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The **INForMHAA** study: **Interpreters** **For Mental Health** **Act Assessments**

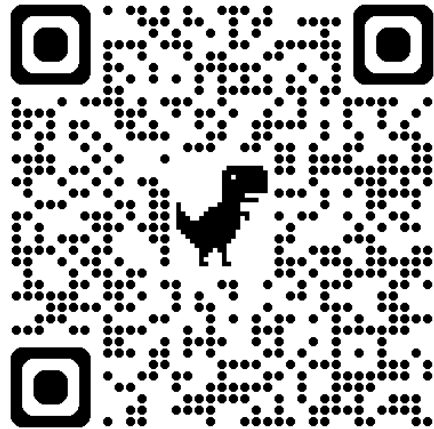
<https://sites.manchester.ac.uk/informhaa/>

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- Funded by two grants from NIHR School for social Care Research
- These grants were offered to
 - Improve the evidence base in adult social work/social care
 - Must make a significant impact on actual practice
 - Result in practice-based resources

The views expressed in the following presentation are not necessarily those of NIHR SSCR.

- <https://sscr.nihr.ac.uk/content/uploads/2018/07/SSCR-summary.pdf>



INForMHAA participation figures

543 participated in the
INForMHAA project



156



41

47 took part in the simulated video
practice filming and observation
focus group



24 from the research team,
advisory board and PPIE group
provided advice, support,
lived experiences and expert
knowledge

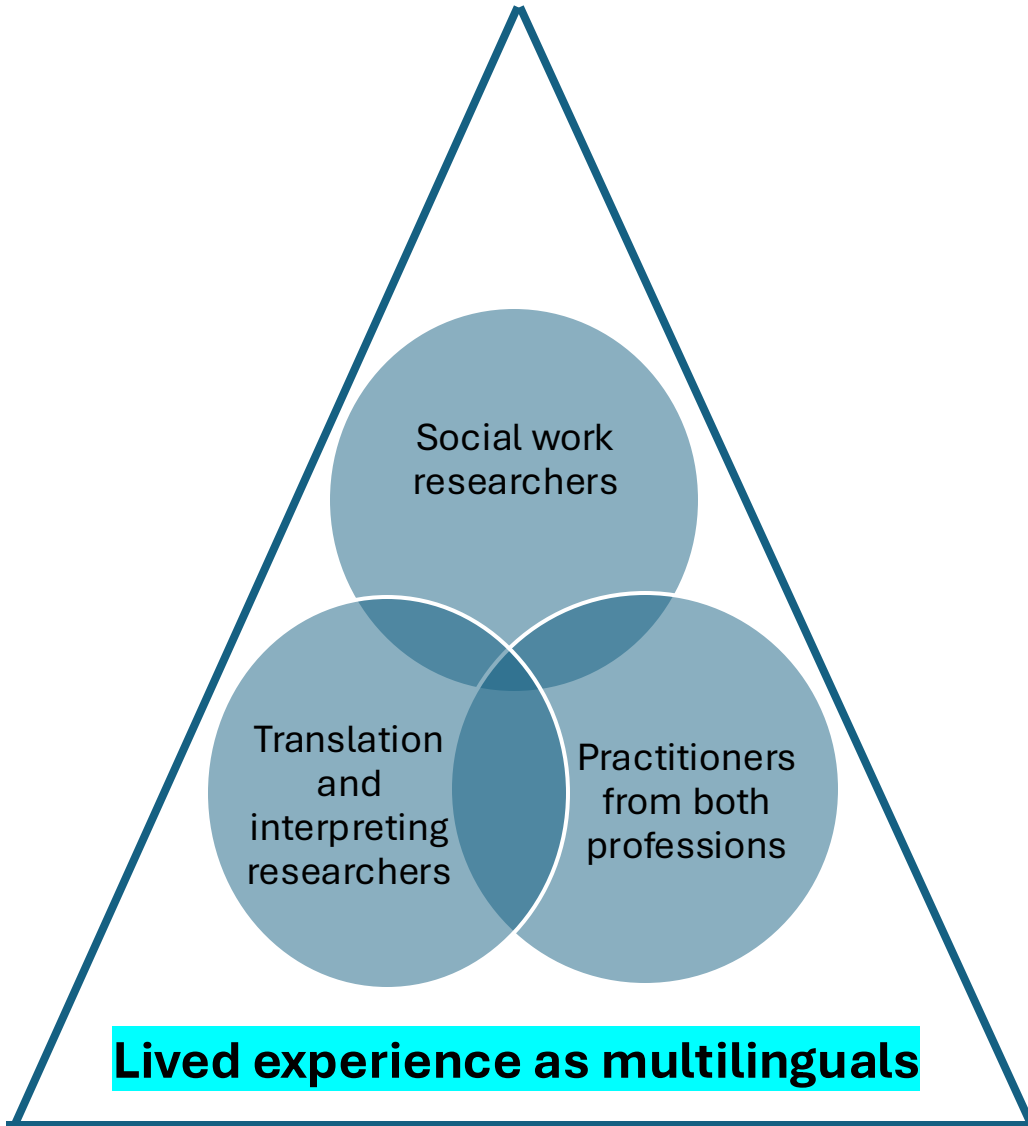
275 participated in the testing phase for the
development of the guidance

