



**NCIHC**

**NCIHC Open Call  
December 7, 2007  
9:00 – 1:30 PDT**

**Topic:  
Mental Health Interpreting:  
What's Different from Standard Medical Interpreting**

The NCIHC Open Calls are held quarterly, as a means of encouraging exchange among professionals working in the field of language access and soliciting input from practitioners in the field to inform NCIHC policy making.

**Participants:** about 35

**INTRODUCTION**

The call was convened at Noon EST (9am PST, 11am CST) by Dr. Cornelia Brown of MAMI Interpreters in Central New York. The subject was: Mental Health Interpreting: What's Different from Standard Medical Interpreting?

**OPENING PRESENTATIONS**

The call began with short presentations by

- Brian McKenny, [brianmckterp@gmail.com](mailto:brianmckterp@gmail.com)
- Dr. DJ Ida, [djnaapimha@cs.com](mailto:djnaapimha@cs.com)
- Dr. Cathy Mayton-Collins

**Brian McKenny** is an in-house ASL interpreter at a psychiatric facility in Alabama tailored to deaf patients. This program was instituted in response to a lawsuit, which also led to the development of standards of practice for interpreters in mental health. These standards can be accessed at

[www.mh.alabama.gov/downloads/DeafServices/DS61214\\_580-3-24\\_Final\\_1.pdf](http://www.mh.alabama.gov/downloads/DeafServices/DS61214_580-3-24_Final_1.pdf). The suit also established an intensive training program for interpreters in mental health. The program is 40 hours of class time followed by 40 hours of practicum and a written test,

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and leads to the title of “Qualified Mental Health Interpreter.” Mental Health practitioners are required to use Qualified Mental Health Interpreters in Alabama unless the practitioner is fluent in the patient’s language.

Mr. McKenny spoke about how mental health interpreting is different from interpreting in other venues. In mental health services, everything depends on clear communication: both diagnosis and treatment. Interpreters must have a wide range of interpreting skills and be flexible in applying whichever best fits the needs of the particular patient and provider. For example, it is standard practice for ASL interpreters to use first person simultaneous interpreting, but the particular need of the moment may require the interpreter to use consecutive, narrative, or even descriptive interpreting. The interpreter may need to describe movements, eye contact, or culture-specific behavior that is not “normal” for deaf patients. In order to do this, interpreters need to be specially trained.

**Dr. DJ Ida** is the Executive Director of the National Asian American Pacific Islander Mental Health Association (NAAPIMHA). This organization is acutely aware of the need to provide mental health services in the language of patient across minority populations. Unfortunately, there are very few bilingual mental health practitioners, and training bilinguals to a doctoral level in mental health work takes a great deal of time. In the meanwhile, existing practitioners must learn to be more culturally competent, and interpreters must learn to work in mental health settings.

To achieve this end, in 2003 NAAPIMHA developed a training for providers of mental health services to Hispanics, Asian Americans, and Pacific Islanders. The training consists of five modules

1. Self –awareness
2. Connecting with client
3. Culturally and linguistically appropriate diagnoses
4. Culturally and linguistically appropriate intervention strategy
5. (*Note-taker didn’t get the fifth module – my apologies. CER*)

While the competence must lie with providers, there is a need for interpreters who can bridge the language and cultural gap. NAAPIMHA also developed a 40-hour training for interpreters, including the following modules:

1. Overview  
Why we need interpreters in mental health services and how interpreting in mental health is different from other venues.
2. Cross cultural communication  
How to be more culturally competent; high-context and low context communications; self-awareness; being part of a team; understanding boundaries.
3. Understanding the role of culture in mental health  
Understanding the stigma associated with mental illness, culturally defined

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causes of mental health problems, and the sociohistorical bases of mental health problems in various immigrant and refugee populations.

4. Standards of interpreter practice  
An emphasis on cultural brokering skills
5. How interpreting changes in mental health work  
The need to adjust from interpreting meaning to interpreting patterns of speech; more extensive use of the pre- and post-session
6. Mental health terminology
7. Mental health systems  
Providers, systems, etc.

Dr. Ida also addressed some of the concerns that arise when using interpreters in mental health settings.

- Interpreter needs to understand their own attitudes toward mental health work, their own psychological triggers, their own attitudes toward torture, trauma, abuse, etc.
- There is a concern about interpreter well-being. How will issues that come up in therapy impact the interpreter?
- Interpreters are often case managers and even providers as well. How can clear boundaries be defined and managed?
- There are distinct cultural issues surrounding how people talk about their emotional problems. In the dominant culture, a person who is sad may feel that his “heart is breaking.” In other cultures, a “broken liver” may denote sadness, or other metaphors may be used to talk about feelings. Interpreters must be aware of these and help the provider understand them.
- Interpreters don’t get supervision, don’t get debriefing, and don’t get support.
- Too often, untrained interpreters used in mental health settings.
- Many mental health services are offered through small community-based organizations that don’t have budgets for interpreters at all, much less trained interpreters, much less interpreters specially trained in mental health.

**Dr. Cathy Mayton-Collins** is Director of Social Work at the Mohawk Valley Psychiatric Center in Utica, NY. In 2004 she and a group of other mental health practitioners developed a training for interpreters in mental health in collaboration with MAMI of Central NY. Led by Cornelia Brown, the Executive Director of MAMI, this 40-hour training targeted interpreters who already had training as medical interpreters.

