Disclaimer:

This paper contains stories that interpreters experienced when working with people with mental health issues, which may be offensive to some viewers.

Title: Challenges in mental health interpreting in NZ – Perspectives of working interpreters

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Abstract:

Interpreters in mental health settings face many unique challenges, mainly due to the complexity of psychiatric terminology, the delicacy of the situations they translate, and the need for an intricate understanding of cultural differences and the Role of interpreters. However, the post-pandemic era places interpreters in more demanding and vulnerable positions in Aotearoa as they respond to overwhelming cases and events that could affect interpreters' mental well-being, especially when working with new refugees. This paper discusses difficulties and challenges based on real-life scenarios and circumstances that interpreters encounter in mental health settings. It argues that interpreters should remain role-independent, being briefed and debriefed before and after sensitive cases while developing skills and competence beyond linguistic and cultural capabilities.

Keywords: post-pandemic, stigma, cultural awareness, resilience, vulnerable, self-care, linguistic challenges, psychological, psychiatric terminology, mental health, refugees, vicarious trauma, counselling, therapy, invisibility, victims and hospitals,

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Introduction

1) Impact of the pandemic on mental health

The COVID pandemic undoubtedly has inflicted the whole world. Many people experienced isolation, separation, and suffering from COVID-19. Some may also experience the loss of jobs, families or friends, relationships breakdown, businesses going bust, and other social events, i.e. housing problems, natural disasters, inflation, and economic downturns in Aotearoa. All these aspects could contribute to mental health issues.

2) The rise of the mental health population in NZ (NZ Mental Health Stas, 2023)

The post-pandemic era has skyrocketing mental health issues for New Zealanders. The rise in the population diagnosed with mental health conditions was alarmingly high. Based on the statistics NZ, in 2018/19, before the COVID time, only **3.9%** of the NZ population was diagnosed with mental disorders. However, in 2023, one in six adults **(16.6%)** was diagnosed with a common mental illness (Mental Health NZ, 2023). Among the 5.22 million people in NZ (NZ statistics, 2023), mental health patients have reached nearly one million, with many unreported cases.

3) Mental health issues among refugees and asylum seekers

New Zealand is a signatory country to the 1951 Convention on the Status of Refugees and its 1967 Protocol (Refugee Conventions) of the United Nations. Due to the dire situation in Afghanistan and the war-inflicted Ukraine, a significant number of refugees came to settle in N Z. Further, NZ also reached out to accept Australian offshore detainees. Since 2019, New Zealand has received more than SEVEN thousand refugees and asylum seekers (New Zealand Refugee Statistics 1967-2023).

Hamrah et al., (2020) indicate that around half of the refugees internationally may experience post-traumatic stress disorder (PTSD) **(48.7%),** anxiety and psychological distress (**40–50%)** and that one-sixth have a severe mental illness (**16%)** (Chen, Hall, Ling, & Renzaho, 2017). To the Australian detainees, some have been identified having significant mental health issues (Essex et al. 2022). The stats from the Ministry of Health, NZ (2023) also show that asylum seekers constitute **40 %** of clients presenting with mental health problems at Auckland Refugees as Survivors (RAS) Centre (Ministry of Health, 2023).

To better support refugee settlement in NZ, it is essential to provide language services to those with limited English literacy so that they could have equal access to social services, including mental healthcare. (Long-term Resettlement of Refugees, 2009, Department of Labour)

Literature review

Interpreting in mental health settings is a complex and sensitive task. The specific context requires interpreters to navigate between patient cultural, linguistic, and emotional needs while maintaining professional boundaries and ethical standards. Among the myriad challenges, the conflict of roles and the emergence of moral distress are prominent concerns.

A. Mental health interpreting is a complex, delicate process.

Interpreting is not just about language translation. It is about facilitating understanding in a sensitive and crucial healthcare area. Interpreting for mental health clients is beyond linguistic interpretation and cultural interpretation (Elkington & Talbot 2016) .

B. Role and function of mental health interpreters

Interpreters act as cultural brokers. They verbally translate language and explain the cultural context to clinicians, patients, and anyone involved in the services (Dysart-Gale,2005). Interpreters are not a robot as they help explain the profoundly culturally rooted mental health issues during the diagnosis and treatment (Hsieh, E. 2013). Metaphorically, interpreters also act as a bridge. They play a unique role in understanding the clients' emotions, thoughts, and concerns. This Role is crucial to help form a trusting relationship with people with mental health issues, and such a relationship can influence the treatment outcomes (Hale and Napier 2013) .