**THANK
YOU!!**

Today's programme

- Explain background, purpose and process of the research project
- Work through evidence of some key practice related issues
- Use video/simulated practice stimuli for workshop tasks
- Introduce available guidance and resources + discussion exercise

The Team



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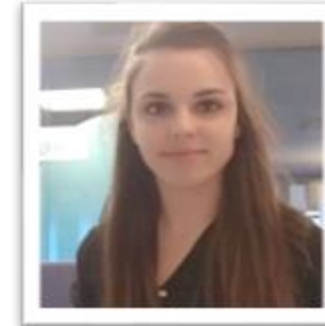
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Where did it start?

- Focus on inequalities of outcome linked to ethnicity but this is not the same as language diversity
- Language of assessment not in the minimum data set (NHS Digital) or annual reviews of practice (CQC)
- Nothing in the reviews of the MHA
- No idea how many people are assessed through an interpreter
- Personal experiences of practice whether as an AHMP or interpreter



Mind your language: interpreters in Mental Health Act assessments



By [Alys Young](#), [Rebecca Tipton](#) and [Natalia Rodríguez-Vicente](#)
Filed Under: [Ethnicity, Health and Care](#), [Health and Social Care](#), [Open Minds](#)

Posted: April 4, 2024

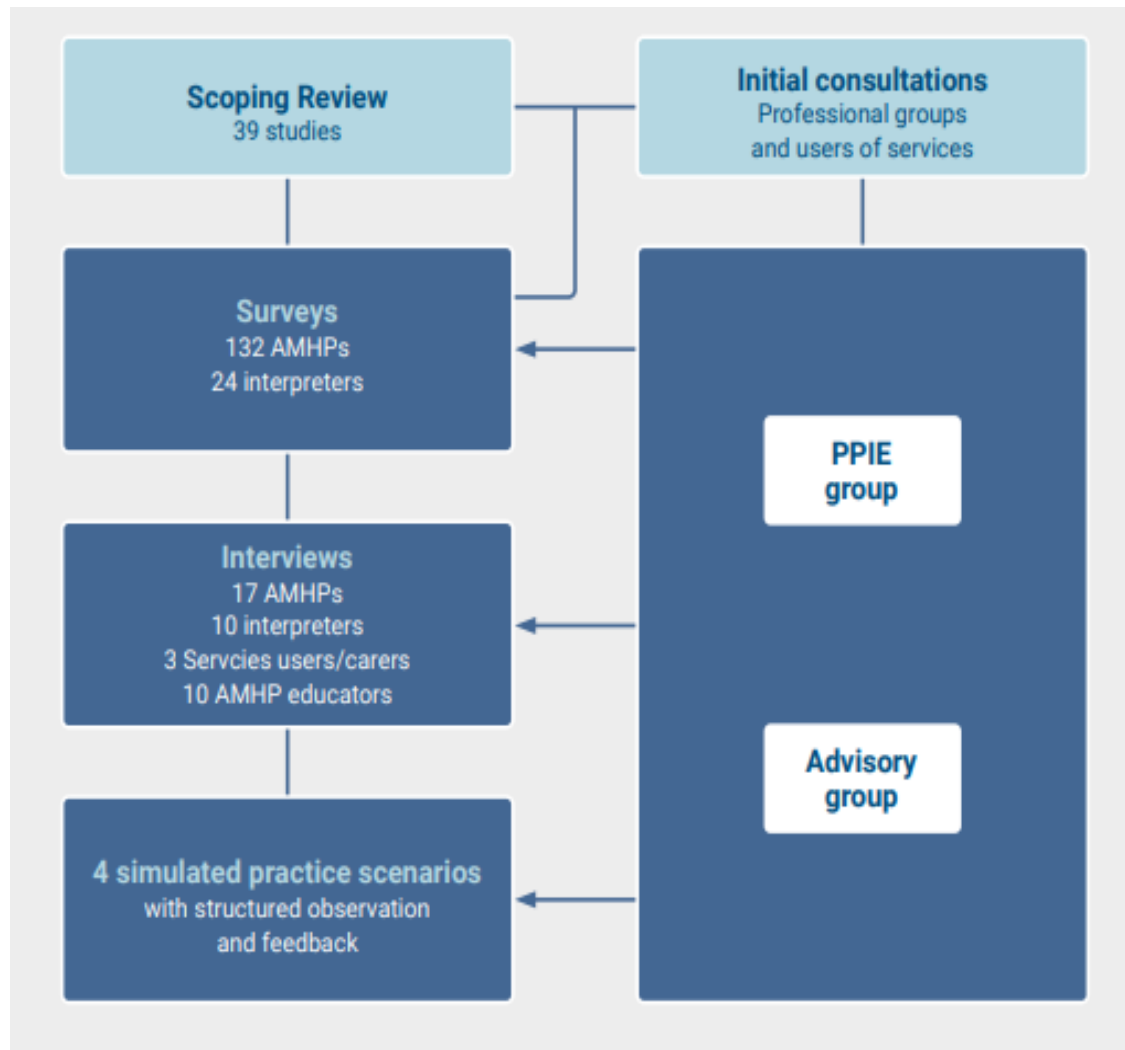
In England and Wales, the Mental Health Act can be used to detain people experiencing a mental health crisis, and who may pose a danger to themselves or others. However, some of those assessed under these powers will not use spoken English. Here, [Professor Alys Young](#), [Dr Rebecca Tipton](#), and [Dr Natalia Rodríguez-Vicente](#) explore the effects on the assessment process, equity, and outcome when an interpreter is involved, and how policymakers can ensure better regulation and data collection.

