Chapter 32
Interpreting and the Mental Status Exam

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ABSTRACT

The necessity of engaging qualified interpreters to work in partnership with mental health clinicians when serving patients with a limited English proficiency (LEP) is gaining widespread support. Numerous research studies have documented improved patient health and satisfaction outcomes in this regard. Psychiatric practice often involves complexities of thought, language, and communication that clinicians and interpreters must appreciate. One such topic is engaging LEP patients in the mental status examination (MSE). This chapter describes the nature of the MSE, challenges when interpreting for the MSE, strategies for handling such challenges, and approaches for effective collaboration between interpreters and mental health clinicians regarding the MSE and cross-linguistic mental health care more broadly. The current state of scholarship in the field of mental health interpreting and training opportunities for interpreters who seek to improve their knowledge and skills in the mental health arena also are discussed.

INTRODUCTION

There is growing evidence that individuals with limited English proficiency (LEP) experience obstacles to safe and high-quality healthcare (Wu & Rawal, 2017). Language barriers between patients and medical clinicians are common, and are associated with poorer quality of care, misdiagnosis, medical errors, and lower patient satisfaction (Flores, 2005; Divi, Koss, Schmaltz, Loeb, 2007; Ku & Flores, 2005; Ngo-Metzger et al., 2007; Woloshin, Schwartz, Katz, Welch, 1997). Language assistance provided by qualified interpreters has been shown to increase healthcare utilization as well as improve clinical outcomes and patient satisfaction (Flores, 2005; Jacobs, Shepard, Suaya, & Stone, 2004; Karliner, Jacobs, Chen, & Mutha, 2007). Generally LEP patients view the availability and quality of interpreting services as crucial;

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the use of interpreters and the perceived quality of interpreters' translations are strongly associated with the quality of care overall (Baker, Hayes, & Fortier, 1998; Dang et al., 2010; Green et al., 2005; Kline, Acosta, Austin, & Johnson, 1980; Kuo & Fagan, 1999; Lee, Batal, Maselli, & Kutner, 2002; Moreno & Morales, 2010; Ngo-Metzger et al., 2007).

Many oversight bodies recommend that healthcare clinicians working with LEP patients engage the services of professional interpreters to safeguard quality of care, patient safety, informed consent, and appropriate patient participation in healthcare decisions (Joint Commission, 2009; Registry of Interpreters for the Deaf (RID, 2007a). The use of interpreting services also is gaining advocacy within healthcare systems (Sleptsova, Hofer, Morina, & Langewitz, 2014). An interpreter provides an important linguistic and cultural link between the patient, clinician, and the healthcare system itself.

The use of qualified interpreters early in the sequence of *mental health* service interventions also is associated with better clinical practice and has been shown to be more cost-effective in light of the potential fiscal consequences of inadequate diagnosis and poor referral decisions (Bischoff et al., 2003). As healthcare systems develop and increasingly adopt policies regarding LEP patients and interpreters, it is important that interpreters and clinicians alike understand key issues in psychiatric practice that impact the nature and quality of interpreting work, such as how clinical interviews are optimally mediated by interpreters, including the mental status examination (MSE). The remainder of this chapter describes the MSE (and its variants), common challenges when interpreting for the MSE, tips for managing such challenges, strategies for effective collaboration with medical clinicians, and concludes with information regarding the current state of scholarship in the field of mental health interpreting and training opportunities for interpreters who seek to improve their knowledge and skills in the mental health arena.

BACKGROUND

What is the Mental Status Exam? The MSE is an important component of many clinical interviews. Its results can inform the patient's history, diagnosis, and treatment plan (Barnhill, 2014). All medical clinicians are trained to do the MSE, but it is most often used by clinicians in the mental health field. Its frequent use and value are comparable to taking a patient's vital signs in other fields of medicine. So why does this matter for interpreters? A patient's preferred language and culture must be taken into account when conducting and interpreting the results of the MSE. Linguistically and culturally, the patient must be able to understand the MSE questions and communicate their answers, while the clinician must be able to interpret the patient's responses in light of potential linguistic and cultural differences between clinician and patient (Pollard, 1998a; Norris, Clark & Shipley, 2016). Interpreters play a crucial role in ensuring that these linguistic and cultural elements are accurately conveyed and considered in this important phase of a patient's clinical assessment and care.

The MSE can be thought of as a broad cross-sectional assessment of a patient's cognitive and emotional state and capacities. While the MSE most frequently is conducted with patients being served in mental health settings, MSEs also may be conducted in primary care and other medical settings – whenever a patient's cognitive and emotional state and capacities are in question or simply must be documented. The MSE will most certainly be conducted during a mental health clinician's first contact with a patient and may be repeated frequently with the same patient, particularly in emergency or inpatient psychiatric settings. The interaction that comprises the MSE can vary considerably in length – being briefer when the MSE is repeated with a patient whose previous MSE results already have been documented or when