C. Cultural sensitivity, dilemmas and challenges

Interpreters in mental health settings face challenges that require cultural sensitivity, advanced interpersonal skills, and an in-depth understanding of the source and target languages.

Listening to traumatic experiences or distressing emotions can take a toll on interpreters. Lai (2020) advocates that interpreters must care for their mental well-being to prevent burnout and secondary trauma-"*vicarious trauma"* after her extensive interviews with 47 Australian interpreters. It is problematic for interpreters not to feel drained due to their overwhelming information (White Rose Research, 2020). Interpreters must employ various strategies to deal with traumatic content and other work stressors. However, some cultural inhibitors of interpreters could prevent them from sharing their emotional vulnerability or seeking professional help (Lai, 2020).

Interpreters in mental health settings should receive specialized training. This training should cover not only language proficiency but also cultural competency, ethical considerations, and

strategies for self-care. They should also have access to supervision or peer support to discuss challenges, seek advice, and reflect on their practices (Muller,2013).

Research interests, participants and questions (Method)

Personal interest: Through contact with the graduates of the liaison interpreting programme at Unitec (previously known as CLI, now MCLI), the author of this project realizes that some interpreters were reluctant to take on mental interpreting assignments as they have deep concerns about their roles, pay and working conditions. Thus, I planned a small pilot project to explore interpreters' challenges and issues in mental health settings. The initial purpose was to present at the NZSTI annual conference, a great platform to raise the problems and issues with the interpreting community.

So, this is primarily a conference paper, which can be a pilot project that identifies a gap for proper research in the future.

Participants: FIVE participants were invited to chat about mental health interpreting, mainly graduates from the Unitec, Te Pukanga CLI programme. Four were female graduates and one male trainee in the current MCLI programme. Each has at least SIX years of interpreting experience: four contractors and one staff interpreter at DHB.

Languages: FIVE ethnic languages are involved. They are Arabic, Cantonese, Dari (Afghan), Mandarin and Spanish.

Each candidate had 30-40 mins of the interview, Dictaphone-recorded and transcripted afterwards. The procedure was under their consent.

Questions:

1) In what setting(s) do you usually work with clients with mental problems?

2) What type of challenges have you experienced in your Interpreting?

Common themes are summarised and analyzed with the findings below.

This project is a collective reflection on mental health interpreting from the graduates, colleagues, alumnae and myself as an observer and educator of Interpreters.

Findings:

1. **Five settings are identified where interpreters do their interpreting assignments daily.** They are Hospital Mental Units (Adults)- Auckland Central, NorthShore & Waitakere, Youth Mental Health across Auckland, Community Mental Health Centres, and Mangere Resettlement Centre.

2. **All interpreters believed that mental health interpreting is more challenging than other assignments, which are intense, unpredictable, and dramatic, and the discourse is unique, especially when clients suffer from psychotic conditions**.

Participants expressed that they heard everything from assignments in English and LOTEs. All client stories could stay in their heads for a while. Some stories could be unexpected, absurd, ridiculous, and traumatic if related to psychotic illnesses and persecution.

Sometimes, clients could use disjointed words or swaying from the topics, which is hard to interpret. Some clients may talk very fast, and interpreters find it hard to interrupt as most interpreters tend not to interrupt the flow of communication. They believe interruptions can distract one's attention or memory to recall events.

Also, they found that not all professionals were trained to work with interpreters. Some professionals do not know how to control the flow of interviews or consultations in interpreter-assisted tasks, and some fail to recognize emotional challenges to interpreters in sensitive cases. One participant of a refugee background thought it was unfair as she was judged negatively by government agencies when she was affected emotionally due to the sensitive content that the LOTE-speaking client shared. However, she received no emotional support afterwards, even though she asked for it. Further, all three interpreters working in refugee settings comment that assignments are sometimes too long and professionals do not always offer adequate time for a break. Thus, they would feel exhausted and emotionally drained afterwards.

