Northern DHB Support Agency Ltd

Working with District Health Boards towards
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Regional Asian Mental Health Interpreter Workforce Development Project

Regional Asian Mental Health Interpreter Workforce Development Project

Project Report

Phase 2: Training Implementation and Evaluation

"to achieve health gain for the Asian community in New Zealand"

Report prepared by
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on behalf of the Project Working Group
Auckland, New Zealand
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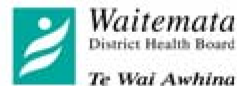

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- Respondents to the Project Evaluation Survey (Feb-Mar 2007)
- Participants of the 2006-2007 training programmes
- Participants and contributors of the DVD-CD Rom production titled "Cross-Cultural Resource for Interpreters and health practitioners working together in mental health – Part I"
- As well as Phase 1 Working Group ex members who contributed a lot to the curricula development

Executive Summary

This report provides a summary of key outputs and outcomes achieved in Phase 2 of the Asian Mental Health Interpreter Workforce Development Project during 2006/07. Overall, the project aims to improve the quality of the communication process between Mental Health Practitioners, Asian clients, families and Interpreters through the interpreting process, within the Auckland region. Recommendations are outlined to continue the project and further embed service improvements for a proposed Phase 3 during 2007/08. The longer term goal of the project is to achieve improved health outcomes for the culturally and linguistically diverse Asian community residing in the region.

In summary, *Phase 1 of the project* identified that language problems, cultural differences, the use of untrained Interpreters and the lack of culturally appropriate services have a negative impact on appropriate and quality care for Asian migrants with limited English proficiency. Phase 1 established a best-practice approach to addressing these issues, including the development of a training package for Interpreters and Mental Health Practitioners and recommendations for implementation (i.e. Phase 2). *Phase 2 of the project* has further implemented the recommended training and systems, to enhance the knowledge and skills of Interpreters and Mental Health Practitioners working with Asian migrants and refugees accessing secondary mental health services within the three Auckland-metro DHBs.

Project management

As in Phase 1, the project was led by Sue Lim with the support of a steering group and a project working group. The steering and working groups functioned to ensure buy-in across the three Auckland-metro DHBs and continue to facilitate advice and direction from a range of stakeholders in guiding the project.

Summary of deliverables and results of Phase 2

Four key deliverables were planned for Phase 2 of the project and included:

i. Interpreter and Mental Health Practitioner training
ii. Development of Guidelines for using Interpreters implemented across the three Auckland-metro DHBs
iii. Production of a training support resource on a DVD/CD Rom
iv. Project evaluation.

A fifth deliverable which although was not part of the brief of Phase 2, it was produced because it was seen as an essential by-product of the Phase 2 process. It pertains to the development of “Train the Trainers” Manuals which consist of participant manuals and trainers manuals for the full 5-Session Interpreter Training Course and 2-Session Mental Health Practitioner Training Course.

i. Training delivery and outcomes

During Phase 2, it was planned to deliver three training courses for up to 75 Asian mental health Interpreters and five training courses for up to 125 Mental Health Practitioners (i.e. practitioners working in secondary mental health services) across the Auckland region. In summary:

- Three courses were provided for Interpreters involving a total of 71 participants
- Five courses were provided for Mental Health Practitioners involving a total of 114 participants
- A small number of Interpreter and 20% of Mental Health Practitioner training course enrolments either cancelled at the last minute or did not attend the training, which resulted in the training participant targets not being met

- A waiting list of practitioners enrolled for the training was established and on completion of Phase 2 the waiting list included four Asian Interpreters and 67 Mental Health Practitioners, and interest from practitioners from NGOs and many non-Asian Interpreters had also been received.

In terms of the Interpreter training, overall feedback across various course variables was very positive for each of the three courses. The majority of Interpreter survey respondents rated that they were more confident in performing their interpreting role, including that they had gained more knowledge and skills, could work more effectively with both Mental Health Practitioners and clients and family, and more prepared to take on mental health interpreting assignments.

In terms of the Mental Health Practitioner training, overall feedback across various course variables was very positive for each of the five courses. The majority of Mental Health Practitioner survey respondents rated that they were more confident in working with Asian clients and their families, including that they had gained more knowledge and skills in their professional role, had a better understanding of the role of Interpreters, and can work more effectively with Interpreters.

ii. Guidelines for using Interpreters implemented

The three Auckland-metro DHBs developed and signed a Memorandum of Understanding outlining consistent guidelines and protocols to contract, manage and utilise the regional pool of trained Interpreters across the Auckland region. Each DHB is responsible for implementing the agreed protocols and ensuring the use of trained Interpreters. The three DHBs also developed and signed a joint statement to promote the training programmes.

iii. Production of a training support resource

A cross cultural training revision CD Rom was developed for Interpreters and health practitioners working together in mental health. The CD Rom contains scenarios, questions and answers, and selected information from the training courses. The resource is intended as a refresher for participants who have received training or as a means of promoting the course content to prospective course participants. The resource has been produced and is entitled, "*Cross Cultural Resource for Interpreters and health practitioners working together in mental health – Part 1*".

iv. Project evaluation

Project evaluation has included compilation of initial participant feedback from each course and a follow-up survey of all course participants from Phase 1 and 2. These results highlight that the training was generally perceived as being very useful for Interpreters and Mental Health Practitioners. Project evaluation also included the development of a proposed draft survey of Asian mental health clients to determine any impact of service change as a result of training Interpreters and Mental Health Practitioners. A draft survey questionnaire and methodology have been completed by the working group and proposed for further consultation and pre-testing in Phase 3.

Conclusions

The Asian Mental Health Interpreter Workforce Development Project has further embedded training and systems to enhance the skills and knowledge of Interpreters and Mental Health Practitioners working with Asian migrants and refugees accessing secondary mental health services within the three Auckland-metro DHBs.

Results from the evaluations carried out to date indicate that the project has generally achieved objectives set and met the needs of Interpreters, Mental Health Practitioners and most likely, improved service responsiveness to Asian clients

and their families. Phase 3 would provide further evidence for this by carrying out the proposed Client Satisfaction Survey.

Indicative demand as of May 2007 for further training is that at least three courses for Mental Health Practitioners are required, plus a further two courses for demand generated during the year. Demand for further training for Interpreters is less but at least one course is likely to be required to cover Asian Interpreters not yet trained and workforce changes, plus a further three courses are estimated to be required to cover a wider pool of non-Asian Interpreters.

To build on the positive results achieved during Phase 1 and 2 of this project, it is hoped that funding will be secured for Phase 3 to ensure that the following recommendations can be achieved and that outcomes achieved to date can be further consolidated.

Recommendations

That the Regional Mental Health Funding and Planning Team (RMHFPT) consider the following recommendations from the Project Working Group to continue developing a culturally capable and competent interpreter and mental health workforce to provide safe and good health outcomes for Asian service users and their families from culturally and linguistically diverse backgrounds.

a. Project Phase 3 for 2007-08:

1. Interpreters Workforce Development:

- ❖ Running four additional Interpreters training courses for 2007-08 (for training up to 100 Asian and non-Asian Interpreters) for the year 2007/08
- ❖ Revising the overall interpreters training course and session delivery to accommodate more time for effective delivery and to include additional perspectives from Indian and Korean cultural groups (based on the three major Asian sub-groups classified under Census 2006). This means the overall training will be delivered over seven days instead of six days and will take 36.5 hours to complete instead of 32.5 hours.
  - Session 1: Role of Mental Health Interpreter (1 day – 4 hrs)
  - Session 2: Introduction to NZ Mental Health System and Services (1 day – 6 hrs)
  - Session 3: Mental Health Practice (2 days: 5 hrs each day)
  - Session 4: The Impact of Culture on Mental Health (2 days: 1x 7 hrs; 1 x 5 hrs)
  - Session 5: Guidelines for Interpreters on how to work effectively with practitioners mental health settings (1 day - 4.5 hrs).

  NB: time allocated does not include meals/breaks
- ❖ Providing ongoing professional development (ie inviting people from different cultures and dividing them into groups for discussion); peer support and supervision (having Interpreters get together to share experiences and supervising each other; or using external supervisors).

2. Mental Health Practitioners Workforce Development:

- ❖ Running five additional courses to train up to 125 practitioners for the year 2007/08.
- ❖ Revising the overall practitioners training course and session delivery to accommodate more time for effective delivery and to include additional perspectives from Indian and Korean cultural groups (based on the three major Asian sub-groups classified under Census 2006). This means the overall training will be delivered over three instead of two days and will take 17.5 hours to complete instead of 13.5 hours.
  - Session 1: The Impact of Culture on Mental Health (2 days: 1x7 hrs ; 1x5 hrs)

- Session 2: Role of Mental Health Interpreter; Guidelines for practitioners on how to work effectively with Interpreters mental health settings (5.5 hrs).

NB: time allocated does not include meals/breaks

- ❖ Providing ongoing professional development (training update workshops twice a year).

3. Development and Production of translation of the mental health terminology into the top six Asian languages for use by Interpreters

This proposed recommendation would further improve the interpretation and communication process for interpreters. Not all terminologies have direct translated words for some languages. The production of a translated reference tool would provide a consistent translation for terminologies that are difficult for some interpreters. It would enable quality, consistency and accurate translation. The development process would involve translation of the terminology, back translation, running focus groups with practitioners and the appropriate language community members/Interpreters to confirm translation and concept words.

4. Maintain Quality Assurance, Ongoing Evaluation and Sustainability of the Training Programmes

- Embedding workforce training programme for practitioners and Interpreters as part of DHB business (DHB's Learning and Development Programme) and that base funding be allocated for each DHB to ensure this workforce development efforts continue within the DHBs which have the specialist knowledge instead of tendering the work to external organisations who do not have the working knowledge and expertise to deliver the programme.
- Ensuring quality and consistency in the delivery of the training
- Developing capacity within the workforce to become trainers to increase the pool of trainers for the Auckland region, using the "Trainers Teaching Manuals" produced in Phase 2.
- Providing ongoing tracking and monitoring of the workforce training as part of quality assurance process using the recommended client satisfaction survey tool and methodology.

5. Production of PART 2 : CD ROM Training Programmes for Interpreters and Mental Health Practitioners

To record the session with cross cultural interviews and the revision for sessions on mental health practice and impact of culture on mental health that was not included in the DVD/CD Training Programme - Part 1.

b. <u>General recommendations</u>

6. Phase 3 project be managed by the Regional Asian MH&A Coordinator.

7. The Regional Asian MH&A coordinator explores the need for expanding the training to practitioners working in primary care and non-government organisations (NGOs)

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1. Introduction

Waitemata District Health Board (WDHB) received funding from the three Auckland-metro District Health Boards via the Northern DHB Support Agency Ltd (NDSA) to develop and implement an Asian Mental Health Interpreter Workforce Development project through a number of phases.

Phase 1 was successfully completed at the end of 2005/06 (refer to Project Report on Curricula and Guidelines Development for Asian Interpreters and Mental Health Practitioners to work effectively together, NDSA, 2006) and Phase 2 was completed in June 2007.

This report provides a summary of key outputs and outcomes achieved in Phase 2 along with recommendations pertaining to a proposed Phase 3 of the project. It is hoped that funding will be secured for Phase 3 to ensure that these recommendations can be achieved and that outcomes achieved to date can be further consolidated.

1.1 Background

In June 2006 Waitemata DHB on behalf of the Northern region DHBs completed the development of the curricula and guidelines for Asian Mental Health Interpreters and for Mental Health Practitioners. The project produced, consulted, piloted, and evaluated the training package.

The project aim is to enhance the quality of the communication between Interpreters, clients, families and Mental Health Practitioners, through the improved interpreting process.

The ultimate aim of the project is to improve health outcomes of Asian mental health clients and families; assuming the quality of the communication between the parties will be improved with the training of the two occupational groups.

For consistency and continuity of the project, Northern DHB Support Agency commissioned the same project manager and project working group to implement the approved recommendations from Phase 1.

Project implementation for Phase 2 started on 1 July 2006 and the target completion was by 30 June 2007, which was achieved.

The intended project deliverables were:

- Delivering three training courses for up to 75 Asian mental health Interpreters and five training courses for up to 125 Mental Health Practitioners working in secondary mental health services across the Auckland region
- Implementing guidelines with assistance from the three Auckland-metro DHBs and Interpreter services
- Recording the training programmes on DVD/CD Rom
- Further evaluation of the training programmes to measure their effectiveness in terms of:
  - improved working relationships between Interpreters and practitioners
  - improved Asian consumer experiences with Interpreter-assisted interventions
  - impact on access to services by Asians with mental health problems.

1.2 Overview of Phase 2

Five key outputs were included in Phase 2 of the project. An overview of these outputs is presented below and more detailed information and results are included in Sections 2-6.

1.2.1 Training delivery

Building on the work done from Phase 1, Phase 2 was planned to deliver three training courses using the recommended training package for up to 75 Asian mental health Interpreters and five training courses for up to 125 Mental Health Practitioners (i.e. practitioners working in secondary mental health services across the Auckland region). In summary, three courses were provided for Interpreters (a total of 71 participants) and five courses were provided for practitioners (a total of 114 participants). A small number of Interpreter and 20% of Mental Health Practitioner training course enrolments either cancelled at the last minute or did not attend the training, which resulted in the training participant targets not being met. See Section 2 below for further breakdowns.

A waiting list of practitioners enrolled for the training was established and on completion of Phase 2, four Asian Interpreters and 67 practitioners had registered their interest to wait for new courses to open. There was also interest from practitioners from NGOs and many non-Asian Interpreters.

The following is a brief overview of the training programmes implemented in Phase 2, which included regional training for:

a. Asian Interpreters
b. Mental Health Practitioners.

a. Regional training curriculum for Asian Interpreters:

The training curriculum was designed to target the learning needs of Asian bilingual Interpreters who have little or no knowledge about mental illness. The aim of the training is to enhance Asian Interpreters' cultural capability, mental health system knowledge and ability to work effectively with practitioners in mental health. The training package involves five sessions run over six days taking up to 32.5 hours; which are sequential in nature, (meaning that the all sessions must be taken in order i.e. session 2 is a prerequisite for taking session 3):

- Session 1: Role of Mental Health Interpreter (4 hrs)
- Session 2: Introduction to NZ Mental Health System and Services (6 hrs)
- Session 3: Mental Health Practice: "An Introduction to Psychiatric "Lingo" for mental health Interpreters" with emphasis on Asian perspective (2 half days: 5 hours each)
- Session 4: The Impact of Culture on Mental Health "the Chinese Example" (7 hours)
- Session 5: Guidelines for Interpreters on how to work effectively with practitioners mental health settings (5.5 hrs).

b. Regional Training Curriculum for Mental Health Practitioners:

The training curriculum was designed to target the learning needs of Mental Health Practitioners working in secondary mental health services who may have a little or no knowledge about the impact of culture on mental health and how to work with clients from diverse cultural and language backgrounds; and how to work effectively with Interpreters.

The training package involves three sessions which are run over two days taking up to 13.5 hours, sequential in nature, (meaning that all the sessions must be taken in order i.e. session 2 is a prerequisite for taking session 3):

- Session 1: The Impact of Culture on Mental Health "the Chinese Example" (7 hrs)
- Session 2: Role of Mental Health Interpreter; and Session 3: Guidelines for practitioners on how to work effectively with Interpreters mental health settings (6.5 hrs).

1.2.2 Guidelines Implementation across three Auckland-metro DHBs

This included the establishment of a memorandum of understanding with each of the three Auckland-metro DHB. It was agreed that each Auckland-metro DHB develops and produces a set of consistent guidelines for Interpreters and practitioners for implementation.

1.2.3 Production of training programmes on DVD/CD Rom

This included the production of a 45-minute training revision tool on DVD/CD Rom for participants and others not able to attend the training courses. The revision topics include:

- Introduction to the need for specialized training for Interpreters working in mental health, and for the need for MHP and Interpreters to work together
- Roles of the Interpreter
- Expected competencies
- A record of the Code of Ethics for Interpreters
- Some Common Errors made during interpreting
- Some mental health terminology
- Some Cross-Cultural Issues (Interpreters and practitioners) and how beliefs and practices about health affect presentations of illness
- Need for pre and post-briefing, structuring of session etc.
- Factors that affect the working relationship between Interpreter, practitioner and client
- Meta-skills involved in mental health interventions
- Role plays/exercises throughout. This could involve some demonstrations from trainers with questions for listeners, questions for listeners to find information on, reflections on own experiences etc.
- Information resource section, i.e. research, interesting articles, support services and contact nos., information on the proposal for a professional body for Interpreters, contacts for supervision facilities and professional development opportunities.

