

Public Consultation on Mental Health Services

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The Irish Translators' and Interpreters' Association

The Irish Translators' and Interpreters' Association (ITIA) is an association that brings together translators, conference interpreters and interpreters working in the courts, hospitals, mental health setting and at interviews with asylum seekers.

Background

Over the last ten years, the population profile of Ireland has changed dramatically. It is now a multicultural population that includes workers from the European Economic Area, refugees, programme refugees, asylum seekers and work permits holders. This presents new challenges to health service providers and to those working in a mental health setting who may find that they now need the help of an interpreter to allow communication take place. A further problem is posed by culture specific assessment tools.

At present in Ireland interpreters cannot avail of any training at all. They are not tested to ensure that their knowledge of languages is sufficient to ensure a high standard of interpreting. Nor is their interpreting ability assessed. The assumption is that if a person speaks two languages they can interpret. This is a dangerous assumption because interpreting is a skill that benefits from training and practice. The mere fact that a person speaks two languages is not in itself a guarantee of a high standard of interpreting.

While some interpreters may have undergone training in their native countries and some untrained interpreters may work to a good standard, it is likely that untrained interpreters may not interpret all that is said, may add extra information or may alter information. Any such changes could dramatically alter a Mental Health specialist's assessment of a particular case. Interpreting in Mental Health settings was highlighted in two articles in the Irish Journal of Psychological Medicine, March 2002. In an article entitled Characteristic and treatment of asylum seekers reviewed by psychiatrists in an Irish inner city area, Kennedy et al make the following points:

Of those with little or no English, an interpreter accompanied the patient in only one case and no one accompanied the patient on at least one consultation in six of the 14 cases. In 10 cases, there were problems obtaining a complete history due to language difficulties. (page 5)

This study pointed out the difficulty in carrying out a full assessment of those with a poor command of English without a fully trained interpreter. (page 6)

Language difficulties appeared to be a major hurdle to diagnosis and probably treatment in a substantial minority. Trained interpreters were not readily available, leading to incomplete assessments and probably lack of empathy and treatment in many cases. (page 7)

In Mental illness in migrants: diagnostic and therapeutic challenges, Feeney et al make similar points:

It is extremely difficult to engage the services of an interpreter in Ireland.....it is often necessary to rely on the assistance of relatives or friends of the patient, who may also have a limited knowledge of English. This practice also makes it difficult to maintain patient confidentiality and may impede the development of a trusting therapeutic relationship with the mental health team. (page 30)

In 1999 the United States Office of Minority Health observed in the context of medical interpreting that:

The error rate of untrained 'interpreters' - is sufficiently high as to make their use more dangerous in some circumstances than no interpreter at all. This is because it lends a false sense of security to both provider and client that accurate communication is actually taking place

Mental health interpreting is generally considered to be a specialised sector of interpreting. It is essential that interpreters working in this field can avail of training.

A further problem is that there is at present no Code of Ethics for Interpreters. This means that interpreters may not be aware of the importance of confidentiality. They may agree to give the service provider their assessment of a client's condition. They may give advice to a client.

Examples of good practice

The Netherlands provide a good example of what can be done to improve interpreting. Originally there were six interpreter centres around the country (now being changed to one) that operated from a register of 700 interpreters. The Ministry of Justice pays the interpreters. The minimum age for interpreters in the Netherlands is 23 and they should have spent at least three years in the country. From 2003 all interpreters have to be accredited if they are to work for government services. Certification will become void after a certain amount of time; as a result ongoing training will be part of the system.

Similarly, in the United Kingdom interpreters can take examinations for the Diploma in Public Service Interpreting where they specialise in English law, Scottish law, medicine or local government.

What should be done?

- Training should be provided in interpreting, focusing on interpreting techniques, note-taking, interpreting practice, ethics and terminology. Ongoing refresher training for interpreters should also be provided.
- A testing system should be established for the most commonly used languages. In the case of other languages, knowledge of the English language should be formally tested. A register of accredited interpreters should be established and a record should be kept of all cases where interpreting is provided and in what languages.
- Short training courses should be provided for personnel who need to work through interpreters.

Conclusion

The Irish Interpreters' and Translators' Association is extremely concerned at the present unregulated situation. While our members agree to comply with our Code of Ethics, unfortunately some working interpreters may not. The ITIA executive committee would welcome an opportunity to discuss these issues in more detail with the Mental Health Services. As we are very interested in finding ways to ensure a high standard of interpreting, we would like to work with the Services in exploring ways to improve the present situation. Please feel free to contact us.

References

Feeney L, Kelly B.D., Whitty P and O'Callaghan E Mental illness in migrants: diagnostic and therapeutic challenges, *Irish Journal of Psychological Medicine*, Vol. 19, No 1, March 2002

Kennedy N, Jerrard-Dunne P, Gill M, Webb M Characteristics and treatment of asylum seekers reviewed by psychiatrists in an Irish inner city area, *Irish Journal of Psychological Medicine*, Vol. 19, No 1, March 2002.