3. Medical terminology can be complicated for new interpreters. Usually, there is no briefing or information offered in advance. Different languages may interpret differently, but Mandarin or Cantonese must come with meaningful Interpreting, especially on medications.

All interpreters believe having basic mental health knowledge and terminology is essential, especially at the start of their career. For Chinese clients in hospitals or community settings, interpreters must know some names of medicines in English and LOTE. Otherwise,

interpreters could be perceived as unprofessional, affecting the patient-interpreter relationship on trust.

4. **Some professionals often confuse and misunderstand the Role of Interpreters, especially when working with refugee clients.**

The Role of interpreters at DHBs is defined as participants do interpreting only, not something else. However, when working in refugee settings, interpreters are often seen as support persons, being expected to give advice or to do jobs beyond Interpreting, which is usually not explained or defined in their contracts. Two interpreters said they had no contracts from language agencies. Interpreters take errands as "being asked/being told" ad hoc. Also, Interpreters are concerned about job security if they do not do so. There is no guidance on non-interpreting jobs, especially when participants were left alone with clients with mental health problems, leading to safety issues.

Here is one testimony: "Apart from interpreting, I was asked to help clients with computer literacy with no supervisor or support person aside". "I do not even have a contract telling me what to do or not to do…"

Another testimony said: "I was asked to welcome new refugees from Australia (detainees) at the airport. Later, I was asked to show them how to use toilets and lights at their new places. There were no professionals or guards around … as the case manager or whoever was supposed to be there did not show up ... Sometimes, refuge agencies even asked me to give out my phone number so clients could contact me directly. I always try to clarify my Role that I am just an interpreter, but they are unhappy."

5. There is no security or protection for interpreters, especially when working alone with clients with mental problems, i.e., in refugee settings.

One female Interpreter complained that she was left alone to carry out tasks other than interpreting with refugee clients. She was verbally abused and harassed. She said some detainees from Australia hadn't seen women for ten years, and they were touchy-feely. When they were "told off" for inappropriate behaviour–i.e. sexual jokes, they became aggressive, irritated and rude, using degrading language against our female Interpreters. She wept and shared her plight with her partner to seek solace. Her female interpreting colleague shared a similar predicament and considered it "sexual harassment".

They also indicate no professional support to interpreters at the refugee settlement centre as they still do not know what to do and where to get help. Until today, she said interpreters still do not know how to react or protect themselves as no books tell them what to do.

Similarly, Interpreters working at hospitals are no better and occasionally encounter mental clients with inappropriate, aggressive behaviour. Interpreters received No protection or support afterwards.

One hospital staff interpreter recalled that she was "harassed" once by a patient with mental health conditions as her buttock was "pinched" when walking by him. She reported it. While the patient was scolded, the Interpreter had no further support. She also encountered another incident, intimidated by a mental client. She claimed that professionals get used to those situations. However, it is not expected to average interpreters. In both incidents, she was affected emotionally. She said she did not want to do the mental interpreting jobs afterwards.

6. There is no guideline, manuals or warnings for interpreters to act on "unexpected" events or emergencies which cause psychological impacts to interpreters.

One Mandarin interpreter working for ADHB witnessed a "scary" scenario: a person with mental health conditions had a sudden maniac attack while she was sitting close by. She was asked to push the alarm immediately while medical staff tried to control the person. Afterwards, she said she ran for her life to escape the scene.

After that incident, she became extra cautious on mental assignments, each time insisting on sitting close to the door just in case for a quick escape.

7. There is <u>NO debriefing</u> or <u>a post-session</u> to help interpreters unload the emotional burdens, and interpreters cannot shake off automatically.

On numerous occasions, interpreters suffered from **"Vicarious Trauma"** (VT), a term invented to describe how working with traumatized clients affects trauma therapists.

Unfortunately, Interpreters could suffer the same. Usually, they use the first person "I" to interpret verbatim. Everything heard is through the " I " lens to cross messages accurately. One participant uses the term "a sponge" to describe her daily interpreting experience as she "absorbs everything", such as sadness, trauma, and terrible ordeals that clients went through". Another participant described his role as "a filter" with heavy stuff, i.e. emotions and disturbance deposited in this chests daily, which is hard to shake off.