How does interpreter mediation impact on Mental Health Act Assessments and how can interpreter-mediated Mental Health Act Assessments be improved?

1. To what extent and how does the involvement of a spoken/signed language interpreter in Mental Health Act assessments in England constrain or enable best AMHP and interpreter practice?

2. When might it be more appropriate to use language concordant services (e.g. language/cultural advocates) rather than interpreters within AMHP practice and how?

3. What constitutes an effective training model for AMHPs and professional interpreters?



Continual engagement with multiple stakeholders at all stages

Cumulative mixed methods

The broad picture from AMHPs [132 with direct experience of using an interpreter]

- Interpreter mediated MHA assessments although infrequent are a constant. Of the 132 AMHPs in the survey most averaged 5 interpreter mediated assessments a year
- Asked about whether they recorded when an interpreter was used 100/115 said 'sometimes' and around 50% said they recorded the language combination of the interpreters
- If there seemed to be a 'problem' this was consistently noted. [But what constitutes a problem?]
- Since approval as an AMHP, **71.8% (n=89)** said they had not participated in any further training on working with interpreters.
- **58.9% (n=73)** said they had never received any joint training with interpreters (in any setting, not just with respect to MHA assessment).
- **Nearly 60%** (n=67; 59.3%) concluded that their training had not adequately prepared them for working with interpreters whether in their AMHP role or otherwise.

- 92.1% of AMHPs rated their “competence to do a Mental Health Act assessment with an interpreter present” either moderate (n=80; 69.6%) or high (n=26; 22.6%).
- BUT... . Nearly two thirds (n=71; 61.7%) when asked whether they “can/could carry out Mental Health Act Assessments through an interpreter with the same degree of effectiveness as in monolingual assessments?” replied ‘no’.


Check for updates

Original Article

Mental health professionals’ (AMHPs) perspectives on interpreter-mediated mental health act assessments

