Spanish interpreters and the training, qualifications and requirements needed in order to work in the mental health domain

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Title: Spanish interpreters and the training, qualifications and requirements needed in order to work in the mental health domain.
Abstract
After some discussions with mental health workers, it was clear to see the absence of interpreters in the mental health domain in Spain, followed by a lack of specific training, qualifications and requirements needed for interpreters in order to work in the field. Grounded Theory allows the development of a theory that offsets the lack of research in this topic in Spain. The results expose that the training in mental health, as well as some requisites to be able to work in clinics and hospitals as an interpreter, are essential, in order to avoid the unauthorised practice of the profession.
Keywords: Interpreting, Interpreters, Mental Health, Spain

Título: Formación, calificaciones y requisitos necesarios para los intérpretes españoles en el campo de la salud mental.
Resumen
Tras varias conversaciones con profesionales de la salud mental, se hizo evidente la ausencia de intérpretes profesionales en el ámbito de la salud mental en España, acompañada de una falta de formación en salud mental, y de unas calificaciones y requisitos necesarios que no están especificados todavía en clínicas ni hospitales. La Teoría Fundamentada permite desarrollar una teoría que compensa las carencias de estudio sobre esta temática en España. Los resultados determinan que es necesaria una formación en salud mental para los intérpretes y que las clínicas y hospitales deben establecer unos requisitos mínimos para poder evitar el intrusismo laboral.
Palabras clave: Interpretación, Intérpretes, Salud mental, España.

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INTRODUCTION

Without a common language, people are unable to communicate their requirements and health workers their services, with negative consequences for psychological well-being and service provision. […] Language concordance […] leads to better access to health care, quality of communication, patient satisfaction, fewer emergency visits and improved compliance with health regimes (Tribe and Morrissey, 2004: 129).

The role of the interpreter dates back to ancient Egypt and, in spite of its evolution throughout the centuries, it is still a role that is not as recognised as it should be.

The main reason for carrying out this research is to shed light on the lack of specific training, qualifications and requirements needed for professional interpreters who would like to work, or currently work, in the Spanish mental health sector.

Following discussions with mental health workers, it became apparent that there was a clear absence of professional interpreters in many hospitals. For this reason, an initial research project started last year was carried out to study the reasons for the lack of medical interpreters in Barcelona.

The study has been extended into a dissertation, and applied to the rest of Spain, focusing most on particular aspects of the interpreter's profession.

The first chapter will introduce the role of the medical interpreter and will discuss the existing literature on the subject of study.

The second chapter will explain the reasons for choosing Grounded Theory as a method to develop the final theory, as well as all the information about the data collection, the ethical issues, and the limitations of the research.

The third chapter will firstly describe the method used to analyse the data collected, which is Strauss and Corbin's approach to coding, and the three coding

procedures: open, axial and selective coding. Secondly, it will present the results of the data collected through questionnaires and interviews according to each group of participants. The groups are: future interpreters, Spanish interpreters, and medical staff. Thirdly, the data of the two categories that emerge after the coding process; namely, interpreters' training, and requirements and qualifications, will be compared with existing literature. Lastly, the development of the theory will be exposed.

Finally, a conclusion will summarise all of the information given in the following chapters of this dissertation.

CHAPTER 1: LITERATURE REVIEW

This chapter focuses on the relevant literature on the topic, which provides the theoretical background that has been used in order to develop a proper theory, using the Grounded Theory method, to answer the question of this dissertation: 'What kind of training and qualifications do Spanish interpreters need to be able to work in the mental health domain?'

This literature review examines what researchers in other countries, such as the UK and South Africa, have found out about this topic as, unfortunately, there is limited research in Spain about interpreters specialising in mental health.

For the purpose of this chapter, the role of the Spanish interpreters in the public health sector in general, and in the mental health domain in particular, is going to be considered by making use of the relevant studies.

1.1 Medical interpreters

First of all, it is important to introduce the role of professional interpreters and why they are essential in the health and mental health sectors.

The International Medical Interpreters Association (2017) reports that a medical interpreter is a professional who makes possible the communication between medical staff and their patients, when these two do not speak the same language and do not share the same culture. The interpreter has an important role in the health sector, and especially in the mental health domain, as multiple neologisms and specific terminology will create an idiomatic barrier in the setting, making the diagnostic process a difficult task for the mental health practitioners.

1.2 Medical interpreters in the Spanish health sector

The Red de Intérpretes y Traductores de la Administración Pública (RITAP, 2012) states that there are almost one hundred medical interpreters and intercultural mediators [15]all over Spain in different healthcare centres and hospitals. This is a very low number, taking into account that the Spanish population is 46 million (Datos macro, 2016).

According to Article 10.5 of the Ley General de Sanidad 14/1986 (Health Act 1986), the Spanish public healthcare administration 'has to offer the patient and his family members, total information, written and spoken, about the process including diagnosis, prognosis and treatment alternatives.' Nevertheless, this article has been abolished, meaning that, nowadays, there is not a law that guarantees the role of the interpreter in the health sector.

By contrast, the articles 440, 441 and 442 of the Ley de Enjuiciamiento Criminal (The Code of Criminal Procedure) do regulate the interpreter's role in legal contexts. In other words, it is a government duty to offer professional interpreters to foreign people in legal settings, but not in medical settings.

In conclusion, nowadays, although medical interpreters can receive specialised training, the Spanish public healthcare system does not have a solid structure for them, nor clear requirements to access the profession as the RITAP (2012)

[15] The intercultural mediator 'has not only a bi-lingual ability but also a bi-cultural vision' (Hatim y Mason 1990, quoted in Requena, 2010: 11). In addition, the role does not have an acknowledged and unified code of practice; however, these three principles: confidentiality, impartiality and professionalism are 'recognised as fundamental for cultural mediators in Spain.' (C. Martín and Phelan, 2010).

reports. Therefore, Marta Franco, in an interview with Trágora Formación (2016), stated that patients have to bring with them their own interpreters from the public sector to act as freelance interpreters.

It is essential to emphasise that if these issues regarding interpreters are noticeable in the public healthcare system in general, we ought to explore the kind of issues that can be found in a specific domain like mental health.

1.3 Mental health interpreters in Spain

The World Health Organisation (WHO, n.d. quoted in Monzon-Storey et al., 2015: 163,

164) defines mental health as:

A state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

First of all, it is important to note that mental health in Spain is still a taboo topic (Asociación Española de Ayuda Mutua contra Fobia Social y Trastornos de Ansiedad, 2016). The figures show that 20 per cent of Spanish people will suffer from a mental illness during their lifetime, and the European Union (EU) reports that Spain is one of the European countries that spends less on mental health (Palazzi, 2015).

This may explain the lack of resources in the country that not only affect the mental health sector, but also the professionals who work within that sector. As Tribe and Morrissey (2004) state, the lack of resources affects the professional identity of the interpreters, as their role is not well recognised in that sector yet.

1.3.1 An interpreter's training in mental health

In terms of training, there is also a lack of regulated training in some countries (ibid.). Unfortunately, Spain is one of these countries and does not have appropriate training in the field of mental health interpreting.

According to Searight and Searight (2009: 444), mental health requires 'advanced interpreter knowledge and skills' and most of the interpreters are not trained for interpreting in mental health settings. As Walker and Shaw (2011: 8) state, 'interpreters felt unprepared for mental health interpreting', not only because of the terminology or content knowledge, but also because they do not know how to proceed in certain situations.

It must be explained that there are two renowned master's degrees in Spain[16], which train interpreters in public services. The training involves translation, as well as intercultural mediation and administrative skills; however, they do not offer specific training in mental health.

Additionally, while researching, the only available resource about the training for interpreters in mental health was an interactive book for intercultural mediators in the health sector, provided by Obra Social Fundación "La Caixa" (2009a), which gives general information about mental health. Anderson (2012, cited in Elkington and Talbot, 2015) considers that interpreters do not have to be experts in psychotherapy, but they should have a basic knowledge in it. Unfortunately, this publication does not provide that kind of training either.

The lack of resources does not only affect the interpreters, but the patients and medical staff are also affected. The language in medical settings, and especially in mental health, is extremely important as 'language is the tool that clinicians use for assessment, diagnosis, and intervention' (Farooq & Fear, 2003; Stolk et al., 1998 quoted in Elkington and Talbot, 2015: 6). Accurate communication is fundamental to avoid misdiagnosis and interpreting errors that are 'a form of medical negligence' (Searight and Searight, 2009: 445).

There is a chance that the psychologist will speak the language of the patient and will be able to communicate with him/her; however, the psychologist may have to face unknown languages. Therefore, because of the lack of resources, regulated training, and recognition of the professional interpreter's role in these settings, bi-lingual and bi- cultural ad-hoc interpreters, such as children and family members, are used instead. This, however, can entail serious problems for therapy, as ad-hoc interpreters are not professionals and '[…] it should be noted that the consequence of using untrained interpreters is less explored and could potentially be more costly in the long term' (Ku and Flores, 2015; Smith and Claire, 2008 quoted in Elkington and Talbot, 2015: 4).

[16] MA in Intercultural Communication, Interpreting and Translation in Public Services at Alcalá de Henares (Madrid), MA in Translation and Intercultural Mediation at Universidad de Salamanca.

Furthermore, if interpreting in mental health has a huge emotional impact for professional and trained interpreters (Doherty et al., 2010), the emotional impact for untrained interpreters will be immense.

The professional interpreter not only has to know both languages and cultures, but is also required to know specific terminology, to have good memory skills, and 'the ability to convey accurately the meaning of the emotions expressed' (Misan et al., 1994, quoted in Tribe and Morrissey, 2004: 135). In addition, the interpreter has to understand the therapeutic boundaries, has to be confidential and professional, and take the ethical issues into account while carrying out his/her task (ibid. 136) for the sake of all the people involved, including himself/herself.