All participants expressed that they are humans with emotions and empathy to feel clients' feelings. Some from refugee backgrounds may also share similar traumatic life experiences. Thus, they could be profoundly affected. With no briefings, they had no idea what they walked into. They felt some clients' stories were like a Deja Vu to them, and they thought they were "tortured" again emotionally during Interpreting tasks. They expressed that they would like to

receive post-sessions to unload the burdens. Unfortunately, such support was unavailable from the refugee settlement centre and hospitals where participants usually work.

Another participant said she asked for debriefings but was declined several times by professionals as they were too busy. Also, Once she had a post-session of roughly 10 minutes, she was told she could not get paid for the time. She believed it is ethically wrong to treat working interpreters in this way as it is part and parcel of their jobs.

Further, one more participant questioned if they needed to become psychologists first to learn to cope, then do Interpreting as they desired to have a "bulletproof" jacket to shield off the emotional impact.

8. All interpreters feel isolated -professionally and emotionally

There are no differences between contract interpreters and staff interpreter(s) in terms of isolation of their profession. See one Interpreter's testimony:

"I work everywhere but always alone to do all sorts of interpreting… and nobody cares about what I feel afterwards. In my opinion, interpreters aren't looked after or respected. We are like "a parcel deliverer". When finishing jobs, it's like, 'You've done your job, get out of here', and you must leave the site… Occasionally, I may talk to my peers, but you know not everyone has an interpreter peer who may speak your language or have time for you…"

9. All interpreters expressed that they were undervalued, less appreciated and less paid.

Both DHB interpreters said interpreter pay rates remained the same for at least ten years, while the pay in refugee settings seems worse. Three interpreters working in refugee settings say that their wages were reduced since they were contracted out to agencies by MBIE. See one of the testimonies:

"I felt I was looked after when working with MBIE, but not any more… since the agencies taking over all the bookings, it's not the same anymore. We are too cheap and undervalued. Sometimes it could take me 3 hours to do the 1-hour paid job due to Auckland traffic, which is $35/p.h."

10. All participants express that they love their jobs and want professional training to handle emotional distress and learn coping strategies for mental health interpreting.

All participants express that they love their jobs and want to give back to their communities, especially those from refugee backgrounds. They said their passion and compassion make them stay on jobs.

All interpreters wish to get professional support, especially on coping strategies, right after each assignment. They say they cannot wait a few days or weeks to unload the distress; otherwise, the damages would be done already. So far, they were not offered counselling or professional support and did not know where to get help.

Discussion

Interpreters encounter many issues when working with clients with mental problems. I wish to raise issues and seek support to improve the dire situation.

1. Clarity of role boundaries- Is the Interpreter's Role independent in NZ? Or to what extent is it separate from other jobs?

The Code of Ethics from NZSTI (2013, Article 6) stipulates that interpreters shall "focus on message transfer and do not engage in other tasks such as advocacy, guidance or advice".

Interpreters in refugee settings cannot fully achieve this as their role independence is misunderstood and undermined by some professionals engaged in refugee settlement as interpreters are often asked to do something beyond their duties.

Further, the Code of Ethics indicates that when situations occur, "practitioners must insist that a clear demarcation is agreed on between Interpreting and other tasks", and interpreters must "explain their role in line with the principles of this Code". However, when our interpreters explain their position to the professionals, they (the professionals) appear unhappy, which broadly shows that those working with interpreters do not fully understand the Role of our interpreters.

2. To what extent shall professionals be trained to work with Interpreters?

Training professionals to work with interpreters is essential to ensure that mental health care is effective, ethical, and respectful of all parties involved. In my view, such training should be compulsory or mandatory.

The professionals may include health professionals, their associates, immigration officers, supporting agencies, NGOs, and whoever works with mental health clients directly through Interpreters. I propose all of them should receive professional development before commencing to work with interpreters. The training can include but not restricted to:

- Understanding the Interpreting process
- Understanding the Role of Interpreters
- Provide support to interpreters by giving briefings and debriefings

- Build a healthy trust relationship between professionals, clients and interpreters.
- Checking the Interpreter's well-being on sensitive cases.

As known in DHBs, an online educational programme called eCALD is available to professionals on cultural diversity. Still, I am unsure if it contains any element of educating professionals to work with interpreters. If it is, it needs to make it compulsory, especially in mental healthcare settings.

