RESOURCE R4: Guidance on using the simulation videos for training

Introduction

Four videos simulating various phases of interview stage of interpreted Mental Health Act assessments are available through the project website. Note that several version are available of each video: 1) with spoken English only 2) with subtitles of spoken English only 3) with subtitles of spoken English and a back-translation into English of the spoken/signed language (which appear in a different colour in the subtitles) 4) English subtitles including subtitles of the translation from other spoken languages plus BSL interpreting throughout.

Depending on the learning aims of your session, you may or may not wish learners to have access to everything that is being said (e.g., you might deliberately not show the subtitles in order to simulate real-life experience of AMHPs being reliant on an interpreter). You may also show different versions of the same video within a single session to illustrate particular points. The BSL interpreted videos are intended to be fully accessible to Deaf learners.

The video resources can be used for interpreter/AMHP-specific training and joint training. Wherever possible – and based on the INforMHAA team's experience of trialling the resources – joint AMHP-interpreter training will optimise knowledge exchange and learning.

Getting started

Before using any of the video materials, please make it clear to your group that these are learning scenarios and the professionals involved (both AMHPs and interpreters) may not be demonstrating best practice as deliberately instructed at the design stage in order to provide stimulus for discussion.

This document provides a set of discussion prompts and supplementary information in the form of references to the evidenced-based guidance produced by the INforMHAA study and other relevant guidance. The discussion prompts are starting points only and can be adapted to the needs of the learners and reflect local contexts of practice.

Brief Overview of the Four Videos

Video 1
Post-assessment conversation between an AMHP and an assessed person (a Kurdish speaker) with father offering to help with the interpreting in a hospital setting.

This video concerns situations where the AMHP may pragmatically choose to use a relative for interpreting whilst being aware this is not best practice and some of the difficulties that nonetheless may result because of it.

Please note that this video is better suited for AMHP training and is of limited benefit in interpreter training, other than in initial training to illustrate the problems that can arise from using non-professional interpreters.

Video 2
Start of an assessment in a hospital setting with a Dutch speaking person.

This is useful in focussing on the very first stages of the interview where the AMHP, interpreter and person to be assessed are meeting for the first time. In this scenario, the interpreter is not very experienced at participating in MHA assessments and the person to be assessed is experiencing positive symptoms of psychosis.

Video 3
Post-assessment conversation between an AMHP and two Hindi-speaking family members whose daughter (the assessed person) is also in the family home with a spoken language interpreter.

Here the issue of focus concerns interpreting with respect to a nearest relative who does not speak English but whose husband does but is not the nearest relative in legal terms. It focusses in on what the AMHP really requires ensuring her duties are fulfilled and the interpreter who may not be aware of the full significance of this communication and the exactness it requires and why.

Video 4
BSL interpreted conversation in the assessed person's home.

This scenario concerns the issue of voluntary or informal detention as a possible outcome and the AMHP's concern to ensure that this has been adequately explored rather than concluding that a formal section is required. It focusses on levels of comprehension that may be conceptual rather than linguistic and what happens to a complex decision-making process like this if there are deletions in the interpreted message and/or other features of interaction and response that the interpreter or AMHP may be unaware of but are relevant and not communicated.

For a fuller description of each video, please refer to Resource 3.

Using the video resources

The videos last around 8 minutes each. You can decide whether to play them in full or pause for discussion after intervals of several minutes. The INforMHAA team have adopted both approaches to good effect.

Video 1

Discussion prompts

1. General

- Do you think the AMHP is getting what he needs in this scenario?
- Was the AMHP able to fully discharge his legal responsibilities in this scenario?

2. Non-professional interpreting

- What challenges are faced by a family member who serves as an interpreter in such circumstances (emotional, practical, relational)?
- What risks arise for the assessed person when a family member serves as an interpreter? (think about the potential for miscommunication especially with regard to the concept of 'treatment')

3. Handling language repertoire

- It is clear that the assessed person knows some English due to his reactions to the AMHP, but is he at the centre of the discussion throughout?
- What actions could the AMHP take to feel more in control of the communication in this situation? (e.g. think about the need to check English language comprehension of the father in this specialised scenario and how this might be achieved)

4. What happens next?

- The AMHP expresses serious doubts about the meeting at the end of the scenario. What options are open to him to ensure all relevant information is conveyed to the assessed person?

Developing the discussion: supplementary information and guidance for Video 1

Mental Health Act 1983: Code of Practice

Paragraph 4.6 "Where an interpreter is needed, every effort should be made to identify an interpreter who is appropriate to the patient, given the patient's sex, religion or belief, dialect, cultural background and age. Interpreters need to be skilled and experienced in medical or health-related interpreting. Using the patient's relatives and friends as intermediaries or interpreters is not good practice, and should only exceptionally be used, including when the patient is a child or a young person. Interpreters (both professional and non-professional) must respect the confidentiality of any personal information they learn about the patient through their involvement."

