

QUICK GUIDE TO WORKING EFFECTIVELY WITH BSL/ENGLISH INTERPRETERS IN MENTAL HEALTH SETTINGS

Booking an interpreter

- ◆ Book qualified professional interpreters - preferably with experience and training of working in mental health settings.
- ◆ Endeavour to book interpreters who are not socially familiar with the patient. This may be difficult within a small close-knit Deaf community.
- ◆ Specify the sign language required, i.e. BSL, Irish Sign language (ISL) or other and any additional or critical requirements: interpreters gender, dialect and ethnicity.
- ◆ Allocate additional time for an interpreted meeting - most interpreters are freelance and bookings are usually 2 hour minimum.
- ◆ It will be necessary to book two interpreters for longer intense meetings, for example, Care Programme Approach (CPA) meetings etc.
- ◆ Make sure that mental health practitioners and the interpreter(s) will have sufficient time for appropriate pre- and post-meeting discussion.
- ◆ Build regular breaks into the booking time. Watching an interpreter intently can be tiring on the eyes for the patient. This also helps to maintain the quality of the interpretation and supports the interpreter for Occupational Health and Safety reasons.

Before the interpreted event: brief the interpreter about

- ◆ The aims of the session and the terminology and concepts that you may expect to use and any other important background information that may be relevant.
- ◆ How you will conduct the meeting.
- ◆ The interpreter should be invited to the staff office upon arrival and should leave with the practitioner if he/she needs to leave the room for any reason during the appointment.
- ◆ Prior to the first meeting allow the interpreter(s) and patient to meet briefly to initially get accustomed to each other's use of language and style of communication. Interpreters will approach this sensitively bearing in mind any communication outside of the session may have an effect on the content and dynamics of the session itself.

During the meeting: interpreted communication

- ◆ Speak directly to and face the patient rather than the interpreter. Use a moderate pace and volume for the interpreter.
- ◆ In a group setting encourage participants to speak or sign one at a time. Overlapping conversations are difficult to interpret successfully.
- ◆ Use the first person 'I' and second person 'you' instead of 'ask him' or 'ask her'. If the patient addresses the interpreter directly, the mental health practitioner will need to intervene and request the patient speak directly to the practitioner.
- ◆ Try to avoid jargon, colloquial language, sarcasm, cynicism and jokes - they can be difficult to interpret successfully.
- ◆ Explain any difficult concepts or terms.
- ◆ Be aware that the interpreter may sometimes have to intervene to clarify a statement or answer with the clinician, patient, family member or carer.
- ◆ Be aware of the body language of both interpreter and patient.
- ◆ If you need to leave the room, make a telephone call or do anything that is not clear to the other parties, explain this to the client and explain that the interpreter must also leave with you and why.
- ◆ Do not leave the interpreter on his/her own with the patient.
- ◆ During rest periods limit the demands on the interpreters skills.
- ◆ Check the patient's ongoing understanding during the meeting.

Post-session meeting with interpreter

- ◆ Ask the interpreter(s) whether there are any comments they would like to make regarding interpreting aspects of the meeting.
- ◆ Allow the interpreter time to discuss any aspect of the meeting s/he may have found confusing or distressing.
- ◆ An interpreter may need to discuss any distressing or traumatic material covered in the session, or where there has been violence, self-harm or difficulties in calming someone, or where there was a family crisis.
- ◆ Include the interpreter in any formal mental health service debriefing necessitated by incidents or distressing interview material.

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