3. Is there a governing body in NZ to support interpreters if that's NOT NZSTI?

In New Zealand, we need to have a governing body that looks into the key areas that interpreters are concerned about, such as setting up standards, offering ethical guidelines to service users, providing advice and representation, handling complaints and grievances, promoting the profession, and providing support, protection and well-being for interpreters.

Currently, NZSTI has taken lots of initiatives. Still, their workers are mainly pro bono and volunteers, as they do not have adequate resources or funds to advocate for interpreters. They need to be empowered and funded to do their jobs properly by the government.

Also, Not all working interpreters are NZSTI members due to low-paid casual jobs. The membership must be at a free-of-charge rate.

From the above, there is a need to investigate further through government agencies such as MBIE, as they have provided an excellent "free-to-all" initiative to help train interpreters and re-qualified with NAATI exams. (MBIE, LAS programme)

4. How can interpreters be better supported in professional development, including coping strategies?

All participants said they wish to have appropriate training before embarking on mental health interpreting. The question is, who should provide this support? Is it from an institute such as the MCLI programme at Unitec and university interpreting programmes? Or should it be tailor-made and delivered by mental health specialists such as psychiatrists, psychologists and counsellors?

Further, is it possible to have supervision and peer support from the workplace, as suggested by Muller(2013)? Regular debriefing, group supervision, and peer support can allow interpreters to discuss challenges and share coping strategies.

Also, interpreters shall be encouraged to form their social groups through chatting platforms such as *Wechat*, WhatsApp, and Linked in to interact with their peers, as interpreters may better understand their profession, i.e., challenges.

Regarding personal therapies, counselling needs to be available to all interpreters. Many professionals are entitled to free access in New Zealand. Why is this service not extended to our frontline interpreters exposed to traumas daily? An 0800 number should be offered to all interpreters as some may need access urgently instead of waiting many days or weeks.

Further, all interpreters are encouraged to say NO when demanded or expected to do jobs beyond their roles. They must set the role boundary firmly and show their voice.

Also, it is vital to have a reporting system where interpreters can voice their concerns. This can be set up within the professional body or a separate government agency to investigate incidents that interpreters grieved about.

Last, to build self-awareness and identify emotional triggers and vulnerabilities. If an assignment may bring up one's traumatic experience or foresee it could affect them mentally, interpreters should say NO to avoid such situations. When no briefing or debriefing is offered, interpreters shall strive to ask for it. In the real world, if you do not ask for it, you will not get it.

5. Call for a national survey on Interpreters' welfare and well-being.

Interpreter's health matters. An interpreter's mental well-being can be affected during any interpreting context. When working with police or at courts, for example, interpreters may experience cases like assaults, domestic violence, homicides, rapes and end-of-life care in health care etc. Thus, it's essential to have a well-being survey focusing on all interpreters in Aotearoa. Interpreters are the frontline working force supporting those of non-English speaking backgrounds. Just like people with mental conditions, interpreters are also a vulnerable group. Only when they are mentally fit and well can they perform the most on the mentally demanding work -interpreting.

6. Together, we stand. Te waka, Eke Noa -We are all in this together.

One Karakia, applied in mental health counselling, expresses: "Spoken to our pain, revelling the hope again". This project calls for open dialogues and conversations to examine the current interpreting practice involved in mental health settings.

We hope a joint effort and force will be formed to challenge the status quo and improve the working conditions for all interpreters. No matter if you are an institute or an interpreter agency, NZSTI, NZ government bodies, or end-users of interpreting services. We all need to stand up together with interpreters to support their profession.

Limitations and recommendations

This conference paper was the collection of anecdotal stories from a group of working Interpreters and years of my experience as an observer, a participant, and an educator in Interpreting. It was presented at the NZSTI annual conference in 2023. There is a time constraint in preparation, and the study does not cover other interpreting settings. Further, some participants may be easily identified because they speak rare languages in Auckland.

I find a further study should be forwarded due to the urgency of concerns about the well-being of interpreters in NZ. Also, several Insights point out that it is essential to map out the needs of the interpreting community in Aerotera, such as training and support to the profession.

Note: If you have any feedback, you are welcome to write to aguo@unitec.ac.nz

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