

Mental Health

One of the most challenging aspects of medical interpreting is interpreting for mental health patients. Mental health involves complex and interpersonal communication with individuals who may act, speak, or think in unusual ways. It adds several more hindrances to the already difficult role that a medical interpreter plays. Mental health interpreting is a unique specialization within the interpreting profession that can pose problems for even the most experienced interpreters. Training is essential in order to perform successfully as a mental health interpreter. While all interpreting specializations, such as healthcare or legal interpreting, require a specific skill set and knowledge, mental health interpreting involves difficult challenges that will be discussed in this chapter.

An interpreter working with a mental health patient...

- must be familiar with various types of mental health diagnoses, such as Panic disorder, Bipolar disorder, and Schizophrenia, in order to better understand the patient.
- must be aware of the various techniques that a clinician might use during a session, such as tone of voice, pauses, silence, repetitions, and echoing.
- must be able to interpret words with the highest degree of precision and accuracy, because the difference in meaning between *enraged* and *outraged* or *leery* and *fragile* might be very important to the clinician.
- must be ready to switch between consecutive and simultaneous modes of interpretation and know when each of the modes is appropriate. For instance, if the client seems to be non-responsive or rambling on and on, the interpreter should be able to switch to simultaneous mode.
- must understand the dynamic of the interaction between a clinician, a client, and an interpreter.
- must recognize and be able to assist in overcoming any cultural and linguistic nuances that may arise during the encounter.

One example of a difficulty that mental health interpreters commonly encounter is the speech disfluency of a mental health patient. Disfluency is the inability to fluently communicate in a language. This may occur with patients suffering from a psychological disorder.

Besides disfluency, the interpreter should be able to recognize and accurately render into the target language the various speech patterns of a patient. This may include rambling and incoherent speech.

Finally, an interpreter working in a mental health setting will be exposed to an environment of unpredictability. Working with people is intrinsically unpredictable. However, if a person is suffering from depression or from a panic disorder, their behavior might be even less predictable. In some situations, mental health illness could be compounded with a health issue or developmental disability, thus causing the interpreter to have their hands full. Therefore, it is important for the interpreter to ensure personal safety by making sure to recognize the signs of potential danger and knowing how to react accordingly.

It is important to note that interpreters may have assignments involving mental health patients while working in various surroundings such as legal, healthcare, and community settings. As a result, it is beneficial for interpreters to be familiar with the general principles of mental health interpreting.

Distinguishing factors

Here are some factors that can affect an interpreting encounter in a mental health setting:

1. Disfluency

A speech disfluency impairs the ability to produce smooth, fluent speech. Examples include breaks, irregularities, or non-lexical vocables that occur within the flow of speech. These include *false starts* (words and sentences that are cut off mid-utterance, phrases that are restarted or repeated, and repeated syllables), *hedges* (grunts or non-lexical utterances such as "uh", "so" and "well"), and *repaired utterances* (instances of speakers correcting their own slips of the tongue or mispronunciations).

In both legal and healthcare interpreting, the first canon of the code of ethics is accuracy. That means interpreting the message without any additions, omissions or changes to the original message. In mental health interpreting, this also means faithfully interpreting incoherent speech. However, for a therapist, various disfluent patterns of speech may provide necessary information in order to assist with the diagnosis and treatment of the patient. It is, therefore, the job of the interpreter to be able to provide an accurate rendition, which can prove to be quite challenging with mental health patients. Here are some examples:

- a. A patient is repeating the same phrases over and over and is not being responsive to the questions of the therapist. Suggested solution: the interpreter should continue interpreting the message as it is being uttered in the source language to allow the therapist to observe the patient's behavior.
- b. The same scenario as in the previous example coupled with the patient not reacting to the interpreter's requests for a pause and continuing for several

minutes without allowing an opportunity to interpret. Suggested solution: the interpreter should switch to simultaneous interpreting and render the message as faithfully as possible. An alternative solution could be a long consecutive interpretation. Hence, it is essentially up to the interpreter to choose the best solution, depending on the circumstances and his or her skills.

