been seen by the Section 12 doctor who was able to carry out their assessment directly as they speak the language of the person and the doctor has left their notes and signed forms and gone. We join the situation after the AMHP and person have been waiting for over 2 hours for an interpreter to arrive. The AMHP has had real problems finding a suitable interpreter and booking them and they have had to settle for a bilingual translator. It is a spoken language interpreter booked via an interpreter agency. The agency has explained that the interpreter will only be available for 45 minutes after which they will have to leave for another booking. The AMHP has decided this is better than nothing as the person has been waiting so long and does not wish to create further potential distress. The person being assessed has lost contact with their family and is experiencing some auditory hallucinations therefore the AMHP would prefer to have an interpreter in person, rather than a spoken language interpreter via the telephone that could be potentially more confusing for the person being assessed given their symptoms.

- [Dutch videos](#)

Scenario B: British Sign Language (BSL) using patient

In the patient's home

This scenario takes place at the point when the AMHP is coming to the decision about the outcome after an MHA assessment has been carried out and will have to convey that to the patient about the need to take him to hospital for treatment. The doctor, the AMHP, the person being assessed and the interpreter are all initially present. The person being assessed is deaf and the languages of interpretation are BSL and English.

- [BSL videos](#)

Scenario C: Kurdish speaking patient

In the hospital

It is a planned assessment as the person is on Section 2 and a referral has been made for a MHA assessment with a view to detain them under Section 3. All the required people are in place: the doctor, the young patient, the AMHP and the interpreter is booked to be there in person. A room has been found off the ward for the assessment, but it is quite noisy. The patient's father happens to be visiting at the same time and is aware the assessment is taking place. The interpreter who has been booked is familiar to the patient and the AMHP and has been used before. At the last minute the interpreter calls to say she has to attend an emergency so cannot be there and there is no immediately available replacement in person or by phone. As a planned assessment this would not have been a problem except that the ward staff have waited until the last minute to run the Section down so they have a better sense of the person's condition and whether they would accept treatment voluntarily. This is not the case. So there is some urgency to complete the assessment that day. The father offers to interpret for his son who is the patient.

- [Kurdish videos](#)

Scenario D: Hindi speaking patient

At the patient's home

An 18-year old person from an Asian family has been receiving input from mental health services for the last year during which time she had been under a Section 2. Over the last three weeks she has been distressed and, following a Mental Health Act Assessment, it has been decided to admit her to hospital under a Section 3, an assessment that has taken place in the family home that afternoon. The woman ordinarily lives with her parents of whom the mother is the older. This means that under the Mental Health Act the AMHP has to consult with the mother as the Nearest Relative. The mother speaks very little English and, in any case, always defers to her husband who also has a much stronger understanding of the English language. The AMHP knows that she is required to consult with the Nearest Relative in order to check whether there is any objection to the admission. The interpreter has already been in the house for a number of hours and will need to leave soon.

- [Hindi videos](#)

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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Disclaimer

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