Training for Interpreting in Mental Healthcare in Ireland

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Abstract

Interpreting in mental healthcare is a very specialized activity, and given the comparatively low demand, few interpreters receive full-time, area-specific training. As part of a larger research project completed in Ireland, mental health professionals who have worked with interpreters as well as interpreters with experience in working in mental health care shared their views on the subject. The interviews reveal what is available as well as what is lacking in terms of training for this specialised sub-domain of community interpreting. The findings, in general, suggest that there is room for improvement. In addition, there appears to be a difference between various types of services, both as regards to their attitude toward training needs and their awareness of such issues. The division lines seem to form between mainstream mental health services and those specializing in working with immigrants and/or refugees and asylum seekers on the one hand, and therapeutic services and those of a more logistical nature on the other.

Keywords: community interpreting; mental healthcare; Ireland; training; interview data

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Training for Interpreting in Mental Healthcare in Ireland

1. Introduction

Mental health interpreting (MHI) is a highly specialized subfield of community interpreting, which, as the name suggests, takes place in mental healthcare (MHC) settings. Here diagnosis is mostly possible through means of verbal communication, and the mutual comprehension of the linguistic utterances is salient to prognosis. As a consequence, most of the technical and ethical premises underlying community interpreting also apply to MHI. In addition, due to the sensitive nature of the environment, further consideration needs to be given to the mental, psychological, and physical well-being of all participants. The question is how interpreters can be prepared for such an environment—what level of training is necessary or desirable. This article aims to provide an insight into the state of available training for community interpreters working in MHC in Ireland by sharing results of a qualitative study.

2. Methodology

The findings presented in the article are based on a larger body of research\(^2\) work and data collected through conducting semi-structured interviews with a similar number of mental health professionals (MHP) who have worked with interpreters and interpreters (INT)\(^3\) who have experience in MHC settings. For ease of reference and for reasons of confidentiality, all respondents received a three-letter abbreviation signifying their profession and a sequential number corresponding to the chronology of their contribution. All the interviews were conducted in and transcribed into English and subsequently underwent a thematic coding process. The results published here constitute the sections concerning training issues discussed by the respondents.

The investigation mainly concentrated on the Dublin area in Ireland, which was considered to be representative of the state of MHI provision countrywide. A total of eleven MHPs were interviewed, including four mental health nurses (MHNs), one occupational therapist (OT), two psychologists (PSY), and four therapists/psychotherapists (THER). Some of the MHPs interviewed work in mainstream services, or services run by the state. Other MHP respondents work in what is referred to as “specialized services” in the article, that is, either state-run or non-governmental services specializing in services for refugees and asylum seekers or immigrants in general.

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2 I would like to acknowledge the financial support of the Irish Research Council for the Humanities and Social sciences and would like to thank my supervisors Prof. Jenny Williams and Ms. Mary Phelan for their encouragement throughout my studies.

3 All of these abbreviations are used throughout the article to differentiate the respondent INTs and MHPs from interpreters and mental health professionals in general. All respondents received a sequential number depending on the chronology interviews, thus INT9 is the ninth respondent interpreter interviewed for the project.
Interpreter training for mental health interpreting in Ireland

With regard to INTs, twelve practitioners of a variety of languages spoken by the immigrant population in Ireland were interviewed; they came from diverse backgrounds and had very different experiences with regard to their training or introduction to MHC services and MHI. Some of the interviewed INTs are in full-time employment outside the field and only take on occasional interpreting assignments; some are practicing interpreters who take on MHI jobs but mostly work in other community interpreting settings; others work for centers or clinics that provide a basic introduction to MHC; and there are also some who work for specific MHC services that offer additional counseling, debriefing, or support to interpreters, if required. However, as most of the interpreters work on a freelance basis, they have to divide their time between various types of assignments, only one of which is MHI. Among the INTs, there were one Bosnian, one Chinese, one Czech, one Irish, one Italian, two Polish, two Romanian, two Spanish, and one Sudanese interpreter. Ten of the INTs were female, which perhaps is indicative of the gender representation among community interpreters in Ireland. This particular project did not involve sign language interpreters, whose training and professional support is far more advanced than that of spoken language interpreters.