Below you will find a few more examples of disfluency. What would you do in the following situations?

- c. A patient seems to be stuttering. However, it is not clear whether the stuttering is attributed to an actual speech disorder or is a symptom of mental illness.
- d. The patient is speaking at a very fast speed, making it difficult for the interpreter to keep up.
- e. A patient is speaking at a very slow speed and is unable to produce a coherent or a complete thought; or a patient who is muttering under his/her breath making it impossible to hear; a patient mixing different languages; an agitated patient who is screaming.
- f. Cursing – A patient is using a high degree of foul language. Is this a sign of disfluency or a behavioral problem?

There are many more examples of disfluency. As the examples illustrate, it is crucial to the success of the session that the interpreter is able to faithfully render the message.

2. Transparency

Everything that is said in the presence of a patient must be interpreted. There is a good reason transparency is a part of a well conducted pre-session. In other words, an interpreter should make sure that all parties understand that no utterances will remain unknown to the other party. In mental health interpreting, maintaining transparency brings on an additional set of challenges.

As previously discussed, it is much harder to interpret for some patients whose speech patterns cannot be predicted or even followed; therefore, your performance may suffer.

The second challenge has more to do with the stigma of mental illness. Patients could be in denial or ashamed of having a mental illness. Family members may also be struggling with the concept of a loved one being a mental health patient and view it as a burden. Different cultures view mental illnesses in many different ways, however, one thing is universal – it is a major stress factor for everyone. As a consequence, having

transparent communication between all parties could be impeded by attitudes, perceptions and beliefs (both cultural and personal).

It is the job of the interpreter to ethically and faithfully navigate these complex channels and assist all parties in building a rapport with each other.

3. Safety concerns

Mental health patients should not be viewed as threatening. In fact, some studies suggest that they are the most high-risk segment of the population to become victims of a crime. However, patients with bipolar disorder, schizophrenia, severe depression and a variety of other diseases are prone to verbal and physical outbursts. There are many competent interpreters who don't feel comfortable taking assignments involving mental health patients due to the fear for personal safety, no matter how remote this chance might be. The mental health professional can help interpreters alleviate this concern by providing information to the interpreter on the appropriate actions to take in the event of a volatile situation and by respecting reasonable limitations interpreters may place on their involvement.

There are various challenges that interpreters may encounter while interpreting for mental health patients:

- a. Personal space – mental health patients may not respect, nor recognize the need for personal space. They may get really close, touch or even grab the interpreter's hand or arm. By themselves, instances like those don't amount to danger, though they may make an interpreter quite uncomfortable. Those instances should be viewed with other factors to assess whether there is a possibility of danger.
- b. Verbal outbursts – a patient may get agitated, scream, curse, and have various verbal outbursts. While it doesn't necessarily lead to a physical outburst, verbal outbursts are difficult to interpret from an emotional standpoint, as they obviously create tension and may throw the interpreter off. Furthermore, it is still a sign of a possible danger; therefore, interpreters must take precautions by maintaining sufficient distance from the agitated patients and keeping an eye on them in order to recognize the signs of possible escalation. Likewise, the interpreter should avoid eye contact with the patient during an outburst because it could aggravate the patient and cause them to focus their negative attention on the interpreter.
- c. Physical outbursts – Spitting, shoving, pushing, and scratching are all examples of physical outbursts. Should this ever happen, the interpreter should make their own safety a priority by getting out of the way, leaving the room, or maintaining a safe distance. It is not advisable for the interpreter to put their well-being at

risk. If the patient is being restrained, the interpreter should never get involved.

Finally, interpreters should never be left alone with patients. While this is covered in the code of ethics in healthcare and legal interpreting, it is even more important in mental health settings due to the possibility of volatile situations.