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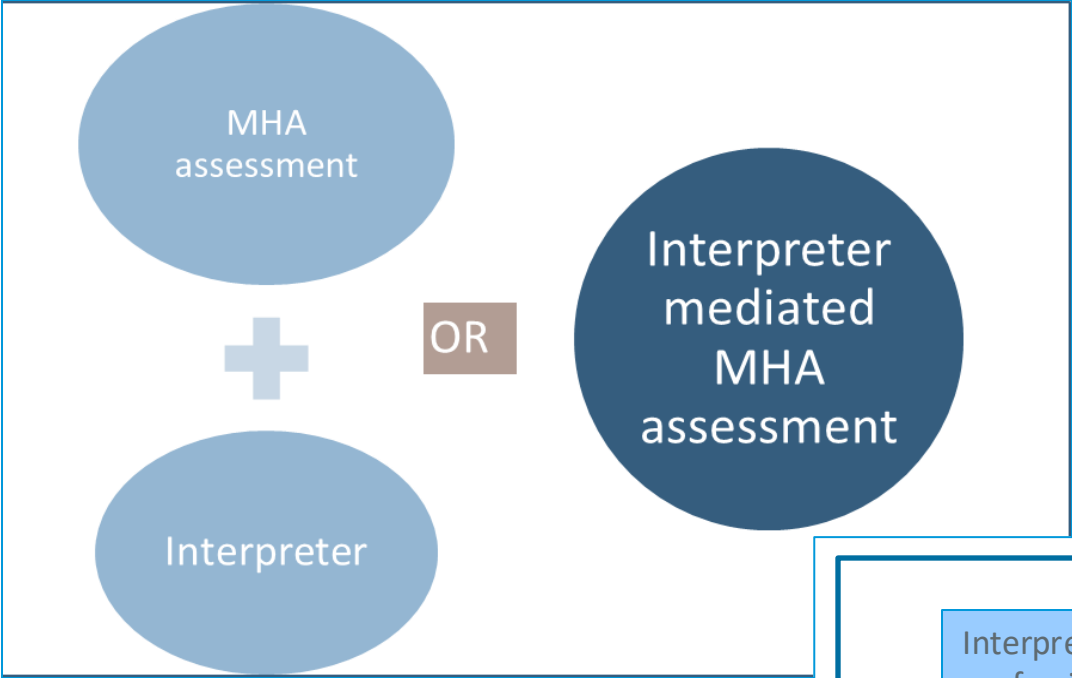
AMHPs assumptions about interpreters

- Just over half of AMHPs said they expected interpreters to be registered with ‘a regulator’
 - Why would you not? (a concern for interpreters too)
 - But there is not a regulatory body – only voluntary registers
 - Where is the safeguarding governance?
 - Examples of exploitation and reporting given
- AMHP responsibility to co-ordinate an assessment which includes finding and booking the interpreter
 - Variation in availability and ease of booking systems
 - Issue of information exchange, GDPR and rights
 - Not being able to name a preferred or not preferred interpreter
 - Specification of MHA experience not guaranteed

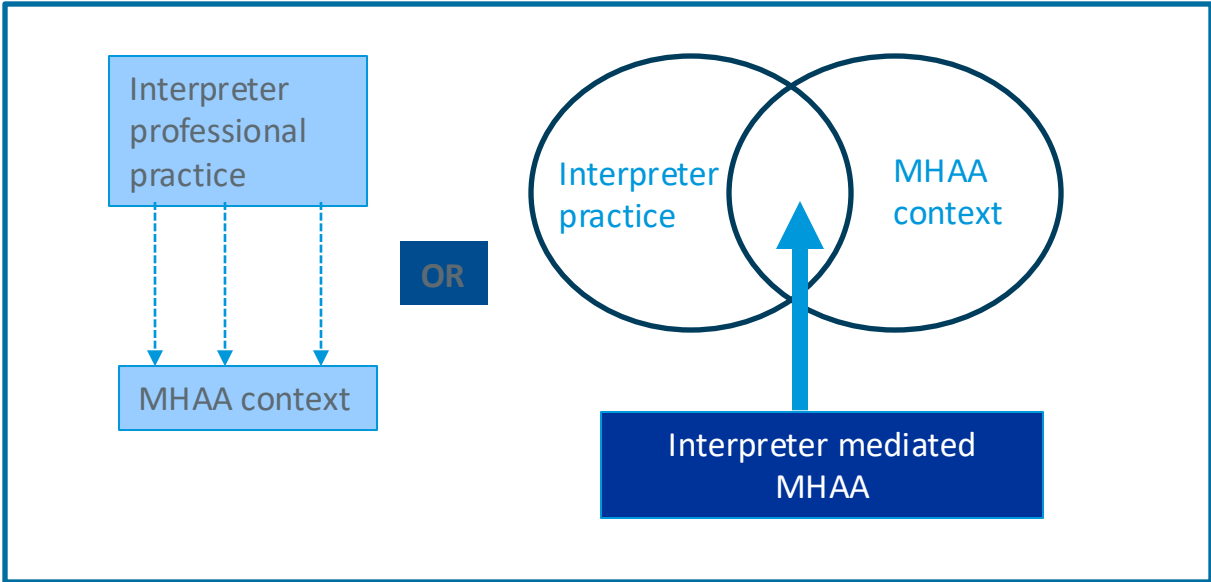
Common misconceptions by interpreters about MHAs

- Not different from any other mental health assessment in other contexts
- It's about informed choice
- Lack of understanding this is a statutory duty/power/responsibility
- Safeguarding is none of their business
- It is acceptable to tidy up someone's language
- It is acceptable to summarise what a person is saying

AMHP's perspective



Summary of potential differences in perspective



Interpreter's perspective

Some practice issues

It's not what you say, it's the way that you say it

- Language use is a key component in the AMHP having access to a person's mental state
- Assists in judgement of their ability to understand what is happening, participate in decision making, make choices, have capacity
- Language is a window

Mental state can affect e.g.

