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Interpreter mediation in statutory mental health assessments: a scoping review

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Title: Interpreter mediation in statutory mental health assessments: a scoping review

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Abstract

This interdisciplinary scoping review addresses the involvement of spoken and signed language interpreters in statutory mental health assessments. Specifically, it sought to identify and review pre-existing literature concerning the barriers and facilitators to effective practice in interpreter-mediated statutory mental health assessments, and the extent to which interpreter mediation supports or impedes a person's legal rights and best interests in this context. An interdisciplinary team applied the revised Joanna Briggs Institute scoping review framework to review forty-four items of empirical and grey literature covering relevant aspects of the available body of knowledge across the fields of social work, mental health and interpreting studies.

The review concludes that there is a lack of direct evidence on interpreting practice in the context of statutory mental health assessments, which is significant considering the high-stakes scenarios that may lead to the deprivation of liberty. The findings suggest that there is insufficient evidence about how the involvement of interpreters in statutory mental health assessments requires adjustments to standard interpreting and monolingual assessment practice. This work highlights the need for more focussed research on good practices for interpreting in this context and calls for guidance for effective interprofessional working between interpreters and other professionals involved.

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1. Introduction

This article concerns statutory mental health assessments potentially leading to involuntary detention in a psychiatric facility whether for further assessment and/or mental health treatment. In England and Wales, the statutory instrument governing this is the Mental Health Act 1983 (henceforth MHA), and similar legislation is present worldwide (Fistein et al., 2009). Specifically, the focus of this work is on understanding the practice of assessments in circumstances where an interpreter is required. We present the results of an international and interdisciplinary scoping review that sought to identify and examine pre-existing literature concerning the barriers and facilitators to effective practice in interpreter-mediated statutory mental health assessments or Mental Health Act Assessments (henceforth MHAAs). We also explore the extent to which interpreter-mediation supports or impedes the legal rights and best interests of those being assessed within this context. It is important to note that statutory assessments related to mental capacity rather than mental illness fall outside the scope of this work.

2. Background

2.1 Topic and significance

MHAAs potentially leading to involuntary detention and treatment differ from those that might occur within a clinical diagnostic process or during ongoing treatment and therapy. In the latter scenarios, there is a growing body of existing literature in the field of interpreting and translation (e.g., Boyles and Talbot, 2017; Costa, 2022; Luk, 2008). MHAAs however usually occur in emergency or urgent circumstances where all parties are unlikely to have a pre-existing working relationship. In addition, the assessment process is explicitly bound by legislation , and is the most powerful civil practice whose powers can override, for instance, an individual's rights under Human Rights legislation. MHAAs require the co-operation of

For Peer Review

several doctors and non-medical professionals at a time when an individual is experiencing a serious mental health episode that may even potentially pose a risk to themselves or others. These are high stakes circumstances in which an individual's communication, language, behaviour and understanding are likely to be altered and/or impaired because of their mental state. Consequently, the way an interpreter practices, how other professionals work alongside them, and the effects of interpreter mediation on the outcomes for the person being assessed become a significant concern. This concern is the subject of the INForMHAA (Interpreters for Mental Health Act Assessments) (see Young et al., 2023), a project investigating professional practice and outcomes in interpreter-mediated assessments in the context of the MHA. The scoping review presented here serves as a precursor to this study. INForMHAA particularly focuses on the role of the Approved Mental Health Professional (AMHP) under the MHA. Usually drawn from a social work background (Skills for Care, 2022), the AMHP role is distinct from that of the (usually) two doctors responsible for assessing whether the individual has a mental health disorder. The AMHP has the responsibility to gather necessary information from the person assessed through an interview to reach a decision about whether the person should be detained or not. In doing so, the AMHP must consider all the relevant factors surrounding the individual's context, including social and familial circumstances, which then informs the outcome of the assessment.