Paragraph 14.116: "Unless different arrangements have been agreed locally, the AMHP involved in the assessment should be responsible for booking and using registered qualified interpreters with expertise in mental health interpreting, bearing in mind that the interpretation of thought-disordered language requires particular expertise."

The **INforMHAA** Guidance on **When and why interpreters?** (see Part 4) suggests that:

- It is good practice for AMHPs to be familiar with sourcing and booking interpreters well in advance of when they might need to do so for any given case.
- In the case of BSL interpreters, the duty to provide language access for deaf people falls under the anticipatory duty of the Equality Act 2010 meaning there is a legal responsibility to ensure such arrangements in are in place in advance of them being required. Reasonable adjustments in relation to disabled people is the only anticipatory duty in the Equality Act.

Video 2

Discussion prompts

1. General

- Do you think the AMHP is getting what he needs in this scenario to fulfil his role and responsibilities?
- What do you think about the style of interpreting that is being used?

2. Conflicts of interest

- Do you think the familiarity between the interpreter and the person assessed is having any consequences? (e.g. relational) [NB this question will require learners to have viewed the video with the English subtitles of the spoken Dutch]
- Reflect on the interpreter's decision to ask the patient about her family name: does this raise any ethical issues?
- How can AMHPs navigate potential conflicts of interest or familiarity when working with interpreters who have personal connections to people assessed?

3. Time pressure

- Do you think that (1) the emergency nature of the assessment and (2) the interpreter's limited availability is impacting the approach taken by the AMHP and the interpreter?
- What options are open to the AMHP to take action in mitigation?

4. Safety and safeguarding issues

- Are there any safety issues worth noting in this scenario?
- Was the initial seating arrangement with the interpreter in the middle optimum from the AMHP's perspective?
- What can the interpreter themselves do to prepare themselves and keep safe?

5. Practice enhancements

- What could the AMHP/interpreter do to enhance their practice in this scenario?
- What information might the AMHP prioritise in a pre-brief to support the interpreter and vice-versa?
- How can the assessed person be kept at the centre? Think about the implications of this interpreted assessment for issues of ethics, dignity, respect, and (human) rights.

Developing the discussion: supplementary information and guidance for Video 2

The **INforMHAA** Guidance on **Pre-/Debriefing**: (See Part 5 on pre-briefing and Part 11 on debriefing) suggests:

What might an interpreter want to ask or check in a briefing (examples)?

- Request a short overview of the situation you are about to enter into.
- Disclose whether you have interpreted in MHAs before and share any concerns you might have based on these experiences.
- Agree with the AMHP what action you will take if you have met the assessed person before and how this will be handled in the assessment. Be mindful of the issues arising from the often limited pool of interpreters working with certain language combinations (particularly involving languages of lesser diffusion) and the potential anxieties triggered for service users if you have worked with them in a non-mental health related setting.
- Establish whether any particular safety precautions could be needed (e.g., in relation to clothes, jewellery, note-taking, seating arrangements).

What might an AMHP want to ask or check in a briefing? (examples):

- Establish the interpreter's level of experience in MHA assessments and wider mental health settings.
- Ascertain the interpreter's familiarity with MHA assessments and reinforce their purpose and potential outcomes if required.
- Ascertain the interpreter's familiarity with the AMHP's role in the assessment, reminding them where necessary of key statutory duties they play (e.g. consultation with Nearest Relative; consideration of the least restrictive alternative) and key responsibilities including e.g. the co-ordination of the assessment.

- Discuss the interpreter's confidence in handling commonly used terms in MHA assessments, particularly legal ones. Advise on terms you are likely to use in the assessment and discuss how these might be best explained.
- Ascertain the interpreter's preferred ways of working (e.g., how they handle certain features of talk like disordered speech, seating arrangements, and disclosures about whether they know the assessed person, etc).
- Ask about the interpreter's level of exposure to situations that can be emotionally disturbing. Remind them to be mindful of their own reactions.
- Provide the interpreter with any key points about the mental state of the person being assessed that are relevant e.g., whether they are experiencing hallucinations or are very withdrawn.

The INforMHAA Guidance on Stopping an interpreter-mediated assessment (see Part 8) suggests:

- the time the interpreter has available in this scenario is very limited, to the extent that this may impede a fair assessment process

Good practice:

  - If the AMHP has concerns, then consideration should be given to not going ahead with the interview
  - There may also be a need to stop an interview if matters arise whilst the interview is taking place.
  - The AMHP should ensure that the person being assessed is safe and arrange for a replacement interpreter as soon as is possible.

