UC DAVIS HEALTH | MEDICAL CENTER
Medical Interpreting Services

Medical Interpreting Services Department

Newsletter

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July is National Minority Mental Health Awareness Month

Source: https://minorityhealth.hhs.gov/omh/content.aspx?ID=9447

Despite advances in health equity, disparities in mental health care persist. The Agency for Healthcare Research and Quality (AHRQ) reports that racial and ethnic minority groups in the U.S. are less likely to have access to mental health services, less likely to use community mental health services, more likely to use emergency departments, and more likely to receive lower quality care. Poor mental health care access and quality of care contribute to poor mental health outcomes, including suicide, among racial and ethnic minority populations.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) and the CDC:

- In 2017, 10.5% (3.5 million) of young adults age 18 to 25 had serious thoughts of suicide including 8.3% of non-Hispanic blacks and 9.2% of Hispanics.
- In 2017, 7.5% (2.5 million) of young adults age 18 to 25 had a serious mental illness including 7.6% of non-Hispanic Asians, 5.7% of Hispanics and 4.6% of non-Hispanic blacks.
- Feelings of anxiety and other signs of stress may become more pronounced during a global pandemic.
- People in some racial and ethnic minority groups may respond more strongly to the stress of a pandemic or crisis.

Annual prevalence of mental illness among U.S. adults, by demographic group:

- Non-Hispanic Asian: 14.4%
- Non-Hispanic white: 22.2%
- Non-Hispanic black or African-American: 17.3%
- Non-Hispanic American Indian or Alaska Native: 18.7%
- Non-Hispanic mixed/multiracial: 31.7%
- Non-Hispanic Native Hawaiian or Other Pacific Islander: 16.6%
- Hispanic or Latino: 18.0%
- Lesbian, Gay or Bisexual: 44.1%

70% of youth in the juvenile justice system have a diagnosable mental health condition.

Youth in detention are 10 times more likely to suffer from psychosis than youth in the community.

About 50,000 veterans are held in local jails — 55% report experiencing a mental illness.

Among incarcerated people with a mental health condition, non-white individuals are more likely to go to solitary confinement, be injured, and stay longer in jail.

July 2021 Calendar

National Black Family Month

National Minority Mental Health Awareness Month

4 – Independence Day (US)
7 – World Forgiveness Day
9 – Martyrdom of the Bab (Baha'i)
13 – Obon (Buddhist/Shinto)
15 – St. Vladimir Day (Orthodox Christian)
17 – National Hot Dog Day (US)
18 – Tisha B'Av (Judaism)
19 – Eid al Adha (Islam)
24 – Pioneer Day (Mormon Christian)
25 – St. James Day (Western Christian)
25 – National Parents Day (US)
26 – Americans with Disabilities Day (US)

Dos and Don'ts: Guidelines for Clinicians Working with Interpreters in Mental Health Setting

Source: https://nyculturalcompetence.org/wp-content/uploads/2014/04/DosANDDonts_V5_4-22-14.pdf

- *Interpreters facilitate spoken or signed communication between the patient and provider. Translators work with written text.*
- *Interpreters are obligated to interpret everything said by the patient, provider, surrogate decision makers, and health care proxies (e.g., parents, guardians, spouses, adult children, or persons with durable power of attorney for health care).*
- *Interpreters facilitate the exchange of communication between the patient and provider while utilizing the first person when interpreting (e.g., "I want…" instead of "Patient says that s/he wants…").*
- *Clinician and patient should speak directly to each other during the interpreted session. If the clinician or patient needs to speak to the interpreter directly, a summary of that conversation should be provided by the interpreter to the other party.*
- *Clinicians should avoid speaking for long periods of time without interruption, in order to allow for interpretation to take place.*
- *Clinicians should refrain from using overly abstract words or idioms, as these may not have linguistic equivalents in another language (e.g., "do you feel blue?").*
- *Patients with surrogate decision makers or health care proxies who are limited English proficient (LEP) should be provided with interpreting services, even if the patient is not LEP.*

✓ Dos:

- ✓ Keep in mind that the best practice for service provision to people with limited English proficiency (LEP) is to utilize bilingual clinicians. The next best practice is to utilize a trained interpreter (in-person, telephonic, or video-conferencing). Use of untrained family members or friends is not recommended.
- ✓ Know how to access an interpreter (in-person, telephonic, or videoconferencing) and be familiar with the facility's language access policies and procedures.
- ✓ Provide access to interpreters in a timely manner.
- ✓ Inform patients that interpreter services are provided by the organization at no cost to the patient or patient's family.
- ✓ Recognize that the clinician leads the session, but a collaborative relationship needs to be established between the clinician and the interpreter.
- ✓ Remember the interpreter will interpret everything the clinician and the patient say, so be aware that what is said by the clinician will be interpreted to the patient (and vice versa).
- ✓ Document the name of the interpreter in the patient's chart (in-person, telephonic, or videoconferencing).

✗ Don'ts:

- Address comments to the patient while looking at the interpreter, or refer to the patient in the 3rd person. Instead, the clinician should speak directly to and look at the patient.
- Shout, speak overly slowly or too quickly, or mumble. Instead, speak in a normal tone and pace of voice and pause regularly to allow the interpreter to interpret.
- Have extensive sidebar conversations between the patient and interpreter or clinician and interpreter in the presence of the other party. Remember, the interpreter is obligated to interpret everything that is being said by the patient or provider.
- In the case of sign language interpreting, clinicians should not use excessive hand gestures or attempt to use basic sign language as these may confuse the patient. Instead, allow the sign language interpreter to facilitate the communication.
- Ask the interpreter to persuade, convince, or demonstrate to the patient his/her support for one clinical option over another.
- Assume that, because the patient and interpreter share the same language, they also share the same cultural and ethnic background.
- Provide services in English to a patient with limited English proficiency without an interpreter. Instead, the clinician should seek appropriate interpreter services.
- Request that the patient bring his/her own interpreter to the appointment.
- Assume that, because a patient may have a limited command of English, he or she does not want or need an interpreter.

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This issue was produced by UC Davis Health Medical Interpreting Services Department's editorial team.
https://health.ucdavis.edu/interpreting_services/

Questions? Comments?
Please call Medical Interpreting Services at 916/736-5191 or e-mail hs-medinterpreting@ucdavis.edu