As regards to the interpreters’ training background, Table 1 shows that two of the INTs interviewed had undergraduate degrees in translation and interpreting from institutions outside of Ireland. One of these INTs and another two of the INTs that were interviewed had completed the Graduate Certificate in Community Interpreting (GCCI) at Dublin City University (n.d.), the only university level course in community interpreting in Ireland. One of the INTs reported having studied interpreting at a six-month training course conducted by an EU organization. Eight INTs had been involved in one- or two-day training courses run by interpreting agencies in Ireland. Eight of the twelve is a quite high proportion among the participating INTs; most of them stated that such short training is insufficient, even within the area of specialization that the course addressed. Most INTs had never received any specialized training in the area of MHI. The three who attended the GCCI course had been introduced to the subject. Some of the INTs had taken part in introductory courses organized by particular MHC services. Four of those interviewed had taken part in a training session for interpreting in rape cases that was organized by the Dublin Rape Crisis Centre (n.d.); three of the INT respondents had attended sessions on interpreting for victims of torture run by Spirasi (n.d.), a non-government organization working with refugees and asylum seekers.

The following sections discuss the contributions by the MHPs and the INTs to the understanding of training needs for interpreting in MHC in Ireland.

3. The respondents’ views on training

Issues concerning training interpreters, as well as interpreter users, or the lack of training for both groups, received considerable interest throughout the interviews, which shows the respondents’ preoccupation with the subject. While the total number of references on training interpreters is significantly higher than those for training professionals, this difference is probably due to the main focus of research, that of interpreting, and perhaps also the fact that most of the MHPs have received no training on how to work with interpreters.

3.1. INTs’ views on training issues

3.1.1 INTs on the lack of training
Most important, it transpired that trained interpreters are acutely aware of the lack of training. One of the respondent INTs comprehensively touched on all the aspects of training that were discussed across the interviews. This includes continuous professional development, paid for by the employer or contractor, as seen in the following extract. In the middle of the passage the INT refers to Lionbridge, a multi-national localization company whose main profile comprises software localization, but whose European headquarters in Dublin has been a significant player in community interpreting provision in Ireland trading under Berlitz, Bowne Global Solutions, and Lionbridge over the years.
Well... you see that's... I think that's the problem. That many people think if you require training, it's perhaps a weakness. If a person says, I need more training, it's kind of feels if you do it, it's up to you.

Ehm... I really think that training should be ongoing. In every job. And just because you had training before, even if it was a thorough one, it doesn't meant that you... that you're not gonna be training again. Because you should really update it. And methods change. And you might forget something. Policies change. So I really believe that training should be ongoing. And that it should be paid for. By your employer, or by the service provider.

See, for example, when I said, eh, we had a one-day training at Lionbridge, and I didn't learn anything there. And I asked will there be any further training? And they said, No, what for? You had your training already. Well, a one-day training is not a suitable training. Ehm... Well, I just said that every... body was looking at me... eh, eh. What does she mean, like, we, we just finished our training? And how can a person... Like I actually had vast experience compared to some interpreters, how can somebody that like that request some additional training?

But I really think you should, you know. It's like doctors, it's like lawyers. They all have ongoing training. I think it's very, very important. Because you can get stuck in a rut as well. Or you can make some minor mistakes... but they continue all the time. (INT9)

The same INT also elaborated on the necessary knowledge of vocabulary and environment-specific terminology in MHI, ethics and etiquette, and interpreting techniques, which she believed should be included in training.

And then training. So first of all... vocabulary. So you'd have to learn a lot about... emotions, different shades of... expressing emotions. For example... what is... rage... as opposed to... as opposed to fear. What is being upset as opposed to be anxious or nervous. All the different shades. Otherwise you just translate very general [sic]. Like, I felt bad, or something. Kind of generalistic. And that's not good. 'Cause you have to be precise.

Ehm... So you have to... know... You have to have this vocabulary in both languages. In the source and target language. Then, second... you have to know some medical vocabulary. Some specialist vocabulary. Like you have to know what is... ju', just different things, like what is... PTSD is post-traumatic stress disorder. Say, things like that.