- Speed of language, use of words, sentence structures, tone of voice, pattern of signing, size of signing space, prosody
- Whether the person makes any sense
- Attitudes and opinions and assumptions revealed through language choices

It's not what you say, it's the **way** that you say it

- AMHP no longer has direct access to the feel, content and tone of language of the person being assessed
- False assumptions about the 'sense' of the language are easy to make [the person is angry, withdrawn etc.]
- Significance of words choices might not be recognised [old fashioned vocabulary, incorrect usage, unusual ways of expressing self]

It's not what you say, it's the **way** that you say it

- The interpreter might be tidying up the language or making it comprehensible without every realising this creates problems in itself
- Why? Wants to do a good job, not be seen as unable to make sense of the person
- Is focussing less on the representation of the individual and more on the semantic content

Indirect is also asynchronous

- AMHPs observe the whole person reactions to 'talk'
- Mode and ability of interaction
- Gauge level of understanding and level of engagement
- Participation in conversation, distraction, eye gaze, following or not following the person who is talking/signing to them are all helpful indicators

- But someone is always at least a sentence behind
- Action and reaction are not in tune
- Affect/ response and content of message will not be in sync
- Interrupting/talking over/turn taking become far more complicated
- Waiting is not easy between turns

AMHPs can't monitor the translation...

- AMHPs choose their words carefully
- Sensitivity
- Matching the person's needs/level of understanding
- Being precise
- Giving best opportunity for person to understand what is happening and consequences
- Obligated to say some things

- Can't be sure exact meaning required has been properly/correctly/fully translated
- Can't judge that always from their person's response either
- Language choices of the interpreter can't be discerned
- May not fully appreciate interpreters are making choices
- Legal implications potentially of not being sure of the interpretation

Examples from our study...

- ‘Treatment’ when explaining the consequences of a Section
- Nearest Relative
- Do you agree Vs do you have an objection?
- He says ‘yes’

Unhelpful strategies to overcome the problems...

- ‘Just translate what I said’/ ‘word for word’/ ‘literal translation’
- Interpreters keep silent and don’t point out the roots of miscommunication/misunderstanding
- AMPHs don’t give interpreters permission to clarify or suggest better ways to get the meaning across
- AMPHs just repeat the same information in the same way again

Let's look at a video that illustrates
some of these issues and discuss
what might have helped

Information about the video before we watch

- Real AMHPs and real interpreters (thank you!)
- Disclaimers about poor practice
- Actors for patients
- Scenarios derived from our interview and survey data
- Loosely scripted then improvised on camera
- Social justice professional filmmaking group
- Used in our study for guided discussions later with AMHPs, interpreters and service users
- Available for your use with scripts, teaching materials, key points for practice/CPD etc.

In 'other' language with
no translation into
English

In 'other' language with
subtitles that translate
the other language
responses

4 formats

In other language with
subtitles but these do
not translate the other
language into English

In other language with
subtitles that translate
into English and BSL

Video example 1

Using an example where the AMHP does not have full access to what the person is saying in the other language

It is an inexperienced interpreter in this kind of context

The AMHP is trying to explain what is happening

The interpreter cannot stay very long – time limited booking.

Dutch with English subtitles



<https://video.manchester.ac.uk/faculties/edfa2331ca0cd9a14d717cb1d233466f/29dc570b-b023-410d-bb3e-4472f3dc1f65>





What do you observe?

What could have been done better: how
and why?