The AMHP role is predicated on effective interpersonal communication with the assessed person to discern their views and understanding of what is happening to them. For this reason, a specific clause was added in statutory guidance, requiring that the interview conducted as part of the assessment be carried out "in a suitable manner" (Section 13 (2) MHA, 1983). In fact, statutory guidance that accompanies the MHA explicitly highlights the need to ensure appropriate communication for groups who might have difficulties in communicating effectively (Department of Health, 2015, paragraphs 4.4 and 14.42) with

For Peer Review

delegated responsibility to source and provide spoken/signed language interpreters where required. This provision was originally inserted to safeguard the rights of individuals whose first language may not be English and to prevent the possibility of unlawful detention based on ineffective communication (Jones,1991, p.48). Such factors might include physical/sensory impairments, cognitive disabilities, or a language difference.

Despite this emphasis on meeting communication needs, there is no requirement to systematically report the language used in a MHAA, in contrast to the recording of gender and ethnicity. Additionally, there is no evidence gathered as part of the UK minimum data set used to analyse the outcomes of MHAAs (NHS Digital, 2022b) indicating whether an interpreter was involved in an assessment. Consequently, the impact of interpreter-mediated MHAAs is unknown, which is particularly concerning given the current data on differential rates of detentions under the MHA according to ethnicity and cultural heritage (Barnett, 2019). While the majority of individuals from diverse ethnic backgrounds would not necessarily utilise languages other than English in a MHAA, it is important to acknowledge that there are some who may, particularly among new arrivals as well as refugees and asylum seekers (Migration Observatory, 2019). According to the Office of National Statistics (ONS, 2022) census data for England and Wales, 8.9% (5.1 million people) did not report English as their main language. Within this group, 43.9% (2.3 million) could speak English very well, 35.8% (1.8 million) could speak English well, 17.1% (880,000) could not speak English well, and 3.1% (161,000) could not speak English at all. Furthermore, in 2020-2021, there were over 53,000 detentions under the MHA in England and Wales (Statista, 2023). Given the diverse language abilities within this population, it seems reasonable to assume that a number of MHAAs may require the assistance of an interpreter.

In MHAAs, as is the case in other forms of psychological assessments, effective communication serves as a key tool for gaining insights into the individual's mental state,

For Peer Review

identifying potential underlying factors contributing to their distress and symptoms, and interpreting the significance of their behaviour (Weber et al., 2022). This involves actively considering the language used by the individual and how it may be affected by, or linked to, the individual's mental health condition (Cambridge et al., 2012). Moreover, fostering an effective relational understanding between the assessor and the person being assessed is also crucial for comprehending the individual's mental health and well-being (Rodríguez-Vicente, 2021). This not only facilitates a meaningful assessment but also ensures that the person feels heard, understood, and supported throughout the evaluation process. Consequently, this contributes to more effective communication, a key factor in achieving equitable outcomes (Tribe & Thompson, 2022). Studies outside of the specific context of MHAAs have demonstrated that failure to communicate in a language other than a person's primary, or preferred, language may result in an incomplete or distorted evaluation of their mental state (Casas et al., 2012). Additionally, the extensive body of literature on interpreter-mediated encounters in various health and social care settings suggests that the effectiveness of such interactions significantly relies on the quality of collaborative working dynamics between the provider and the interpreter (Geiling et al., 2021). While this collaborative working dynamic is an aspirational overarching principle, its interpretation may vary depending on the unique needs and characteristics of each setting (Hsieh et al., 2013).

2.2 Approach: why a scoping review?

In seeking to assemble and review existing evidence concerning interpreter-mediated MHAAs as a precursor to the wider INforMHAA study, there were three considerations. Firstly, the topic constitutes a specialised field within the broader discipline of interpreting studies, distinct from more established domains of mental health interpreting, such as psychological therapy. Nonetheless, some of the literature concerning interpreter practice in mental health assessments more generally may be of relevance even if not formally linked to

For Peer Review

this specific context. Thus, the boundaries of the field under study and review are not strictly clear-cut. Secondly, practice knowledge may not be confined solely to formal literatures, with empirical studies of this specific topic likely to be rare; consequently, a broad and inclusive approach was deemed necessary to identify and consider a potentially fragmented body of work. Thirdly, the study for which the intended review was a precursor was firmly associated with practice under one specific legislation, the MHA, and in one geographical context (England and Wales). Yet, valuable insights, evidence sources, and potentially best practices were anticipated from an international context where similar legislation and practices exist. Considering these factors, a scoping review approach was selected to address the questions outlined in the following section.