1.2.4 Phase 2 Project Evaluation

An evaluation process was established to measure the effectiveness of the project in terms of:

- Improved working relationships between Interpreters and practitioners
- Improved Asian consumer experiences with Interpreter-assisted interventions
- Impact on access to services by Asians with mental health problems.

1.3 Project structure and membership

The project was established based on a formal project management structure. The Project Sponsor was Derek Wright (NDSA Regional Director).

Project Team: The appointed Project Manager was Sue Lim who provided management and coordination support for the overall project processes – this included secretarial support, evaluation tasks, and providing project updates to steering group and NDSA funding team.

Asian Mental Health Steering Group: The steering group was established in Phase 1 with membership representing stakeholders (ADHB, WDHB, CMDHB, Asian and non-Asian Mental Health Practitioners, RAS, Interpreters, and consumers).

Members for 2006-07 were: Bram Kukler (Chair); Martin Dawe; Victoria Camplin-Welch; Dr Rajendra Pavagada; Paula Nes; Patrick Au; Hien Mack; Gary Poole; Eileen Swan; Dr Sai Wong; Dr Rasalingham; Ashok Malur; Derek Wright; Dr Ratana Walker.

Project Working Group: A sub-group consisting of members of the steering group was formed as a panel of experts in February 2005 (Phase 1) to focus on the development of the package. A number of the working group members continued in Phase 2 to provide advice and formulate recommendations for the steering group to sign off on. Membership included representation from ADHB, WDHB, CMDHB, Asian and non-Asian practitioners, RAS, Interpreters, consumer and Interpreter services. See Appendix one for the Working Group Terms of Reference.

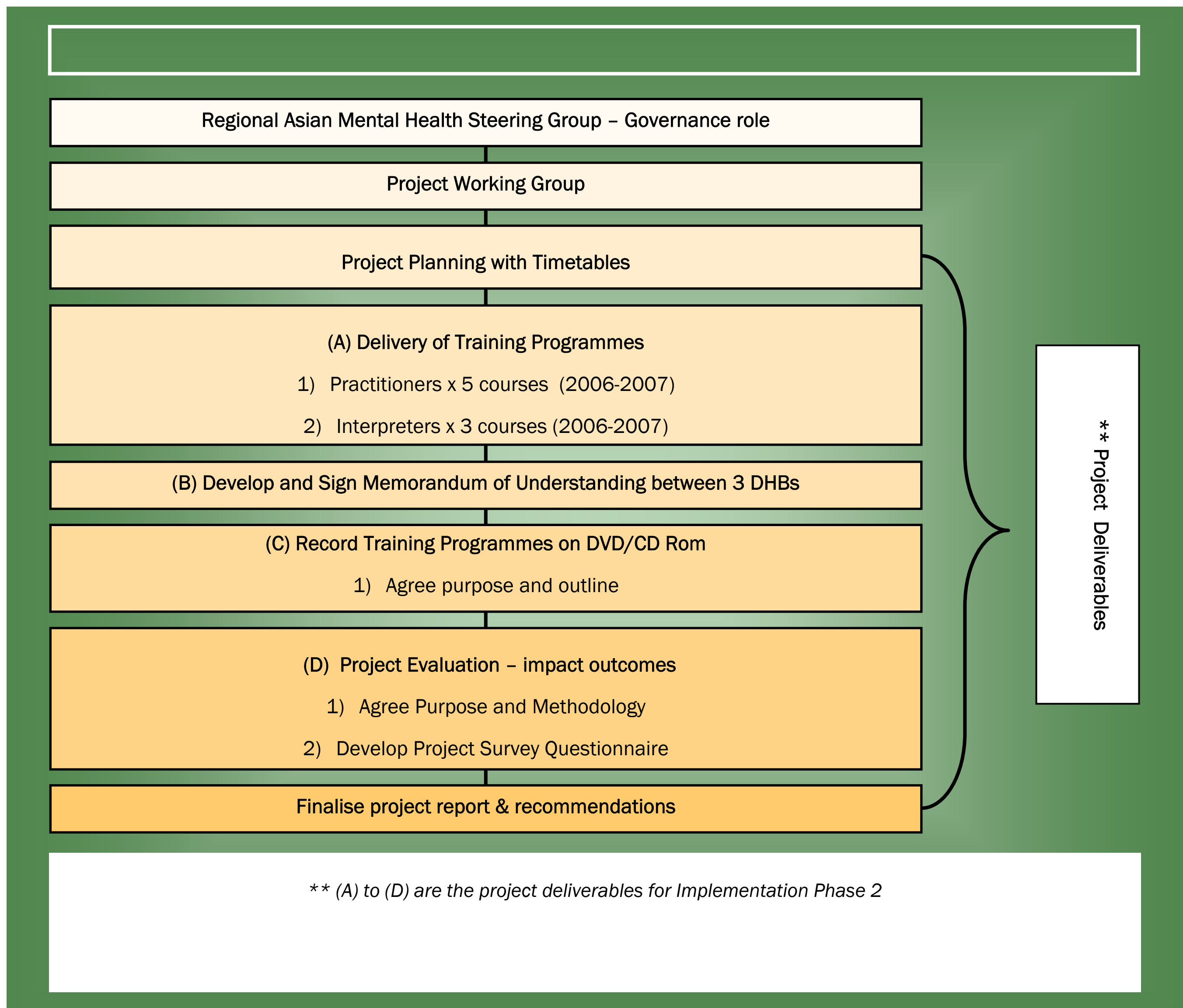
The project working group was chaired by Dr Ratana Walker (Project Research Advisor). Members included:

- Dr Sai Wong (psychiatrist representing ADHB, CMDHB, WDHB)
- Dr Ashok Malur (psychiatrist representing ADHB)
- Dr Rajendra Pavagada (psychiatrist representing CMDHB)
- Patrick Au (Mental Health Nurse representing ADHB)
- Patrick Hinchey (practitioner and Team Leader representing WDHB)
- Victoria Camplin-Welch (Clinical Manager and psychologist representing Refugees as Survivors)
- Louise Lee (Asian consumer)
- Hien Mack (Project Team Member and Interpreter)
- Bonnie Yi (ADHB Interpreter Service Team Leader)
- Diane Smith (ADHB Interpreter Service Manager)
- Vicky Turner (CMDHB Interpreter Service Team Leader)
- Kathie Smith (CMDHB Interpreter Service Manager)
- Sue Lim (Project Manager, Service Manager; Manager of WDHB Asian Health Service and WDHB Interpreter Service).

Key Stakeholders: Mental health practitioners and Interpreters who received training on how to work effectively together from August 2005 to November 2007 were identified as key stakeholders in the project evaluation process.

The project structure and implementation process is further outlined in Figure 1 below.

Figure 1. Phase 2 project structure and implementation process



2. Summary of Phase 2 outputs

This section outlines a summary of outputs for Phase 2, which commenced on 1 July 2006 and was completed by 30 June 2007.

Table 1. Summary of project deliverables and achievements

Deliverable	Project Achievements
(1) Training Course Delivery	**(a) Interpreters Training** **Deliverable 1(a) :** To deliver 3 courses for up to 75 Interpreters **Outcome 1(a):** • Delivered 3 courses • Trained 68 Asian Interpreters and 1 Samoan Interpreter (observer) and 2 interpreting service staff = 71 in total (77 enrolled) (Attendance % = 88%) **Training Attendance Rate** • 1st Course (Jul/Aug 06) = enrolled 28; 26 completed; (2 DNAs) • 2nd Course (Oct/Nov 06) = enrolled 25; 22 completed; (1 partially completed; 2 Late cancellations) • 3rd Course (Feb/Apr 07) = enrolled 25; 23 completed; (2 late cancellations) • Attendance: 2 (2%) of total enrolments Did Not Attend; 4 (4%) late cancellations **Demographic Data of Trainees (Phase 1 and 2: 2005-2007)** • Total number of Interpreters trained for the region between 2005-2007 = 96 Interpreters + 2 Interpreting Service staff • 58 registered as working for ADHB; 45 CMDHB; 50 WDHB, some of the interpreters worked across two or three DHBs. • Trained Interpreters represented 17 Asian ethnicities • The 1st language registered by the Interpreters represented 17 Asian languages • 37% of trained Interpreters were Chinese; 11% Koreans; 8% Indians; 8% Japanese; 6% Thai; plus others • 19% of trained Interpreters registered 1st Language spoken as Mandarin; 17% Cantonese, 11% Korean, 8% Japanese, 6% Hindi, 5% Thai, 4% Punjabi, 4% Farsi; plus others • 1 Samoan Interpreter was invited as an observer to attend the course to assess suitability of the course for non-Asian Interpreters (in summary, the attendee completed the 6-day course and found it relevant, useful and even though Asian cultures were referred to, the information and skills acquired were applicable and transferable to other ethnic cultures and the attendee recommended no changes necessary if course is to be made available for non-Asian Interpreters) • 2 interpreting service staff (ADHB and CMDHB) attended the course and found the information useful in that it gave them a better understanding of what is required for and what support is needed for Interpreters to work in mental health. *See Sections 3.3 and 3.5 for more details of training delivery results*

Deliverable	Project Achievements
	(b) Practitioners Training **Deliverable 1(b):** To deliver 5 courses for up to 125 practitioners **Outcome 1(b)** • Delivered 5 courses as required • Enrolled 144 practitioners • Trained 114 practitioners (Attendance % = 80%) **Training Attendance Rate** • 1st Course (Aug 06) = enrolled 26; 21 completed • 2nd Course (Aug 06) = enrolled 29; 24 completed • 3rd Course (Nov 06) – enrolled 29; 22 completed • 4th Course (Mar 07) = enrolled 30; 23 completed • 5th Course (Apr 07) = enrolled 30; 24 completed • 16 (10%) of total enrolments Did Not Attend; 13 (8%) late cancellations Due to lack of time to deliver practitioners Session 1, extra half day courses were offered for those who have been through the training: • Two extra half day sessions were delivered on Sep 06 "Impact of Culture on Mental Status Examinations - attended by 38+40 = 78 participants • One extra half day session was delivered on 1st May 07 "Impact of Culture on Mental Health Status Examinations = 40 enrolled; attended by 28 **Demographic Data of Trainees (Phase 1 and 2: 2005-2007)** • Total number of practitioners trained for the region = 139 • Trained practitioners: 63 were from ADHB; 45 from CMDHB; 29 from WDHB; 2 from Refugees as Survivors (RAS) • 17% of trained practitioners were from acute services; 47% from community mental health services; 28% not stated • 17% of Practitioners trained were psychiatrists; 43% nurses; 19% social workers; and 3% not stated • Waiting list for practitioner courses as at 1st May 2007: 66 practitioners (27 ADHB; 14 CMDHB; 26 WDHB) *See Sections 3.4 and 3.6 for more details of training delivery results*
2) Guidelines Implementation	**Deliverable (2): Implement guidelines across the region** **Outcome (2):** • The three Auckland-metro DHBs developed and signed a Memorandum of Understanding outlining consistent guidelines and protocols to contract, manage and utilise the regional pool of trained Interpreters across the Auckland region (see Appendix two) • Agreed that each DHB be responsible for implementing the agreed protocols and ensuring the use of trained Interpreters. • Three Auckland-metro DHBs developed and signed a joint statement to promote the training programmes (see Appendix two)

<table>
<tr><th>Deliverable</th><th>Project Achievements</th></tr>
<tr><td>3) Production of training programmes on DVD/CD Rom</td><td>Deliverable (3): Produce Training Revision on DVD/CD Rom
Outcome (3):
• Developed a Cross-Cultural Resource Training Revision Programme on CD Rom for Interpreters and Health Practitioners working together in Mental Health (Part 1). The CD Rom contains scenarios; questions and answers and some information from the course (45 minutes of information)
• Purpose of the CD Rom:
o Revision tool for trained Interpreters and practitioners
o Promoting the training course to Interpreters and practitioners who have not attended the training to gain some information

See Section 4 for more details of processes and achievements</td></tr>
<tr><td rowspan="2">4) Project Evaluation</td><td>Deliverable (4):
To evaluate the effectiveness of the training:
Deliverable 4(a): in terms improved working relationships between Interpreters and practitioners

Deliverable 4(b): in terms of improved Asian consumer experiences with Interpreter-assisted interventions (which would ultimately lead to improved health outcomes)</td></tr>
<tr><td>Outcomes of 4(a): The evaluation process was completed.
The purpose of the evaluation was to understand whether the training received has improved the quality of the communication between practitioners, clients, families and Interpreters, through the improved interpreting process.

Methodology and Evaluation Process:
• Scope to survey <u>only</u> those Interpreters and practitioners who received training from August 2005 to November 2007
• Questionnaires sent by email, fax and post (where there was available address)
• Questionnaires were returned to the project manager by email, fax or post
• 72 questionnaires were sent to Interpreters
• 92 questionnaires were sent out to Practitioners

Response rates:
• Interpreters: 63 out of 72 completed returns received (87.5%)
• Practitioners: 43 out of 92 completed returns received (46.7%)
• The overall response rate = 64.6%

Interpreter Survey Results:
• 87.9% felt more confident to perform their interpreting role
• 88.1% acknowledged they have gained more knowledge and skills to perform their role
• 88.1% felt they can work more effectively with mental health practitioners
• 87.2% felt they can work more effectively with clients and families in mental health
• 84.1% felt they are prepared to undertake more mental health interpreting</td></tr>
</table>

Deliverable	Project Achievements
	assignments • 62.6% felt more respected by practitioners • 41.3% felt they need post-training support/supervision with trainers • **Overall the survey results acknowledged that the training was perceived as being very useful and relevant for interpreters** **Practitioner Survey Results:** • 73.2 % felt more confident working with Asian clients after the training • 79.2% acknowledged they have gained more knowledge and skills to perform their role when working with Asian clients • 72.0% felt they had gain a better understanding of the role of interpreters • 72.1% felt that can work more effectively with interpreters • 51.2% felt that had gain better working relationship with Asian interpreters • 25.7% felt they need post-training support/supervision with trainers • 66.3% felt that the training has improved their relationship working with other ethnic groups in cross-cultural settings • **Overall the survey results acknowledged that the training was perceived as being very useful and relevant for practitioners** *See Sections 5.2 and 5.3 for more detailed evaluation results*
	Outcome for 4(b) – Developed the CLIENT SATISFACTION SURVEY Questionnaire and methodology for further consultation and pre-testing in Phase 3 **Outcome 4(b):** A draft survey questionnaire and methodology have been completed by the working group, proposed for further consultation and pre-testing in Phase 3. *See Section 6 the Draft Client Satisfaction Survey Method and Form*

5. Train the Trainers Manuals	This deliverable is not part of the project brief of Phase 2
	Outcome: Completed 7 sets of Train the Trainers Manuals
	• 5 x Trainers Manuals for training Interpreters which include
	  o Participant manuals
	  o Trainers' teaching materials (CD-Rom, powerpoint, notes), essential readings, handouts, evaluation forms
	• 2 x Trainers Manuals for training practitioners which include
	  o Participant manuals
	  o Trainers' teaching materials (CD-Rom, powerpoint, notes), essential readings, handouts, evaluation forms
	The development of "Train the Trainers" Manuals was seen as an essential by-product of Phase 2 to ensure there is a system to ensure that
	  o Trainers' materials are all documented in a quality and consistent manner
	  o participants' materials are consistent in format, layout and good quality standards or all the modules
	  o to train more trainers to deliver the training as part of workforce capacity building

3. Training implementation results

This section provides a detailed outline of the training implementation outputs and results for Phase 2.

3.1 Regional training curriculum for Asian Interpreters

The following sessions made up the full training course. The overall training took 32.5 hours to complete over six days, with Session 3 run over two and a half days. The time allocated below does not take into consideration time set aside for meals or breaks. The curriculum was divided into five sessions.