Video 3

Discussion prompts

1. General

- What elements of good practice are you seeing here with respect to the person who has undergone the assessment?

2. Working relationships

- How would you describe the working relationship between the AMHP and Interpreter in this scenario? Are there ways in which it could be enhanced?
- What sort of topics might the AMHP and Interpreter usefully discuss in a briefing prior to the assessment in this case?

3. Enhancing communication

- What else might the interpreter have done to make the interaction clearer and to support the AMHP in getting across what they needed to?
- Could the AMHP in any way have modified her language/approach in this scenario?
- Do you think the AMHP/interpreter handled the issue of overlapping talk effectively?
- Do you think the AMHP's request for the interpreter to back translate the information conveyed about 'objection' was effective?

Developing the discussion: supplementary information and guidance for Video 3

The INforMHAA guidance on Legal Decision Making in Practice (see Part 3) suggests that:

- AMHPs should clarify that although the ultimate decision-making lies with them, they can also welcome the interpreter's input in relevant areas.
- It is possible that an interpreter may not understand the consequences of the outcome of a MHA assessment. It is therefore helpful if the AMHP makes this clear at the outset and agrees with the interpreter that they understand concepts such as Nearest Relative, consultation and objection, alongside the legal nature of them.

What is very important here is that the threshold requirement concerns 'objection' and NOT that the Nearest Relative 'consents'. These are legally different matters. 'Displace' is a formal legal term that an AMHP seeks to do if the Nearest Relative is objecting unreasonably, so is not appropriate in this situation as it is the mother who, according to Section 26 is the Nearest Relative because of her age but is wishing to defer to the father for cultural and language reasons.

The **INforMHAA** guidance on **Briefing** (see Part 5) suggests that good practice means that AMHPs:

- Invite reflection on the interpreter's experience of how questions are asked in the assessment.
- Remind interpreters that sometimes questions might sound hard but they should not be afraid to replicate the tone.
- Agree with the interpreter how they will communicate during an assessment if the see the interpreter is struggling and what action they will take (e.g. stopping the assessment and booking a different interpreter, if it is safe to do so as discussed in Part 8 Stopping an interpreter-mediated assessment).

The **INforMHAA** guidance on **Types of Interpreting** (see Part 7) states that for 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 key points that must be conveyed during the assessment interview from the perspective of the AMHP so they are fully aware of the significance of some of the AMHP's language/expression. This is best done via a briefing before the assessment.
- The AMHP should try to adopt good practice in their communication style and approach to avoid additional burden in interpretation and comprehension.

The **INforMHAA** guidance on **Safeguarding** (see Part 13) states that for 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.
- Every effort should be made to secure an interpreter in person. A MHA assessment is a complex matter which should enable appropriate communication so that the best decision can be reached.

Video 4

Discussion prompts

1. General

- what evidence (if any) is there that the AMHP in this scenario has good Deaf awareness?
- how effective do you think the seating arrangements are in this scenario?

2. Interpreter decision-making

What are your views on the interpreter's decision not to accept the invitation to be part of the assessment team discussion, opting instead to stay with the Deaf person?

- Is this appropriate? Does it align with their role? (Consider cultural affiliation)
- What are the power dynamics in this? (Should there be power dynamics if it is a team approach?)
- What factors could be driving the AMHP's preference to include the interpreter in the discussion? (For example, potential linguistic/ cultural nuances that might have been missed).

3. AMHP-interpreter interaction

The AMHP expressed concerns regarding the interpreter's choice of language, believing that it is not forceful enough considering the legal context. For example, the interpreter said, 'I told him he should go to the hospital'. Do you think the interpreter accurately reported the conversation between him and the Deaf person? If not, why not?

- Do you think it was justified that the AMHP asked for a back translation or a verbatim account of the interpreter's conversation with the patient?
- What motivated her to make this request?
- How can interpreters ensure both the Deaf person's comprehension and AMHP's satisfaction in this scenario?

4. Handling information that can support AMHP decision-making

During the interview the Deaf person keeps referring to, and interacting with, the picture on the wall, which is relayed by the interpreter.

- Do you think that the interpreter sufficiently conveyed the fact that the Deaf person was suggesting that the picture on the wall was telling him to go to the hospital?
- Did the interpreter understand the significance of the Deaf person repeatedly referring to the picture on the wall?
- What are the implications for an assessment if the AMHP does not pick up that the service user is referring to the picture on the wall?

5. Conveying uncertainty

Towards the end, the Deaf person said they would go to the hospital voluntarily. However, the interpreter told the AMHP they were not sure if the Deaf person fully understood and thought he might be agreeing just to stop the assessment. Should the interpreter have brought up this uncertainty earlier?