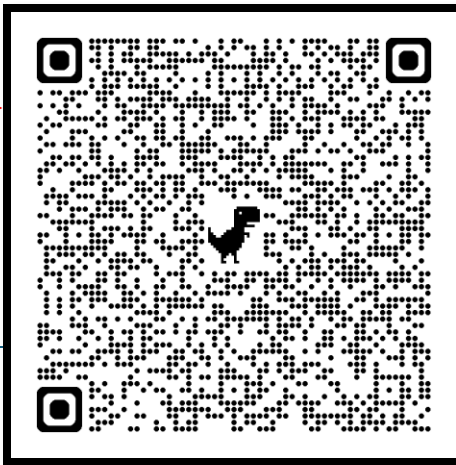


The guidance and resources

Underpinning principles in creating the guidance

- For AMHPs and interpreters (spoken/signed) together – not just for AMHPs
 - Why? To embody the notion of interpreters as members of the communication team. Not a tool to be used or just for the service user/patient.
- Must be **evidence-based**
 - Why? Such poor research available
- Must be **non – prescriptive**
 - Why? flexible for individuals, teams, organisations etc to use in ways that are helpful to them and every situation will be slightly different.
- Not aimed at service users and carers but written in such a way as to be **accessible** when supported by the web based ‘research bites’ and resources

Free download



Evidence based professional guidance

- Pdf
- online
- in full/in parts (self-contained)

Online free teaching and learning resources

- multiple languages
- multiple formats

INforMHAA: Interpreter-mediated Mental Health Act Assessments

**INforMHAA
Project
Guidance &
Resources**

Professor Alys Young – The University of Manchester
Professor Jemina Napier – Heriot-Watt University
Professor Sarah Vicary – The Open University
Dr Rebecca Tipton – The University of Manchester
Dr Natalia Rodríguez Vicente – University of Essex
Dr Celia Hulme – The University of Manchester

Topics in evidence-based content/ practice guidance

Before assessment

When and why interpreters

AMHP and interpreter joint briefing

Key concepts and terms

During assessment

Types of interpreting

Stopping an interpreter-mediated assessment

Cultural sensitivity and brokering

After assessment

Full patient journey

Debriefing

Issues in recording

Accountability and governance

Discussion activity

What we'd like you to do...

On your table you will find copies of different sections from our guidance.

Read through the text and discuss with your group:

1. The extent to which you think your current practice includes some, most or all of the suggested actions
2. What you might change in your practice based on this information
3. Whether there are any practice experiences in the group that are not reflected in the guidance (i.e. any adaptations to local practice contexts?)

Please make a few notes on the paper provided for us to take away

Research into practice

A few brief explanations about why we have privileged the practice points that you see on the sheets

Part 5.

Briefing

Why did we add this section to the guidance?

RESEARCH FINDINGS SHOWED US:

- misplaced assumptions about professional interpreters being trained to the same level and having prior knowledge about the MHA and MHA assessments
- acknowledgement that the language of the MHA and the nature of service user communication can be challenging BUT limited dialogue on how to handle this
- expectation that interpreters will automatically comment on the *manner* in which something is said as well as *what* is said + avoid imposing meaning on incoherent/disfluent communication
- expectations regarding potential interpreter reactions during assessments and to the outcome of assessments are not always directly addressed
- inconsistencies in understanding of the type of adjustments needed to AMPH interviewing practice in interpreter-mediated interaction
- often limited scope for the interpreter to explain their role / lay ground rules for interaction

3 key priorities for AMHPs/interpreters in a briefing

OVERARCHING PRINCIPLE: briefing is best viewed as a two-way process to empower both professionals

1. Gathering / Providing information

e.g. on respective roles, purpose of the assessment/possible outcomes, extent of AMHP's /interpreter's prior experience of interpreter-mediated MHAAs [NB time spent on this may support later decision-making with regard to stopping an assessment]

2. Addressing knowledge gaps

e.g. about key terms and their legal importance to avoid misinterpretation (e.g. 'treatment'); about how speech/communication can be impacted by severe mental illness

3. Co-developing strategies

e.g. for checking interpreter language choices/assessed person's understanding; for interpreting rapid/disfluent/incoherent communication; seating arrangements; for keeping emotions in check; handling communication with other professionals/family members; for checking in with the interpreter at the end of an assessment

Part 7.

Types of interpreting

Types of interpreting

Bilateral 'short consecutive' interpreting

- The speaker pauses after completing a thought or a few sentences ('meaningful chunk'), allowing the interpreter to reproduce the message into the target language.
- Default mode for spoken languages because both the input and output are auditory, requiring the interpreter to wait until the speaker pauses, to prevent overlapping talk.
- Depending on specific circumstances or communication needs, the interpreter can shift to simultaneous interpreting (if trained).

Simultaneous interpreting (*chuchotage*)

- The interpreter speaks with a minimum time lag with the speaker.
- Default mode for sign language interpreting, which expresses meaning visually.