Marta Franco (Trágora Formación, 2016) states that, although it is a violation of the interpreters' code of ethics, private and public clinics and hospitals use ad-hoc interpreters because, sometimes, there is no other way to speak with the patient properly.

Moreover, some researchers, like Hunt and Swartz (2016); Searight and Searight, (2009); Tribe and Lane, (2009); Tribe and Morrissey (2004), highlight the importance and necessity of training medical staff to learn how to work and cooperate alongside the interpreter in this setting. In addition, a number of authors (Monzon-Storey et al., 2015; Searight and Searight, 2009; and Tribe and Lane, 2009) mention the importance of briefing and debriefing sessions and/or having pre-session and post-session meetings with interpreters and clinicians to make sure that they clarify specific terminology, cultural aspects, and non-verbal aspects of communication such as gestures, postures and facial expressions (Monzon-Storey et al. 2015).

In addition to the training, it is also important to specify the qualifications that these professionals need in order to work in a field like mental health.

Would an interpreting degree be sufficient? Would having a master's degree in interpreting or in mental health be necessary, bearing in mind that 'there is a significant demand for interpreting services [...] particularly within mental health services'? (Doherty et al., 2010: 31).

This study aims to respond to these questions.

CHAPTER 2: METHODOLOGY

This chapter will take you through the methodology used in this dissertation intended to achieve the proposed aims set out at the beginning of the research. These aims are: to find out the type of training an interpreter should have in order to work in the mental health domain, and the qualifications that are required to be able to have a job in this context.

The second chapter of this dissertation examines Grounded Theory, as it is the approach used to build up the associated research, as well as the methods used for the data collection.

The methodology chapter will end by detailing the ethical issues that have been taken into account while carrying out this dissertation.

2.1 Grounded Theory

As mentioned in the first chapter of this dissertation, Grounded Theory has been the approach used to generate a proper theory for the question of this dissertation.

Grounded Theory is a highly influential approach in qualitative research that 'prioritizes the data and the field under study over theoretical assumptions' (Flick, 2014: 137).

Glaser and Strauss (1967: 18) state that 'qualitative research is often the most "adequate" and "efficient" way to obtain the type of information required […].'

The process of data collection used in this dissertation has been theoretical sampling (ibid.), which involves collecting, coding, and analysing data, in this case, through questionnaires and interviews as well as case studies, in order to generate the theory.

2.2 Data collection

Semi-structured interviews and quantitative questionnaires were administered to a small number of survey respondents as part of the data collection methods used in this research. In addition, the case studies and online

interviews (see Appendix A1) carried out by Lamiel (2016) have also been used in order to 'offer a richness and depth of information' of this topic (University of Surrey, n.d.).

2.2.1 Participants

The aim of this dissertation is to find out if medical interpreters would need specific training and if they should have specific qualifications to interpret in mental health settings. For this reason, it was important to collect data from those groups of participants who were involved in medical contexts, such as medical interpreting students, Spanish medical interpreters, and medical staff, specifically those who work in the mental health domain.

The choice of having future students as participants is based on their interest in the topic and on their thoughts about the training that they receive at university. It is also to see if these future interpreters would be willing to interpret in mental health settings in the future.

Handing out questionnaires and interviewing Spanish interpreters, who have worked or are working in these contexts, has been vital in order to obtain actual and relevant data about interpreting in medical and mental health settings.

Finally, having medical staff as participants in this research has provided examples of mental health professionals' point of views regarding interpreters and their interpreting task in this field, and illustrated how important professional interpreters are when patients and mental health workers do not speak the same language.

2.2.2 Case studies

As mentioned before, Lamiel (2016) carried out a total of five case studies and asked four questions as part of the online interviews to eight different psychologists to find out the reasons for the lack of interpreters in mental health settings in Barcelona. The results of these case studies and online interviews (see Appendix A2) are very useful for the topic of this dissertation, and they are going to be used as secondary data to help find the answer to the question of this research.

2.2.3 Questionnaires

Mainly, this research is qualitative, yet the questionnaires are quantitative, as the purpose of them is to gather as much as numerical data as possible (Alfa Dube, 2010).

There are three different types of questionnaires for the three different groups of participants, they are: future interpreters (see Appendix B1), Spanish interpreters (see Appendix B2), and medical staff (see Appendix B3). The questionnaires have ten closed, multiple choice and Likert scale[17] questions in total, all of them written in Spanish and English. They have been carried out online, as the majority of the participants are located in Spain. Online questionnaires have facilitated the first part of the data collection, as it meant that participants could be approached via email or social media. The questionnaires provided a general point of view of each group and each participant regarding the topic. The analysis of these questionnaires will be explained in the next chapter; however, it is important to mention that there was a small previous analysis to help elaborate on the questions for the interviews that follow the questionnaires.

2.2.4 Interviews

Three semi-structured interviews have been carried out on the three different groups of participants. There are interviews for future interpreters (see Appendix C1), for Spanish interpreters (see Appendix C2), and for medical staff (see Appendix C3).

Semi-structured interviews involve 'a set of prepared, mostly open-ended questions' as can be seen in the Appendix C, 'which guide the interview and interviewer' (Flick, 2014: 197). Moreover, Flick (2014: 217) clarifies the subjective theory in the semi-standardised interviews which refers to the fact that:

[17] Likert scale – where participants are given a range of options, i.e. agree, strongly agree (University of Surrey, n.d.).

The interviewees have a complex stock of knowledge about the topic under study […]. This knowledge includes assumptions that are explicit and immediate and which interviewees can express spontaneously in answering an open question.

As the interviews performed in this dissertation are semi-structured, and the interviewer had a list of questions that was just a guide, the possibility of adding and/or removing questions during the interviews was feasible. Extra questions, which can be read in the transcription of the interviews, were added because relevant topics emerged during the interviews.

2.2.5 Transcribed data

All of the data collected for this research has been recorded using technical media. For this reason, the transcription of the interviews is necessary to be able to carry out a suitable interpretation. Fortunately, the interviewees were concise in their response. This means that, although transcribing data absorbs time and energy (ibid.), all interviews have all been transcribed literally, as can be read in Appendix D.

2.3 Ethical Issues

This study does not involve sensitive topics; however, as it partly discusses a medical topic and involves a small number of people sharing their experiences and opinions, it is important to pay attention to ethical standards.

As can be seen in the Appendix B, each questionnaire starts with a research ethics consent letter, in which the purpose of the study and the rights of the participants are explained. Prior to the interviews, a consent form (see Appendix E) was sent to the participants. Additionally, before starting, the participants were asked for permission by the interviewer to record the interview, and none of the participants objected.

2.4 Limitations

Before continuing with the interpretation of the results of this dissertation, the limitations of this research must be mentioned.

As the data collection involves a small number of participants, the results are not generalisable, as all the outcomes of the data collected may not represent all of the Spanish population. Additionally, the expected number of responses on the questionnaires was twenty per group of participants and, although they have been approached to fill in the questionnaires, it has not been possible to achieve the estimated responses because of time constraints that have also hampered the data collection and its analysis (Hughes, n.d.).

This chapter has given an insight into the features and the participants involved in the process of the data collection and the ethical issues that have been taken into account while gathering data.

The following chapter will go into detail about the data gathering technique and data analysis. In addition, a final answer for the question of this dissertation ‘What kind of training and qualifications do Spanish interpreters need to be able to work in the mental health domain?’ will be developed.

CHAPTER 3: DATA GATHERING AND ANALYSIS

The two main aims of this study have been to discover the training, the qualifications and requirements that Spanish interpreters need in order to work in mental health settings.

Online questionnaires, interviews and case studies have been carried out to achieve these aims, and to collect all the possible data to develop a proper theory at the end of this dissertation.

This chapter will explain the coding process used to analyse the data collected. Afterwards, this data, and the categories emerging from it, will be discussed while keeping in mind the three groups of participants that have participated in this study. Finally, the answer to the research question will be developed and revealed.

3.1. The coding process

'The central process in grounded theory research is coding the data' (Flick, 2014: 402). After gathering all the data, the process of coding involves labelling and categorising data in order to develop concepts (ibid.). After that initial coding step, the statistics have to be interpreted 'to make sense of our data' (Willig, 2014 quoted in Flick, 2014: 375).

The coding process model that has been chosen for this dissertation is Strauss and Corbin's approach to coding (Flick, 2014), which differentiates three coding procedures: open, axial and selective coding. These procedures will be explained in the following subsections.

3.1.1 Open coding

The first step suggested by Strauss and Corbin (1990 cited in Flick, 2014) is to segment the data in order to develop concepts or codes. According to Flick (2014: 406), open coding can be 'applied in various degrees of detail.' In this case, the codes are linked to the questions and the answers of the questionnaires, interviews and case studies that have been carried out beforehand.

After gathering and reading all of the data collected, 'similar events and incidents are labelled and grouped to form categories' (Strauss and Corbin, 1990 quoted in Flick, 2014: 406) in order to summarise the results that emerge from the data. The categories arising from the open coding will be mentioned and explained in more detail in this chapter.

3.1.2 Axial coding

The second step, after identifying different categories that have emerged from the open coding, is 'to refine and differentiate' (Flick, 2014: 407) these categories to make connections between them and to finally generate a theory (Graham R Gibbs, 2010a).

The model used to clarify the relation between these categories is the 'coding paradigm' (Strauss and Corbin, 1998 quoted in Flick, 2014: 407).

At this stage, it has been important to bear in mind many factors; firstly the phenomenon, which is the question of this dissertation. Secondly, the context, which is Spain, and the intervening conditions, which are the qualifications of future interpreters and the funding of the State, to name a few. Thirdly, the cause, which is the lack of trained and qualified interpreters in mental health contexts. Fourthly, the strategies that involves having more specific training and more practice to list a few. And finally the consequences, which will be having more trained interpreters, offering better services to those who do not speak the same language.