4. Non-vocal communication

Body language, such as gestures, gazes, and sitting positions, plays an important role in diagnosing mental illnesses. Some interpreter training programs suggest that interpreters should mimic a patient's gestures. [Interpreter Education Online](#) does not adhere to this stance for a number of reasons. First, healthcare providers should be maintaining eye contact with the patient and any gestures repeated by an interpreter may distract the provider. Furthermore, the patient or their family members may find such repetitions insulting and that could damage or destroy any rapport between the patient and the interpreter, or provider. However, it is recommended that a patient's gestures be closely observed so that possible connections can be found between the patient's words and body language. Aside from gestures, patients may display movements that are actually symptoms, such as shaking, tremors, and jerking. Those could be either the symptoms of the disease or, in some instances, side effects of the medication.

5. Vocal inflections

The subtleties of vocal inflections are of the utmost importance in mental health, and interpreters should be aware and familiar with them. Unlike gestures, vocal inflections may be replicated by an interpreter. Mental health providers need to collect all information about a particular patient, including how they sound. Monotony, stuttering, stress, intonation, and tone all provide additional information to the provider. Thus, it's important that the interpreter includes these details in the target language rendition.

All of the factors discussed above could be mitigated if interpreters have professionally trained observation skills. Keep in mind that it is not the job of the interpreter to diagnose the actual or perceived illnesses of a patient. Nor is it the job of the interpreter to offer opinions on the patient's frame of mind or cultural background. Interpreters may offer cultural clarification and/or cultural brokering only if they are comfortable doing so and if they have extensive experience with a particular subject. For example, a Spanish interpreter from Mexico may interpret for a patient from Chile. However, unless the interpreter is very familiar with the Chilean culture, it is not recommended for the interpreter to provide any kind of cultural clarification and/or brokering. Furthermore, even though there are instances when a patient and interpreter come from the same country, or even from the same region, other factors can shape one's cultural perceptions and beliefs such as socio-economic status, religion, upbringing, educational background, and work experiences. While being a culture clarifier and

cultural broker are important roles of a healthcare and mental health interpreter, it must be done correctly and based on actual knowledge and experience.

Types of encounters

Interpreters working in mental health perform in a multitude of encounters:

- Intake - taking the medical and psychological history
- Psychological and neuropsychological evaluations
- Explaining evaluations to patients and families
- Diagnoses
- Medication reviews
- Treatment planning and treatment
- Individual, group, couples, or family therapy
- Providing discharge instructions and information about follow-up care
- Twelve step programs such as AA and NA
- Family conferences
- Deferral court hearings

As the list illustrates, mental health interpreters work in individual and group settings and should be familiar with various modes of interpreting as well as legal and healthcare terminology.

Treatment Goals and Methods

The goals of treatment are to reduce symptoms of emotional disorders, improve personal and social functioning, correct distorted thinking, develop and strengthen coping skills, and promote behaviors that make a person's life better. Biomedical therapy, behavioral therapy, and psychotherapy are basic approaches to treatment that may help a person overcome problems. There are many specific types of therapies that may be used alone or in various combinations. In order to have a successful interpreting performance, an interpreter must become familiar with these aspects.

Best practices

So, what skills should an interpreter have in order to achieve a successful mental health interpreting session and how should those skills be implemented? While there are many parallels with the healthcare interpreting, some are unique to mental health interpreting.

1. Pre-session

Pre-sessions are important in any healthcare setting and they're even more vital in mental health situations. A pre-session is a short one-on-one informational session with a mental healthcare provider such as a therapist, social worker, doctor or case worker. In some instances, medical professionals will ask the interpreter to conduct a pre-session, while in other situations, the interpreter initiates the pre-session without being asked to. The purpose of this brief encounter is to allow the interpreter to learn from the health care provider the goals of the session and make subtle adjustments accordingly. For instance, if the provider shares with the interpreter that the patient has tendencies towards aggression, the interpreter may change positioning ahead of time to allow a safe distance without compromising the rapport between the parties. The interpreter and provider may engage in team building. The interpreter shall also notify the provider of the need for the actual pre-session with all parties being present and conduct a regular pre-session defining the parameters, such as transparency, accuracy, scope of practice, managing the flow of the session, and establishing boundaries. Depending on the illness a patient may have, they may not be able to retain the information shared by the interpreter, so the interpreter may have to step out of their role to reiterate these points throughout the session.