Scoping reviews have gained increasing prominence as a robust evidence-based methodology within various literature domains, particularly in the fields of medicine, healthcare, and social work/social care practice (Bradbury-Jones et al., 2022). They find their most valuable application in situations where the existing research literature is limited, rendering systematic reviews less insightful, and where professional practice knowledge exists but may be more commonly found outside of the empirically driven literatures (Grant and Booth, 2009). The approach adopted in scoping reviews stands in contrast to systematic reviewing and meta-analyses, which primarily focus on assessing the quality and depth of existing research evidence, as illustrated in the interpreting field in the work of Brisset et al. (2013), Krystallidou et al. (2020) and Theys et al. (2020). By contrast, the essence of a scoping review lies in collating the breadth of available knowledge, which often extends into grey and informal literature, typically addressing questions of professional uncertainty (Arskey and O'Malley, 2005). Considering all these factors, the incorporation of a scoping review into the field of interpreting studies is anticipated to make a contribution by mapping information

For Peer Review

from diverse sources across various domains pertaining to the under-researched area of statutory mental health assessments.

3. Method

The review method followed the revised Joanna Briggs Institute scoping review framework (Peters et al., 2020) consisting of title and review questions; inclusion criteria; definition of participants/concept/context; search strategy; evidence screening and selection; data extraction (including charting); data analysis (synthesis); presentation of results; and conclusions. This framework is expanded from Arksey and O'Malley (2005) and Levac et al. (2010) and is reported in accordance with the PRISMA-ScR guidelines (Tricco et al., 2018). The protocol for the scoping review has been pre-registered on the international platform INPLASY, with the reference number: INPLASY20220086.

3.1 Defining the research questions

The PICo approach (Population Interest Context) (Richardson et al., 1995) guided the formulation of the research questions.

Table 1: PICo process for formulation of research questions

P: Population of interest	• Those who are assessed under the MHA or internationally equivalent legislation • Mental health professionals involved in the assessment with specific reference to AMHPs (and similar roles internationally) • Spoken and/or signed language interpreters involved in such assessment.
I: Interest	• Evidence concerning the type and quality of interprofessional working and its impact on both the process and outcome of formal assessments under the Mental Health Act 1983 and international equivalents.

For Peer Review

	• Guidance for interpreter-mediated MHAAs and their international equivalents
Co: Context	• Statutory assessment under the MHA or its international equivalents • The actual practice of the assessment when AMHPs (and international equivalents) and interpreters are required to work together, and the person being assessed is not a user of the primary language in which the assessment is conducted.

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In the specified context of interest, namely the professional practice between AMHPs (and their international equivalents) and interpreters within the non-medical interview components of the MHA assessment (and its international equivalents), the guiding research questions of the scoping review are:

1. What are the enablers and barriers to good practice in interpreter-mediated MHA (1983) assessments (and their international equivalents)?
2. To what extent and how might interpreter mediation support or impede the legal rights and best interests of those assessed under the MHA (1983) (or its international equivalents)?

3.2 Definition of terms for the purposes of scoping review

In order to carry out the scoping review, it was necessary to define key terms that were used to search the literature. Firstly, as noted earlier, the "Mental Health Act (1983)" refers to the formal legislation in England and Wales concerned with compulsory assessment, treatment and/or detention of those experiencing mental illness and who present as a danger to themselves or others. The MHA is undergoing a process of review with the publication of a draft Mental Health Bill in 2022. No new legislation has been enacted at the time of writing this article. "International equivalents" refer to parallel pieces of legislation for the same

purpose and with the same or similar powers that exist in other countries, although the exact details of the provisions contained within them may not be identical (Fistein et al., 2009).