3.1.3 Selective coding

The last step in the process of coding involves picking one core category; however, two or three core categories are also accepted (Graham R Gibbs, 2010b). This is the case in this dissertation. After selecting these core categories, the story line is developed in order to explain the theory that justifies the core concept of the central phenomenon and the other categories (Flick, 2014).

In addition, the core category links the other categories using the coding paradigm model explained in the axial coding section. By doing this, the forthcoming theory gained precision.

Finally, the analysis of data was complete because of the theoretical saturation, which means that the coding process does not lead to new theoretical insights (ibid.).

3.2. The collected data

As mentioned before in this dissertation, there were three groups of participants. The data collection started with the questionnaires. There were three different questionnaires for each group of participants (see Appendix B). The aim was to collect as much quantitative data as possible to have a clear idea of their opinions about some aspects of the topic of study. These general opinions were useful to conduct suitable interviews afterwards.

After the questionnaires, a total of six interviews were carried out. This meant that two participants from each group were interviewed separately in order to have different and wider points of view of the subject of study.

Before going into detail about the data collected, it is necessary to mention the incorporation of the secondary data in this actual research.

The research project carried out by Lamiel (2016) consisted of putting forth five case studies to eight psychologists and asking them four questions related to the interpreters in the mental health domain (see Appendix A1). The results (see Appendix A2) have been added to the data collection of this dissertation, as they will enrich the data gathered on medical staff for the research that is being discussed here.

3.2.1. Future interpreters

The questionnaires were sent to future interpreters with different working languages (see Appendix B1). The important aspects here were that all of them ought to study a bachelor's degree in interpreting and translation, have experience in medical interpreting and were going to be, or will want to be, medical interpreters.

Regarding the interviews, the questions asked were related to the training they have received in medical interpreting modules, if they felt prepared to meet the market demands, the requirements that institutions should ask for, and the reasons for interest, or lack of, in the subject (see Appendix C1).

The results of the questionnaires and the interviews illustrated that 62 per cent of future interpreters do not feel prepared enough to interpret in mental health settings; however, 69 per cent do feel prepared to interpret in medical settings in general. These percentages indicate that extra training in mental health is needed. The suggested ideas were to have a mental health optional module at university; although, as Participant 1 stated, it may not be possible due to a lack of funding. Having more realistic practice with simulated situations and being taught more specific vocabulary on the topic would be suitable as well.

Participant 2 added that it is also essential to have training on how to be impartial, how to act, and the attitude you must adopt, as well as receiving training on knowing how to keep a distance from the patient, as 'it is important to know that because it is very hard at the beginning.'

In addition, experience in the field, a master's degree in mental health applied to interpreting and translation, and courses in mental health ought to be the requirements that institutions should be asking for in order to offer proper interpreting services, as reported by most of the future interpreters.

Nonetheless, 62 per cent of respondents would not like to work in mental health contexts mainly because of the stress accompanied with it, and also due to a lack of interest in the field. This will reduce the amount of interpreters specialising in mental health interpreting, as only 37 per cent are interested in it and, as will be shown in the following subsections, the role of the interpreter is quite demanded by medical professionals.

3.2.2. Spanish interpreters

The questionnaires were sent to Spanish interpreters based only in Spain. The respondents were graduated and professional interpreters, with at least some experience in the medical interpreting field. The questions in the questionnaires (see Appendix B2) were about their experiences and their training in mental health interpreting. The interviews (see Appendix C2) were also used to explore the topic further by asking questions about Spanish interpreters' qualifications, the training, and the requirements needed, as well as the challenging and rewarding aspects of the job.

The results showed that 71 per cent of Spanish interpreters were not trained in mental health interpreting, and 43 per cent of them did not feel prepared for the job. Nevertheless, 57 per cent had previous interpreting experience in the field, highlighting that the most difficult aspect of the task was managing their emotions. For this reason, Participant 3 stated that specific training related to 'how it [mental health interpreting] affects the person later' would be vital, as 'we are people with our own feelings.' In addition, more specific training on vocabulary and concepts in mental health, as well as more practice in mental health interpreting, would be included in the necessary training, according to the Spanish interpreters that were interviewed.

A minimum of studies in translation and interpreting should be requested, if not […] they employ any person who can speak the language and there is the unauthorised practice of a profession (Participant 4).

This quote points to the requirements that should be required in order to work as a professional interpreter in the mental health field. The interviewees, as can be read above, thought that asking for a bachelor's degree in interpreting and translation is essential 'not by the fact of the medical interpreting in itself, but by the basis of the interpretation' (Participant 3). Moreover, 78 per cent of respondents considered that having specific training in mental health should be a requisite too.

3.2.3. Medical staff

As mentioned previously in this chapter, Lamiel (2016) carried out a research project related to the topic of this dissertation. The data collection of it consisted of answering the questions of five case studies and four more general questions about the subject (see Appendix A1). The participants were medical staff.

The questionnaires (see Appendix B3) were handed out to Spanish medical staff such as psychologists, psychiatrists, nurses, and occupational therapists among others.

Regarding the last part of the data collection, two interviews were carried out. The interviews (see Appendix C3) were mainly regarding the most required languages in consultations, their experiences with interpreters, and the training and requirements they thought an interpreter should have to offer a quality service within the mental health domain.

The results were surprising because 71 per cent of respondents stated that they had not worked alongside an interpreter, as they did not need them. Nonetheless, 82 per cent of the medical staff surveyed pointed out that there was a need for interpreters within the mental health sector.

It was a surprise that the most requested language to interpret was Chinese as, according to the Instituto Nacional de Estadística [18] (INE, 2015), the Chinese are the fifth largest nationality in Spain after the Romanians, Arabs, English and Italians.

Participant 6 mentioned that they find very difficult to access the interpreter's service, thus the interpreters' demand is obvious. For instance, the same participant explained that once they had found an interpreter who spoke Mandarin, then they realised that the patient spoke Cantonese. The participant reported that due to situations like the mentioned above, they give up on asking for the figure of the interpreter because it is not that easy to find an interpreter who speaks the same language or dialect of the patient.

Regardless, the majority of the participants would ask for an interpreter rather than a member of staff or a family member to interpret. Interestingly, the use of family members as interpreters is quite high, as 41 per cent of health workers, including the interviewees, use family members to help to understand the patient. 'I do this constantly and it is horrible. We use this resource because we have no choice' (ibid.). Likewise, Participant 5 mentioned that 'in the absence of professional interpreters, anything else is good.'

Notwithstanding the foregoing, Participant 5 and 6 agree that the appointment loses quality because of the use of ad-hoc interpreters. This infringes the code of ethics, especially regarding confidentiality and respect for the patient, which are two of the requirements that care workers find necessary to have as an interpreter.

In terms of the requirements, the professionals in the mental health field believed that institutions should ask for specific training in the domain, specifically related to the major mental disorders and the aspects of the language as 'there is language that does not make sense in psychology' (Participant 6). It is also important to convey that language in the correct way to make the most of the appointment for the sake of the patient.

Finally, it is essential to mention one of the most interesting results of this group's data collection: 57 per cent of respondents thought that it would be positive for the patient, as well as for the interpreters and the medical staff, to have training together; for example, briefing and debriefing sessions, as Paone and Mallot (2008) et al. cited in Elkington and Talbot (2015: 8) propose.

3.3. Categories

As explained above, in the selective coding subsection, two categories, among all of the categories that emerged during the analysis of the data that was collected, have been selected.

This selection will enable the researcher to develop a proper theory for this dissertation. The following subsections will give a detailed explanation of each of the two categories developed throughout the data collection and analysis.

[18] Instituto Nacional de Estadística (INE): National Institute of Statistics.

3.3.1. Interpreters' training

According to a number of authors (Doherty et al., 2010; Searight and Searight, 2009) the training that a mental health interpreter must have should include knowledge of countries' cultures and values, as well as showing how to facilitate communication between the patient and the mental health worker. In addition, it must also include the teaching of psychological terminology as well as further training in how to be professional and how to be mindful of the ethical aspects while interpreting. Finally, it would be important to have a good working knowledge of mental health legislations and the medical treatments available.

Additionally, 45 per cent of participants thought that medical interpreters should have specific training in mental health, specifically relating to mental health vocabulary and concepts, as well as more opportunities to practise in real-life situations to put interpreters in context.

Developing personal qualities such as empathy, caring, respect and sensitivity (Searight and Searight, 2009) should be included in the training; however, 86 per cent of participants have not considered training from an emotional point of view. Bearing in mind that 'a significant proportion of respondents […] reported being emotionally affected by mental health interpreting at some point in their career' (Doherty et al., 2010: 33), emotional training is essential.

Furthermore, 40 per cent of participants concurred that interpreters and medical staff ought to have training together. A huge number of studies in that area, which have been mentioned in the literature review of this dissertation, stated that training mental health professionals to work with interpreters is essential in order to offer an effective and suitable service. Various authors (Elkington and Talbot, 2015; Searight and Searight, 2009; Tribe and Lane, 2009) recommend pre-session briefing and post-session debriefing for the sake of the mental health worker, the patient, and the interpreter themselves.

To conclude, the information gained in this category has been about the kind of training that interpreters and medical staff should have with a view to offering a high- quality service to the patient.

3.3.2. Requirements and qualifications

The five requirements and qualifications that participants believe would be necessary for an interpreter to work in mental health settings are: experience in the sector, specialised training, such as master's degrees and courses in mental health, general medical knowledge and, at least, a bachelor's degree in interpreting and translation, as well as bearing in mind the interpreter's code of ethics.