2. Positioning

The interpreter should adjust their positioning to benefit the encounter and to promote direct communication between the parties. Those providers who have some experience working with interpreters may express their wishes on how the interpreter needs to be positioned. However, positioning depends on a variety of factors that providers might not be aware of. Therefore, an interpreter should work with the provider to determine the best possible physical placement for all parties in the situation.

3. Fidelity

Fidelity to the source speech is the most important skill in mental health interpreting. Fidelity to tone and register, for example, is vital. Changing the register even slightly may paint a different picture for the provider. Needless to say, it doesn't require an interpreter to render the message literally. While sentence structure differs from one language to another, it is essential to keep the rendition in the target language as close to the original communication as possible in order for the medical professional to effectively diagnose a patient. If the syntax (word order and sentence structure) of the source language differs from the syntax of the target language, the interpreter should step out of their role as conduit to explain this to the provider.

4. Direct communication

Interpreters are trained to interpret everything without omission. In mental health, it is important for the interpreter to educate the provider on how to directly communicate

with the patient and their family. For example, when addressing questions and comments to the patient, the provider should face the patient and not the interpreter. Usually this is something that interpreters may have to reiterate throughout the encounter, which would make them step out of the role of a conduit to do a brief clarification. An interpreter may also ask the medical professional to use the first person and avoid saying, “Ask him...” or “Tell her...”

5. Flow management skills

Mental health interpreters must have artful flow management skills to handle the expectations of providers, patients, and patients’ family members in an effective and respectful manner. It is essential not to appear patronizing or condescending towards the patient.

6. Setting boundaries

Boundaries are stricter in a mental health setting than in a typical medical encounter for several reasons. Boundaries are the best way to prevent risky situations. Therefore, it’s essential to remember and implement all the postulates of the code of ethics. In reality, it might be challenging to explain to a nurse why an interpreter should not be sitting in the room with the patient while the patient is sleeping or doing a crossword puzzle. Interpreters should think of challenges ahead of time and be ready to cite a canon from the code of ethics that backs their position and offer a solution for a situation that a busy nurse can appreciate.

7. Focus

In most settings, interpreters can usually ask for clarifications and/or repetitions. However, it may not always be possible in a mental health encounter due to patients’ condition. So, it’s important that an interpreter is able to stay focused. Complete focus without interruption is essential in order to allow the mental health professional to hear the rendition as close to the patient’s utterance as possible.

8. Note-taking skills

It is not enough to be able to maintain focus with patients that speak for 5 minutes without allowing for interpretation. As a result, interpreters working in mental health settings must be able to successfully perform a long consecutive interpretation. In order to develop this skill, interpreters should have good note-taking techniques.

9. Switching modalities

Another important ability that any good mental health interpreter has is being able to effortlessly switch between the consecutive and simultaneous modes and keeping up with the patient's utterances that may be incoherent and/or lengthy. In a typical mental health encounter, an interpreter might need to switch between consecutive and whispering simultaneous a few times to keep up the pace and maintain the accuracy.

10. Simultaneous skills

Simultaneous interpreting is inevitable in mental health interpreting. If an interpreter is not fully proficient, they must disclose it when they are requested to do any mental health assignment. Group sessions, such as group therapy and AA classes are some instances of when SI is used in mental health interpreting. An interpreter is likely to use the simultaneous mode when there is a patient who is rambling incoherently or who goes into a tirade. Review the chapter on SI and practice your rendition on a regular basis.