So ehm... I'm not going to have to have the background in medicine or psychology, but you should have, let's say... a few hours or few weeks training... so that you know the basic... sometimes the basic diseases you might be dealing with.

Ehm... Then you should have, ehm... training in etiquette. So you should know... that you... should introduce yourself first. Explain your policy about confidentiality. And... objectivity and so on.

And then just... general interpreting techniques. Such as taking notes... memory technique and so on. It's very important. (INT9)
Table 1. The Respondent Interpreters’ Training Background

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In addition, INT9 drew attention to the pre-requisites of training that should include the knowledge of both (or all) working languages at an excellent level. She also commented on the dangers regarding the lack of training, such as possible misdiagnosis. Finally, the INT said that supervision and quality assurance should go hand-in-hand with training.

These findings are in line with the general community interpreting literature (see, for example, Bell, 1997; Bendalozzi, 2007; Gamal, 1998; Hamerik and Martinsen, 1998; Vonk, 2003). Valero-Garcés and Taibi (2004) propose that professionalization of community interpreting necessitates the development of a training program for interpreters and an increased awareness among service providers. Villareal (2001) also highlights the significance of training and certification procedures when discussing the professionalization of Chicago area court interpreters. She describes their training, which includes an assessment process, a 36-hour orientation, shadowing, the development of listening skills and memory exercises, a mock trial, and a follow-up mentoring program consisting of an observation phase and a supervised performance phase. It is also worthy of note that training and accuracy issues are aligned in the community interpreting literature. Articles on quality or various levels of equivalence often feature training aspects (Cambridge, 1999; Meyer, 2001; Napier, 2004; Pöchhacker and Kadric, 1999); studies on training frequently discuss the problems surrounding accuracy (Cambridge, 2004; Fowler, 2007; Niska, 2007; Roy et al., 1998; Russo, 2004).

3.1.2 INTs on their own limitations due to lack of training
With regard to their own limitations, INTs with at least a degree in languages or translation/interpreting studies (T/IS) qualifications were more vocal about training issues that can ensure accurate, impartial, confidential, and professional interpreting as prescribed by professional codes of conduct. However, a simple recital of the code of ethics is not sufficient to work well as an interpreter. A thoughtful application of the guidelines would be desirable, and, as Hale (2007) suggests, it is only through appropriate training that a full comprehension of community interpreting issues can be attained. In relation to the usefulness of codes of conducts Hale writes:

An understanding can only be achieved through careful study and debate on what each principle means in practice, the reason for upholding each of the guidelines, and the consequences of not doing so. However, an academic debate of the issues must be accompanied by practical training to acquire the necessary knowledge and skills. Much more than the mere existence of a code of ethics is needed in order to ensure quality of interpreting services. There is large contradiction between the high standards expected of interpreters, as outlined in the code of ethics on the one hand, and the total absence of any compulsory pre-service training, low institutional support and poor working conditions to allow interpreters to meet those standards on the other. (p. 105)

Ozolins (2007) concurs and draws attention to the fact that the “majority of interpreters in community settings may have received no training for their work” (p. 123). This is true in the case of Ireland, where only three of the interviewed INTs have specialized third-level training in community interpreting. Once again, it needs to be emphasized that all the INTs interviewed work as spoken language interpreters between the service provider and the non-English speaking immigrant and that sign language interpreters can avail themselves of appropriate training at the University of Dublin, Trinity College (Centre for Deaf Studies, 2010). It also appears that untrained sign language interpreters would find it much more difficult to find work in Ireland than their spoken language counterparts. Nevertheless, under the circumstances, it is reassuring to note that one untrained INT clearly

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4 Examples include: the Association of Visual Interpreters of Canada (n.d.), the Australian Institute of Interpreters and Translators (n.d.), the Institute of Translation and Interpreting (n.d.), the National Register of Public Service Interpreters (n.d.), the Irish Translators’ and Interpreters’ Association (2009), and especially legal interpreters’ associations, such as court interpreters in Finland (The Finnish Association of Translators, n.d.) or the National Association of Judiciary Interpreters and Translators in the US (n.d.).
Interpreter training for mental health interpreting in Ireland

expressed awareness of her own limitations caused by the lack of appropriate training. This admission came about when discussing modes of interpreting used in MHI.