- Do you think it was a wise choice for the interpreter to address these uncertainties?
- What ethical and legal considerations arise when deciding when to disclose or not disclose such uncertainties? What could be the consequence of either choice?

Developing the discussion: supplementary information and guidance for Video 4

Regarding Question 1

The **NRCPD Code of Conduct**:

- "You must act in the best interests of the people and organisations that use your services".
- "You must work within the limits of your training, skills and experience".

The **Code of Practice to the Mental Health Act**

- Paragraph 4.2 focuses on effective communication (meeting the assessed person's linguistic and cultural needs). Interpreters must be skilled and experienced in medical/health interpreting.
- Paragraph 14.115 focuses on patients who are deaf and stresses:
  - AMHPs and doctors assessing a deaf person should receive deaf awareness training that includes mental health.

- AMHPs are responsible for booking BSL interpreters

The **INforMHAA** Guidance on **Key roles / Cultural sensitivity and cultural brokering** (see Parts 2 and 9)

- Interpreters' role in MHA is to facilitate communication and minimise their input; however, they can interrupt for clarification and monitor understanding.
- Interpreters are not advocates for the persons being assessed – BUT there is a fine line between advocating and providing information. This is based on moral responsibility being the only person in the room that understands both languages.
- AMHPs can ask interpreters about the character of the person's communication or issues of cultural understanding.
- Interpreters can advise the AMHP if they feel the person being assessed does not understand.
- AMHPs should not ask the interpreter to leave the room to discuss the case with them nor should they offer an opinion on the mental health of the patient.

Regarding Question 2

The **NRCPD Code of Conduct (see weblink above)** states:

6. You must behave with professionalism and integrity.
   - 6.1 You must make sure your behaviour justifies public trust and confidence in you and your profession.
7. You must provide important information about conduct and competence
   - 7.2. You must take appropriate action if you have concerns about the conduct or competence of a communication and language professional you work with.
   - 7.3. must give a constructive and honest response to anyone who complains to you about your services.

The **INforMHAA** guidance on **Types of interpreting** (see Part 7) discusses 'literal and verbatim translation':

- Our research showed AMHPs often ask the interpreters to 'do a literal translation' or 'translate verbatim' and they were concerned that interpreters were presenting a summary version rather than a comprehensive version.

- What is good practice?
  - Agree in advance with the interpreter the key points that must be to get across.
  - AMHPs should adjust their communication style and approach to reduce the additional burden of comprehension on the interpreter.

Regarding Question 3

The **Code of Practice to the Mental Health Act**

- Paragraph 14.118 states that people carrying out assessments under the Act should be aware of how mental health problems present in deaf people.
- Paragraph 14.119 highlights the importance of understanding how signing is presented (to people who are not familiar who could see some signing as aggressive).

The **INforMHAA** guidance on **Cultural Sensitivity and Cultural Brokering** (see Part 9) suggests

- Interpreters can offer information to the AMHP based on something they observed that they feel the AMHP needs to know.
- Work with AMHP to come to a consensus on professional, legal and moral responsibilities to ensure each of their own responsibilities are upheld.

- Good practice
  - Pre and post debriefing (explain potential cultural sensitivities, check how to phrase questions).
  - Report to the AMHP if see anything unusual in the way patient is speaking/signing.
  - Do not offer opinion on person's mental health status but do offer to signpost to appropriate services that could assist with decision making.

Regarding Question 4

The **NRCPD Code of Conduct** (see weblink above) is based on the ethical principles that you should:

- do no harm or, in rare circumstances where causing harm is unavoidable, the least amount of harm;
- strive to do good;
- act justly and fairly;
- be honest;
- keep your word; and
- respect the personal choices of service users.

The **INforMHAA** guidance on **Cultural Sensitivity and Cultural Brokering** (see Part 9) suggests:

  - o Interpreter can offer information to the AMHP based on something they observed that they feel the AMHP needs to know.
  - o Agree with the AMHP before the assessment when to bring up uncertainty.
  - o Work with AMHP to come to a consensus on professional, legal and moral responsibilities to ensure each of their own responsibilities are upheld.

The **INforMHAA** guidance on **Types of interpreting** (see Part 7) suggests:

  - o Our research showed AMHPs often ask the interpreters to 'do a literal translation' or 'translate verbatim' and they were concerned that interpreters were presenting a summary version rather than a comprehensive version.

- What is good practice?
  - o Agree in advance with the interpreter the key points that must be to get across.
  - o AMHPs should adjust their communication style and approach to reduce the additional burden of comprehension on the interpreter.

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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