Research findings showed us that there are situational needs where simultaneous may be more effective:

- **Crisis interventions** in which swift and accurate exchange of information is vital for example as a distressed individual shares their thoughts.
- Preserving **language fluency or memory flow**: For individuals recounting intricate details, the pauses in consecutive interpreting can disrupt the train of thought and compromise the thread of memory.
- **Disordered language**: to clearly represent how the individual is expressing themselves (e.g., in their choice of words, speed of expression, hesitation, gaps and non-sensical sentence structures).

Good practice:

- AMHPs can ask interpreters to shift to simultaneous mode.
- In situations involving individuals experiencing psychosis, it becomes crucial to explain that simultaneous interpreting is happening.
- AMHPs should agree in advance with interpreters any preferences concerning approaches to interpreting.
- AMHPs and interpreters should agree in advance that it is all right for an interpreter to suggest a change in interpreting style if needed.

Part 8.

**Deciding to stop a MHAA
interview**

Why did we add this section to the guidance?

RESEARCH FINDINGS SHOWED US:

- AMHPs could recognise that the process of interpreter mediated assessments was more complex but very few had ever considered the implications of that for the outcome – some only did that for the first time when we interviewing them
- No case law we could find on potential illegality of outcome because of inadequate or flawed communication in circumstances where an AMHP was working through an interpreter.
- Little training, support or awareness for interpreters of additional skills, level of interpreting required and specific context of MHAAs is available to interpreters
- Little if any recognition by interpreter agencies about the ‘high stakes’ nature of this kind of assignment the need to match an interpreter.

5 reasons to consider stopping an assessment

1. **The person being assessed appears unwilling** for the interpreter to be present, the reasons for this may be unclear or specific to the individual interpreter [requires investigation and clarification]
2. The AMHP is concerned that **the interpreter is not able to understand or adequately convey key concepts** vital to a MHAA. [little or no regulation, quality thresholds]
3. The interpreter appears unsure, hesitant or **distressed to an extent that it is interfering** with good communication during the assessment. [whose job is to care for interpreters? Little access to supervision]
4. The **time** the interpreter has available is very limited which may impede a fair assessment process. [is waiting an option?]
5. Issues connected with the circumstances of the interpreting and/or interpreter are creating **risks that are not manageable** [Safety and safeguarding]

Part 9.

The role and responsibilities of interpreters: cultural sensitivities and cultural brokering

Why did we add this section to the guidance?

RESEARCH FINDINGS SHOWED US:

- interpreters are not a mere conduit, but the scope and limitations of their role are not always well understood
- some, but not all interpreters are able to offer cultural insights of relevance to an assessment
- interpreters who are able to provide cultural insight are often uncertain about whether or how much is necessary
- limited awareness of the impact of family background and prior educational experiences of a culturally Deaf individual on how certain words or information may be absorbed or understood

5 key points for AMHP practice

1. cultivate cultural awareness and work with the interpreter to manage your approach (e.g. to the use of honorifics or eye contact);
2. adjust discourse practices as necessary (e.g. avoid asking a deaf person if they can hear voices in their head);
3. avoid assuming that interpreters have expertise in / shared understanding of the assessed person's culture
4. avoid inviting interpreters to comment on the mental health of the assessed person
5. do encourage interpreters to comment on any observations about unusual language use / manner of using the signing space

Acknowledging our wider team of collaborators



Simon Rudding and his team
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website



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Jackie Wan-Brown the
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Original Article

Mental health professionals' (AMHPs) perspectives on interpreter-mediated mental health act assessments

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Main Paper

The luxury of time: A reflexive thematic analysis of omnipresence, contradiction, and passivity in interpreter-mediated mental health act assessments

