



## **Final Report: Exploring Access to Mental Health Care (MHC) for Linguistically and Culturally Diverse (LACD) Patients**

### *Programme context, aim and objectives*

The rising prevalence of mental illness is a growing concern for European societies and access to mental health care is one of the top public health priorities. In addition, as more and more people migrate and settle or take refuge in countries (including Scotland) with a dominant language other than their own, the need for interpreting and/or cultural mediation in MHC settings is also on the increase.

The programme's main aim was to bring together mental health practitioners, interpreters, health care administrators, policy makers and researchers in order to explore the most salient issues in the provision of mental health care to linguistically and culturally diverse patients, and the evidence base around cross-cultural communication in MHC settings, with the ultimate goal of enhancing the delivery of mental health care to Scottish residents who use a range of spoken and sign languages.

The focus on patients with specific linguistic/cultural needs is somewhat reflected in the Mental Health Strategy for Scotland (2012 – 2015), in particular via two of the seven themes identified in the Strategy (*Extending the anti-stigma agenda forward to include further work on discrimination* and *Focusing on the rights of those with mental illness*), as well as the Scottish Government *Commitment 14* "to work with NHS Boards and partners to improve monitoring information about who is accessing services, such as ethnicity (...) to inform decisions about service design and to remove barriers to services". It is anticipated that the Programme outcomes will help to make further progress and reinforce this focus in the next iteration of the Strategy.

The programme team combined expertise from two academic departments (Centre for Translation and Interpreting Studies in Scotland, CTISS, Heriot-Watt University, and the Centre for Health Policy, University of Strathclyde), as well as MHC providers from the Psychiatry Unit of St. John's Hospital, Livingston, and policy representatives from the Mental Welfare Commission for Scotland.

The objectives of the programme were the following:

- 1) to ensure equal, fair and accurate access to MHC support for LACD patients, their families and carers
- 2) to inform the practice of MHC practitioners, in particular enabling them to use the full range of professional skills and strategies that their role entails,
- 3) to inform the practice of interpreters or cultural mediators in MHC settings and
- 4) to generate short and long-term shared goals among programme participants and produce a detailed research agenda for the future



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## *Programme activities and resulting insights*

Three events formed the backbone of this research programme: a one-day public seminar and workshop led by the core team; a three-focus-group meeting, and a one-and-a-half day public seminar with international experts. Each event had a specific agenda which fitted into an overall structure designed to achieve the objectives set. All events also provided ample opportunity for networking, and a ripple effect has continued post project.

A central goal of the first seminar held on 9 October 2014 was to bring together a multidisciplinary working group of academics and non-academics (MHC providers, policy makers, interpreters) in the field to discuss and scope current issues and potential changes faced in the provision of MHC to LACD patients. A mini-survey questionnaire was distributed among participants in order to capture audience profiling data and individual perceptions on systemic issues.

During the first session, the Heriot-Watt team introduced a series of key questions designed to generate a round table discussion of challenges relating to the topic at hand across the various sectors. The second session consisted in a workshop based on actual *real world* issues from a case: a number of *vignettes* extracted from a simulated interpreter-mediated encounter between a Chinese patient and a therapist were acted out in order to prompt discussion/reactions within pairs. The same *vignette* was played out according to two or more ways of handling the particular problem or dilemma under consideration so that pairs of participants would have an opportunity to reflect on participants' roles, behaviours, boundaries and alignment in the interpreter-mediated encounter. Relevant points from the pair discussions were reported back to three concurrent expert group meetings (MHC providers, policy makers, interpreters) and fed into the final general discussion. The discussions were recorded and/or captured as notes or flipcharts and the resulting negotiated agenda provided a basis for the design of the focus group protocol deployed at the next event.

Three two-hour focus group discussions among interpreters, policy makers and MHC providers were conducted simultaneously on the morning of 5 February 2015. Each of the three Heriot-Watt team members moderated one of the groups, following a previously agreed semi-structured protocol as well as standard procedures in order to guarantee confidentiality and a balanced level of contribution from all focus group members. The protocol used was based on insights gained from the first seminar and aimed at exploring identified issues in more depth. In summary, focus group members were asked to define *Access to MHC for LACD patients* from their perspective, then reply to more probing questions relating to challenges, difficulties encountered, recommendations on what should happen/possible solutions, experience-based examples of successful practice as well as trends and questions to be answered as part of a future research agenda. The three sessions were audio-recorded and subsequently transcribed. A thematic analysis of the transcripts is currently underway and it is expected that a number of outputs will be produced as a result. The afternoon session consisted of a brainstorming discussion involving only core team members and aimed at listing all potential areas linked to access to MHC for diverse patients to be investigated as part of a broader multidisciplinary research agenda.



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The final seminar on 9-10 April 2015 allowed the core team to be joined by the following eight international experts hailing from five continents: Erminia Colucci from Australia; Lola Bendana from Canada; Wendy Ren from China; Rachel Tribe from England; Hanneke Bot from the Netherlands; Leslie Swartz from South Africa; Solvig Ekblad from Sweden and Carole Siegel from the USA. The enclosed *Biographies* document provides more detail about the speakers' backgrounds and achievements; whether they are practising psychotherapists/psychologists who have undertaken research on interpreter-mediated encounters, professors of psychology or translation and interpreting studies, representatives of the language industry or even statisticians interested in the cost effectiveness of mental health interventions, they were all approached because they share an interest in/input to multicultural health and care research with a specific focus on mental health. The overall objective of the one-and-a-half day seminar was to start the discussion from research and then extend it to application, bearing in mind that the mixed stakeholder audiences would be interested in gaining an insight into both research and practice in the areas of mental health care provision, policy and interpreting in various parts of the world. On 9 April 2015, the experts were asked to address a mixed audience of professionals and academics, in Glasgow, in order to answer the following question: "How is access to MHC for LACD groups provided in your country/region and what are the main challenges?". On the morning of 10 April, in Edinburgh, the same speakers were asked to provide "one or more examples of good practice or successful application of research findings" to a mixed audience of stakeholders including policy and decision-makers on the provision of mental health care across languages and cultures. All presentations, on both days, were followed by a Q&A session and all proceedings were video-recorded.

