



**Office of
Mental Health**

Raising the Bar on Language Access: Working with Qualified Interpreters to Reduce Behavioral Health Disparities



**New York State
Psychiatric Institute**



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Learning Objectives

Attendees will be able to:

1. Explain how qualified interpreters can reduce behavioral health disparities
2. Describe best practices for working with interpreters
3. Identify strategies to overcome barriers in working with interpreters

Our Agenda for Today

- Why language access matters in behavioral health disparities?
 - Research
 - Regulations
- How to work with interpreters effectively?
- How to overcome barriers to working with interpreters?

Why Provide Language Access?

Disparities among LEP

Racial and ethnic disparities improved little between 2008-2012 (2014 National Healthcare Quality and Disparities Report). Minorities are:

- Less likely to receive depression treatment
- Less likely to receive or complete alcohol/drug treatment

Language barriers contribute to health and mental health care disparities (Flores, 2005; Karliner et al, 2007):

- LEP individuals, less likely to receive MH services (Sentell et al., 2007)
- Older adults with LEP, more likely to experience depression and worsen across time (Kim et al, 2018; Jang et al., 2016).
- LEP families, more barriers to knowledge about autism and trust in providers; children fewer therapy hours and more unmet therapy (Zuckerman et al, 2017).

Why Provide Language Access? Reducing Disparities

In general health settings, interpreters improve:

- service user satisfaction
- engagement and utilization of services
- adherence with appointments and medications
- consumer-provider communication: reduce errors and misdiagnosis
- empowerment: improved patient recall of information
- health outcomes
- readmission rates
- costs savings



Why Provide Language Access? Reducing Disparities

- **In behavioral healthcare, language is essential**
- Miscommunication is more likely when a non-professional (*ad hoc*) interpreter or no interpreter is used (Bauer & Alegria, 2009)
- **In behavioral health settings**, qualified interpreters have shown to facilitate (Bauer & Alegria, 2009):
 - ✓ disclosure of sensitive material
 - ✓ improving patient satisfaction
 - ✓ self-understanding

Why Provide Language Access?

The Regulations

- **Title VI of the 1964 Civil Right Act**
 - Prohibits discrimination on the basis of race, color, and national origin in federally-funded programs and activities
- **National Standards for Culturally and Linguistically Appropriate Services (CLAS)**
- **New York State Executive Order 26 of 2011**
 - State agencies providing direct public services must:
 - Offer interpretation services to individuals with LEP
 - Translate vital documents in six most common LEP languages in the State:
 - Spanish, Mandarin, Russian, Bengali, Haitian Creole, and Korean

CLAS Standards

- The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.
- Set of 15 guidelines broken down into:
 - Principle Standard
 - Governance, Leadership, and Workplace
 - Communication and Language Assistance
 - Engagement, Continuous Improvement, and Accountability

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.



Who Needs Language Services?

- **Option 1 (most used, simplest):**

When individual speaks English **less than very well**

Question: How well do you speak English?

Very well, well, not well, or not all?

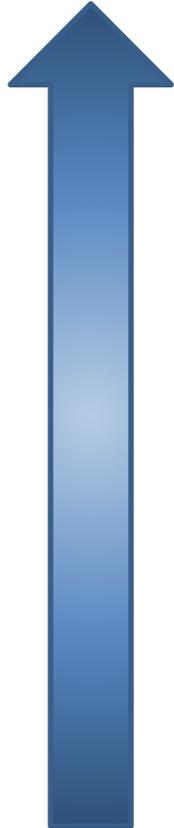
- **Option 2 (most accurate):**

When individual:

- ✓ speaks English not well or not at all, or
- ✓ speaks English **well AND prefers to receive medical care in their own language**

Question: *In general, in what language do you prefer to receive your medical care?*

How to Provide Language Access



Ideal (Gold standard)

Services in the language of individual with LEP

Preferable

Qualified interpreter

Less Preferable

“Bilingual” staff

Not acceptable

Family or friend

~~Not allowed~~

~~Minor~~

Finding the Right Interpreter

“Bilingual” person?

- Some degree of proficiency in two languages
- Not necessarily skilled to act as interpreter

Certified?