Session 1: Roles of Mental Health Interpreter (4 hours)

- Preferred Roles
- Rights and Responsibilities
- Pre-briefing, structuring and debriefing
- Self-care

Trainers: Victoria Camplin-Welch and Hien Mack

Session 2: Introduction to NZ Mental Health System and Services (6 hours)

- Mental Health Definitions
- Role of Mental Health Professionals
- Principles of Recovery
- Interpreting in inpatient settings
- Interpreting in outpatient settings
- Interpreting in crisis situation
- Interpreting for children and family
- Interpreting in forensic mental health settings
- Interpreting in mental health services for older people

Trainers: Patrick Au and Victoria Camplin-Welch

Session 3: Mental Health Practice – (2 Days) Part 1 and Part 2 (5 hours each)

- Terms and Jargon Commonly Used in Mental Health settings
- An introduction to DSM IV and ICD-10
- Diagnosis: An introduction to the major disorders
- Medications and side effects
- Mental health examination
- Mental health (Compulsory Assessment and Treatment) Act 1992
- Informed Consent
- Treatment and Planning

Trainers: Dr Sai Wong and Patrick Au

Session 4: The Impact of Culture on Mental Health (7 hours)

- Overview of Culture
- Impacts of culture on mental health
- Working with people from other cultures: general principles
- Cultural assessment

Trainers: Dr Sai Wong, and Patrick Au

Session 5: Guidelines on how to work effectively together in mental health settings (5.5 hours)

- Understanding some of the challenges from a health professional's and client's perspective, and awareness of some of the issues facing Interpreters, which includes Psychology, Pyschotherapy, and Counselling (including Triadic Relationships)
- For practitioners: Guidelines on how to work effectively with Interpreters
- For Interpreters: Guidelines on how to work effectively with practitioners

Trainers: Victoria Camplin-Welch and Hien Mack

3.2 Regional training curriculum for Mental Health Practitioners

The following sessions made up the full training curriculum for Mental Health Practitioners. The full training would took 13.5 hours to complete over 2 days.

Session 1: The Impact of Culture on Mental Health (7 hours)

- Introduction
- A framework to understand Chinese culture /health practices
- Skills in Management: Managing Chinese clients from theory to practice

Trainers: Dr Sai Wong and Patrick Au

Session 2: Roles of Mental Health Interpreter (1.5 hours)

- Preferred Roles
- Rights and Responsibilities
- Pre-briefing, structuring and debriefing

Trainers: Victoria Camplin-Welch

Session 3: Guidelines on how to work with Interpreters effectively (5.5 hrs)

- Understanding some of the challenges from a therapist's and client's perspective, and awareness of some of the issues facing Interpreters, which includes Psychology, Psychotherapy, and Counselling (including Triadic Relationships)
- For practitioners: Guidelines on how to work effectively with Interpreters
- For Interpreters: Guidelines on how to work effectively with practitioners

Trainers: Victoria Camplin-Welch, Hien Mack

(See Appendix Four for trainers' profiles)

3.3 Training Results - Interpreters

As noted in Section 2, three courses were delivered for Interpreters (Jul/Aug 06 with 26 participants completing; Oct/Nov 06 with 22 participants completing; and Feb/Apr 07 with 23 participants completing). In total, between Phase 1 and 2, 96 Interpreters and 2 Interpreting Service staff were trained across the region (58 ADHB; 61 CMDHB; 37 WDHB). Trained Interpreters represented 17 Asian ethnicities, with 37% of trained Interpreters being Chinese; 11% Koreans; 8% Indians; 8% Japanese; 6% Thai plus others. Further breakdowns of course participants are presented in the tables below.

Table 2. Interpreters Enrolments by course and DHB Group (2005-2007)

	Interpreters contracted by DHB Interpreting Services							
Course Reference	ADHB	ADHB & CMDHB	CMDHB	WDHB	ADHB & CMDHB	WDHB, ADHB & CMDHB	WDHB & CMDHB	**Total**
AMHINT-Pilot	5	3	4	6	3	6		**27**
AMHINT-001	5	2	5	5	3	4	2	**26**
AMHINT-002	3	3	6	4	4	2		**22**
AMHINT-003	4	2	3	5	6	3		**23**
Did Not Attend (DNA)				1	1			**2**
Did Not Complete (DNC)				1				**1**
Late Cancellation (LC)	3						1	**4**
Not Eligible (NE)					1	2		**3**
Total	**20**	**10**	**18**	**22**	**18**	**17**	**3**	**108**
					Total Trained			**98**
					Total Enrolled Eligible			105
					Total DNA, LC, DNC			8

Table 3. Trained Interpreters/Staff by ethnicity and DHB group (2005-2007)

	Interpreters contracted by DHB Interpreting Services								
Ethnicity	ADHB	ADHB & CMDHB	CMDHB	WDHB	ADHB & CMDHB	WDHB, ADHB & CMDHB	WDHB & CMDHB	**Total**	**%total**
Afghan	1					1		**2**	
Bangali				1				**1**	
Burmese				1	2			**3**	
Cambodian			2			1		**3**	
Chinese	9	4	7	9	4	2	1	**36**	37%
Farsi					1			**1**	
Fijian Indian				1		1		**2**	
Filipino						1		**1**	
Indian	1	1	3	1		2		**8**	8%
Indonesian		1					1	**2**	
Iranian		1				1		**2**	
Japanese	2			4	1	1		**8**	8%
Korean	1	1	1	3	4	1		**11**	11%
Myanmar	1				1			**2**	
NZ born Indian			1					**1**	
Samoan			1					**1**	
Sri Lankan	1	1				1		**3**	
Thai			1		2	3		**6**	6%
Vietnamese		1	1		1			**3**	
Int Svc Staff	1		1					**2**	
Total	**17**	**10**	**18**	**20**	**16**	**15**	**2**	**98**	

Table 4. Trained Interpreters/Staff by 1st language and DHB Group (2005-2007)

	Interpreters contracted by DHB Interpreting Services								
1st Language	ADHB	ADHB & CMDHB	CMDHB	WDHB	ADHB & CMDHB	WDHB, ADHB & CMDHB	WDHB & CMDHB	**Total**	**%total**
Bangla				1				**1**	
Burmese	1				2			**3**	
Cambodian			2			1		**3**	
Cantonese	4	2	4	5	2			**17**	17%
Dari	1							**1**	
Farsi		1			1	2		**4**	4%
Gujerati		1						**1**	
Hindi			1	2		3		**6**	6%
Indonesian		1					1	**2**	
Japanese	2			4	1	1		**8**	8%
Karen				1	1			**2**	
Korean	1	1	1	3	4	1		**11**	11%
Lao			1					**1**	
Mandarin	5	2	3	4	2	2	1	**19**	19%
Punjabi	1		3					**4**	4%
Samoan			1					**1**	
Tagalog						1		**1**	
Tamil	1	1				1		**3**	
Thai					2	3		**5**	5%
Vietnamese		1	1		1			**3**	
Int Svc Staff	1		1					**2**	
Grand Total	**17**	**10**	**18**	**20**	**16**	**15**	**2**	**98**	

Table 5. Number of Interpreters trained by ethnicity and DHB

Ethnicity	**WDHB**	**ADHB**	**CMDHB**
Afghan	1	2	1
Bangali	1		
Burmese	3	2	
Cambodian	1	1	3
Chinese	16	19	14
Farsi	1	1	
Fijian Indian	2	1	1
Filipino	1	1	1
Indian	3	4	6
Indonesian	1	1	2
Iranian	1	2	2
Japanese	3	4	1
Korean	8	7	3
Myanmar	1	2	
NZ born Indian			1
Samoan			1
Sri Lankan	1	3	2
Thai	5	5	4
Vietnamese	1	2	2
Int Svc Staff		1	1
Grand Total	**50**	**58**	**45**
NB: Total number is inflated because some Interpreters work for more than one DHB			

Table 6. Numbers of Interpreters trained by 1st language and DHB

1st Language	WDHB	ADHB	CMDHB
Bangla	1		
Burmese	2	3	
Cambodian	1	1	3
Cantonese	7	8	6
Dari		1	
Farsi	3	4	3
Gujerati		1	1
Hindi	5	3	4
Indonesian	1	1	2
Japanese	3	4	1
Karen	2	1	
Korean	8	7	3
Lao			1
Mandarin	9	11	8
Punjabi		1	3
Samoan			1
Tagalog	1	1	1
Tamil	1	3	2
Thai	5	5	3
Vietnamese	1	2	2
Int Svc Staff		1	1
Grand Total	**50**	**58**	**45**
NB: Total number is inflated because some Interpreters work for more than one DHB			

3.4 Training Results – Mental Health Practitioners

As noted in Section 2, five courses were delivered for Mental Health Practitioners (Aug 06 with 21 participants completing; Aug 06 with 24 participants completing; Nov 06 with 22 participants completing; Mar 07 with 23 participants completing; and Apr 07 with 24 participants completing). In total, between Phase 1 and 2, 139 Mental Health Practitioners and 2 Refugees As Survivors (RAS) staff have been trained across the region (63 ADHB; 45 CMDHB; 29 WDHB). The majority of the practitioners trained were from community mental health services (47%), 17% were from acute services and 28% were from unknown service areas. The majority of the practitioners trained were nurses (43%), followed by social workers (19%), psychiatrists (17%), and 3% of unknown professional group. Further breakdowns of course participants are presented in the tables below.

Table 7. Practitioner enrolments by course and DHB (2005-2007)

Course Ref	Training Period	ADHB	CMDB	WDHB	RAS	Total
MHP Pilot	Sep-05	7	10	6	2	**25**
MHP-001	Aug-06	10	9	2		**21**
MHP-002	Sep-06	10	6	8		**24**
MHP-003	Nov-06	11	4	7		**22**
MHP-004	Mar-07	9	8	6		**23**
MHP-005	Apr-07	16	8			**24**
DNA	Did not attend	5	5	6		**16**
LC	Late cancellation	4	2	7		**13**
DNC	Did not complete	1				**1**
Total		**73**	**52**	**42**	**2**	**169**
			No of Trained Practitioners			**139**
			No of DNA, LC, DNC			**30**

Table 8. Trained Practitioners by occupation group and DHB

Occupation	ADHB	CMDB	WDHB	OTHER	Total	%total
Coordinator		1	1		**2**	
Counsellor				1	**1**	
Community Support Worker	3	1			**4**	
Key worker	1	1			**2**	
Management		1			**1**	
Medical Officer (Psychiatrist)	8	6	9		**23**	17%
Occupational Therapist	4	4	1		**9**	
Psychologist	2			1	**3**	
Psychotherapist	1				**1**	
Registrar	1		2		**3**	
Registered Nurse/ Staff Nurse	33	16	11		**60**	43%
Social Worker	7	14	5		**26**	19%
No data	3	1			**4**	3%
Total	**63**	**45**	**29**	**2**	**139**	

Table 9. Trained Practitioners by service type and DHB

Description	ADHB	CMDB	WDHB	OTHER	Total	%total
Acute Mental Health Service	11	6	6		**23**	17%
Community Mental Health Service	35	21	9		**65**	47%
Early Prevention Intervention			3		**3**	
Liaison Psychiatry	3		1		**4**	
Mason Clinic			1		**1**	
Management		1			**1**	
Mental Health Services for Older People	1	1			**2**	
Rehab Service	1				**1**	
No Data	12	16	9	2	**39**	28%
Total	**63**	**45**	**29**	**2**	**139**	

Table 10. Number of Practitioners on waiting list by service type and DHB

Description	ADHB	CMDHB	WDHB	TOTAL
Acute Mental Health Service	1	2	5	**8**
Community Alcohol & Drugs			1	**1**
Community Mental Health Service	22	9	10	**41**
Early Prevention Intervention			6	**6**
Liaison Psychiatry			1	**1**
Mason Clinic			1	**1**
Mental Health Svc for Older People	1	1	1	**3**
Rehab Service	1			**1**
No Data	2	2		**4**
Total	**27**	**14**	**25**	**66**

Table 11. Number of Practitioners on waiting list by occupation group and DHB

Description	ADHB	CMDHB	WDHB	TOTAL
Coordinator			1	**1**
Key worker	2	1		**3**
Management			1	**1**
Medical Officer (Psychiatrist)	1		1	**2**
Occupational Therapist	2	1		**3**
Psychologist	4		4	**8**
Registrar	1		2	**3**
Registered Nurse/ Staff Nurse	11	6	11	**28**
Social Worker	5	5	5	**15**
No Data	1	1		**2**
	27	**14**	**25**	**66**

3.5 Training Sessions Evaluation – Interpreters' feedback

The following results are a summary of initial feedback from course participants for each course as follows.

Overall, feedback across various course variables was very positive for each of the three courses. As part of feedback during the first course, the venue was changed from the Fickling Centre and Alexandra Park to the Kingsgate Hotel. After that, evaluation results regarding the venue were very positive.

3.5.1 Course AMHINT-2006-001 Interpreters' feedback

Feedback from Interpreters for the 6 Day (5 Session) Course held 26 July – 6 Sept 2006 is outlined in the table below.

Table 12. Summary feedback from Interpreters from course one

	SESSIONS				
Session	**1**	**2**	**3**	**4**	**5**
No of Participants	26	26	26	26	**26**
No of Respondents	25	23	24	23	7
	The percentages below are ratings of excellent/good				
Achievement of Session Objectives	84%	100%	79.2%	87%	100%
Content	84%	100%	95.8%	87%	85.7%
Presentation	92%	100%	95.8%	82.6%	100%
Relevancy/Usefulness	84%	100%	87.5%	78.3%	100%
Training Materials	84%	95.65%	87.5%	87%	100%
Facility/Venue	84%	82.61%	87.5%	65.2%	85.7%
Facility/Venue	Fickling	Fickling	Fickling	Fickling	Kingsgate

3.5.2 Course AMHINT-2006-002 Interpreters' feedback

Feedback from Interpreters for the 6 Day (5 Session) Course held 18 Oct – 29 Nov 2006 is outlined in the table below.

Table 13. Summary feedback from Interpreters from course two

	SESSIONS				
Session	**1**	**2**	**3**	**4**	**5**
No of Participants	22	22	22	22	22
No of Respondents	22	22	13	12	7
	The percentages below are ratings of excellent/good				
Achievement of Session Objectives	91%	95.5%	92.3%	100%	100%
Content	100%	100%	100%	100%	100%
Presentation	95.5%	100%	100%	91.7%	100%
Relevancy/Usefulness	100%	100%	100%	100%	100%
Training Materials	100%	100%	92.3%	100%	100%
Facility/Venue	95.5%	90.9%	92.3%	83.4%	86%
Facility/Venue	Kingsgate	Kingsgate	Kingsgate	Kingsgate	Kingsgate

3.5.3 Course AMHINT-2006-003 Interpreters' feedback

Feedback from Interpreters for the 6 Day (5 Session) Course held 21 Feb 2007 – 5 April 2007 is outlined in the table below.

Table 14. Summary feedback from Interpreters from course three

	SESSIONS				
Session	**1**	**2**	**3**	**4**	**5**
No of Participants	23	23	23	23	23
No of Respondents	22	22	22	18	7
	The percentages below are ratings of excellent/good				
Achievement of Session Objectives	100%	100%	90.9%	100%	100%
Content	95%	100%	100%	100%	100%
Presentation	95%	100%	100%	100%	100%
Relevancy/Usefulness	100%	100%	95%	100%	100%
Training Materials	86.3%	86.4%	100%	100%	100%
Facility/Venue	100%	100%	100%	94.5%	85%
Facility/Venue	Kingsgate	Kingsgate	Kingsgate	Kingsgate	Kingsgate

3.6 Training Sessions Evaluation – Mental health practitioners' feedback

The following results are a summary of initial feedback from course participants for each course as follows.

Overall, feedback across various course variables was very positive for each of the five courses. Session 1 of MHP-2007-005 scored below 70% for achievement of session objectives. This is currently being reviewed by the trainer. As per feedback from the Interpreters courses, after poor feedback about the venue, the venue was changed from Alexandra Park to Kingsgate Hotel after session 1 of the first course.

3.6.1 Course MHP-2006-001 Practitioners' feedback

Feedback from Mental Health Practitioners for the 2 Day (3 Session) Course held 29 Aug – 30 Aug 2006 is outlined in the table below.

Table 15. Summary feedback from Practitioners from course one

	SESSIONS		
Session	**1**	**2**	**3**
No of Participants	21	21	21
No of Respondents	20	17	16
	The percentages below are ratings of excellent/good		
Achievement of Session Objectives	100%	94.1%	100%
Content	95%	100%	100%
Presentation	100%	94.1%	100%
Relevancy/Usefulness	100%	100%	100%
Training Materials	85%	100%	100%
Facility/Venue	40%	100%	100%
Facility/Venue	Alexandra Park	Kingsgate	Kingsgate

3.6.2 Course MHP-2006-002 Practitioners' feedback

Feedback from Mental Health Practitioners for the 2 Day (3 Session) Course held 5 – 6 Sep 2006 is outlined in the table below.

