



## RESOURCE R5: Developing debriefing skills

### Length of session

50 minutes

### Method of delivery

in-person or online

### Learning Aim

- Familiarise Approved Mental Health Professionals (AMHPs) and Interpreters with the concept of debriefing after a Mental Health Act assessment (MHAA)
- Support good practice in structuring and prioritising topics in a debrief

### Learning Outcomes

- Define a debrief and its purpose in interpreter-mediated MHAAs
- Articulate the benefits of debriefing
- Identify what to include in a debrief and how to prioritise topics if time is short

### Resource needs

Copies of the debrief scenario / access to a whiteboard or flipchart

Available guidance to support the delivery of the session:

Debrief good practice guidance in associated Part 11 of the guidance document

Evidence from the INforMHAA research paper:

- Young, A., Vicary, S., Napier, J., Tipton, R., Rodriguez Vicente, N., Hulme, C. (2023). Mental Health Professionals (AMHPs) perspectives on interpreter-mediated Mental Health Act assessments. *Journal of Social Work*. [DOI: 10.1177/14680173231197987](https://doi.org/10.1177/14680173231197987)

Centre for Culture, Ethnicity and Health (Australia): [Debriefing with an Interpreter \(Tip sheet\)](#).

**1. Welcome and outline learning aims**

**2. Whole group discussion [5 mins]**

Define a 'debrief' based on general understanding and experience.

**3. Teacher-led contextualisation [3 mins]**

Group are alerted to academic research (INforMHAA study) that shows debriefing between AMHPs and Interpreters seldom happens.

**4. Whole group discussion [5 mins]**

Brainstorming for potential barriers to a debrief.

[possible responses / ideas to include]: lack of time, perception (by interpreters and AMHPs) it is unnecessary, AMHP overlooks role in checking interpreter wellbeing...

**3. Small group activity [15 mins discussion]**

Groups are given the following scenario:

This has been a very volatile assessment. The person being assessed was experiencing psychosis and has been very loud and physically moving around a lot that has meant the interpreter has not felt safe and also has experienced the person being assessed as aggressive. The details discussed in the assessment have been also very distressing as they concern events in the past that the person has experienced as a refugee. The interpreter's family were also in the past asylum seekers in the UK before settling permanently.

**Questions:**

1. If you are an AMHP, how would you introduce the idea of a debrief following this scenario?
2. What do you think it should cover – i) from the AMHP perspective and ii) from the interpreter's perspective?
3. If either the AMHP and/or the Interpreter have limited time between appointments, what do you think should be prioritised in the debrief in this case?

**4. Whole group plenary [15 mins]**

A spokesperson from each group summarises and presents the main discussion points.

**Facilitator:** Introduce the idea of information from the debrief supporting the AMHPs report writing and creating a record (trace) of issues and discussions that could be useful in the event of an appeal.

**5. Whole group discussion prompts [5 mins]**

Has this activity changed your mind about the purpose and importance of a debrief?

Do you feel confident in requesting a debrief and knowing what to prioritise in the conversation?

What should be avoided in a debrief?

**6. Wrap up [5 mins]**

Point participants to guidance on debriefing available on the INforMHAA website and additional resources as a further point of reference.

# 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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