Deemed competent by a professional organization or government entity

Qualified?

- Has been assessed for professional skills:
- high level of proficiency in at least two languages
- Appropriate training and experience to interpret with skill and accuracy
- Adheres to the National Code of Ethics and Standards of Practice (National Council on Interpreting in Health Care).

National Council on Interpreting in Health care. (2019). Information about Skills, Training, and Certification. From <https://www.ncihc.org/faq-for-translators-and-interpreters> (accessed April 26, 2019).

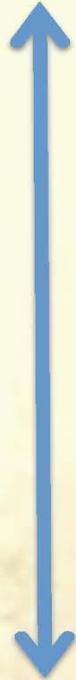


Qualifications of an Interpreter

- **Basic Language Skills:**
 - Proficiency in speaking and understanding each language
- **Code of Ethics:**
 - Knowledge of ethical standards and ethical decision-making.
- **Cultural Issues:**
 - Able to anticipate and recognize cultural misunderstandings
- **Healthcare Terminology:**
 - Knowledge of medical terms; symptoms, illnesses, and medications; and healthcare specialties and treatments in each language, including the ability to interpret technical expressions.
- **Translation of Simple Instructions:**
 - Able to produce oral translations of brief written translations (i.e. signage or medicinal labels).

Interpreter Roles

Neutral/
Inobtrusive



Active/
Involved

- **Conduit:** Interpreter as a neutral “translation machine”; goal of accurate and complete interpretation with no additions or omissions.
- **Clarifier:** Elicits clarifying information prior to message transfer and explain words or concepts that have no linguistic equivalent
- **Cultural Broker:** Adds information regarding patients’ social environments and cultural expectations to help bridge communication gaps between patient and provider.
- **Client Advocate:** Acts on behalf of the client to ensure quality of care, including helping the client make more informed clinical choices



Working with Qualified Interpreters in Mental Health Settings:

Recommendations for Clinicians & Organizations



Concerns of LEP services users

- **Confidentiality:** particularly important in close-knit communities
- **Privacy:** Discussing sensitive/private content: having a “third” person in the room
- **Dual roles:** staff (e.g., nurse, other clinical staff, support staff) who take additional role of interpreter
- **Quality/accuracy of interpretation**
- **Desire to receive support** in order to understand what transpired in healthcare interaction (e.g., recommendations, follow-up)

Source: Jimenez-Solomon, O., Lerias, D., Cruz, A., Castillo, A., Diaz, S., He, E., Chang, D. & Lewis-Fernandez, R. (in prep). Patients' Perspectives about Interpretation in Health and Mental Health Settings: A Systematic Literature Review.



Group Discussion

- Read recommendations for working effectively with interpreters in BH
- Read scenario assigned
- Discuss questions for scenario

GUIDELINES FOR ORGANIZATIONS AND ADMINISTRATORS

- **Implement policies and procedures:**
 - requiring use of qualified interpreters
 - clarifying staff/interpreters roles and responsibilities
- **Develop systems to improve efficiencies:**
 - create/join network of shared interpreter services
 - implement central or block booking system
- **Ensure adequate infrastructure:**
 - Equipment (e.g., dual-handset, speaker phone, mobile speaker phone, videophone for the deaf)
 - materials (e.g., psychometric tests translated and validated)

Sources: Hsieh, Hong, 2010b; Tribe & Lane, 2009; Tribe & Morrissey, 2003; VTPU, 2006.



GUIDELINES FOR ORGANIZATIONS AND ADMINISTRATORS

- **Train staff, interpreters and educate service users on guidelines to work together effectively**
- **Integrate interpreters as part of clinical teams:**
 - fostering trust between practitioners and interpreters,
 - developing guidelines and contract for interpreters about confidentiality, roles, ethics, boundaries, etc.
 - providing ongoing support and supervision to clinicians/staff and interpreters
- **Develop systems to monitor need and quality:**
 - collecting demographic data for services planning,
 - conducting assessment of languages spoken,
 - assessment of language competencies of program staff, monitoring demand for and use of interpreter,
 - ongoing internal reviews for quality improvement