Table 16. Summary feedback from Practitioners from course two

	SESSIONS		
Session	**1**	**2**	**3**
No of Participants	24	24	24
No of Respondents	11	14	16
	The percentages below are ratings of excellent/good		
Achievement of Session Objectives	90.9%	100%	100%
Content	100%	100%	100%
Presentation	90.9%	100%	100%
Relevancy/Usefulness	100%	100%	100%
Training Materials	100%	100%	100%
Facility/Venue	90.9%	92.9%	87.5%
Facility/Venue	Kingsgate	Kingsgate	Kingsgate

3.6.3 Course MHP-2006-003 Practitioners' feedback

Feedback from Mental Health Practitioners for the 2 Day (3 Session) Course held 28 – 29 Nov 2006 is outlined in the table below.

Table 17. Summary feedback from Practitioners from course three

	SESSIONS		
Session	**1**	**2**	**3**
No of Participants	22	22	22
No of Respondents	10	14	9
	The percentages below are ratings of excellent/good		
Achievement of Session Objectives	100%	100%	100%
Content	100%	100%	100%
Presentation	100%	100%	100%
Relevancy/Usefulness	100%	100%	100%
Training Materials	90%	100%	100%
Facility/Venue	70%	93%	89%
Facility/Venue	Kingsgate	Kingsgate	Kingsgate

3.6.4 Course MHP-2006-004 Practitioners' feedback

Feedback from Mental Health Practitioners for the 2 Day (3 Session) Course held 28 – 29 March 2007 is outlined in the table below.

Table 18. Summary feedback from Practitioners from course four

	SESSIONS		
Session	**1**	**2**	**3**
No of Participants	23	23	23
No of Respondents	19	16	16
	The percentages below are ratings of excellent/good		
Achievement of Session Objectives	89.5%	100%	100%
Content	100%	100%	100%
Presentation	100%	100%	100%
Relevancy/Usefulness	100%	100%	100%
Training Materials	94.7%	95.7%	95.7%
Facility/Venue	100%	100%	100%
Facility/Venue	Kingsgate	Kingsgate	Kingsgate

3.6.5 Course MHP-2006-004 Practitioners' feedback

Feedback from Mental Health Practitioners for the 2 Day (3 Session) Course held 3 – 4 April 2007 is outlined in the table below.

Table 19. Summary feedback from Practitioners from course five

	SESSIONS		
Session	**1**	**2**	**3**
No of Participants	24	24	24
No of Respondents	19	18	18
	The percentages below are ratings of excellent/good		
Achievement of Session Objectives	68.4%	94.4%	94.4%
Content	100%	100%	100%
Presentation	89.5%	100%	100%
Relevancy/Usefulness	94.7%	100%	100%
Training Materials	89.5%	94.4%	94.4%
Facility/Venue	84.2%	88.9%	88.9%
Facility/Venue	Kingsgate	Kingsgate	Kingsgate

4. CD Rom Training Programme

This section outlines the development and production of a CD Rom containing the training programme materials. The final resource was entitled, "Resource for Interpreters and Mental Health Practitioners Working Together in Mental Health".

4.1 Background to development of CD Rom training content

The project working group agreed that producing a resource on CD Rom was preferred instead of a DVD for the following reasons:

- The DVD of the training would not be sufficient to replace the actual course delivery and would therefore serve little purpose to Interpreters and Mental Health Practitioners who had not attended training
- For those who had attended the training, it was considered unlikely that a recording of the training would be an interesting or concise revision tool
- For prospective participants, it was considered important not to provide a 'substitute' to training (i.e. watching a DVD of the course), which could discourage attendance at a training course
- Once the training programme has passed the 'pilot' stage and is deemed a high quality package, a professional DVD could be produced to replace the training. This would likely involve professional actors and a considerably higher budget.

The agreed purpose of the CD Rom training resource was:

- To provide resources for Interpreters and Mental Health Practitioners who have not yet attended the training
- To provide a resource as a revision tool for those who have attended training
- To encourage people to attend training.

4.2 CD Rom training content and process of development

The content of the CD Rom included:

- Introduction to the need for specialized training for Interpreters working in mental health, and for the need for MHP and Interpreters to work together
- Roles of the Interpreter
- Expected competencies
- A record of the Code of Ethics for Interpreters
- Some Common Errors made during interpreting
- Some mental health terminology
- Some Cross-Cultural Issues (Interpreters and practitioners) and how beliefs and practices about health affect presentations of illness
- Need for pre and post-briefing, structuring of session etc.
- Factors that affect the working relationship between Interpreter, practitioner and client
- Meta-skills involved in mental health interventions

- Role plays/exercises throughout. This could involve some demonstrations from trainers with questions for listeners, questions for listeners to find information on, reflections on own experiences etc.
- Information resource section, i.e. research, interesting articles, support services and contact nos., information on the proposal for a professional body for Interpreters, contacts for supervision facilities and professional development opportunities.

Further, it was agreed that some aspects of the CD Rom content could be interactive with role plays and questions, with participants being able to select answers and receive immediate feedback (e.g. multiple choice). Some exercises could contain phrases or passages for interpretation in the viewers own language with focus on meanings of mental health terminology in their own culture.

In terms of the amount of information for each section, it was agreed that it needed to be comprehensive enough to provide a valuable resource, but would not duplicate all the information contained in the training so as to make the training uninteresting if people were to attend after using the CD Rom, or to discourage them from attending.

The CD Rom production process involved contracting Victoria Camplin-Welch to write, direct and produce 45 minutes of content. The evaluation process of the Draft Version of the CD-ROM was undertaken by the project manager (Sue Lim).

The production process involved:

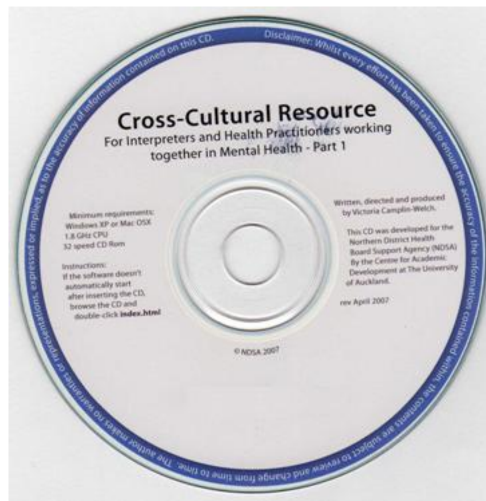
a. The development of a "Consent Form" with legal advice (Appendix three) giving rights to NDSA:
    - To provide/sell this footage to:
    - To distribute the information by:
    - To use other purposes e.g. public relations/promotion.

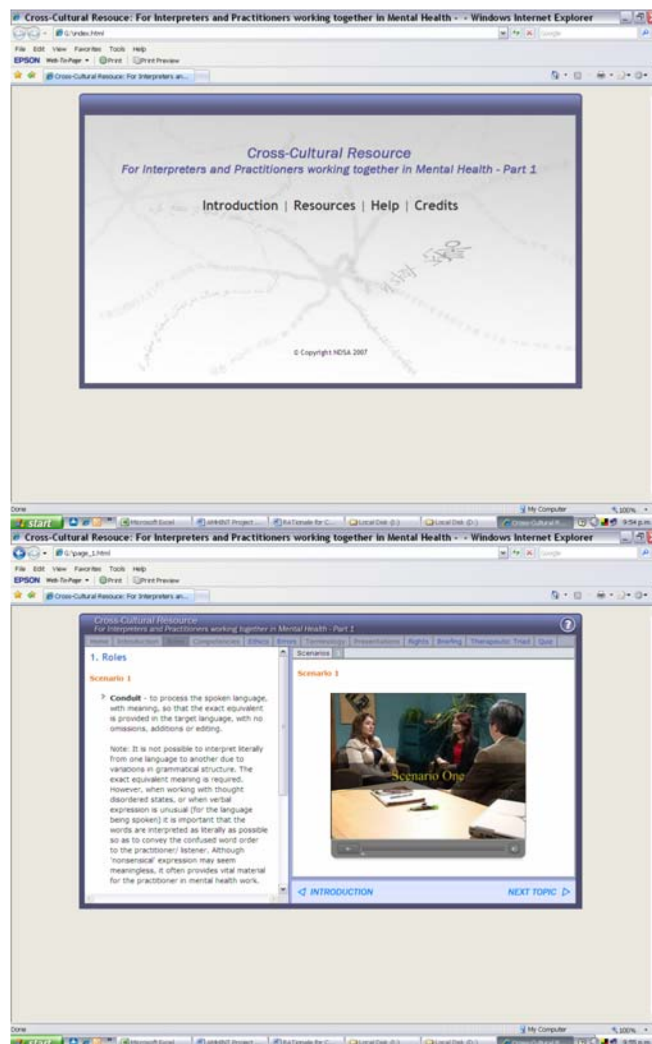
b. Contributors or participants of the CD Rom scenario providing consent by signing the "Consent Form".

c. An Evaluation Process to find out the usefulness of the information in the CD Rom in terms of content; usefulness; relevancy; ease of navigation; format; presentation and for seeking improvement. An evaluation form was designed (see Appendix four) and disseminated with the draft CD Rom to:
    - 3 practitioners and 3 Interpreters who had attended and completed the training offered by NDSA
    - 3 practitioners and 3 Interpreters who had not attended the training programme offered by NDSA.

d) CD Rom was revised according to feedback received.

Figure 2. Images of the CD Rom Cross Cultural Resource for Interpreters and health practitioners working together in mental health – Part 1





5. Phase 2 Project Evaluation Results

This section outlines the evaluation results of Phase 2 of the project. The aim of the evaluation was to understand whether the training, participants received, had improved the quality of the communication between the participant and their clients, families and Interpreters/Mental Health Practitioners, through an improved interpreting process.

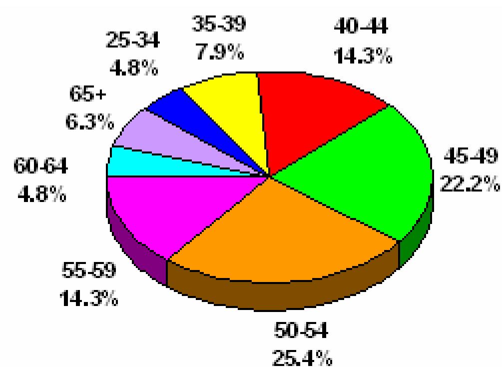
5.1 Evaluation methodology

Questionnaires were sent out to all Interpreters and practitioners who had received training up to 29 November 2006. In total, 72 questionnaires were sent to Interpreters and 92 questionnaires were sent out to Mental Health Practitioners. These questionnaires were then sent back to the working group by either email, fax or post. For Interpreters, 63 questionnaires were returned. For practitioners, 43 of them were returned. The response rates were 87.5% for Interpreters and 46.7% for Mental Health Practitioners. The overall response rate was 64.6%.

5.2 Interpreter survey results

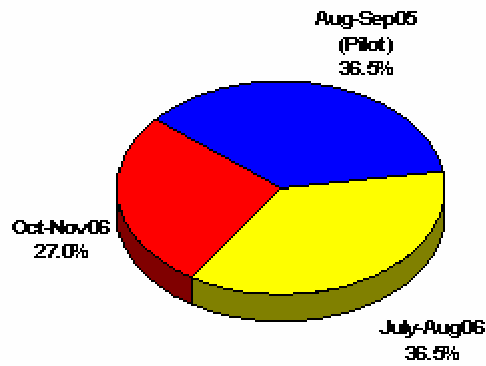
The majority of Interpreter survey respondents were female (n=47, 75%). Almost half of the respondents were aged 45-54 years old. Chart 1 below shows the age breakdown of the Interpreter survey respondents.

Chart 1. Age breakdown of Interpreter survey respondents (n=63)



Interpreter survey respondents were approximately spread between three courses, i.e. Aug-Sep 05, Jul-Aug 06 and Oct-Nov 06. The proportions of respondents over the three courses are presented in Chart 2 below.

Chart 2. Course attendance of Interpreter survey respondents (n=63)



5.2.1 Demographic Information: Ethnic and Cultural background

The vast majority of the Interpreter survey respondents were Asian (n=59, 93.6%), including approximately a quarter of being born in Southeast Asia. Table 20 below further outlines the number and percentage of Interpreter survey respondents by country of birth.

Table 20. Number and percentage of Interpreter survey respondents by country of birth (n=63)

Country of Birth	Respondent	%
China	13	20.6%
Southeast Asia	16	25.4%
East Asian	19	30.2%
Other Asian	6	9.5%
Others	5	7.9%
NZ	3	4.8%
Not specified	1	1.6%
Total	63	100.0%

The majority (95%) of Interpreter survey respondents had lived in New Zealand for more than 5 years. The length of time in New Zealand is further outlined in Chart 3 below.

Chart 3. Length of time in New Zealand of respondents to the Interpreter survey (n=63)

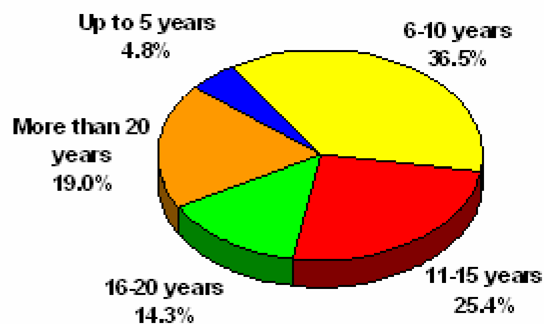


Table 21 below shows the number and percentage of Interpreter survey respondents' by first spoken language.

Table 21. Number and percentage of Interpreter survey respondents' by first spoken language (n=63)

Language	Respondent	%
Mandarin	12	19.0%
Cantonese	8	12.7%
Korean	7	11.1%
Japanese	6	9.5%
Burmese	3	4.8%
Cambodian	3	4.8%
Farsi	3	4.8%
Punjabi	3	4.8%
Thai	3	4.8%
Gujarati	2	3.2%
Hindi	2	3.2%
Indonesian	2	3.2%
Tamil	2	3.2%
Dari	1	1.6%
Fiji Hindi	1	1.6%
Kannada	1	1.6%
Lao	1	1.6%
Taealog	1	1.6%
Vietnamese	1	1.6%
Xiang	1	1.6%
Total	63	100.0%

5.2.2 Demographic Information: Employment and professional background

Interpreter survey respondents were spread across the three contracting DHBS with 32 being contracted to work with more than one DHB. The number of Interpreter survey respondents by DHB contract relationship is presented in Table 22 below.

Table 22. Interpreter survey respondents by DHB contract relationship (n=63)

DHB Contract	Number
WDHB	32
ADHB	40
CMDHB	35
Total respondents	107

Interpreter survey respondents had a range of qualifications with approximately 60% having a Bachelor degree or higher. Chart 4 and Table 23 below further outlines the range of qualification levels and interpreting qualifications of the Interpreter survey respondents.

Chart 4. Level of qualification of respondents to the Interpreter survey (n=63)

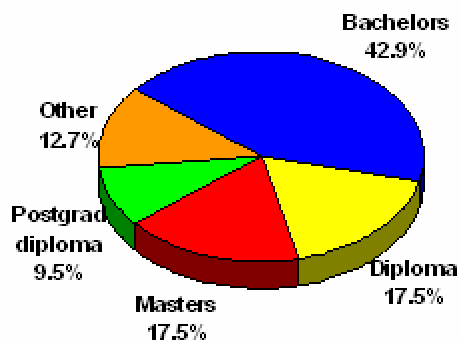


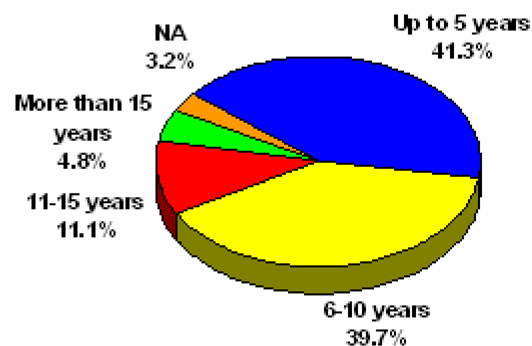
Table 23. Interpreting qualifications of the Interpreter survey respondents (n=63)

Interpreting qualifications	**Responses**
NAATI (3)	1
NAATI (2)	3
AUT Advanced Interpreting in Health	20
AUT Liaison Interpreting Certificate	32
Certificate in Healthcare Terminology	15
MIT Certificate in Healthcare Interpreting	3
AIT/ATI Certificate in Healthcare Interpreting	7
Overseas Qualification	6
Total responses	87

5.2.3 Work experience

Prior to receiving training, 87% of the respondents to the Interpreters stated they had provided interpreting services in a mental health setting in New Zealand and 41% had worked in this area for up to 5 years. Another 40% had worked in New Zealand, including the mental health setting between 6-10 years. Chart 5 below further outlines the years of Interpreter practise in New Zealand of the respondents to the Interpreter survey. (NB: The years of practise include general health and mental health interpreting).

