Introduction

Recognizing the unique challenges that interpreting in the mental health setting presents to both the clinician and interpreter, the Utah Refugee Health Program within the Utah Department of Health sought to gain a better understanding of and address the specific challenges faced by interpreters and clinicians. Specifically, the project aimed to gather information on the training and professional development necessary to prepare interpreters for working within the mental health setting and improve communication between interpreters and clinicians.

Background

- It is impossible to provide high quality mental health services without excellent communication between mental health staff and clients.
- Communication is always negotiation of meaning.
- Difficulties in communication between mental health staff and clients frequently occur, even when they speak the “same language.”
- When staff and clients do not share a common language, and are unfamiliar with each other’s cultural assumptions and commitments, the result is mutual incomprehension.
- A well-trained and well-briefed skillful interpreter can provide the bridge across the communication between mental health workers and clients when they do not share a common language.

Methods

The Utah Refugee Health Program developed two surveys for refugee mental health service providers: one for interpreters and another for providers. Information for these surveys was based on data gathered from interviews of both mental health providers and interpreters. The main target groups were interpreters from the major resettlement agencies including Catholic Community Services, International Rescue Committee, and Refugee and Immigrant Center. The Refugee Health Program distributed clinician surveys to key providers at the two agencies providing mental health services to refugees in Utah, the Refugee and Immigrant Center and Utah Health and Human Rights.

Results

Based on survey results, the Utah Refugee Health Program was able to identify:
- Which interpreters have the skill set to work in the mental health setting;
- Challenges faced by clinicians when serving Limited English Proficiency (LEP) clients, including refugees;
- Challenges faced by interpreters; and,
- Trainings, professional activities, and curriculum specific to interpreting in the mental health setting.

Pre/Post Sessions

Providers are not receiving training on pre/post sessions, are not providing pre/post sessions with interpreters, but do want more information on how to conduct pre/post sessions.

Are providers interested in receiving more information on how to conduct pre/post sessions?

- 25% Not very interested
- 12.50% Interested
- 62.50% Very interested

Areas to Focus Trainings

For Interpreters

- Role of interpreter in the mental health setting.
- Common mental health terms.
- Address concerns indicated by providers that some interpreters do not understand or believe that mental health services are effective.
- Focus on direct interpretation in order to reduce interpretation from personal bias.
- Interpreter/client boundaries (e.g. appropriate conversation, friendships, confidentiality, etc.).

For Providers

- How to effectively work with interpreters.
- Problems associated with the use of family/community members to interpret.
- Information on how to conduct pre and post sessions with interpreters.
- The responsibility of providers when an interpreter begins to show signs of secondary trauma.
- Importance of teaching interpreter self-care strategies.

Conclusion

Converging evidence has indicated that there is a need to better prepare and support interpreters for working in the mental health setting. However, there are limited opportunities for interpreters to access special training to prepare them for mental health interpreting. The purpose of this project was to investigate and recommend appropriate training and professional development activities needed to prepare interpreters for work in mental health settings. The enthusiastic participation of key refugee providers and resettlement agencies in the current project has demonstrated that there is a clear commitment to continuing collaborative efforts for establishing curriculum and training programs for refugee mental health interpreting.

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