59 per cent of participants reported that the most important requirement is specialising in mental health. Nonetheless, 'only about 20% of the interpreters had any formal mental health training' (Miller et al., 2005 quoted in Searight and Searight, 2009: 449).

In relation to that subject, Anderson (2012, quoted in Elkington and Talbot, 2015:7) stated that 'most interpreters are trained as generalists and are often not aware of the unique and nonlinear methods that characterise therapeutic communication.' He also pointed out that professional interpreters do not have to be experts in psychotherapy; however, it would be positive to insist on a minimum level of mental health knowledge. It is important to mention that only three participants out of the thirty-seven believed that possessing, at least, a bachelor's degree in interpreting and translation should be a prerequisite. In addition, another three respondents considered that having an ethical code should be also a requirement in order to offer an effective service, as it is very important to be empathetic, cooperative and be able to focus on the other (Hunt and Swartz, 2016) while working in the mental health domain as an interpreter.

Lastly, one participant thought about the importance of having previous experience in order to interpret in mental health settings. Additionally, Walker and Shaw (2011: 8) added that:

Mental health interpreting required experienced interpreters and that graduates should choose assignments carefully to ensure that they remain in the interpreter role without becoming personally involved.

To conclude, the information obtained in this category relates to the requirements and qualifications that should be asked of those interpreters that want to work in the mental health sector.

3.4. The development of the theory

After the data collection and its analysis, two categories emerged in order to build a theory for the research.

To enlarge the chances of being a well-trained medical interpreter in the mental health domain, interpreters should have proper training at universities, where their career begins.

Spanish universities should offer medical interpreting modules as well as optional modules in mental health interpreting, in which students could learn more specific vocabulary and concepts regarding the subject. Perhaps this would satisfy the demands of the sector from the beginning, as there will be more interpreting students feeling better prepared to work in those settings.

It would be also very enriching for students to have interpreting internships, where they can witness real-life situations and also where they can have the opportunity to work with a professional mental health worker and their patients, experiencing the aspects that mental health professionals consider during patients' appointments.

In addition to all of this training, it is very important, not only for students but also for professional interpreters, to receive training from a more emotional perspective. This means that students, as well as professionals, should learn how to manage their own emotions and certain situations, as well as how to avoid getting personally involved, as interpreters have their own feelings and some situations can affect them as well.

Finally, in relation to training, mental health workers and interpreters should know how to work with each other. Pre-sessions and post-sessions after the appointments should be compulsory to decide the organisation of the room and to

review any specific words to ensure clarity, among other aspects (see Appendix F for medical staff guidelines when working alongside an interpreter).

After gathering all the data collected, it was clear to see that the role of the mental health interpreter is in demand, as the use of ad-hoc interpreters is quite high in the Spanish medical sector in general. This demand may be triggered because of the lack of clear requirements and qualifications. Regarding the latter, institutions should ask, at least, for a bachelor's degree in the areas of interpreting and translation.

Besides that, apart from having medical interpreting training, adding specific training in mental health, like a master's degree or a course on mental health, would be an asset.

Finally, having previous experience in the sector ought to be a requisite; however, in order to gain this experience, everything mentioned in this section should be implemented. Unfortunately, nowadays, performing big changes in Spain is difficult and takes time because of the lack of funding in the country.

CONCLUSION

This conclusion will summarise the research process, the findings of this study and its limitations, as well as highlighting the contribution that it makes to the main body of research. Finally, it will point out important aspects to take into account for further investigation.

This dissertation is an empirical research investigating some aspects regarding interpreters in mental health settings in Spain. The aims of this dissertation were to find out the kind of training, requirements and qualifications that Spanish interpreters need to work in the mental health domain.

The research started by consulting relevant literature on the topic. However, the existing literature was concentrated on the UK, South Africa and the USA, not in Spain, which meant that the subject of this study was under-researched in the country. Therefore, Grounded Theory has been the method used to fill in the gaps in this area of research.

Collecting and analysing data offered the opportunity to develop a final theory for the two main categories of this study, which are: the interpreters' training, and the necessary requirements and qualifications to be able to work in mental health settings.

The aims of this dissertation were achieved when the three different groups of participants who have contributed in this dissertation; namely, future interpreters, Spanish interpreters and medical staff, provided their opinions and points of views about the research question of this dissertation.

The results of the study concluded that, in order to satisfy the demand on the part of the medical staff and the needs of the patients, interpreters should be specifically trained in mental health, and hospitals and clinics need to establish some requisites for professional interpreters.

Although this dissertation has contributed to a small extent to fill in the gaps in this area of study, it had limitations. The results cannot be generalised due to the methodology chosen, the small number of participants, and the context of the study.

Regarding further research on the topic, it would be interesting to implement the outcomes of this investigation and see what the results are as well as to involve patients in future studies.

To conclude, this study tried to raise awareness of a particular job role in Spain, which is the professional interpreter in medical settings, specifically in mental health. It shows the significance of training, requirements and qualifications that interpreters need in order to work in those contexts, avoiding the unauthorised practice of the profession by ad-hoc interpreters, which is very common in Spanish medical settings.

APPENDICES

APPENDIX A

Appendix A1 – Case Studies and Online Interviews Creator: Irene Lamiel Membrilla

Description:

The following case studies and questions were asked to eight psychologists based in Barcelona. The case studies put them in possible real situations, and they have to answer what would they do in each situation. Regarding the questions, these are open questions in which the participants have to justify what they think and why they think so.

CASE STUDIES

1. You have an Indian girl as a patient. She presents anorexia nervosa, with a body mass index of 15 and bradycardia. The patient only speaks Hindi. What would you do?
2. You have a man from Moroccan who only speaks an Arabic Moroccan dialect (dariya). The patient is referred from the digestive system department after presenting a drug overeating, accompanied by a relative who does speak Spanish. What would you do?
3. You have an 11-year-old Chinese patient with autism spectrum disorder diagnosed in his country. The patient has learned Spanish the time he has been in Spain, on the contrary, the parents know some words in Spanish but you cannot understand each other. There is information you want to transmit to the family, but you do not think the child should know it yet. What would you do?
4. Police arrested a 35-year-old English woman who has been raped and the psychiatrist at the mental health centre is notified. The police call an interpreter who specialises in the legal field. Do you think it would be appropriate for the legal interpreter to come in consultation with you and the patient or do you think that an interpreter specialised in the medical field should go in with you?
5. A Catalan family with his adopted 6-year-old son from Russia 5 months ago go in the room. The school advises the parents to visit a mental health centre on suspicion of an Intellectual Disability diagnosis, requesting evidence of general cognitive ability. The child does not speak Catalan or Spanish yet, but he has learned some words, what do you do?

QUESTIONS

1. Have you had interpreters in consultation? If so, what languages? If not, do you think you would have needed them? Why?
2. The intercultural mediator is that person who facilitates communication between two parties with different language and culture and becomes a bridge between these two. Also, the mediator must know the history, traditions, values and taboos of the patients' cultures. They have communication skills not only written and oral, but also gestural and social skills among others. Whereas, the interpreter must become the person to whom he/she interprets. Apparently, their role requires a high knowledge of both languages, as well as extra-linguistic

knowledge such as the culture. On the other hand, the work of the interpreter is not only based on interpreting from one language to another, but there is also a work of mediation and negotiation. It should be added that the interpreter as a profession, although not fully recognised in some countries, has an ethical code that emphasises impartiality, confidentiality and fidelity in transmitting the message in any context. However, the intercultural mediator, probably due to his early age as a profession, does not have an ethical code. Given the above information and your working experience as a psychologist, who do you think should make the linguistic and cultural exchange between you and the patient? Why?

3. Spain is one of the countries in which this profession, the interpreter, is not recognised as such, but it is as necessary as any other to facilitate and even allow communication between two parties who share neither language nor culture. After having put you in the situation with the five previous cases, what degree of importance you give to the role of the interpreter in situations like that ones? Do you have access to an interpreter service at your work? If not, why do you think that? After this information, would you prefer a mediator or an interpreter?
4. Interpreters in the UK are trained in the health field by studying a course called Diploma in Public Service Interpreting (DPSI Health). Do you think this training is enough for an interpreter to come in consultation with you and the patient, or do you think the interpreter should be trained in this particular area as is the mental health to be able to carry out a proper and correct interpretive task? Why?

Appendix A2 - The results of the Case Studies and Questions Creator: Irene Lamiel Membrilla

Description:

The video recording exposes the results of the case studies and questions that were carried out in 2016 complemented by an interview with a psychologist. The video has subtitles for those viewers who do not speak or understand Spanish.

File link:

https://youtu.be/gzndIvb3NmY

APPENDIX B

Creator: Irene Lamiel Membrilla

Description: Closed questions online questionnaires for the three groups of participants that have participated in this dissertation.

Appendix B1 – Questionnaire for future interpreters Link: https://irenelamiel.typeform.com/to/bNrShm

Appendix B2 – Questionnaire for Spanish interpreters. Link: https://irenelamiel.typeform.com/to/JM4eID

Appendix B3 – Questionnaire for medical staff. Link: https://irenelamiel.typeform.com/to/qnTiaq

APPENDIX C

Creator: Irene Lamiel Membrilla

Description: Opened questions for the three groups of participants that have participated in this dissertation.

Appendix C1 – Interview for future interpreters

1. First of all, tell me your name, the languages you work with and what kind of interpreting training you have.
2. A 69% of future interpreters said in the questionnaire carried out before this interview that they would not like to work in the mental health sector as an interpreter.
    a) Why do you think they are no interested?
    b) Why do you think they are interested, those who said so?

3. What do you think about the training you have or the training gained at university about medical interpreting, especially in mental health? Do you think is it enough to work in that sector?
    a) If not → can you tell me what do you think training courses should offer to be able to interpret in mental health?
    b) If yes → what have you learned/have they taught you (three things) to say that it is enough and you feel prepared to work in mental health settings?
4. As a future interpreter, what requirements do you think should be asked to be a medical interpreter, specialised in mental health, in the health care sector?