Chart 5. Years of Interpreter practise in New Zealand of the respondents to the Interpreter survey (n=63)



After the training, 70% of respondents stated that they worked in mental health services. A couple of the interpreters have decided not to work in mental health after the training and some were not provided with any work.

Interpreter survey respondents noted that they had worked in a range of mental health settings with the most common setting being Community Mental Health followed by Mental Health Services for Children & Family. Forsenic, Alcohol and Addiction, and Respite services were the least common areas for Interpreter respondents to work in. Table 24 below further outlines Interpreter survey respondents' mental health work experience.

Table 24. Interpreter survey respondents' mental health work experience (n=63)

	Average times per month					
Mental Health Services	**Yes (Not Specified)**	**<1**	**1-2**	**3-4**	**5+**	**No**
Community Mental Health	27.0%	11.1%	20.6%	7.9%	6.3%	27.0%
Forensic Mental Health	7.9%	3.2%	1.6%	0%	0%	87.3%
Mental Health Services for Older People	17.5%	9.5%	12.7%	3.2%	0%	57.1%
Mental Health Services for Children & Family	23.8%	7.9%	11.1%	6.3%	1.6%	49.2%
Alcohol and addiction services	14.3%	3.2%	6.3%	1.6%	0%	74.6%
Respite services	9.50%	0%	7.9%	1.6%	0%	81.0%
Acute mental health services	19.0%	7.9%	14.3%	4.8%	0%	54.0%

Interpreter survey respondents noted that they had worked in a range of mental health situations with patient review and assessment being the most common situations. Table 25 below further outlines the range of mental health situations Interpreter survey respondents have worked.

Table 25. Mental health situations Interpreter survey respondents have worked (n=63)

Situation	Average times per month					
	Yes (Not Specified)	**<1**	**1-2**	**3-4**	**5+**	**No**
Assessment	36.5%	12.7%	20.6%	7.9%	3.2%	19.0%
Review of patient	38.1%	17.5%	17.5%	4.8%	3.2%	19.0%
Psychotherapy	24%	6.3%	9.5%	1.6%	4.8%	54.0%
Legal proceeding	22.2%	11.1%	12.7%	0%	0%	54.0%

In total, 57% of the Interpreters had experiences working in Inpatient, Outpatient and Community services. Only 11.1% of them had none.

Interpreter survey respondents noted they were asked by the clients to do a range of other tasks apart from interpreting. Commonly, this included providing a written translation, cultural advice, being a support person, acting as a crisis contact, assisting with completing a WINZ application and a range of other tasks further outlined in Table 26 below.

Table 26. Tasks other than interpreting that Interpreter survey respondents were asked to perform by clients (n=63)

Services provided to clients apart from Interpreting	%Yes	%No
Cultural advice	57.1%	42.9%
Written translation	60.3%	39.7%
Provide transport	14.3%	85.7%
Shopping	6.3%	93.7%
Community liaison	25.4%	74.6%
Advocate	9.5%	90.5%
Support Person	34.9%	65.1%
As Crisis Contact	30.2%	69.8%
Cultural resource person	22.2%	77.8%
Assist with applying for WINZ allowances	27.0%	73.0%

Only seven Interpreters in this survey had experiences where they were in the situations to provide cultural advice that they were uncomfortable with. Below are some comments regarding the challenges or difficulties that Interpreters had from interpreting in mental health settings.

- Asked to stay with a patient and husband in a room for over an hour, just 3 of us. Became awkward as I was asked questions and opinions. When the clinicians came in the husband tried to stop me from translating his wife's words.
- Challenge is to help client and professional understand each other.
- Clients state/mood changed quickly. Client was in deep depression or client was aggressive. Mental health professional was too busy.
- Due to limited experience.
- Filipinos are touchy seeing a third party (as it is misconstrued as intrusion of privacy). However, when

confidentiality is ensured, they soften and cooperate.

- I need more experience to feel more confident and more comfortable in the working environment/situation.
- It is always difficult to work with Mental Health Practitioners that have had no training in using Interpreters. There were no briefings before the majority of the interpreting assignments.
- Mental health terminology, mental healthcare process.
- Occasionally the patient's family members interrupted interview while the patient was answering/talking with practitioners/staff or the patient's family member asked for unreasonable assistance.
- Sitting arrangements to small room. Patient constantly keep on talking instead of responding to consultant.
- Some terminology
- Sometimes clients/patients do not understand the question even though they are interpreted correctly but they give different answers. Therefore it takes so long to clarify even a simple question sometimes.
- Sometimes it's hard to explain the nuances and meaning of words.
- Stressful.
- The course has given me a better insight into what's expected - a very specific and professional relationship of being beside the health professional - knowing his knowledge and directing the client towards answering those specific questions. The Knowledge (within mental health) was very confidence building. My challenge is to become familiar with the course material so that I can have more empathy with where the practitioner is going with his questions. To find more specific interpreting and fitting words ie increase my vocabulary
- The family of a patient asked me not to tell members of the community about the patients mental health problems. They didn't understand that Interpreters are bound by code of conduct. Had to explain to them.
- The patient is critical situation, they lose control, are irritated, do not comply with medical advice.
- The previous study provides merely the superficial knowledge regarding mental health. Therefore in practice, you can discover only restricted in the surface understanding of the terminologies, inadequate understanding in depth about the illnesses and lack.
- Times when MH Practitioners expected me to handle the clients, to calm them down. Once the doctor and nurse on the site wanted me to shield them from an aggressive client by moving inbetween them.
- To find equivalent terms for cultural expressions, which could affect assessment.
- When the patient is needing professional help, for the want of saving expenses, either Interpreter or both Interpreter and the patient are dismissed.

5.2.4 Acknowledged benefits of training

The majority of Interpreter survey respondents rated that they were more confident in performing their interpreting role, including that they had gained more knowledge and skills, could work more effectively with both Mental Health Practitioners and clients and family, and more prepared to take on mental health interpreting assignments. These results are further outlined in Table 27 below.

Table 27. Interpreter survey respondents' rating of perceived benefits for mental health interpreting after receiving training (n=63)

	1= Strongly disagree 5 = Strongly agree					
Experiences after the training	NA	1	2	3	4	5
I feel more confident in performing my interpreting role	3.2%	1.6%	3.2%	7.9%	42.9%	41.3%
I gained more knowledge and skills to perform my role	4.8%	1.6%	1.6%	7.9%	36.5%	47.6%
I feel I can work more effectively with Mental Health Practitioners	6.3%	1.6%	0.0%	7.9%	47.6%	36.5%
I feel I can work more effectively with clients and families in mental health	4.8%	1.6%	3.2%	6.3%	44.4%	39.7%
I am more prepared to undertake more mental health interpreting assignments	6.3%	1.6%	1.6%	12.7%	39.7%	38.1%
I feel more respected by Mental Health Practitioners	15.9%	0.0%	9.5%	23.8%	31.7%	19.0%
I feel I need post-training support /supervision with trainers	15.9%	12.7%	17.5%	25.4%	15.9%	12.7%

Post-Training support/supervision with trainers:

- 81% of the Interpreters noted that they are not part of any peer support group
- 40+% of the interpreters agree with post-training support/supervision with trainers
- 40+% disagree with post-training support/supervision with trainers
- 16% did not comment on the need for post-training support/supervision with trainers

5.2.5 Comments for training improvements

A range of recommendations for improving the training courses were provided by the Interpreter survey respondents and are outlined below:

- The agreed roles" in session 1 was based on the "Curricula & Guidelines Developments for AMHI and MHP March 2006. Which is flawed was never pointed out to the attendees, although it was said to have been amended.
- The role of the interpreter should be clarified better. Curricula and Guidelines development mention many works of people working with mental health field. I believe if we use "the role of the Healthcare Interpreter – an Evolving Dialogue" by Maria-Pas Bettram Avery from the States and widely promoted by the Healthcare Services in the States would be beneficial!
- I understand why the threshold for attending the training course was set at a relative low level. (In Australia, people at such a level would not even quality to do interpreting work in most circumstances). However I belive stressing the level of language proficiency that is higher and endeavouring to have mental health interpreters to have that level is critical to improving the quality of interpreting services provided. This is critical to improving the quality of interpreting services provided. This has not been stressed on the role.

- It has been noted that the material provided by Dr Said Wong is aimed at people with a higher level of English than students of NAATI2 or Liaison Course levels.
- Follow up meetings/session to hone us further; 2. For initial appointment, clinician should provide written background info of patient to Interpreters so they are aware of the situation.
- Although I underwent the training course I was not called to interpret.
- As jobs are always dependent on demands in certain ethnic communities, I do not feel that the training did not bring more opportunity for me to work in mental health area. It certainly made us more equipped and prepared with all the knowledge and support from peer
- Being simply briefed before the interview by health professionals or even by the scheduler while receiving the phone booking.
- Course was most helpful, a refresher course as well and was also very interesting and knowledgeable. I learnt about other problems Interpreters were having I could relate to them.
- Have regular meetings with other Interpreters so that we can share experiences, vent our feelings and discuss issues. Have update knowledge and information from clinician periodically.
- Interpreters with highest qualifications and certificates should be placed on priority lists with services and they should be given preference over others. Continuity with the same Interpreter for the same patient. Mental health services should be provided with names and qualifications and number of years of service as interpreters separately for their access of mental health interpreters. Female patients preferably should be allocated female interpreters. Men are more open and flexible. They do not mind the sex of interpreters. Females do.
- It would be beneficial to the Interpreters who attended the course if there is a refresh or advanced training course every year or two.
- Keep on the good work.
- Maybe divide groups into pre-mental health Interpreters and those already involved in mental health interpreting. Those who are already involved want specifics whereas those not involved want "informative knowledge". Personally I would've liked to spend more time with informative knowledge re legality and procedures (especially with divorce and violence support). Families of mental health patients need encouragement to question the authorities about treatment etc. The low self esteem of some people makes them see health persons as “god”. They readily accept everything said to be done but don’t understand it sometimes.
- Meeting for Interpreters with tutors and mental health staff for further advice on any problem or sharing special experiences twice a year.
- More specific purposes courses would be helpful, for example, at Rehabilitation Clinic/Centre; assessments with psychologist, therapists (physio & occupational), etc.
  Specific cases we could learn about interpreting and terminology.
  Network and resource.
- Newsletter from support agency or peer group for briefing and debriefing.
- On-going improvement of curriculum and guidelines for Asian Interpreters. In the field of mental health in particular is really required so that the Interpreters and practitioners can work together effectively because this area is quite challenging.
- Provide bilingual teaching material if possible, because there are many medical terms appears to be very difficult to find the corresponding phraseology or the expression; a few trainers experience would have been valuable,

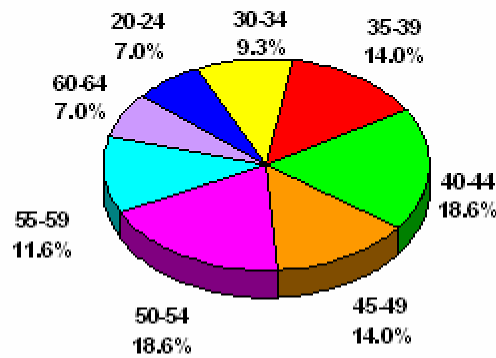
also very practical and useful.

- Thank you for the training course. It is very helpful and very useful course.
- The course really opened my confident to work with the mental health patients and staff.
- This is an effective interpreting course every Interpreter should take.
- Training is very useful, give knowledge and confidence to work effectively between Client and practitioner.
- Training was excellent.
- Very good. Good speakers and great presentation. Good venue. Well done. Thanks.
- Videos are good especially those with lots of dialogue.
- We need to be supported as trained mental health Interpreters, that means to use our services in this field more than before. Thanks for giving us that chance to update our skills and get more knowledge to perform our role.

5.3 Mental health practitioner survey results

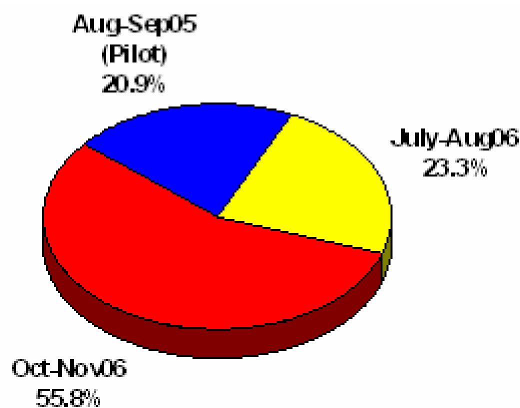
The majority of Interpreter survey respondents were female (n=34, 79%). Approximately two-thirds of the respondents were aged 40 years and over. Chart 6 below shows the age breakdown of the Mental Health Practitioner survey respondents.`

Chart 6. Age breakdown of Mental Health Practitioner survey respondents (n=43)



The majority (55.8%) of Mental Health Practitioner survey respondents attended courses offered during October-November 2006. The proportions of respondents over the three courses are presented in Chart 7 below.

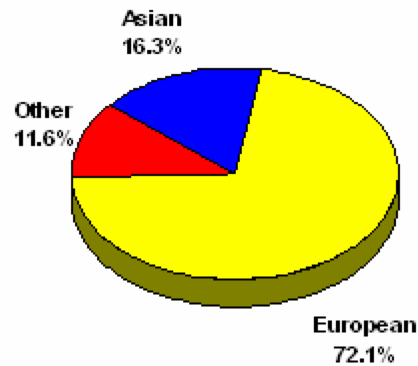
Chart 7. Course attendance of Mental Health Practitioner survey respondents (n=43)



5.3.1 Demographic information: Ethnic and cultural background

The majority of the Mental Health Practitioner survey respondents were European (72.1%), while 16.3% were of Asian ethnicity.

Chart 8. Ethnic background of Mental Health Practitioner survey respondents (n=43)



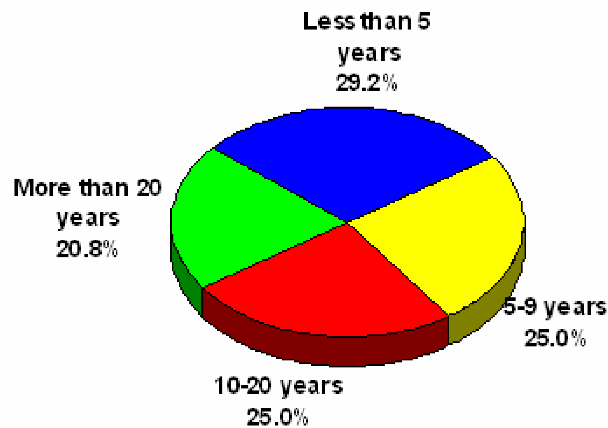
44% of respondents were born in New Zealand. Table 28 below further outlines the number and percentage of Interpreter survey respondents by country of birth.

Table 28. Number and percentage of Mental Health Practitioner survey respondents by country of birth (n=43)

Country of birth	Respondents	%
New Zealand	19	44.2%
England	7	16.3%
South Africa	5	11.6%
Asian	4	9.3%
Other European countries	3	7.0%
Pacific countries	2	4.7%
Canada	2	4.7%
USA	1	2.3%
Total	43	100.0%

For those Mental Health Practitioner respondents who were not born in New Zealand, almost of half of them had lived in New Zealand for more than 10 years. The length of time in New Zealand is further outlined in Chart 9 below.

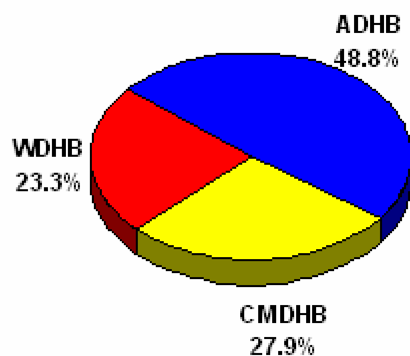
Chart 9. Length of time in New Zealand of respondents to the Mental Health Practitioners survey (n=43)



5.3.2 Demographic Information: Employment and professional background

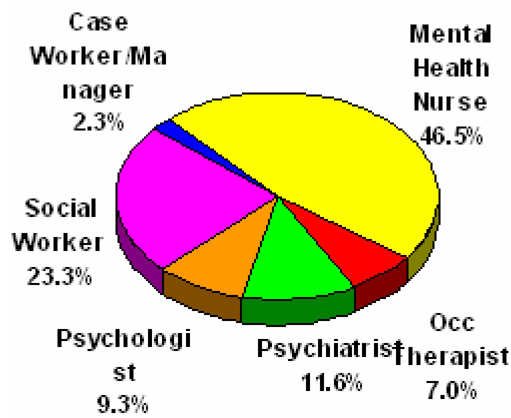
Mental Health Practitioner survey respondents were spread across the three employing DHBs with nearly half coming from Auckland DHB. The percentage breakdown of Mental Health Practitioner survey respondents by DHB is presented in Chart 10 below.