I mean I don't know what would you need for simultaneous? I need flippin'... I don't know, ehm... earphones, and... Well, you'd need much, much, much more skilled interpreters than me, anyway. You wouldn't be dealing with the likes of me. You'd be in a different, you're into a different ball game. You're into people who're correctly trained. (INT12)

3.1.3 INTs on training MHPs
Based on the interviews, it appears that the INTs were not only aware of the lack of training and their own limitations, but that they were also cognizant of the apparent differences between MHPs who have been trained to work with interpreters and those who have not received such instruction. According to the INTs interviewed, mental health professionals should have at least some basic information on the cultural background of their client (INT5, INT10), as suggested in the following extract.

But you see, the Irish people, they cannot relate at the beginning. And I find it very ehm... very difficult when I'm doing interviews. That the interviewer has no experience, and they're not prepared. And they haven't been... doing any homework. You know what I mean. It's a job for them. And that's very bad. Because, you have to know... what the country is a background. The people. An' everything. (INT10)

This information should come from training rather than individual “on-site” education by the interpreter colleague. Furmanek (2004) reports how her students developed guidelines for the particular services they had worked for during their professional internship as interpreters. The exercise proved successful, not only in educating interpreter users, but also in raising awareness of professional collaboration with their colleagues among the interpreter trainees. Such practices could possibly be followed in Ireland, but only if internships were available for trainee interpreters.

3.2. MHPs’ views on training issues

In reviewing the comments from MHPs on training issues, the topics can be divided into those concerning the training of interpreters, and those that relate to the training of MHPs.

3.2.1 MHPs on training interpreters
A close inspection of the MHPs’ responses opens up trends comparable to the INTs’ views on training. While MHPs acknowledged the interpreters’ contribution to their work, they emphasized that training, or the lack thereof, is “noticeable” when working with interpreters (MHN5, PSY2). In addition, PSY2 commented on how the interpreters’ training affected their work.

And you notice. When, when we work... or I work. I notice the difference straight away who's trained and who isn't. It's the posture, the listening. They don't make eye-contact with the interpre... eh, with the client. All these things. It's very, very noticeable. And, and that, you know... they know what they're doing. And eh... It makes a difference to my work. (PSY2)

THER3 also remarked that training could improve the professional co-operation between the service provider (i.e., the mental health professional) and the interpreter. It is interesting to observe that MHPs working in specialized (i.e., non-mainstream) services seem to have more experience, thus they seem to be more aware of
problems surrounding interpreting or have more opportunities and time to consider such issues than their colleagues working in mainstream services.

Unsurprisingly, those MHPs who can see how significantly the lack of training affects interpreting, also advocate training interpreters on mental health issues. A training program developed by Pollard (1998) explicitly deals with such matters and includes confidentiality, boundaries, secondary traumatization, and co-operation with the mental health professional; these issues are all mentioned by PSY1 in relation to training.

I suppose, ehm. First of all the issues that, ehm... we're, we're in the process now of drawing up some of, of what we would require for, for this small service. And they'd be issues that we've mentioned: confidentiality, ehm... ehm... boundaries, say, say, working within the service. That, that, ehm... respect for the... the difference... Ehm... So they're, I think they're the really, the issues that need to be addressed, ehm, in training. And also an awareness for the interpreter of the issues of vicarious traumatisation. Ehm... And the need, ehm... for the health professional to, to, eh, work with, with the interpreter, an', and that area.

Once again, the subject of secondary traumatization of interpreters ensuing from working in emotionally-charged situations and keeping boundaries, the treatment of which falls outside the scope of this article, were only mentioned by respondents who work in a therapeutic setting rather than in the logistical aspect of MHC provision, that is therapists, psychotherapists, and psychologists. Additionally, of the MHP respondents who commented on these issues all, bar one, work in specialized services rather than in mainstream services.

3.2.2 MHPs on training mental health professionals
Perhaps it is significant that, apart from Furmanek’s (2004) report on her students trying to educate interpreter users while serving their interpreter traineeship, there is little published on this side of the equation. This is all the more surprising as Bischoff’s (2006) findings in his project on medical interpreting in Switzerland reveal that “communication between primary care physicians and FLS [foreign language speaker] patients, as rated by the patients themselves, may be improved by specific training sessions delivered to physicians about how to deal with FSL patients” (p.183; see also Bischoff, Perneger, Bovier, Loutan, & Stadler, 2003).