In this paper we understand "translation" as a superordinate term, which refers to written, spoken and signed processes of meaning transfer. However, we acknowledge the common misuse of the term in the field of health and social care to refer solely to interpreters working in live mediated events, which is why the terms translation and interpreting were included in the review. Additionally, in this review we focus on the work of professional "interpreters", which excludes interpreting activities performed by bilinguals who have had no formal training, may interpret or broker on an ad hoc basis, and/or are not remunerated for their work as interpreters (Napier, 2021).

3.3 Search criteria

For inclusion / exclusion criteria applied to the initial search of the literature see Table 2.

Table 2: Search inclusion and exclusion criteria

Variable	Inclusion Criteria	Exclusion Criteria
Date range	1st January 1980 – 31st March 2022	Literature published before 1980 refers to the preceding MHA of 1959 and likely to catch former legislations elsewhere that are no longer current.
Design/study type	All study designs including literature reviews, peer reviewed quantitative, qualitative and mixed method studies	None
Sources	Peer reviewed journal articles. Pre-prints. Book chapters. Grey literature including working papers, statutory guidance, legislation, professional guidance,	Literature produced by lobbying organisations and groups. Social media posts.

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Variable	Inclusion Criteria	Exclusion Criteria
	regulatory/governmental reports. Student doctoral theses.	
Language	Publications in English, French, Spanish, German, Dutch, British Sign Language (BSL), American Sign Language (ASL) and International Sign. [The languages of the study team]	Those outside of the inclusion criteria.
Location	Pertaining to any country and research carried out in any international location.	None
Focus of Study	1. The MHA in England and Wales and/or its national or international equivalents AND interpreting and translation within such assessments. 2. The role of AMHPs in these contexts in relation to practice and outcomes particularly with respect to working with interpreters. 3. Other language concordant professionals and roles including cultural advocates in MHAAs and their international equivalents. 4. Signed and/ or spoken language interpreting.	1. General literatures on interpreting and translation in mental health that are not of relevance to statutory contexts. 2. General research concerning the professional practice in MHAAs and their international equivalents that does not concern interpreting and translation. 3. Literature focussing on family members associated with MHAAs and their international equivalents. 4. Work focussing on discourse analyses 5. Items focused primarily on the linguistic aspects of interpreting and translation
Service user group	Adults assessed under the MHA and its international equivalents who are assessed in circumstances where an interpreter is required.	1. Work concerning children and young people covered by this legislation.

For Peer Review

Variable	Inclusion Criteria	Exclusion Criteria
		2. Patients undergoing statutory assessments that involve potential deprivation of liberty conditions but which are not covered by the MHA or international equivalents.
Workforce Roles	1. AMHPs working within the MHA and their international equivalents. 2.Professional interpreter of a spoken or signed language	1.Family members or friends acting as interpreters 2.Translators who do not carry out interpreting

3.4 Search terms and strategy

We entered keyword synonyms using data base thesauri (MeSH entry terms in PubMed) and search terms with database-appropriate syntax, parentheses, Boolean operators AND/OR for search strings, and field codes were specified. The key concepts and synonyms are listed in Table 3; search terms and the Boolean operators used in Table 4.

Table 3: Concepts and descriptors

Statutory Mental Health	Interpreter Mediation
AMHPs	Interpreters
Mental health assessment	Translation
Mental health law	Language Barriers
Compulsory detention	Translators
Sectioning	Co-working

Table 4: Search terms with database-appropriate syntax, parentheses, Boolean operators and field codes

For Peer Review

Search Terms and operators (*)	**And/Or**
Mental Health *	Act
	Law
	Jurisprudence
	Detention
	Assessment
	Best interests
	Compulsory
	AMHP*
	deprivation of liberty
	Equit*access
	Section*
	Language
	Culture
Interpret*	Mental health act
	Mental health assessment
	Mental health law
	Section*
	Interdisciplinary
	Interprofessional
	Social work
	Social services
	Social care
	AMHP*
Trans*	Mental health act
	Mental health assessment
	Mental health law
	Section*
	Interdisciplinary
	Interprofessional

For Peer Review

Search Terms and operators (*)	And/Or
	Social work
	Social Care
	Social Services
	AMHP*