Chart 10. Mental Health Practitioner survey respondents by DHB (n=43)



Mental Health Practitioners survey respondents had a range of job titles with most being mental health nurses (46.5%) and social workers (23.3%). Chart 11 below further outlines the range of job titles of the Mental Health Practitioner survey respondents.

Chart 11. Job titles of the Mental Health Practitioner survey respondents (n=43)



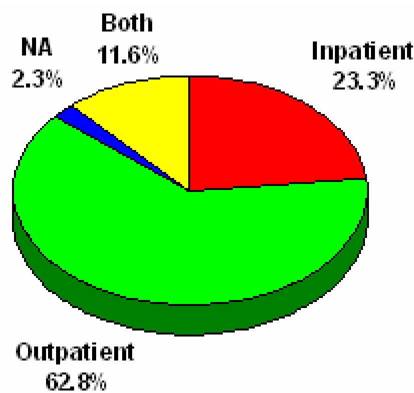
At the time of the training Mental Health Practitioner respondents indicated that they worked in a range of settings with the majority working in Community Mental Health (n=24, 55.8%). Further breakdowns are outlined in Table 29 below.

Table 29. Mental Health Practitioner respondents' work settings (n=43)

Work setting	Respondents	%
Community Mental Health	24	55.8%
Forensic Mental Health	0	0.0%
Mental Health Services for Older People	6	14.0%
Mental Health Services for Children and Family	1	2.3%
Alcohol and Addiction Services	1	2.3%
Respite services	0	0.0
Acute Mental Health Services	7	16.2%
Unknown	4	9.3%
Total responses	43	100.0%

The majority (62.8%) of the Mental Health Practitioner survey respondents had worked in an outpatients setting, while 23.3% worked in an in-patient setting and 11.6% worked in both.

Chart 12. Mental Health Practitioner survey respondents' mental health work experience (n=43)



5.3.3 Experience in working with Interpreters prior to training

The majority (86%) of Mental Health Practitioner respondents had experience using Interpreters before attending the course. The range of situations Mental Health Practitioners had had experience is outlined in Table 30 below.

Table 30. Mental Health Practitioner respondents' previous experience of using Interpreters (n=43)

	Average times per month				
Situation	**Yes (Not Specified)**	**<1**	**1-2**	**3-4**	**No**
Assessment	20.9%	11.6%	41.9%	2.3%	23.3%
Review of patient	20.9%	4.7%	39.5%	2.3%	32.6%
Psychotherapy	5%	0.0%	2.3%	2.3%	90.7%
Legal proceeding	4.7%	4.7%	16.3%	0%	74%

In total, 51% of practitioners had some challenges/difficulties working with clients in Interpreter-assisted sessions/consultations, before the training. Specific challenges are outlined below.

- Interpreters and clients talking a lot which isn't interpreted. Convincing Interpreters to interpret all and exactly what is being said. Clients concerned re confidentiality of the Interpreter.
- 1) Lack of clarification re amount of history/info to provide Interpreter with pre-assessment/review; 2) Occasionally clients refuse Interpreters if known to same local community; 3) Family members offering to be Interpreters.
- As discussed at training, being excluded from discussions between client and Interpreter.
- Being unsure if Interpreters were asking different questions from those I thought I was asking.
- -Client not wanting to disclose info due to confidentiality reasons. Worried Interpreter would discuss within local community.

  -Dr annoyed because client didn't answer question and Interpreter blamed.
- Concerns when trying to get Interpreters to translate exactly what the client has said. i.e. if client saying inappropriate comments the Interpreter will often not use clients terminology.
- Did not always do it right, I talked for too long and asked for unfair expectations.
- Difficulties in understanding the role of the translator and also how to effectively use the translator.
- I was doing family therapy with an Interpreter so this was very complicated. I did not have a lot of experience in working with Interpreters and was unsure at times about which Interpreters to use i.e. male/female/age etc. and it was not always easy to access the same interpreter.
- Inaccurate translations, not interpreting everything, not interpreting literally, Interpreters breaching confidentiality about the client to members of the community.
- Interpreter talks most of the time and seems not to understand what is going on.
- Interpreter wanting to do social work.
- Interpreters not knowing the correct terminologies for mental illness. Putting emphasis on own version of the interpreting. Minimizing the seriousness of the situation.
- Interpreters not skilled enough in English, getting too involved with patients.
- Interpreters putting his own interpretation on clients' words.
- Interpreter had blurring of boundary issue e.g. seeing clients outside of consultation, giving home phone number

and acting in support role.

- Multiple people talking some English speaking others needing Interpreter.
- Not knowing what the expectations/requirements of clinicians were with respect to working with Interpreters.
- Over effusive Interpreter with no boundaries. Interpreters wanting to be generous with hours stated that they have worked i.e. much longer than the time the interview has taken. Poor boundaries with the client and clinician.
- Problem when Interpreter has not repeated what has been said but what they think should be said, important dialogue is missed out because it makes no sense to them. On one occasion it was reported that the Interpreter was saying what the family wanted and even growling at the service user – when we suspected what was happening we arranged for a nursing staff to be present who could understand the language..
- When Interpreters have a long conversation with client and no interpreting the conversation just one sentence or "yes" or "no".
- When the Interpreter knows the client in a non professional way.

Though 41% of the Mental Health Practitioner respondents did not work with an Interpreter between after the training and the time of the survey, a range benefits were identified by completing the course.

- Became aware of my own perceptions and believes stronger systems I thought did not have.
- Became more aware of need for pre-interview talk with Interpreter.
- Broadened my knowledge about mental health and approaches to treatment of Asian clients.
- Educating others within the team and nurses in my clinical coaching.
- Feel confident to use Interpreters.
- Gained an insight re meanings of numerous Asian expressions eg "worm in stomach". More aware of the possibility of misinterpretation between cultures.
- Great training I feel more confident about using Interpreters and being able to direct the Interpreter to get the best assessment for the client.
- I really appreciate the training as it also offered an opportunity for those that got involved in work with Interpreters to share their opinions and expectations on each other. This will help reduce misunderstandings and improve collaboration. I hope I can be of assistance to those staff members that are currently working with interpreters.
- I understand Asian clients better.
- In the future what I've learnt will be useful.
- In understanding client and their world view.
- Increased awareness of cross cultural aspects of care, difficulties Interpreters face in unfamiliar environments, importance of sharing of information.
- It gave me some awareness and understanding of cultures.
- Pre and post feedback, different types of interpretations, better questions re cultural differences.
- Very beneficial know how to use Interpreters helpfully and safely.
- We do not currently have anyone who has required the service. I gained a great deal of useful information during the session, it is going to be a workshop that all nursing staff working on our ward attend.
- Yes, have a general feeling of more knowledge.

- Yes, however I would be beneficial to put into practice what was taught.
- Yes, I was able to share what I had learnt with other team members.
- Yes, information on how an Asian person may present with somatic complaints, understanding that their points of reference may differ because of a different body of knowledge they have been exposed to, the importance of a more holistic approach.

5.3.4 Acknowledged benefits of training

The majority of Mental Health Practitioner survey respondents rated that they were more confident in working with Asian clients and their families, including that they had gained more knowledge and skills in their professional role, had a better understanding of the role of Interpreters, and can work more effectively with Interpreters. These results are further outlined in Table 31 below.

Table 31. Mental Health Practitioner survey respondents' rating of perceived benefits for mental health interpreting after receiving training (n=43)

	1= Strongly disagree 5 = Strongly agree					
Experiences after the training	NA	1	2	3	4	5
I feel more confident when working with Asian clients and families	18.6%	0%	0%	16.3%	39.5%	25.6%
I gained more knowledge and skills to perform my professional role when working with Asian clients and families	20.9%	0%	0%	14.0%	32.6%	32.6%
I have a better understanding of the role of Interpreters	20.9%	0%	2.3%	9.3%	20.9%	46.5%
I feel I can work more effectively with Interpreters	20.9%	0%	2.3%	9.3%	23.3%	44.2%
I feel have a better working relationship with Asian Interpreters	34.9%	0%	2.3%	23.3%	16.3%	23.3%
I feel I need post-training support /supervision with trainers	27.9%	11.6%	27.9%	14.0%	14.0%	4.7%
I feel that this training has helped me to improve my working relationship with other ethnic groups in cross cultural settings	23.3%	0%	2.3%	16.3%	41.9%	16.3%

5.3.5 Comments for training improvements

A range of recommendations for improving the training courses were provided by the Mental Health Practitioner survey respondents and are outlined below:

- Excellent course. Clarified quite a lot for me
- I would like to spend more time working with the Interpreters specifically around mental health assessments.
- Include course in core staff training.
- It was enjoyable training for the most part.
- Would like the course to have more practical application.
- No recent experience but found the training incredibly helpful for all of the above reasons, especially the pre and post briefing, the amount that can reasonably be interpreted at any time.
- Please provide a workshop/in service training for the staff of Tahoroto Mental Health Unit as all staff cannot attend your workshops. Strongly recommend Asian Mental Health Interpreter workshop be involved in all mandatory workshops as we are nursing Asian patients.
- Regular updates would be very useful.
- The whole program was useful but especially the presentation from Dr Wong and would have liked more time on that aspect, there was a great deal of content and it was presented in a very easily understood manner.
- Thoroughly enjoyed the course, particularly good having Interpreters there also felt both sides learnt something. Have recommended the course.
- To date I have not had the opportunity to work with an Interpreter however after the training I am confident that any future requirement will work with respect and understanding from both sides.
- Training enhanced understanding of Asian culture.

6. Proposed Client Satisfaction Survey (DRAFT)

A draft survey questionnaire and the methodology were developed. The three DHBs consulted the questionnaire and methodology with Quality Managers. ADHB also consulted with their consumer advisor leader.

Feedback from the quality managers and consumer advisors were considered and taken into account to produce the final draft for Phase 3 consultation. The following concerns raised by ADHB have yet to be resolved,

- Ringing service users to discuss the interpreter service they experienced is not appropriate. It will be intertwined with the mental health issue that initiated the need for interpreter services. When service users are rung the interviewer may find that the memory of unpleasant experiences / unwellness are triggered.
- Would like to see a clear plan of what the interviewers will do if such a situation arises or if the service user expresses they are currently unwell. What action would be taken?
- Prefers that the questionnaire be shortened and sent to service users for voluntary completion

Since there was no consensus with the current format of the survey questionnaire and methodology, it was agreed that the questionnaire and methodology be further consulted with consumer advisors in Phase 3. It was also proposed that the survey and methods be tested within one DHB before wider roll-out.

Northern DHB Support Agency Ltd

REGIONAL ASIAN MENTAL HEALTH INTERPRETER WORKFORCE DEVELOPMENT PROJECT

Revised: 22 June 2007

DRAFT CLIENT SATISFACTION SURVEY

Purpose of the Survey: To gather information from clients who have used Auckland interpreting services for the purpose of continuing training improvement in order to achieve better client health outcomes.

Proposed methodology:

a) Client satisfaction form (PART A and PART C) to be completed by interpreting services
b) Survey administrator to allocate reference number to PART A and PART C
c) Client satisfaction form (PART B, and C) to be sent to the interviewer by survey administrator
d) Survey to be conducted over the phone by a non-mental health trained interpreter.
e) Survey to be conducted in the client's language with survey form completed in English by the interviewer
f) Confidentiality of the information collected be emphasised by the phone interviewer
g) Client's participation is voluntary
h) Client's participation will be considered as a verbal consent (no written consent required) as this is part of usual DHB Continuous Quality Improvement Client Satisfaction Survey process
i) Frequency: quarterly to be confirmed

Scope of the Survey

For the purposes of this survey, clients are defined as service users / persons who have accessed specified services. Also it would be appropriate to state the geographical area and period of time over which these clients accessed the services:

- Clients who have used interpreter services
- The identified client/patient must be /have been registered with mental health services *It does not include family members of the client.*
- Clients must be aged 17 and above (it is too complicated to interview children and youth age 16 years and below because of the need to get consent from the parents
- Clients who access community services ie Community Mental Health Centres. specialist clinics like eating disorders; mental health services for older people in the Auckland region

Additional Information

- This survey is not a personal evaluation of interpreters and practitioners
- All trained interpreters and participants will be informed about this client satisfaction process before the survey is rolled out by letter
- The process is part of DHB Quality Continuous Improvement Client Satisfaction Survey process and not a snapshot of client feedback
- The survey questionnaire is focussing on how effective the training programme has improved the communication process between practitioners, interpreters, and the client
- The survey is intended as a long term analysis of the effectiveness of the training programme

Specific Survey Guidelines

- Selection of interviewers: interpreters must be either working outside of Auckland to avoid interviewers knowing the interpreters (who provided the service for the clients) personally
- Interviewers must always comply with the interviewer guidelines (PART B)

Northern DHB Support Agency Ltd

ASIAN MENTAL HEALTH WORKFORCE DEVELOPMENT PROJECT

CLIENT SATISFACTION SURVEY

PART A

INTERPRETING SERVICE REFERRAL FORM

a) Interpreting service should be completing this PART A of the form for submission to the survey administrator
b) Survey administrator assign a reference number to PART A and insert the same number in PART C for the interviewer
c) Survey administrator keeps PART A and send the other parts of the survey form to the interviewer

FROM: INTERPRETING SERVICE ☐ ADHB ☐ CMDHB ☐ WDHB

CONTACT PERSON:

TO: SURVEY ADMINISTRATOR

DATE:

____

REFERENCE NUMBER: ______________________

(survey administrator to code and enter same code to PART B)

INFORMAITON FROM REFERRING INTERPRETING SERVICE:

1. Client's First Name_____________________ Surname: __________________
2 NHI ________________
3. Which service did the client access?

	Community Mental Health
	Forensic Mental Health
	Mental Health Services for Older People
	Alcohol and addiction services
	Respite services
	Inpatient mental health services
	Other, please specify

4. What situation was the session interpreted for

Category	Please define the situation below:
Assessment	
Review of patient	
Psychotherapy	
Legal proceeding	
Other, please specify	

5. Which DHB does the service above belong to?: ☐ ADHB ☐ CMDHB ☐ WDHB

6. What was the name of MH Practitioner providing the service? --

7. What was the name of Interpreter assisting your communication for the session?

Northern DHB Support Agency Ltd

ASIAN MENTAL HEALTH WORKFORCE DEVELOPMENT PROJECT

CLIENT SATISFACTION SURVEY

PART B

INTERVIEWER SCRIPT - PARTICIPANT INFORMATION

Good morning/ afternoon/evening, may I speak to ……

Hi, I am [interviewer's name], I am ringing on behalf of [DHB service name] to do a short survey on how satisfied you are with the service provided to you by our interpreter and practitioner on [DAY, DATE, TIME] at [location].

The purpose of this survey is for our DHB to look at continuously improving the way we deliver services to our clients. Please note that the data gathered is confidential and will be stored securely. The survey will take approx 30 minutes. Your participation and feedback would be most appreciated.

Are you happy for me to make a time or are you available to participate in this survey now?

If ANSWER = YES	Proceed with PART C of the Survey
If ANSWER = I AM BUSY RIGHT NOW	I am sorry, would you like me to call back at another suitable date/time? *If the client sounds keen, then make another date/time* *If the client does not sound keen, do not persist*
If ANSWER = NO, I AM NOT FEELING VERY WELL (UNWELL)	I am sorry to hear you are not well, if you are interested to participate in the survey when you are feeling better, I can ring back. *If the client sounds keen, then make another date/time* *If the client does not sound keen, do not persist*
If ANSWER = (CLIENT SOUNDS DISTRESSED WITH YOUR CALL)	I am sincerely sorry for causing any distress, please accept my apology, I will make sure our service will not contact you.
If ANSWER = NO	That's okay, thank you for your time.

NB: Always end the conversation politely, with a thank you.

Note: Once the client is happy to proceed with the survey, it is considered a verbal consent, no written consent is needed.