11. Teamwork

Sometimes, mental health interpreting requires team building efforts for the benefit of the patient. More often than not, interpreters work with the same patient and his/her treatment team for weeks, months, and even years. Patients and families establish the rapport with the interpreter and may see her/him as a familiar and trusted professional, which can actually benefit the overall progress. Likewise, when interpreters and providers work as a team, the work of both the interpreter and the provider is much more effective. Naturally, team building must go hand in hand with maintaining boundaries, so the interpreter shall always behave as a part of the treatment team while adhering to the code of ethics.

12. Cross-cultural knowledge

Cross-cultural knowledge is an important component of healthcare interpreting. When either a provider or a patient is not familiar with the culture of the other party, it becomes increasingly difficult for them to understand the other. An interpreter should not offer information on a culture without having significant knowledge of it.

13. Post-session

It is very important for the mental health provider and the interpreter to debrief in the post-session. It is vital to make the provider aware that holding a post-session with the interpreter is beneficial in order to sort out communication issues and possible therapeutic concerns such as any transference/counter-transference that may have surfaced. However, as always, it is important for the interpreter to remember not to overstep the ethical boundaries and only provide information about the patient's

language, not personal information or opinions about the patient. Thus, only linguistic and cultural information shall be discussed. For instance, it is perfectly acceptable to discuss a patient's repetition of the same sentence throughout an encounter. However, attempting to medically diagnose the repetition would be outside of the interpreter's scope of practice and competence and is unacceptable.

Family members

The importance of the family in mental health cannot be overlooked. Families are great sources of support and, occasionally, a significant cause of stress. Often, an interpreter may interpret for the patient and for the family as well. In other instances, the interpreter may have to deal with family members who are used to interpreting for the patient. If that is the case, it is important for the interpreter to manage expectations in a tactful and diplomatic manner. This is necessary in order to assure continuing family support and to develop a rapport between the family and the interpreter. The interpreter should avoid alienating family members and having them think that they have been replaced by a stranger.

There are a number of issues that should be kept in mind when family members are included in the interpreting encounter:

1. Lack of transparency

The relative or friend may have attitudinal or emotional issues that could affect objectivity and impartiality, and could prevent accurate communication. For instance, a relative or friend might feel compelled to "shield" the patient from what he/she may perceive as uncomfortable questioning, or to withhold potentially embarrassing or self-incriminating information expressed by the patient.

2. Language skills

A family member or friend may not have the necessary language skills or be familiar with the appropriate medical terms that are needed for effective communication in a mental health setting. By the same token, chances are slim that family members and friends would be familiar with interpreting ethics, protocol and modalities.

3. Patient's Privacy Rights

Using a relative or friend as an ad hoc interpreter may violate the patient's right to privacy and confidentiality.

4. Comfort level

The patient may not feel comfortable to freely express themselves with a relative or friend present, thus causing the patient to withhold vital information.

Resources:

1. **“THE TERMINOLOGY OF HEALTH CARE INTERPRETING” A glossary of terms**
<http://www.ncihc.org/assets/documents/NCIHC%20Terms%20Final080408.pdf>
2. **VTPU Guidelines for Working Effectively with Interpreters** Tania Miletic, Marie Piu, Harry Minas, Malina Stankovska, Yvonne Stolk, Steven Klimidis
3. **Interpreting in Mental Health Settings *Standard Practice Paper*; Registry of Interpreters for the Deaf by the Professional Standards Committee, 1997-1999**
4. **Top Ten Best Practices in Mental Health Interpreting, Izabel Arocha, M.Ed.**
5. **Linguistically Appropriate Access and Services; An Evaluation and Review for Healthcare Organizations, Charles C. (Mike) Anderson, M.P.A.**
6. **What's in a Word? A Guide to Understanding Interpreting and Translation in Health Care (April 2010) Published by the National Health Law Program (NHeLP) in collaboration with the American Translators Association and NCIHC**