Appendix C2 – Interview for Spanish interpreters

1. First of all, tell me your name, the languages you work with and what kind of interpreting training and qualifications do you have; and if you have experience in mental health interpreting. (If yes → question 2.2 too.)
2. Why medical interpreting?

    2.2. Why did you choose mental health interpreting as a specialisation?
3. Doherty et al., 2010 states that mental health interpreting is a demand in the UK; do you think there is a demand in Spain too? Why? Why not?
    a) If yes → do you think that the training you have is enough to meet the demands?
    b) If not → what kind of training do you think is necessary to meet these demands?
4. Have you been asked for having certain requirements before starting to work where you are now or where you used to work previously as an interpreter? Could you mention them?
    a) If not → do you consider that it would be necessary to ask for any requirement? As if they do not ask for any requirement, ad-hoc interpreters could do the role of the interpreters as well.
5. What advice would you give to a future interpreter who wants to work in the health sector, especially in mental health?
6. Could you tell me any negative and positive experience that you have had in this context?
    a) How did you manage the negative experience?
7. What aspects do you find most challenging?
8. What aspects do you find most rewarding?

Appendix C3 – Interview for medical staff

1. First of all, tell me your name, your job role and if you have had any experience with interpreters before.
2. If you have worked before with an interpreter, could you tell me how your experience was?
3. What do you think of the interpreter's performance? Do you think he/she was well trained? Why?
    a) If yes → what makes you think that? Why do you think so?
    b) If not → what kind of training, apart from the medical interpreting training, would an interpreter need to work in the mental health sector?
4. What kind of requirements do you think are asked to an interpreter for working in mental health settings?
    a) If he/she don't know → what kind of requirements do you think they should ask an interpreter if he/she wants to work in that context?
5. What do you think about ad-hoc interpreters?
6. The RITAP states that there are 100 interpreters and intercultural mediators in Spain. Taking into account that 46 millions people are living in Spain, the number of interpreters is quite small. Why do you think it is that low?
7. How do you think this situation could be improved?

8. About your training as medical staff, have you ever been proposed to or are you trained to work along with an interpreter?
    a) If yes → how was that training? What kind of guidelines did they give to you?
    b) If not → would you think it would be necessary? Why? Why not?

APPENDIX D

Appendix D1 – Interview future interpreter 1

I: First of all, tell me your name, the languages you work with and what kind of interpreting training you have.

F.I.1: My name is Participant 1. I work with Spanish and English, and I do a BA course on Interpreting and Translation, and in the mental health, I have no training. I am studying the DPSI in medical settings.

I: A 69% of future interpreters said in the questionnaire carried out before this interview that they would not like to work in the mental health sector as an interpreter. Why do you think they are no interested?

F.I.1: maybe because they are not prepared enough for the emotional impact that working in the mental health sector will be. Me personal, I did say that I would be interested in going to the mental health sector, but I'm not prepared yet because I need a proper training for it.

I: Some of them said that they are interested. Why do you think they are?

F.I.1: I think they are interested; including me because it is quite nice to be able to help those who are in need. They mentally impaired, and they have a lot of problems and facilitating communication between the carers or the people that take care of them, or people that provide health service to them will help them if there is an interaction between them, and if they don't understand them it will be quite difficult for them.

I: What do you think about the training you have or the training gained at university about medical interpreting, especially in mental health? Do you think it is enough to work in that sector?

F.I.1: Taking into account what the topics that we've gone through the whole year, mental health was just one session. And we were taught what the possible illnesses were and some symptoms of those diseases, but we are not prepared training wise to deal with those kinds of patients, well you can expect the symptoms and how some of them have aggressiveness, but you are not prepared or trained to be in those settings.

I: You said that you don't feel prepared. So, can you tell me what do you think training courses should offer to be able to interpret in mental health?

F.I.1: In training course, in a BA interpreting and translation, there should be a separate module because in interpreting you do a lot of medical in general, but you don't get specialised in anything, so I think there should be like an optional module that you could pick the area that you want to, just an optional because you sometimes you are more interested in biology or anatomy, or you are more interested in mental health or anything else. But I think there should be more specialisation. I don't think that it could be possible, because of the funding but maybe in a masters degree (MA) but is mental health and neurology applied to translation or interpreting.

I: As a future interpreter, what requirements do you think there should be to work as a medical interpreter, specialised in mental health, in the health care sector?

F.I.1: There should be a proper training, and sometimes they should be, I think, they should be simulated situations, also real situations but with mild symptoms of a mental health illness because it will help you to develop those skills that carers and doctors

have, that they have to be more professional, and they don't have to be emotionally attached to the patients, although as an interpreter that might be a bit difficult because you are helping between, you are not mediating but you are helping, facilitating the communication, so I think they should provide those situations and train us like that or with anything else too, is not only mental health, it should be everything else too.

I: What requirements they should ask for an interpreter before working in a medical setting? Do you think it is important to have a BA, an MA or a course in mental health interpreting or even in neurology o psychology?

F.I.1: I think that in mental health you should have specialisation, so I think it would be an MA because it is quite specific. It doesn't have to be only neurology, but translation and interpreting applied to it. But because there are MAs in medical in general, but there is nothing that would apply to that because sometimes as a translator or an interpreter you have to specialise to be able to earn more money and to… it is just anything in life. Right now you have to specialise to get good pay and something out of your job. So I think that the institutions should ask for MA in mental health, applied to translation or interpreting or they might be other training courses, they don't have to be MAs, there might be other training courses that can be more practical than writing. So they have to have some experience and specialised training.

I: Do you think that besides the MA applied to, would be good to have an MA or something similar in psychology, neurology, not applied to translation or interpreting?

F.I.1: You can have one, yes. I think in an MA in psychology… well, you can have a BA in psychology and then go into translation and interpreting, and then you have the

actual training. But the other way around would be maybe an MA in psychology, perhaps. You could have an MA in psychology because it would help, but I'm not sure. It would make you specialised. But I think that psychology entails more the study of and what the mind thinks and what is happening in there, but translation/interpreting applied to it because you learn how to facilitate communication between the psychologist or psychiatrist with the patients who do not share the same language.

I: Interviewer, F.I.1: Future Interpreter 1.

Appendix D2 – Interview future interpreter 2

I: First of all, tell me your name, the languages you work with and what kind of interpreting training you have.

F.I.2: My name is Participant 2, my working languages are English, Spanish, Romanian and German and the work experience I have as an interpreter is a placement in a hospital in Alicante (Spain). This Hospital is an international hospital. They have interpreters as staff, so they are all the time with all the patients they need an interpreter or whatever. I've been there for almost two months.

So my first time doing interpreting training was last year during my Erasmus in London. I did conference interpreting (English – Romanian), and then I did legal interpreting (Spanish – English). That was my first training for interpreting. And in Spain, I did simultaneous interpreting, but before doing my placement in the hospital, my training was the one did in London and the consecutive interpreting done in Spain at university, which was half semester.

I haven't medical interpreting training.

I: A 69% of future interpreters said in the questionnaire carried out before this interview that they would not like to work in the mental health sector as an interpreter. Why do you think they are no interested?

F.I.2: Well, I think they are not interested because it is the hardest for me to do interpreting in the health sector. You need to be impartial, but at the same time, you need to absorb all the feelings the patients have and to transmit them to the doctor and all the way round. I don't know. It is a bit difficult to keep that distance between the patients. Almost all the times, the stories they are telling are something deep, and you are not there for 10 minutes, you maybe are going to be there for one hour or one hour

and a half… so they do sessions once a week or more, so you keep constant contact with the patient, so maybe that's why they do not like to get involved.

I: Why do you think they are interested, those who said so?

F.I.2: Maybe because they want to see the evolution of the patient because you are in contact with the patient all the time, from the beginning till the end and being an interpreter for her/him for a long time, you feel that you are helping them.

I: What do you think about the training you have or the training gained at university about medical interpreting, especially in mental health?

F.I.2: We don't have medical interpreting in Spain. In the first year, in the English course, for one month, we focused on medical vocabulary, but that's it.

I: Do you think is it enough to work in that sector with the training you have? F.I.2: The one I had before doing my placement was not sufficient. Then I was supposed to have a little course and the training before starting, but at the end, I didn't. The tutor I had at the hospital taught me on the spot so…but I think that is the best way of learning.

I: Can you tell me what do you think training course (University, master, courses) should offer to be able to interpret in mental health?

F.I.2: I think the basics will be learning vocabulary, to tell you how to act with the patients. And the attitude you have to have with the patient because you can't show your feelings, emotions, you have to be impartial. You need to be visible but invisible at the same time, I mean they need to feel your support, but you are not their family so you

have to keep the distance and I think it is important to know that because it is very hard at the beginning.

I: As a future interpreter, what requirements do you think interpreters need to be able to work in mental health settings?

F.I.2: Maybe apart from the vocabulary and the things I mentioned before, maybe a little course in mental health to understand better how psychiatrists will deal with the patients. Maybe it is also for your sake because imagine that you have a patient with severe problems and you before starting interpreting and going with the doctor you need to know how to treat him/her, so I think you need to have like a little course about mental health.

I: This course would be like a master's degree? Or just a simple course in mental health?

F.I.2: A simple course will be enough. The ideal would be to do a Masters in medical interpreting but if you are an interpreter already, maybe you can do that course in mental health, and it will be enough.

I = Interviewer, F.I.2 = Future Interpreter 2.

Appendix D3 – Interview medical staff 1

I: First of all, tell me your name, your job role and if you have had any experience with interpreters before.