Northern DHB Support Agency Ltd

ASIAN MENTAL HEALTH WORKFORCE DEVELOPMENT PROJECT

CLIENT SATISFACTION SURVEY

PART C

(Survey administrator to complete the following information taken from PART A
Interviewer to use the following information required for the introduction script.

REFERENCE NUMBER: ______________________

Client's First Name____________________ Surname: _________________

DHB Service Name: ___________________________

Location: ______________________________

Client's Appointment Date / / Time: Location:

INTERVIEWER PROCESS

STEP A: Interviewer to confirm the client's name over the phone

STEP B: Interviewer to introduce and explain the purpose of the call (use PART B script)

STEP C: Interviewer to confirm with client to proceed with survey

STEP D: Interviewer to tick the following action and enter reason if not able to proceed with survey before returning the form to the survey administrator

☐ YES (go to PART C – SECTION ONE)

☐ Not willing to participate (note the reason if the client said something)

Tick	Interviewer to tick or write the reason why client not participating
	Not interested
	Other, please specify

☐ Not able to proceed, unable to get hold of client

STEP E: Interviewer send the completed form to the Survey Administrator after survey or if client is not willing to participate, or after several attempts unable to make contact.

CLIENT SATISFACTION SURVEY, PART C, *continuation*

SECTION ONE: ABOUT THE CLIENT

Interviewer to confirm this information:

1. Sex: ☐ Male ☐ Female

2. Age: ☐ 17-19 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39
   ☐ 40-44 ☐ 45-49 ☐ 50-54 ☐ 55-59 ☐ 60-64 ☐ 65 or above

3. Country of birth: ____

4. Ethnicity: ☐ European ☐ Maori ☐ Pacific Island ☐ Asian
   ☐ Other please specify ____

   If Asian, please specify which Asian ethnicity:
   ☐ Chinese ☐ Indian ☐ Korean ☐ Thai ☐ Japanese ☐ Vietnamese
   ☐ Afghan ☐ Burmese ☐ Cambodian ☐ Filipino
   ☐ Other please specify ____

5. First spoken languages and/or dialects: __________________________________

6. Other spoken languages and/or dialects: __________________________________

7. What culture do you identify strongly with: eg Kiwi/Maori/Chinese/Indian ________________________

8. How long have you lived in NZ: _______________________________ no. of years ☐ less than a year

SECTION TWO: ABOUT THE INTERPRETER

The following are questions and suggested responses for the interviewer :

1 From our records, we understand that you were assisted by one of our interpreters on (appointment date/day and time) when you attended a clinic appointment at (service name/location) – Is that correct?

☐ CORRECT ☐ NOT CORRECT

If ANSWER is NOT CORRECT
Script: "Sorry, do you have a different day/date and time from mine"
If client replied YES write it down and say "I will check our records" and ring you back.
Interviewer to ask for a suitable date/time to call back and ends the conversation.
Interviewer to contact survey administrator regarding incorrect details and ask for further instructions

If ANSWER is CORRECT
Continue with the following questions

2. Did you ask for this specific interpreter? ☐ YES ☐ NO

If YES - Interviewer to say: "Please select the reasons for asking for this specific interpreter from the list I am providing you, as many as appropriate, by saying YES

	I have used the person on previous occasions
	A friend recommended the interpreter to me
	Interpreter introduced themselves previously
	I know the interpreter personally
	Because of gender match
	Interpreter has a good reputation in my community
	Other, please specify *(Interviewer to ask – "Is there other reasons that you have specifically ask for this particular interpreter")*

3 Was the role of the intepreter explained to you?

☐ YES ☐ NO

If YES:. How is that different from your expectations?

Interviewer can tick as many, according to the client's responses

Example: the client said I expected the interpreter to	
	Provide me with support after the consultation
	Provide transport
	Assist me with information
	Other, not specified above *(interviewer to complete)*

Interviewer to ask the client to answer with Yes, No or Not Sure for the following questions

4. When an interpreter is present at the consultation session:

Circle either 1=No, 2 = Not Sure; 3= Yes

Do you believe that information discussed at the consultation session will be kept confidential **If client choose 1 or 2 ask Why?**	**1 2 3**
Did you trust the interpreter to interprete your issues and concerns to the practitioner correctly **If client choose 1 or 2 ask Why?**	**1 2 3**

Overall how did you rate the interpreting service that you received in this consultation session **Ask the client to rate 1 to 5 (1= least satisfactory and 5 very satisfactory)**	**1 2 3 4 5**

5. What did you like about the interpreting service?

6. What did you not like about the interpreting service?

7. Do you have any other comments about how to improve the interpreting service?

8. Were you asked for payments of any kind by the interpreter?

SECTION THREE: ABOUT THE PRACTITIONER

Interviewer to ask the client to answer with Yes, No or Not Sure for the following questions

1. During the clinical consultation with the practitioner:

	Circle either 1=No, 2 = Not Sure; 3= Yes		
In general, did you feel respected by the practitioner? **If client choose 1 or 2 ask Why?**	**1**	**2**	**3**
Did you feel that your issues were understood by the practitioner? **If client choose 1 or 2 ask Why?**	**1**	**2**	**3**
Did you feel that you understood what the practitioner wants to tell you? **If client choose 1 or 2 ask Why?**	**1**	**2**	**3**
Did you feel that the practitioner and the interpreter worked well together? **If client choose 1 or 2 ask Why?**	**1**	**2**	**3**

2 Overall do you think that there are any areas for improvement for practitioner during the interpreting process?

☐ YES ☐ NO

If YES please specify:

____

____

____

7. Conclusions and Recommendations

The report has outlined a summary of key outputs and outcomes achieved in Phase 2 of the Asian Mental Health Interpreter Workforce Development Project during 2006/07. Overall, the project is achieving the aim to improve the quality of the communication process between Mental Health Practitioners, Asian clients, families and Interpreters through interpreting within the Auckland region.

In particular, Phase 2 of the project has further implemented the recommended training and systems, to enhance the knowledge and skills of Interpreters and Mental Health Practitioners working with Asian migrants and refugees accessing secondary mental health services within the three Auckland-metro DHBs.

Results from the evaluations carried out to date indicate that the project has generally achieved objectives set and met the needs of Interpreters, Mental Health Practitioners and most likely, improved service responsiveness to Asian clients and their families. Phase 3 would provide further evidence for this by carrying out the proposed Client Satisfaction Survey.

Indicative demand as of May 2007 for further training is that at least three courses for Mental Health Practitioners are required, plus a further two courses for demand generated during the year. Demand for further training for Interpreters is less but at least one course is likely to be required to cover Interpreters not yet trained and workforce changes, plus a further two courses are estimated to be required to cover a wider pool of Interpreters.

To build on the positive results achieved during Phase 1 and 2 of this project, it is hoped that funding will be secured for Phase 3 to ensure that the following recommendations can be achieved and that outcomes achieved to date can be further consolidated.

It is recommended that the Regional Mental Health Funding and Planning Team (RMHFPT) consider the following recommendations from the Project Working Group:

c. Project Phase 3 for 2007-08:

8. Interpreters Workforce Development:

- ❖ Running four additional Interpreters training courses for 2007-08 (for training up to 100 Asian and non-Asian Interpreters) for the year 2007/08
- ❖ Revising the overall interpreters training course and session delivery to accommodate more time for effective delivery and to include additional perspectives from Indian and Korean cultural groups (based on the three major Asian sub-groups classified under Census 2006). This means the overall training will be delivered over seven days instead of six days and will take 36.5 hours to complete instead of 32.5 hours.
  - Session 1: Role of Mental Health Interpreter (1 day – 4 hrs)
  - Session 2: Introduction to NZ Mental Health System and Services (1 day – 6 hrs)
  - Session 3: Mental Health Practice (2 days: 5 hrs each day)
  - Session 4: The Impact of Culture on Mental Health (2 days: 1x 7 hrs; 1 x 5 hrs)
  - Session 5: Guidelines for Interpreters on how to work effectively with practitioners mental health settings (1 day - 4.5 hrs).

  NB: time allocated does not include meals/breaks

- ❖ Providing ongoing professional development (ie inviting people from different cultures and dividing them into groups for discussion); peer support and supervision (having Interpreters get together to share experiences and supervising each other; or using external supervisors).

9. Mental Health Practitioners Workforce Development:

- ❖ Running five additional courses to train up to 125 practitioners for the year 2007/08.
- ❖ Revising the overall practitioners training course and session delivery to accommodate more time for effective delivery and to include additional perspectives from Indian and Korean cultural groups (based on the three major Asian sub-groups classified under Census 2006). This means the overall training will be delivered over three instead of two days and will take 17.5 hours to complete instead of 13.5 hours.
  - Session 1: The Impact of Culture on Mental Health (2 days: 1x7 hrs ; 1x5 hrs)
  - Session 2: Role of Mental Health Interpreter; Guidelines for practitioners on how to work effectively with Interpreters mental health settings (5.5 hrs).

  NB: time allocated does not include meals/breaks
- ❖ Providing ongoing professional development (training update workshops twice a year).

10. Development and Production of translation of the mental health terminology into the top six Asian languages for use by Interpreters

This proposed recommendation would further improve the interpretation and communication process for interpreters. Not all terminologies have direct translated words for some languages. The production of a translated reference tool would provide a consistent translation for terminologies that are difficult for some interpreters. It would enable quality, consistency and accurate translation. The development process would involve translation of the terminology, back translation, running focus groups with practitioners and the appropriate language community members/Interpreters to confirm translation and concept words.

11. Maintain Quality Assurance, Ongoing Evaluation and Sustainability of the Training Programmes

- Embedding workforce training programme for practitioners and Interpreters as part of DHB business (DHB's Learning and Development Programme) and that base funding be allocated for each DHB to ensure this workforce development efforts continue within the DHBs which have the specialist knowledge instead of tendering the work to external organisations who do not have the working knowledge and expertise to deliver the programme.
- Ensuring quality and consistency in the delivery of the training
- Developing capacity within the workforce to become trainers to increase the pool of trainers for the Auckland region, using the "Trainers Teaching Manuals" produced in Phase 2.
- Providing ongoing tracking and monitoring of the workforce training as part of quality assurance process using the recommended client satisfaction survey tool and methodology.

12. Production of PART 2 : CD ROM Training Programmes for Interpreters and Mental Health Practitioners

To record the session with cross cultural interviews and the revision for sessions on mental health practice and impact of culture on mental health that was not included in the DVD/CD Training Programme - Part 1.

d. General recommendations

13. Phase 3 project be managed by the Regional Asian MH&A Coordinator.

14. The Regional Asian MH&A coordinator explores the need for expanding the training to practitioners working in primary care and non-government organisations (NGOs)

Appendix one: Terms of Reference for Working Group

Northern DHB Support Agency Ltd

Working with District Health Boards towards excellence in health and disability support services

- TERMS OF REFERENCE for WORKING GROUP -

Project Title	**Asian Mental Health Interpreter Workforce Development Project – Phase 2**	
Prepared By	*Sue Lim, Project Manager*	*Updated: March 2006*
Project		

Aim	To implement project recommendations 1, 2, 3, 4 and 5 (detailed on the full project report)
	
	The aim of Phase 2 over the next 12 months from June 2006 is to:
	• Run three training courses for up to 75 Asian mental health Interpreters and five training courses for up to 125 Mental Health Practitioners working in secondary mental health services across the Auckland region
	• Implement the guidelines with assistance from the three Auckland-metro DHBs and Interpreter services
	• Further evaluate the training programmes to measure their effectiveness in terms of:
	  o improved working relationships between Interpreters and practitioners
	  o improved Asian consumer experiences with Interpreter-assisted interventions
	  o impact on access to services by Asians with mental health problems
	• Produce a hard copy and CD Rom resource kit for Interpreters and Mental Health Practitioners who have gone for the training as a revision, reference, practice or for those who have not gone for the training to raise awareness of the complexity to promote the training course.

Purpose of the Working Group	The primary purpose of the regional project working group is to provide expert advice and input into the delivery of the project outputs, and the overall project process, and the achievement of the project outcome. The primary purpose of the following project sub-groups is to: • The research sub-group is to provide focused and specific input into the design and delivery of the evaluation process and outcomes to support the achievement of the overall project process • The trainers and facilitators of the training courses are to provide focused and specific input into the delivery and evaluation of the training courses to support the achievement of the overall project process Secondly, it is to ensure that the principles of regional collaboration, within mental health services, as agreed by the region's CEOs and mandated by the NDSA are recognised and adhered to as part of the project process. Thirdly, it is to ensure a rigorous process is applied towards the formation of recommendations to the Regional Asian Mental Health & Addiction Strategy Advisory group for consideration.
Working Group Representation	• Chair: Project Research Advisor (Dr Ratana Walker) • Project Manager: Sue Lim • ADHB: Dr Sai Wong, Patrick Au, Dr Ashok Malur • CMDHB: Dr Rajendra Pavagada • WDHB: Patrick Hinchey • Interpreter Service: Sue Lim (WDHB), Diane Smith and Bonnie Yi (ADHB); and Kathie Smith (CMDHB) • WDHB/RAS: Victoria Camplin-Welch • Interpreter: Hien Mack • Consumer Rep: Louisa Lee
Role	1. To be accountable for reviewing information provided by the project team/manager, actively participating/debating issues 2. To fully represent their organisation within the context of the scope of the working group 3. To be accountable for the delivery of project information to their own organisation (this will include consultation within their own organisation as appropriate) 4 To be accountable for all data validation within a timely manner on behalf of their own organisation 5. To nominate a person to write progress report to NDSA Regional Director to keep NDSA and Regional Funding Forum up to date with progress

Principles of conduct	• All members of the team will treat each other with respect and allow all views to be presented. Where a member has a significant disagreement with the position of the other members of the group will make every effort to accommodate or at least fairly represent the dissenting view. • All members of the sub group must act in good faith on issues of information and disclosure and there will be full transparency at all stages of the project. • The members will work together to recognise the key areas where this project would/do benefit from a regionally collaborative approach. • Linkages with the Northern Region Mental Health & Addiction Service Strategy for Asian people
Functions of the Working Group	• To debate and make recommendations based on rigorous analysis of information provided by project team/manager • To actively participate and engage in the discussion process to ensure views from all members are considered • To provider feedback on the process of the project to correct the process to achieve collaboration and transparent process **Sign off of recommendations:** • If there is unanimous agreement among the working group in its recommendation process
Quorum	Ideally each meeting should have, at least, 1 representative from each DHB and 60% of the members present.
Delegated Attendance	Delegate attendance is the responsibility of the members. If a member has appointed a delegate to attend, the member is expected to ensure the delegate is well briefed and understand the project to attend on behalf. If the delegate is not able to attend, further delegation is not required.
Secretary	Project Manager
Decision making style	Consensus style where possible Appropriate voting system to be applied if consensus not reached No feedback from members on information provided will be assumed as agreed
Meeting Frequency	Working group meetings to will occur monthly Sub-group meetings to occur separately to feedback to working group Special meetings may be arranged
Minutes &	Minutes in the form of action points will be available within five working days of meetings. They

agendas	will be distributed to all members Agenda will be circulated 3 days prior to the meeting. All agenda and items and accompanying papers must be to the Secretary 5 days prior to the meeting.

Appendix two: Memorandum of Understanding across 3 DHBs and Joint Statement

MEMORANDUM OF UNDERSTANDING

BETWEEN

WAITEMATA DISTRICT HEALTH BOARD

WAITEMATA AUCKLAND TRANSLATION & INTERPRETER SERVICE

AND

AUCKLAND DHB

INTERPRETER SERVICE

AND

COUNTIES MANUKAU INTERPRETER SERVICE

ESTABLISHMENT OF PROTOCOLS AND PROCESSES FOR THE MANAGEMENT AND UTILISATION OF MENTAL HEALTH TRAINED INTERPRETERS ACROSS THE AUCKLAND REGION

2006

DATED 1 September 2006

1. PARTNERS

The following organisations and services are parties to this agreement and are collectively referred to in this document as "the partners":

i) WDHB: Waitemata Auckland Translation & Interpreter Service
ii) ADHB: Auckland DHB Interpreting Service
iii) CMDHB: Interpreting Service

2. PURPOSE

This Memorandum of Understanding describes the collaborative approach that shall be taken by all parties to this agreement. It formalises the intention of all partners to collaborate in the Regional Asian Mental Health Interpreter Workforce Development Project funded by the three Auckland-metro District Health Boards. The intent of this memorandum is to assist the successful implementation and evaluation of the Asian Mental Health Interpreter Workforce Project: Implementation Phase 2 as described below and to establish the respective roles of each partner. This agreement is not intended to confer any legally enforceable rights on any party.