This course started with survey and pre-test to assess where students were in their understandings of mental health. The clinicians who participated became more aware of professional interpreter services. There was some controversy as to how styles would mesh. The course covered the following topics:

- Basic info about cross cultural issues in mental health work  
The stigma associated with seeking mental health care, stereotyping, culturally

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- defined causes of mental illness, culture-bound mental illnesses (all based on discussions with interpreters).
- Review of ethics and procedures for health care interpreters in strictly medical settings. In each module, discussion/ practice of ways in which standard procedures should be modified for mental health settings.
- Included educating clinicians and patients of how interpreters would work (pre-session), adjusting procedures of interpreting.
- Overview of mental health professionals and training (everything from acute care to community settings, MD- and PhD-level clinicians to peer support.)
- Information on legal issues, the rights of patients, admissions and discharges (legal issues), legal forms.
- Overview of medications and mental health treatments
- The Mental Status Exam and the challenges it presents to interpreters (this exam is strongly rooted in the dominant culture; note the use of idioms and proverbs to evaluate abstract thought processes.)
- Overview of the DSM and mental health diagnoses (full continuum, from mildly neurotic to severely chronically mentally ill)
- Environments in forensic treatments. Locked doors, security etc (correctional facilities)
- Aging and mental health, peri-natal mental health, domestic violence, substance abuse, post-traumatic stress disorders, interpreting for active psychoses (including the need to interpret speech patterns)
- ADD: Mental-health Interpreter self-care.

Dr. Mayton-Collins also addressed the challenges presented by interpreters in mental health venues.

- Some interpreters feel extremely uncomfortable interpreting sexual content and bad language.
- There is a great need to educate providers to work effectively with interpreters.

## **OPEN DISCUSSION**

How is mental health interpreting different from straight medical interpreting?

Communication is the entire show – both for diagnosis and treatment.

- Must have prior training as interpreters before training for mental health.
- Must have a good command of simultaneous interpreting as well as consecutive.
- Clinicians sometimes ask questions without caring about the content of the answer; they are wanting to measure affect and tone of response. Cultural issues are so very important.
- Interpreters MUST be self-aware so that they don't impact the communication with their own biases.
- Interpreters MUST pay careful attention to the form of the message.
- Wide range of settings in mental health.

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- Issues of self-awareness and stigma are huge. Interpreters may see it as dangerous, but this is rarely the case.

What do interpreters need to know specific to mental health to work well with clinicians?

- Do interpreters need to know highly technical terminology regarding diagnoses, etc? Do we teach the terminology used to talk TO patients or ABOUT patients?
  - Interpreters need to be familiar with this terminology, but not to the level of clinicians.
  - Interpreters need to recognize the register used by patients and be able to adjust register so that patients will understand.
  - Interpreters need to know the technical terminology, but be careful in using it; we don't diagnose.
  - Interpreters as part of the treatment team, so they should have the same knowledge as the mental health providers have.
- We want the interpreter to have an idea of what the provider is trying to achieve in a particular setting. What is the purpose of the encounter? Different modes of therapy.
- Expanded use of pre- and post-session.
- Make sure that interpreter will ask for clarification if he/she doesn't understand what the provider is saying.
- How should an interpreter handle a question that is purposely vague if there is no way to be vague in the target language?
  - E.g. Deaf people do not use proverbs – **interpreters need to point this out to providers**, so provider will use another technique to evaluate, for example, abstract thought. Providers are the mental health experts, but interpreters are the linguistic experts.
  - Interpreter must be part of the team and provide linguistic and cultural brokering.

What do providers need to know to work well with interpreters?

- The role of interpreter.
- To value the interpreter as a linguistic and cultural professional.
- The ethics and standards of practice of professional medical interpreters – reevaluate if appropriate to mental health settings.
- To wait for interpreter to finish interpreting before assuming that one has understood body language.

What are the challenges for trainers?

- Finding individuals who are competent to teach.
- Finding interpreter candidates who are capable of dealing with mental health settings.
- Getting interpreters and providers to **value** training in mental health interpreting

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- Where to get training? Are any of the three courses described here available elsewhere?
  - AL has exported its course to PA, WI. Would be willing to export elsewhere.
  - MAMI hasn't gotten to the point of exporting, but would like to do so. Need some sort of grant support.
- Retention of these interpreters is hard. Not enough emphasis on self-care; these interpreters often suffer from secondary trauma.

## CLOSING

The call closed at 1:30 EST with a request that there be a second call on this topic to continue discussing how to extend training for interpreters in mental health.

## MARK YOUR CALENDAR!

In 2008, NCIHC Open Calls will be held on the following dates at the same time:

Friday, February 8

Friday, April 4

Friday, May 23

If you have suggestions for Open Call topics, please send them to Cindy Roat ([cindy.roat@alumni.williams.edu](mailto:cindy.roat@alumni.williams.edu)), Cornelia Brown ([cbrownmami@gmail.com](mailto:cbrownmami@gmail.com)), or Paz Angelica Snyder ([pazsnydr@med.umich.edu](mailto:pazsnydr@med.umich.edu)).