M.S.1: My name is Participant 5, I am a psychiatrist, and I am working on the Integral Health Consortium, which is a general hospital. I work mainly in the inter consultations' section. This means that apart from making outpatient consultations, but very limited ones, what I do is giving support to other professionals with patients who are hospitalised and who have a psychiatric disorder or perhaps awaiting admission. So they notify you, you go in the room, and you see him/her. I also act as a psychiatrist emergency sometimes. Yes, I have had some experience because every time we saw ourselves more with ... Well, I have used interpreters with foreigners even included a deaf person, for example as you need an interpreter regarding sign language. At wards rarely, but in emergencies yes. They arrive, no one knows what has happened and poor patients cannot express themselves properly. In these cases, we have had to resort to an interpreter.

I: What are the most common languages?

M.S.1: Okay, I can roughly handle it in English, but when I have needed help, it has been with for example Chinese or recently I had one that was Ukrainian, some patients from Maghreb. Especially this kind of languages because more or less you can understand Italian... French can also be a bit tricky ... but I had interpreters for patients from Maghreb and China and some French.

I: If you have worked before with an interpreter, could you tell me how was your experience?

M.S.1: Let's see, there are many shortcomings in this topic, because or they have been amateurs interpreters, that is, a colleague who speaks French or the mother of someone is Ukrainian. We have been handling with these things because physically is very rarely that we have an interpreter at the hospital. When I was in Vall d'Hebron, it was more common sometimes as you could call someone and he/she could come, but this was very limited. I've often used an interpreter over the phone. There is a resource for the health sector that you call, and they look for an interpreter who speaks that

language, of course, it is a bit strange because the interpreter is speaking over the phone ... you approach the phone to the patient and then you ask the interpreter what did he/she tell you and you lose a lot of communication ... you already capture the gestures, the look, but of course we end up asking questions to the interpreters such as: listen, what he says is consistent, are you surprised? What is he/she explaining to you? In the end, in the psychiatry domain is not only what you say... I mean, a cardiologist can say: electrocardiograms, does it hurt or not? But we have to assess whether the speech is consistent if the patient has an accelerate speech or not, some things that the interpreter must be able to understand and at the end you make use of the interpreter you can at that moment. But if the interpreter has certain training helps a lot.

I: Does your work settings has an interpreting service?

M.S.1: There are no interpreting services where I work, and I think in any hospital... I do not know whether some higher-level hospitals could have this service, but I don't think so. I think you call to the health department and from there you get in touch by phone, or maybe they can send an interpreter to you. If a patient is in ward, and it is not

urgent, and he/she can wait a day, then maybe someone can come as an appointment, but if you're in emergencies and in a rush, you have to make use of any medical staff from the hospital that speaks the language or make use of the phone's resource.

I: So, they are 'interpreters' aren't they?

M.S.1: Yes, exactly. People who speak the language. We don't call them interpreters.

I: If they were professional interpreters, what kind of training, apart from the medical interpreting training, would an interpreter need to work in the mental health sector?

M.S.1: I think they should have at least some perception of the major mental disorders that exist: depression, anxiety, psychotic disorders because at the end because of the language you can detect a delusion or if they speak faster or slower ... if I listen to an Arab speaker, talking very fast, I probably would not detect it, I mean if the interpreter did not say to me: he is talking very fast, I could not see it because of the sounds and everything ... Well, someone who can do detects four characteristics of the language itself: if it jumps from one topic to another, if the patients speak fast, slow, if ... I think they have to have some understanding of the disorders that psychiatrists would seek, would be important. They obviously will not make a diagnosis.

I: Would this training be an MA or a course?

M.S.1: Probably yes, some specific course.

I: Specific training, right?

M.S.1: It would be very useful. It would help a lot because they are not ordinary interpreters. Is not like a foreigner that goes to the police station and makes a complaint and there is someone translating. No, this is a disease that involves expression... The best would be someone who can read between the lines, someone that can go beyond what the patients say.

I: What kind of requirements do you think are asked to/should ask an interpreter for working in mental health settings?

M.S.1: I think that it doesn't exist the role of the interpreter in mental health... I think there is the role of the interpreter in the health sector in general. These are interpreters with whom we get in touch, but in mental health, there is no such specific figure. I understand that in mental health ... I do not know if they have a very specific training, probably if they have ... in medicine in general, would be confidentiality, respect for the patient ... It would be more like to know how to interpret at that moment than knowing the medical conditions as it would be impossible, right? In mental health, there should be some knowledge to detect things, as I said before, that go beyond what the patient says, that are perceived.

I: What do you think about ad-hoc interpreters?

M.S.1: At the end you ... in the absence of professional interpreters, anything else is good. It is true that you have to work twice to tell him: Listen ... for example, I would not dare to ask a family member to be the interpreter because... I don't know.... you try to use someone professional like a nurse, doctor, because in the end you trust more on confidentiality, in knowing the subject, but in the absence of a trained interpreter you

use a nurse, an auxiliary who are there... And of course, you have to tell them what do you want them to perceive, how they have to ask the patient... It implies more work than having someone who knows the topic already, in mental health. I do not think it would be appropriate to use an external, especially for issues of confidentiality because in the end you always put yourself in the patient's shoes and having a stranger there who can find out your stuff... I do not know; I try to avoid that. I used to call the health department and they used to offer me an interpreter, but it is more obstructive because you're in a rush in emergencies, you do not know what is happening to the patient and now you have to look for an interpreter there ... you end up asking: someone who speaks Ukrainian? Yes, there is a nurse on the 5th floor.... it is a show. There should be something more dynamic. I understand that there cannot be an on-call interpreter, but ... I do not know, via Skype would not be a bad idea.

I: About your training as medical staff, have you ever been proposed to or are you trained to work along with an interpreter?

M.S.1: Having training together is complicated, because we study four years of specialty and it is impossible for an interpreter to pass through what we do, but if during their training they would have internships, and they could stick with us for half a year watching patients with us and at the same time we could explain them everything and at the end they would finally learn a bit of each interview about we look at and what not. It would be very useful. I think crucial.

And even if it was in Spanish, but is like look, this patient is depressed, see what you ask, what not because in practice you would not have to say what they have to ask. Now you say: listen, explore how is his/her mood and he would already be asking. The interpreter would help you to do the exploration of the patient, and you will only be

directing him/her, but you would not be asking dumbed questions like when it started? It would be great that the interpreter was let himself/herself go, knowing what we are looking for. Learn to explore, to build up a medical record.

I have used patient's family members, but of course, you cannot always do that. And of course, letting the child do the interpreter's task is complicated. There should be someone to do this job.

I: The RITAP states that there are 100 interpreters and intercultural mediators in Spain. Taking into account that there are 46 millions people living in Spain, the number of interpreters is quite low. Why do you think it is that low?

M.S.1: All will be due to a lawsuit or that people trained in this regard provide the services, proving that are necessary. Sometimes what works in this country is to give more than anything else, so before removing it, they should say yes we do want to have it, and we buy it. Because it is very difficult to make changes in this regard and especially now with all the cuts. But it would be great to establish this role because it will facilitate our work specifically in psychiatry.

I = Interviewer; M.S.1 = Medical Staff number 1

Appendix D4 – Interview medical staff 2

I: First of all, tell me your name, your job role and if you have had any experience with interpreters before.

M.S.2: My name is Participant 6. I'm a psychologist. I am in contact with mental health due to training that I did in a hospital for two years, and I am currently carrying out an investigation in the same hospital. I have had no contact with interpreters, but I know of an interpreter service available at the hospital for a specific case of a child from China. It has been hard getting to the interpreter, but they exist, yes.

I: What kind of training, apart from the medical interpreting training, would an interpreter need to work in the mental health sector?

M.S.2: I believe that a kind of training that involved all the aspects of language that different mental pathologies can have. This is more for the interpreter as it can be a bit difficult to interpret some structures, which do not make much sense. The interpreter has to know that we sometimes will ask him to interpret a communication or a language that is not making sense and it is very important for us to see that a patient communicates in this way. The interpreter will have to interpret as it is and I believe that knowing the alterations of the language that have some mental pathologies will be useful for them speaking in a clinical way. In a more human way, special treatment for the mental health patient. First knowing what happens to them, not diagnosing them, but knowing what happens to them and approaching the patients in a more human way. Therefore, I believe that an interpreter in mental health does not have to be a serious person who is limited to interpret but an accomplice or an assistant for the sick person.

I: What kind of requirements do you think they should ask an interpreter for if he/she wants to work in that context?

M.S.2: A proper degree in interpreting for sure. Then, if you have a master's degree in health, will be better. And then courses in psychology as well. If not, what I told you before, a specific one for interpreters would be perfect, but courses in psychology of what they will interpret. If you are going to do drug addiction, you do not have to be trained in all domains. Training in drug addiction, if they are going to interpret in that field. If it is going to be childhood, then childhood, it depends... maybe they become more specialised when they work for a long time in a field, but I think that the interpreter does not go by fields, but it is a service that goes by all fields at the hospital. Then, general training in mental health.

I: What do you think about ad-hoc interpreters?

M.S.2: I do this constantly, and it is horrible. We use this resource because we have no choice. The interpreter cannot be in every communication you want to do with the family, that is, a call to ask if they come tomorrow or not to the appointment, a call or an email to know about the school marks... All this will end up using an ad-hoc interpreter unless you have an interpreter who is all the time with you. But using them during the appointments, I think it is not right. What I have done is that the patient himself is the one who translates, but this makes the child very uncomfortable, and if it is a family member, the appointment loses quality.

I: The RITAP states that there are 100 interpreters and intercultural mediators in Spain. Taking into account that there are 46 millions people living in Spain, the number of interpreters is quite low. Why do you think it is that low?