3. BACKGROUND

Current New Zealand experience and research tell us that Asian migrants and refugees have difficulties accessing New Zealand mental health services because of the lack of trained Interpreters and because the mainstream services are not culturally appropriate. Language problems, cultural differences, the use of untrained Interpreters and the lack of culturally appropriate services all have a negative impact on equitable access to appropriate and quality care for Asian immigrants with limited English proficiency.

In November 2004, the Northern Regional Mental Health Directorate at the Northern DHB Support Agency (NDSA) and the three Auckland-metro DHBs considered the development of a regional Asian mental health Interpreter workforce, as well as training for Mental Health Practitioners to work with Interpreters, as a first and an immediate step for the region to address the language and culture gap, in order to improve equitable access and appropriate care for Asian mental health service users accessing secondary mental health services in the Auckland region.

The specific aim of the project was to develop and propose a "package" of curricula and guidelines for training both Asian Interpreters and Mental Health Practitioners providing secondary mental health services in the Auckland region. The training package focuses on cultural competency and the skills required for practitioners and Interpreters *to work together effectively.*

Recommendations were made to the Northern Regional Mental Health Directorate and the three

Auckland-Metro District Health Boards (DHBs) to consider:

1. A further phase to this project to implement the training of Asian Interpreters and Mental Health Practitioners across the Auckland region using the proposed "package":
   - Training Curriculum for Asian Mental Health Interpreters
   - Training Curriculum for Mental Health Practitioners to work effectively with Asian clients and Interpreters
   - Guidelines for Mental Health Practitioners and Interpreters to work together effectively
2. Development of the guidelines and their incorporation into local policy, as well as into induction programme for Interpreters and Mental Health Practitioners.
3. Further research to evaluate the effectiveness of the training in terms of:
   - Improved working relationships between Interpreters and practitioners
   - Improved Asian consumer experiences with Interpreter-assisted interventions
   - Impact on access to services by Asians with mental health problems
4. Exploring ways to provide ongoing training/supervision/support for Interpreters
5. Recording the training programmes on DVD/CD Rom for dissemination to groups for training/revision or to participants where training is not easily accessible, and evaluation of this process
6. Future development in order to extend the "package" to include the perspectives and training of:
   - Non-Asian ethnic Interpreter workforce
   - Practitioners from primary health and non-government organisations (NGO) workforce

The three Auckland-metro DHBs through NDSA have approved funding to implement recommendations 1, 2, 3, 4 and 5 (detailed above). The aim of Phase 2 over the next 12 months from June 2006 is to:

- Run three training courses for up to 75 Asian mental health Interpreters and five training courses for up to 125 Mental Health Practitioners working in secondary mental health services across the Auckland region
- Implement the guidelines with assistance from the three Auckland-metro DHBs and Interpreter services
- Further evaluate the training programmes to measure their effectiveness in terms of:
  - improved working relationships between Interpreters and practitioners
  - improved Asian consumer experiences with Interpreter-assisted interventions
  - impact on access to services by Asians with mental health problems
- Produce a hard copy and CD Rom resource kit for Interpreters and Mental Health Practitioners who have gone for the training as a revision, reference, practice or for those who have not gone for the training to raise awareness of the complexity to promote the training course.

4. COLLABORATIVE AGREEMENT

4.1 Aim

To improve the quality of communication between Asian mental health clients and their families and practitioners in the Auckland region through improved interpretation process, assuming that this could lead to improved health outcomes for Asian people.

4.2 Objectives

To establish consistent protocols and processes for the management and utilisation of mental health Interpreters across the region.

4.3 Project Manager of the Asian Mental Health Interpreter Workforce Development on behalf of the Working Group will assist with co-ordinating the collaboration project with the support of other partners.

4.4 Each partner recognises the importance of this project to improve the quality of communication between Asian Interpreters, mental health clients and practitioners in the Auckland region.

4.5 Each partner will use its best endeavours to give effect to its role and responsibilities as outlined in this agreement.

4.6 Each partner is committed to open discussion, positive negotiation and a problem-solving approach to all matters related to this agreement.

4.7 Any problems or conflicts that arise will be resolved co-operatively between the partners. In the event that any matter is unable to be resolved an independent mediator will be appointed by agreement between the partners.

4.8 Each partner recognises and respects the diverse strengths and contributions each party brings to the collaboration

4.9 Each partner has the right to enter into other agreements with other stakeholders, provided it does not jeopardise the success of this collaborative agreement.

5. EXPECTATIONS

All partners will:

5.1 Promote the mental health Interpreter training programme to Asian Interpreters who are interested to interpret in mental health or are currently interpreting in mental health

5.2 Work towards creating a protocol/process to enable the regional pool of mental health trained Interpreters to be accessible by the three DHB Interpreter services, where practical

5.3 Provide a consistent set of guidelines for mental health Interpreters to work effectively with practitioners

5.4 Have regular forums with mental health trained Interpreters across the region to provide an insight to the issues relating to mental health interpreting services, deficiencies, and required improvement

5.5 Ensure that Interpreter service staff are aware of differences of dialects and cultures; ie by encouraging management, booking and call centre staff to join the Interpreter training programme

5.6 Set up a mechanism to monitor the quality of mental health Interpreter services

5.7 Set up system to cross-check the competency of Interpreters

5.8 Participate in the development and implementation of the project evaluation process to measure the improvement in the quality of communication between Asian Interpreters, clients and practitioners.

5.9 Provide mental health interpreting utilisation data when required by the project and the evaluation process

For Professional Development of Mental Health Interpreters (subject to available funding from NDSA or the Auckland DHB funders)

5.10 Provide ongoing training /revisions

5.11 Provide ongoing supervision, knowledge sharing sessions, and make available counselling support for mental health trained Interpreters

5.12 Provide pathways, mechanisms to feedback or complain, relating to the quality of mental

health Interpreters' performance and services

5.13 Provide professional development information on website for Interpreters

5.14 Work with Interpreters training institutions to assess and provide certification of Interpreters' dialect competency

For establishing consistent mental health Interpreter utilisation policy and process:

5.15 Ensure that Interpreters who work in mental health services in the three Auckland-metro DHBs are trained specifically in this area by 30 June 2007.

5.16 Have a policy in place to ensure that only mental health trained Asian Interpreter are assigned to work in mental health services as of 1st July 2007, where possible and unless otherwise specified by the key mental health worker/practitioner and/or the client.

5.17 Ensure that the same mental health trained Interpreter is assigned to a client, unless otherwise specified by the key mental health worker /practitioner and /or the client, where possible

5.18 Match Interpreters and clients by gender, age and dialects, where possible.

6. COMMUNICATION

6.1 The partners shall establish effective channels of communication using phone, fax, emails, face-to-face meetings, as necessary.

6.2 Each partner shall provide regular updates on progress of the project to the other project partners.

6.3 Each partner shall work towards achieving all performance measures outlined at clause 8 below.

7. EXPECTED TIMEFRAMES

7.1 Collaboration proposal signed off by all partners by end of July 2006.

7.2 All processes and protocols for the management and utilisation of mental health Interpreters established by November 2007

7.3 A pool of regional mental health trained Interpreters developed and ready for use by all three Interpreter services by June 2007

7.4 All partners to review the collaborative agreement and determine future commitment at the end of June 2007.

8. REVIEW OF MEMORANDUM OF UNDERSTANDING

The Memorandum of Understanding will be reviewed in May/June 2007.

9. EXECUTION

1. Signed by Waitemata DHB: Waitemata Auckland Translation & Interpreting Service (Asian Health Support Service)

Sue Lim, Service Manager Asian Health Support Service

2. Signed by Auckland DHB: Interpreter Service

Diane Smith: Manager Greenlane Clinical Centre and Patient Admin Service

3. Signed by Counties Manukau DHB: Interpreter Service

Kathie Smith: Manager, Facilities Manager Inpatient and Outpatient Services

Joint Statement

To:: All Interpreters working for the Auckland-metro DHBs

From: Management Team of Waitemata DHB: Translation & Interpreting Service
Management Team of Auckland DHB Interpreter Service
Management Team of Counties Manukau DHB Interpreter Service

Date:

Re: Consistent Policy and Guidelines for the management of mental health trained Interpreters across the region to support the objectives of the Asian mental health Interpreter workforce development project

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The management of the three Auckland-DHBs' Interpreter services (Waitemata DHB, Auckland DHB and Counties Manukau DHB) are committed to enhancing the skills of Asian Interpreters and the management of mental health Interpreters to support the NDSA's regional project aim to improve the Asian Interpreter workforce to improve the quality of communication between Asian clients, Interpreters and practitioners.

To support the regional initiative, the three Interpreter services agree to:

MANAGEMENT

- Promote the mental health Interpreter training programme to Asian Interpreters who are interested to interpret in mental health or are currently interpreting in mental health
- Work towards creating a protocol/process to enable the regional pool of mental health trained Interpreters to be accessible by the three DHB Interpreter services, where practical
- Provide a consistent set of guidelines for mental health Interpreters to work effectively with practitioners
- Have regular forums with mental health trained Interpreters across the region to provide an insight to the issues relating to mental health interpreting services, deficiencies, and required improvement
- Ensure that Interpreter service staff are aware of differences of dialects and cultures; ie by encouraging management, booking and call centre staff to join the Interpreter training programme
- Set up a mechanism to monitor the quality of mental health Interpreter services
- Set up system to cross-check the competency of Interpreters

PROFESSIONAL DEVELOPMENT

- Provide ongoing training /revisions (subject to funding availability)

- Provide ongoing supervision, knowledge sharing sessions, and make available counselling support for mental health trained Interpreters (subject to funding availability)
- Provide pathways, mechanisms to feedback or complain, relating to the quality of mental health Interpreters' performance and services (as part of regular regional meetings with mental health trained Interpreters)
- Provide professional development information on website for Interpreters (subject to funding availability)

POLICY AND PROCESS

- Endeavour to ensure that Interpreters who work in mental health services in the three Auckland-metro DHBs are trained specifically in this area by 30 June 2007.

- Have a policy in place to ensure that only mental health trained Asian Interpreter are assigned to work in mental health services as of 1st July 2007, where possible and unless otherwise specified by the key mental health worker/practitioner and/or the client.

- Ensure that the same mental health trained Interpreter is assigned to a client, unless otherwise specified by the key mental health worker /practitioner and /or the client, where possible

- Match Interpreters and clients by gender, age and dialects, where possible

PROVIDE OPPORTUNITIES FOR INTERPRETERS INTERESTED TO WORK IN MENTAL HEALTH TO:

- Gain additional knowledge and skills at no cost (the course is fully funded by the three Auckland-metro DHBs). DO NOT MISS OUT ON THIS TRAINING OPPORTUNITY. NB: Once there is sufficient number of Asian Interpreters trained, the course may not be funded and mental health trained Interpreters will be given first preference to mental health interpreting assignments.
- Gain a lot more interpreting assignments in secondary mental health settings
- Gain health interpreting opportunities in areas such as counseling and primary health settings
- Gain a lot more confidence and ability to work more effectively with practitioners
- Gain a lot more insight into the mental health illnesses and behaviours that could help graduates with mental health interpreting process
- Understand how to use cultural knowledge to assist the interpreting process

Yours sincerely

Manager

Service Name

As per agreement between:

Waitemata DHB: Translation & Interpreting Service

Auckland DHB Interpreter Service

Counties Manukau DHB Interpreter Service

Appendix three: CD Rom Consent Form

I, ……………………………………………………………………………………..

hereby give my consent:

1. to be recorded on videotape, audio tape, film, photograph or any other medium for the **Resource CD Rom for Interpreters and Practitioners working together in Mental Health**

2. for the general release of such recordings, or part thereof, for professional purposes, as Northern DHB Support Agency see fit; and

3. to copyright of this footage being vested in Northern DHB Support Agency, Auckland.

I hereby release the Northern DHB Support Agency, Auckland from any and all claims and demands arising out of or in connection with the use of such videotape, audio tape, film or photograph including, but not limited to, any claims for defamation or invasion of privacy.

Signed: …………………………………………......... Date:………………………

Witnessed: ……………………………………………. Date: ………………………

AUDIENCE:

The right to provide/sell this footage to:

- other educational institutes, especially those with which we have specific collaborative relationships
- community organisations
- members of the general public
- commercial rights (Limited to selling to General Practitioners, Health Practitioners, Interpreters, Trainers, Universities, students, professional researchers)
- television stations

DISTRIBUTION by:

- Video
- CD/DVD
- website
- transmission by broadcast or narrowcast (including repeats)

USAGE FOR OTHER PURPOSES:

e.g. Public relations/promotion

Appendix four: CD Rom Evaluation Form

EVALUATION OF CD Rom for Interpreters and Health Practitioners working together in Mental Health

Thank you for your time and attention to assist us in making this a useful resource. This CD Rom is a supplement to, and revision tool for, the ***Regional Asian Mental Health Interpreter Workforce Development Training.*** It will also be available as a resource for Interpreters and Mental Health Practitioners who have not yet had an opportunity to attend the training. It is NOT a substitute for the training however.

We welcome your feedback and any suggestions you might like to make.

NB FOR INTERPRETERS: please bear in mind that we will be providing you with an "Interpreters Guide" in booklet format as a quick reference. It will include some of the topics in this resource as well as information on the mental health system and an opportunity to develop your own reference system for relevant mental health terms.

I. REGARDING CONTENT:

Question 1.

How useful is this resource in understanding how to work effectively with health practitioners/Interpreters in mental health?	1	2	3	4	5	6	7	8	9	10

1 = not useful/lowest score ; and 10 = excellent/highest score

Question 2.

If you have rated 7 or less, please give your reasons:

____

____

____

____

Question 3.

What is most useful about this resource?

____

____

____

____

Question 4.

What in this resource is not useful/could be excluded?

____

____

____

____

Question 5.

Have you learned anything new from the resource?

____

____

____

____

Question 6.

Are there any aspects that you would like more detail on?

____

____

____

____

Question 7.

Would you like any other resources included, if so what:

____

____

____

Question 8.

How easy is the content to read?	1	2	3	4	5	6	7	8	9	10

II. REGARDING FORMAT:

Please rate the following:

Question 9.

Do you find it easy to navigate around the resource?	1	2	3	4	5	6	7	8	9	10

Question 10.

Is the content well presented and visually engaging?	1	2	3	4	5	6	7	8	9	10

Question 11.

Any further comments you would like to make:

____

____

____

____

Please would you return the CD to the address below with this evaluation form and your contact details. When the final version is available, we will provide you with a copy in appreciation for your time and feedback.

Deadline for feedback submission is :

Send to:

Sue Lim

Manager, Asian Health Support Services

Private Bag 93503

TAKAPUNA

Contact details:

Name: ____

Professional role: ____

Phone: ____

E-mail: ____

Practice/Service where you work:

____

Appendix five: Trainers' Profiles

Mr Patrick Au is an experienced psychiatric nurse and counsellor, currently working in ADHB as the Asian Mental Health Coordinator. He is also working privately as marriage counsellor.

Victoria Camplin-Welch (M.A. Clin. Psych., Dip. Ed.) - has been clinical psychologist and psychotherapist for 13 years providing therapeutic treatment to individuals, couples, families, groups and also to organizations, as well as in writing and directing training programmes. Worked for Refugees as Survivors NZ (RAS) as a clinical manager where most of her clinical work with refugee clients is exclusively through Interpreters.

Dr Sai Wong – is a prominent Chinese consultant psychiatrist working across the Auckland region for Auckland DHB, Counties Manukau DHB as well as a private consultant psychiatrist for Waitemata DHB. He is also an Honorary senior lecturer in the Department of Psychological Medicine, University of Auckland and is currently leading bi-monthly cross cultural seminars attended by interest group across the Auckland region.

Hien Mack - Vietnamese Interpreter for ADHB and WDHB. Trained as a teacher of languages in Vietnam, obtained degrees in both Russian and English languages. She taught at universities in Ho Chi Minh City for nine years prior to moving to New Zealand. Hien also holds a Masters degree with 1st class honours from the University of Auckland in the teaching of languages and is currently preparing to undertake her doctorate in this area. Hien has also been working as an Interpreter and translator for Auckland and Waitemata District Health Boards, Immigration Services and the Refugee Appeal Authority.

For more information:

Contact Ms Sue Lim, Manager, Asian Health Support Services, Waitemata District Health Board, Private Bag 93503, Takapuna. Telephone: (09) 442-3239 or 021 240-2230. Email: sue.lim@waitematadhb.govt.nz
www.asianhealthservices.co.nz