The data bases searched were: PubMed, ASSIA (Applied Social Sciences Index and Abstracts) PsycINFO (American Psychological Association), Web of Science (Clarivate), CINAHL (Cumulative Index to Nursing and Allied Health Literature), Social Care Online, and EThOS. Additionally, we searched the online indices of twenty six specific journals where publications on this topic were likely to be placed across the disciplines of social work, allied health professions, translation and interpreting and sign language/deaf studies as well as subject-specific publisher websites using key terms so we could capture book chapters (see Appendix 1 in Supplemental Material alongside this article for a full list). A targeted search focused on grey literature was largely based on the research team's own professional knowledge encompassing NHS Digital, NHS England, the Care Quality Commission, legislation and statutory guidance in mental health, professional resources and publications for public sector spoken language interpreters and for signed language interpreters.

3.5 Identification and selection of relevant studies

The online systematic reviews software Covidence was used to assist with the importing and screening of citations. Selection followed a two-stage process: (i) title and abstract screening was carried out by three reviewers (AY, JN, SV). Any item classified 'maybe', or where a conflict of opinion between the reviewers occurred, was subjected to a discussion to reach a consensus of yes or no; (ii) full text screening, by reviewers (AY, RT) with a third (NRV) acting as an independent reviewer to resolve any items classified as 'maybe' or where conflict required further discussion to reach consensus. Screening at both stages required the

For Peer Review

involvement of a team member with expertise in interpreting and another member with a background in mental health social work. This professional as well as academic judgement was crucial in ensuring that literature was selected of relevance to the questions guiding the review even if not directly addressing statutory mental health assessment. It also allowed for the inclusion of work that was addressing the statutory context from the perspective of mental health professionals where interpreting/translation was highly pertinent but totally absent from the approach within the work. A scoping review that seeks to map out a territory where there is little pre-existing work has the flexibility to take this approach in a way that a systematic review would not. Reasons for exclusion at either stage of study selection were recorded. After duplicates were removed, 279 items were identified at stage one screening. 131 were excluded and 148 progressed to full text screening. 104 were excluded at this point leaving 44 which were retained for review (Figure 1).

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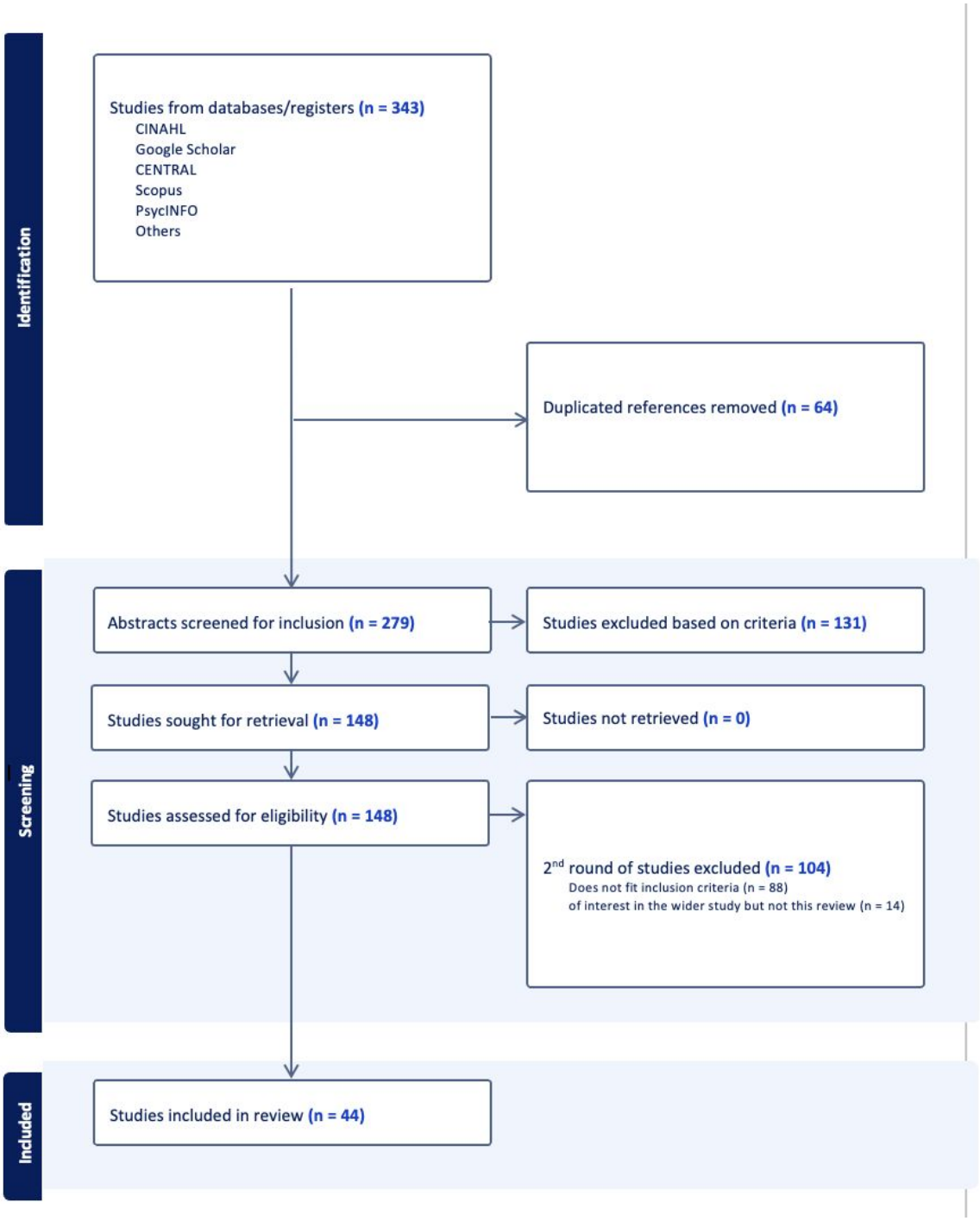
Figure 1: Prisma ScR Flowchart of results