M.S.2: I believe that it is because we manage the situations. I mean, when we see ourselves in a situation we may think that we need an interpreter, but perhaps this case happens once every three months and it is not worth it to have an interpreter of each language. It surprised me the number 100 because it means that there probably be four interpreters of Chinese in Spain, 4 for Romanian ... and there are languages that do not have interpreters like the African languages, right? No one speaks them. I think that's the answer to the question. We see so complicated to access the interpreter, the interpreters should be available to go that day, or then the family tells you that they speak Chinese and when you have the interpreter they say: oh no, we speak Cantonese, and the interpreter speaks Mandarin, and in the end everything gets so complicated that we are not asking for this figure as we should and maybe could go well.

I: Do you think is the role of the interpreter demanded?

M.S.2: I don't know. I have the feeling that many people say that if they had the interpreter, they could do their job better in some cases. Although the family speaks Spanish, perhaps it also loses quality. For example, a mother the other day ... a child ran away from home, and I called her, and she said: 'it is not good the child.' Of course, this is because she spoke another language not because she could not explain me more things, and I think that's where communication is lost. We did not ask for them, but there would have to be more.

I: How do you think this situation could be improved?

M.S.2: The state should have more money. More interpreters and more psychologists as well. Because each neighbourhood has 3 and if it seems that 3 is a normal number, it is not. Same as all professions. Just like physiotherapists, I've read that there is a few so if we have more money, more interpreters could also be asked for. And also raise awareness of need because now there is more than five years ago, surely in 5 years there will be even more.

I: About your training as medical staff, have you ever been proposed to or are you trained to work along with an interpreter?

M.S.2: No, no. I have never seen an interpreter, I know that they exist, but that's it.

I: Would you think it would be necessary? Why? Why not?

M.S.2: Be trained in psychology? I think you mean that if I have a patient at 10 o'clock, the interpreter will come at 9.30 to talk about the case... This would be ideal because starting from 0 to interpret ... they cannot understand things. I think it would be necessary to avoid losing quality because the patient will benefit from the interpreter if this one knows what we are talking about. Just because the interpreter does not know what disorder the person you are talking to suffer from, the interpreter can be lost. There is language that does not make sense in psychology that you are listening and it does not make sense. The interpreter has to know: look, this is a psychotic patient, and maybe he does this. It's important that you interpret things as they are... psychosis implies this... If the patient says a word that does not exist, tell me: this word does not exist. Because I need to know ... if this cannot be spoken before or the interpreter is lost and does not

understand this ... the quality will be low, and in the end, it is the same as if I use the patient's sister.

I: Interviewer, M.S.2: Medical Staff 2

Appendix D5 – Interview Spanish interpreter 1

I: First of all, tell me your name, the languages you work with and what kind of interpreting training and qualifications do you have. And if you have experience in mental health interpreting.

S.I.1: My name is Participant 3, I work as an interpreter in a hospital with English, French and Spanish combinations and I have specific training in interpreting through the degree in translation and interpreting and a master's degree in translation and interpreting and public services at the University of Alcalá and then a pair of specific courses in simultaneous interpreting. I do not have specific training in the field of mental health and very little experience. Some urgent consultations like a patient with a panic attack or a patient who is taking medication for depression and the reason for the urgency are related, but I do not have much experience either.

I: Why medical interpreting?

S.I.1: By chance. I had training in legal settings. I was more interested in legal translation, not even in interpreting. I liked conference interpreting, a little more general, but I started to work with a kind of NGO, half-company, a social business I think it is called in the Hospital Ramón y Cajal of Madrid, to interpret especially for immigrants without any documentation in situations a little more vulnerable. I liked it a lot, and I started looking for work actively in this field and ended up in Seville working as a full-time staff in a hospital.

I: Doherty et al., 2010 states that mental health interpreting is a demand in the UK; do you think there is a demand in Spain too? Why? Why not?

S.I.1: I believe that in Spain, the conception of mental health is not positive, it is rather frowned on, even if the child has to see a psychologist because he/she has a problem with her/his studies, imagine with problems, let's call them, big problems. In general, it is very badly seen to have a mental health problem, so if you add on the stigma of being a foreigner, that you need help, I think you make a ball too big. The professional certainly does demand it because we are a help for them and not all professionals dominate English, French whatever language ... For example, we in our hospital, both the psychiatrist and the external psychologist whom we work with do speak English, practically in a bilingual level. They studied in the USA and grew up there; I think the psychologist was raised there throughout her adolescence and studies. So in that sense, they do not need interpreters, but in French for example, they do. From the point of view of the professional, I believe that it is demanded, but I believe that the patient himself does not dare or just rely entirely and then, of course, everything that goes around: auxiliary staff and others, I do not think patients would trust interpreters or they would believe that this situation is the right one.

I: Do you think the training you have meets these demands?

S.I.1: No, I don't think so. At least not the one I received. I would like to receive more specific training, especially in the line of the questions that you said: how it affects the person later. We are people with our own feelings, and I think that it would be necessary to have specific training in mental health because it is still unknown as well as how to manage the emotions.

I: Have you been asked for having certain requirements before starting to work where you are now or where you used to work previously as an interpreter?

S.I.1: No, nothing, not even the degree. The company in which I worked before offered a good service, but it was not very professionalised in the sense of training. The company in Madrid was distributed throughout Spain, and in Madrid they began to have translators because one of the bosses wanted people with translation skills and from there we started to enter, but the rest were: administrative with languages, waitress as an interpreter, son of the friend's neighbour who knows English, that kind of things... True. Very sad, but true and little by little, when I entered, my coordinator told me that from now on they were looking for people with at least the degree. We have tried that every candidate had at least the degree, and then if they have more studies, it will be better, but at least the degree.

I: Do you consider that it would be necessary to ask for any requirement? As if they do not ask for any requirement, ad-hoc interpreters could do the role of the interpreters as well.

S.I.1: Yes, yes. I would at least ask for the degree. Not by the fact of the medical interpreting in itself, but by the basis of the interpretation. Where are the limits, what we do, how we do, and the protocol… Although day-by-day, the theory is very beautiful, it cannot be applied hundred per cent. At least having a basis makes the difference. It is noticeable who has training in interpreting and who does not. Although is people who speak beautifully English, who has a lot of empathy, that works very well with patients, but it is not the same. There are limits that should not be exceeded and additionally, if they have specific training is much better. That would be the plus, but the basis... I would ask, at least, for the basis.

I: What do you think about the ad-hoc interpreters? Do you use them?

S.I.1: Forcibly. Sometimes we don't have any other choice. This past weekend I had a patient. A Belgian woman, 75 years old. She did not speak any English or Spanish and came with her son and daughter who spoke English perfectly and she a little bit of Spanish, so the son spoke in English, I interpreted it into Spanish for the doctor and the son into Belgian to his mother and vice versa. Everything went well, so we deduced that the interpretation was well done, but of course, it gets more complicated. Luckily, this woman had the summary of her medical report with everything she took and that made it much easier, because you get on the Internet, you can look for some words, and it is ok. The problem is when the patient does not know what he/she takes or does not understand ... We had a Russian a while ago who was taking drugs that the doctor had prescribed him. He had no idea what he was taking, and all the medicines were in Russian. We could not even look it up on the Internet because we did not have the Russian keyboard. Sometimes, you have to do whatever you can.

I: What do you do in those cases?

S.I.1: We tried to find out. The man could speak well in English as a tourist, but no idea to say what he was taking or what he had. In that case, it was very complicated, so the doctor prescribed him a mild treatment and told him to go back to Russia as soon as possible to see his doctor.

I: What advice would you give to a future interpreter who wants to work in the health sector, especially in mental health?

S.I.1: First of all, specialisation. All the training you can, both regulated and non- regulated. We have millions of resources at our disposal, so try to get trained and jump

in the deep. Look for opportunities, internships or voluntary work, be a listener. Volunteering is not the most advisable, but as a platform to see what it is and see how are the situations in which you can face an interpreter is good and above all a lot of empathy. It is important in the emergency room, I no longer imagine in mental health. That should be 200% empathy and try not to prejudge. The minimum basis: do not prejudge, put on the skin of the other person, to give the same importance that gives that person because perhaps for me it has not the same importance, but for the other person is the world or vice versa. I think a lot of personal training and to know how to manage your emotions, how to control yourself and how to manage the situations.

I: Could you tell me any negative and positive experience that you have had in this context?

S.I.1: I do not have any experience in mental health, as I mentioned before, there are bilingual psychologist and psychiatrist to avoid interferences. The only thing was a girl with a panic attack and a 17-years-old guy who apart from the depression he already had, which was treated with medication, from the USA, in Seville, for a month by himself... It got worse a little bit, but it does not count as an experience in mental health. Positive experience ... We work with students, that's why I say, students. There was a guy, who ended up getting in quite a while because he fell off a balcony, he did not do “balconing”, he fell. He fractured a pair of vertebrae, and the mother had to come. In the end, we almost got very closed because the boy all he had to do was to rest. With the mother very well, she was very nice. The truth is despite being in a hospital, the boy being admitted and all that stuff, it was good. Negative experience... Having to tell a patient that he had cancer ... That experience was harder because we empathised a lot with each other, it was a season that there was no a lot of urgencies. I used to visit him

regularly, not only for the appointments. He was Belgian, he was admitted for almost 20 days, and when the result of the biopsy came out, it had to be told that the fluid in his lung, instead of being a spill caused by a hit, it was not a spill caused by a hit...

I: How did you manage that experience?

S.I.1: I was lucky because the doctor told me before going in. I could find some word because it was in French and some word was not so handy, so I could think, to see how to say it, to think about what questions the patient could ask ... A few minutes to put me in the situation. When we go into the room, the doctor who directs the situation, then he told the patient straightforward, so I did the same. If the doctor had explained it more, it would be different, but the doctor said to him: you have a tumour, you probably have metastases, and I give you the results so that you can go to your doctor. It left me more touched because of the empathy with the patient.