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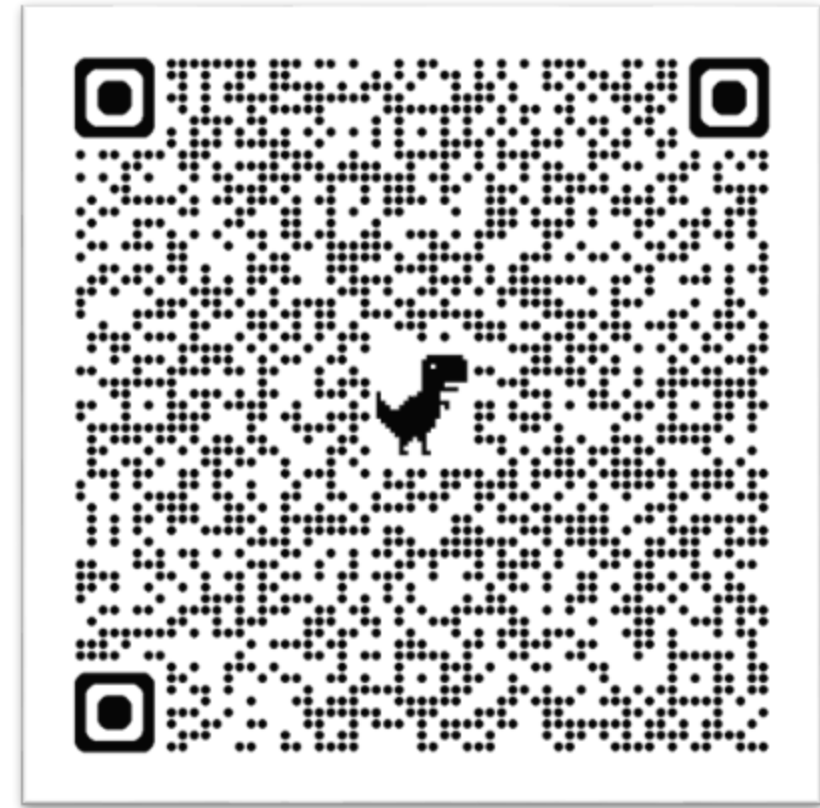
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INforMHAA: Interpreter-mediated Mental Health Act Assessments



Interpreting and Society: An Interdisciplinary Journal

北京外国语大学
Journal indexing and metrics

Interpreting and Society: An Interdisciplinary Journal is an international, open access, peer-reviewed journal that publishes research in the field of interpreting studies as a primary relevance has

Open access | Research article | First published online September 27, 2024

Interpreter mediation in statutory mental health assessments: A scoping review

Natalia Rodríguez-Vicente, Alys Young, Jemina Napier and Celia Hulme

Abstract

This interdisciplinary scoping review addresses the involvement of spoken and signed language in statutory mental health assessments. Specifically, this inquiry seeks to identify and review pre-existing concerns regarding the barriers to and facilitators of effective practice in interpreter-mediated statutory mental health assessments, and the extent to which interpreter mediation supports or impedes a person's legal best interests in this context. An interdisciplinary team applied the revised Joanna Briggs Institute scoping review framework to review 44 items, including empirical and grey literature covering relevant aspects of the available body of knowledge across the fields of social work, mental health, and interpreting studies. The review concludes that there is a lack of direct evidence on interpreting practice in the context of statutory mental health assessments, which is significant considering the high-stakes scenarios that may lead to the loss of liberty. The findings suggest that there is insufficient evidence regarding necessary modifications to interpreting practices for such assessments, as well as how assessors should adapt their own practices in response to the need for interpreting. This work highlights the need for more focused research on practices for interpreting within this context and calls for guidance to facilitate effective interprofes

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OA "just interpret"
Problematising demands and controls for effective interprofessional working in statutory mental health assessments

Author(s): Rebecca Tipton¹, Jemina Napier², Natalia Rodríguez Vicente³, Alys Young¹, Sarah Vicary⁴ and Celia Hulme¹

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Abstract Full-Text Figures & Tables References (44) Cited By Supplements Metrics Related Content

Problematising demands and controls for effective interprofessional working in statutory mental health assessments

Academic outputs (so far)

- Rodríguez-Vicente, N., Young, A., Vicary, S., Napier, J., Tipton, R., & Hulme, C. (2024). Interpreter mediation in statutory mental health assessments: A scoping review. *Interpreting and Society*, 0(0). <https://doi.org/10.1177/27523810241279010>
- Vicary, S., Young, A., Rodríguez-Vicente, N., Tipton, R., Napier, J., & Hulme, C. (2024). The luxury of time: A reflexive thematic analysis of omnipresence, contradiction, and passivity in interpreter-mediated mental health act assessments. *Qualitative Social Work*, 0(0). <https://doi.org/10.1177/14733250241257096>
- Young, A., Vicary, S., Tipton, R., Rodríguez Vicente, N., Napier, J., Hulme, C., & Espinoza, F. (2024). Mental health professionals' (AMHPs) perspectives on interpreter-mediated mental health act assessments. *Journal of Social Work*, 24(2), 219-239. <https://doi.org/10.1177/14680173231197987>
- Young, Alys; Napier, Jemina; Vicary, Sarah; Tipton, Rebecca; Rodriguez-Vicente, Natalia; Hulme, Celia (2024). INForMHAA - Interpreter-mediated Mental Health Act Assessments: Best practices for Approved Mental Health Professionals and Interpreters working together. University of Manchester. Report. <https://doi.org/10.48420/25634664.v1>