With regard to their own training on how to work with interpreters, MHPs also commented on the lack of training possibilities in Ireland (PSY2). Most of the MHPs who have been trained to work with interpreters received their instruction elsewhere or are building on their own experience gained outside the geographical area under study. Seven of the eleven MHPs interviewed have experience working with interpreters overseas, a knowledge-base they could transfer to their practice in Ireland. Nevertheless, some MHPs pointed out that such training is now also becoming available.

I don't think... we, we weren't, I, I never trained, and I'm sure lot of the psychiatrist of my ilk and my age haven't trained in working through interpreters. It's, it's completely, obviously, coming in now, I s'pose, I mean, it's something that's paid attention to in training of, of, of undergraduates now. So, maybe, we would've thought it's only after you've done the first few cases. (THER 2)

The respondent may have been referring to elements of third-level educational courses that have now incorporated at least intercultural dimensions into their curriculum. Psychiatric nurses, for example, training at Dublin City University receive information on MHI as part of their intercultural awareness training (Dublin City University, 2008/09). Social workers studying at University College Dublin, another university in the Irish capital with a similar-sounding name but distinct from where community interpreting training takes place, have also been introduced to working with interpreters (PSY2). Spirasi has recently offered training to their new mental health professional staff (THER3), and in-house training sessions have been given at some mainstream hospitals, as one of the mental health nurses confirmed (MHN1). These initiatives, along with recently published guidelines for health professionals in general (Health Services Executive, 2007), based on best practices abroad (see, for
example, Miletic et al., 2006; Tribe and Thompson, 2008; Turner, 2008), are a step in the right direction and a concerted effort could yield even better results in the future.

4. Conclusion

The article has discussed views elicited from interpreters and mental health professionals regarding training issues in the area of mental health interpreting in Ireland. As regards to training mental health professionals, the respondents pointed to the desirability of raising awareness about, and accessing practical information on, how to work with interpreters. As the focus of the study is interpreting, comparatively more detailed discussions on interpreter training took place. Findings show that both MHP and INT respondents who commented on the subject agreed that training interpreters in specific situations is required. In the case of MHI, these comprise mental health problems, professional boundaries, and secondary traumatization, as suggested by both respondent MHPs and INTs, as well as in the relevant community interpreting literature.

As regards MHPs, two clearly identifiable tendencies evolved. On the one hand, there is an understandable distinction between therapeutic and logistical services with regard to their attitude to training. Respondents working in services where the emphasis is on therapy (i.e., therapists, psychotherapists, psychologists, or occupational therapists), displayed greater awareness of issues, not only related to their own profession, but also for interpreting training topics as well. Mental health nurses, on the other hand, who are in charge of duties of a more logistical nature (i.e., the daily hygiene or nutrition of the patients), have seemed to be less conscious of such matters. The other apparent fault line was formed between MHP respondents working in mainstream services and those working in what are referred to as specialized services within the framework of the current study. The difference is considerable between these two groups, in terms of understanding the processes of interpreting, or how to work with interpreters and interpreters’ needs. While this may be due to the fact that they have more experience working with non-English speaking clients through an interpreter, and indeed are perhaps more predisposed to seek out such services, this result is worthy of note.

Consequently, it appears that there is greater effort needed in training mental health professionals working in mainstream services on how to work with interpreters. From the interpreter’s point of view, these findings also mean that while the interpreter can expect a mental health professional working in a specialized service to have an understanding of the interpreting process and create a space for consensus co-construction of the communicative event, this is not the case in mainstream services. As a result, the interpreter may need an even higher level of alertness when interpreting in a mainstream setting than usual. As regards to INTs, those respondents who have training in community interpreting, or at least some third-level education in T/IS, showed far greater awareness of training than the interpreters who have very little or no training in the area. This outcome confirms the calls for appropriate training for community interpreters, which has been widely promoted in the community interpreting literature.

5. References