I: As an interpreter, can you have that kind of relationship with a patient?

S.I.1: The theory goes very well for some things, for others it does not work that much. I was a defender of not mixing the professional with the personal, but when you are the only reference point that the patient has for everything sometimes they seek a little more. You enter into a kind of negotiation. We always go alone, the interpreter with the patient. They do not go alone in the consultation; you do an accompaniment before and after. They can tell you: I'm going to Brussels this weekend and you can recommend them places or vice versa if you've been there or things like that, but in this way, you create a trust that then that guy in consultation will trust you more. In my opinion, that little bit of more you get explaining four nonsense, anecdotes ... you gain a lot in consultation afterwards. And above all, we work with six schools, a bad treatment to

one student, can have a domino effect on everything else. We are not interested both personally and of course because of the work. Of course, without getting involved any further. I have never gone out with any student. Those who seek more communication are those who are admitted. As much as they want, the nurses have no way of giving them communication. They want someone who understands them.

I: What aspects do you find most challenging? Stress,

S.I.1: Manage stress because there are times that there are many things to do. Know how to take the pressure and then know what your knowledge is. I mean, if you don't know how to say what it is a cervical alignment do not try to invent it. Tell the doctor: Hey, I do not remember, or I do not know, and for the next one you know it. Better to know your limit and say: ok I don't know it and then I ask, I inform myself, I explain how it is and stuff... I do not go a little bit further to avoid misdiagnosis or misunderstandings of the idea that the patient has about his illness.

I: What aspects do you find most rewarding?

S.I.1: When patients leave with a smile. They are satisfied with the service. The hospital is private, and in the end, when they leave, you have to charge them money and sometimes it is a lot of money ... Despite having to pay or that their insurance has not covered everything, the patient leaves us happy. There are even some who have sent us letters or postcards from their countries. That at the end is worth it.

I = Interviewer, S.I. = Spanish Interpreter 1.

Appendix D6 – Interview Spanish interpreter 2

I: First of all, tell me your name, the languages you work with and what kind of interpreting training and qualifications do you have. And if you have any experience in mental health interpreting.

S.I.2: My name is Participant 4, and my working languages are English - Spanish, Spanish - English. I only had interpretation training in the subjects that I did at University that was more focused on conference interpreting, not that much on community interpreting, at least at Spanish universities, how it works there. And I have no experience in mental health, but I did some interpreting at the University Hospital of Vinalopó in Elche.

I: Why medical interpreting?

S.I.2: In Spain, as it works there the degree is not like in England. In the UK you finish the degree being a legal or medical interpreter. In Spain you finish the degree, you do your modules, you do not specialise in anything in particular in the course, and in Spain also, it is more focused on studying a master's degree later, and then you specialise in something ... but I do not know if there is a master in medical, there is a legal one, or the exam to be a sworn translator/ interpreter. Or localisation, or subtitling master's degrees. I did not do any specialisation. I am an interpreter in general.

I: Doherty et al., 2010 states that mental health interpreting is a demand in the UK; do you think there is a demand in Spain too? Why? Why not?

S.I.2: Well, in mental health I do not know, but I think that in general, interpreters in health care sectors are not much in demand. I mean, interpreters as such, qualified. In fact, I have worked in a hospital, and I have seen it, I mean, the staff that works there,

think that knowing a language means that anyone can interpret or if foreign patients come, they can do it themselves and/or they tell you: tell them that thing... They do not try to take into account qualified interpreters or translators. I think that it still has to improve a bit in the Spanish health system. There will be in some hospitals, in mine, there were no interpreters as staff, nor hired. My hospital is semi-public, semi-private and there were no interpreters as staff, but in those cases, I remember that there was a girl who was working as an admission staff and she had studied translation and many times when foreign patients arrived they told this girl to do the job ... but this girl still because at least she studied that, but if not, they use someone who speaks the language and that's it, and I don't think this is good.

I: So, do not you believe that there is a demand?

S.I.2: Of course, yes, but they do not take us into account or do not value us so much. They believe that knowing a language means that you can already interpret or do the work of a qualified interpreter and I think that in Spain ... it no longer only happens in the health system, I speak in general. And in mental health, I do not know for sure, but I think it is the same thing.

I: Do you think that the training you have is enough to meet the demands?

S.I.2: In the case of health, I do not say that it is easier, but I think it is not the same degree of difficulty as in the courts. I have taken the subject of legal + translation, and I think it is more difficult than to interpret in a hospital. I believe that the training that I have is enough to interpret in a hospital. I think that in this field, you learn a lot because of the experience and practising depending on the area where you are in the hospital. Little by little you are learning vocabulary, the concepts that are used...

I: What kind of training do you think is necessary to meet these demands?

S.I.2: I think the interpreting training is practice. At first, it may be good to start from scratch with someone. I mean being with an interpreter who is staff in the hospital, to see how they do it, then go doing it little by little by yourself... with supervision and then you do it alone and keep practising. Practice, practice and practice.

I: Have you been asked for having certain requirements before starting to work where you are now or where you used to work previously as an interpreter? If not, do you consider that it would be necessary to ask for any requirement? As if they do not ask for any requirement, ad-hoc interpreters could do the role of the interpreters as well.

S.I.2: In my case, I went in because I was doing the BA in Interpreting and Translation and the requirement was that. Then, I did not only act as a translator and interpreter but, they asked for the course, and I think they should ask for it. A minimum of studies in translation and interpreting should be requested, if not is what I said before, they employ any person who can speak the language and there is the unauthorised practice of a profession... Here in the UK, I do not know how it is, but in Spain, it happens all the time.

I: What advice would you give to a future interpreter who wants to work in the health sector, especially in mental health?

S.I.2: I would tell them that before starting to work, they have to research a little in the area that they will interpret. Research the type of diseases especially for vocabulary, as it is a specific area and understand it more or less.

I: Could you tell me any negative and positive experience that you have had in this context?

S.I.2: Positive → the foreign patients are quite grateful and thank you very much that you know how to speak their language to facilitate things because after all is that and the truth is that I noticed that they were very grateful, that they always thanked you. Very polite, very grateful. They value even more than the Spaniards the fact that you know how to speak their language and thanks to you they can communicate. Negative

→ in these cases you work in a hospital, and you see little "bad" things, situations that you feel sorry for. Whether or not you are a person and although you are working you try not to be affected by it, but sometimes it affects you a little. There was a case… A woman phoned, she was English. Her daughter was in Alicante and had an accident and was in the hospital and the mother wanted to know how her daughter was because she could not talk to her. It turns out that the daughter had been operated, she could not communicate with her and wanted to know how she was, but that information cannot be given over the phone. Then, I could not do anything. They do not let you. The woman was super bad. I was very sorry that day.

I: How did you manage the negative experience?

S.I.2: I had a bad day. I felt bad. In that sense, you cannot help people because they do not let you. I managed it the best I could. I felt very bad.

I: What aspects do you find most challenging?

S.I.2: When you go blank, or you have to interpret something more technical or some illnesses that you do not know, is like how do I have to do it? And you have to act fast

because you know, you have to do it right away, you're interpreting. How to react in time to some words ... some illnesses, a technicality.

I: What aspects do you find most rewarding?

S.I.2: Communication can be made between two different cultures, and there is understanding. You feel very useful. I feel useful.

I = Interviewer; S.I. 2 = Spanish Interpreter 2.

Appendix E – Consent Form

Informed Consent Form BA Interpreting and Translation dissertation research

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Project Title: What kind of training and requirements do Spanish medical interpreters need in mental health settings?

Researcher: Irene Lamiel Membrilla, BA Interpreting and Translation student, Middlesex University.

Thank you for your interest in taking part in this research. Before you agree to take part, the person organising the research must explain the project to you.

If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you to decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

Participant's Statement

I agree that:

- I have read the notes written above and I understand what the study involves.
- I understand that if I decide at any time that I no longer wish to take part in this project, I can notify the researcher involved and withdraw immediately.
- I consent to the processing of my personal information for the purposes of this research study.
- I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 1998.
- I agree that the research project named above has been explained to me to my satisfaction and I agree to take part in this study.

Signature: Date:

Statements which researchers MIGHT include as appropriate:

- I understand that my participation will be taped/video recorded and I consent to use of this material as part of the project.
- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
- I understand that the information I have submitted will be used in this study. Confidentiality and anonymity will be maintained.
- I agree that my non-personal research data may be used anonymously by others for future research. I am assured that the confidentiality of my personal data will be upheld through the removal of identifiers.
- I agree that the information I have provided may be used anonymously in this study

Appendix F – Guidelines for medical staff to work along with an interpreter

- 10 – 15 minutes pre-session with the interpret to:
    - Decide the organisation of the room. Most of the participants thought that the best arrangement of the chamber is the triad, where the interpreter situates between the patient and the mental health worker.
    - Make sure the interpreter speaks the first language of the patient.
    - Make sure that the interpreter has previous experience and knowledge in mental health to carry out a more productive task.
    - Comment on how you two are going to work together, the aims of the session and if you need to exchange valuable cultural and contextual information.
    - Clarify technical and specific concepts, vocabulary or jargon.
- Try to use the same interpreter for the same client, as it will be useful for you to have an interpreter in all the acts of communication with the patient or their families if they do not speak the same language either.
- The patient can feel uncomfortable with an interpreter in the room. It is important to explain who is the interpreter, why is he/she there and what is he/she going to do.
- Avoid ad-hoc interpreters like family members.
- 10 minutes post-session with the interpreter to:
    - Comment the interpreting task and other relevant issues.
    - Make sure your interpreter is well after the interpretation as some patients' situations can affect them.
    - Review any specific words and cultural aspects to ensure clarity of meaning.
    - Ask for feedback to the interpreter as well as mention them some observations about the session.

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