## *Main outcomes*

1 The programme provided the first opportunity to date in Scotland to bring together representatives from all relevant sectors connected to access to MHC for LACD patients i.e. healthcare organisation management staff, MHC providers and users, policy makers and organisations focussing on diversity, third sector organisations, in-service, freelance and trainee interpreters, interpreter trainers, translation/interpreting as well as public health researchers. Feedback forms have not yet been analysed in detail but an initial review suggests that the unique inclusive nature of these events was particularly welcomed by participants.

2 The combination of the Scottish network thus created and tighter links established with international experts, provides a sound basis for building a multi-sector, interdisciplinary network interested in pursuing collaborative work involving two or more individuals from the core team and international expert group in larger research projects. International expert presentations were video-recorded and, together with PowerPoint presentations, will be made available to core team members following appropriate editing.

3 The following draft research agenda resulted from a brainstorming discussion among core team members held immediately after the first two events:

- Review of needs and provision of MHC for LACD patients in Scotland
- Review of relevant literature
- Review of relevant policies and legislation, scope and implementation



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- Exploration of economic dimensions: identifying cost effective ways of ensuring AMHC for LACD patients
- LAC support: cost benefits (quality of provision...) or negative cost of non/bad (e.g. unprofessional) provision
- Case studies on alternative solutions e.g. clinical practice in patient's language
- Multi-perspective analysis of service provision using various technologies (e.g. comparative studies incl. Skype, self-access information, tools available online for young people etc)
- Study of interpreter-mediated therapeutic encounters in MHC settings: authentic or informed simulations to be observed and/or recorded/analysed
- Study of protocols and strategies (in particular linguistic) deployed by MHC providers and challenges arising from mediation.
- Compare perceptions of participants' roles in interpreter-mediated diagnostic, therapy or treatment MHC encounters?
- Involve/record users' preferences and carers' perspectives in relation to means of accessing MHC?
- MHC provision for LACD patients and the Law: service access in jail, court expert reports, MH Tribunal ...
- Modelling the training of participants in interpreter-mediated encounters (interlinked training)
- Study of the relative merits of existing guidelines/codes of practice in the field

## *Impact including recommendations for end user / policy communities*

The most significant impact consists of the commitment (endorsed by the Mental Welfare Commission for Scotland) to recommend that a more transparent and explicit focus be given to *Access to MHC for LACD Patients* in the next iteration of the Mental Health Strategy for Scotland (2015 - ).

Moreover, at the inception of the programme, it was anticipated that established networks would provide a platform to continue conversations among stakeholders; raise awareness of issues and challenges in providing mental health care to a vulnerable LACD population; and feed relevant knowledge and good practice into policy and training in order to better deliver interpreter-mediated mental healthcare in multilingual Scotland. The programme also provided an opportunity to capitalise on existing links in order to build a specialist international research community.

Requests for dissemination, including those listed below, were received by the core team during and following the programme:

- Written summary about the programme provided to SML (School of Management & Languages) Research Newsletter, Heriot-Watt University, January 2015
- Presentation to St John's Hospital *Journal Club*, 28 April 2015
- Research seminar delivered to *Translation & Interpreting Department, University of Stockholm, Sweden*, 8 May 2015
- Workshop on *Access to mental health services for linguistically and culturally diverse service users* delivered at REACH Community Health Project Event - Positive Minds 2015, 13 May 2015



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- Short briefing re. the programme to CIUTI (Standing International Conference of HEIs and Institutes of Translation and Interpreting) conference held in Moscow on 27 May 2015
- Invited plenary presentation at *International Conference on Corpora in Specialised Translation and Interpreting in the Digital Age*, 4-5 June 2015, University of Stirling.

Based on recorded discussions, in particular question and answer sessions following presentations of examples of good practice, there is also some evidence that recommendations and activities may feed into some of the local policy discussions in Scotland. A more detailed analysis of the recordings and/or a corroboration study of impact needs to be carried out in order to ascertain to what extent this may be the case, and whether international experts may also intend to take useful examples/practices back to their respective contexts.

## *Planned follow-up activities*

- Analysis of collected data (mini-surveys, focus group discussions, workshop recorded discussions) to be carried out with a view to refining initial findings. Additional (complementary) data to be collected by core team members as appropriate. It is envisaged that this will lead to a number of published outputs on a range of relevant topics. An expert panel on access to MHC for LACD patients will be offered at the *Critical Link VIII International Conference* to be held at Heriot-Watt University in June 2016.
- Development of a central repository of academic literature as well as practice/information documentation relating to *Access to MHC for LACD Patients*, including research articles, internet links, codes of practice and guidelines, policy documents, training materials, etc.
- Core team members to keep abreast of funding opportunities relevant to the programme field with a view to preparing joint applications for external funding to support one or several larger (interdisciplinary, cross-sector and/or international) scale research projects as appropriate (See 3.2 above).
- Building capacity on the provision of MHC in a linguistically diverse Scotland, for example through the establishment of an applied institute dedicated to the design of (joint) training programmes for MHC providers, interpreters and family members.