3.6 Charting and tabulation

A bespoke charting template was created in Microsoft Excel combining elements of the charting template available in Covidence, which is more suitable for intervention studies, and one available through the Joanna Briggs Institute (Evans et al., 2019), which encompasses a wider range of study designs and types of literature. The study characteristics charted included: (a) authors, year of publication; (b) category of publication: empirical study, literature review, grey literature, book chapters/book; (c) country the work relates to; (d) key findings or main patterns relevant to the review. These categories are reflected in Table 5 below.

4. Results

4.1 Characteristics of included items

Results of the charting phase are presented in Table 5 below. This includes a statement about whether issues of language/communication/interpreting were included within the article's focus explicitly given the relevance of the topic addressed.

4.1.1 Type of literature

Of the forty-four items reviewed in the final stage, twenty-four are grey literature items, ten are empirical studies, six are literature reviews, and four are classified as 'other'.

Amongst the grey literature items, three sub-groups can be differentiated. The first sub-group consists of fifteen items, which are publications by government and statutory bodies (such as the Care Quality Commission). The second sub-group consists of seven professional guidelines documents, with five targeting mental health professionals and two targeting interpreters. The third sub-group consists of two online reports on legal matters.

Out of the ten items featuring empirical data, seven concern aspects of AMHP professional practice, and three concern interpreters working in mental health contexts. Among these

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empirical items: one is quantitative in design, one is a retrospective study of patient visits, two are mixed methods, combining surveys, interviews, and focus groups. The remaining six empirical studies follow a qualitative methodology involving interviews with sample sizes ranging from ten to thirty-three participants.

Out of the six literature reviews: two are narrative reviews, two are scoping reviews, and two are systematic reviews. Regarding their thematic scope, two of the reviews concern AMHP practice, and three reviews are about the involvement of interpreters in mental health in general and the impact of language mediation on the quality of care. Finally, one review concerns ethnic variations in compulsory detention under the MHA.

4.1.2 Items by country

Among the ten empirical items, seven were generated by UK-based universities, one in Ireland, one in the US, and one in South Africa. Regarding the six literature reviews, two had a UK focus, two had a US focus, and two had an international focus. For the seven professional guidelines, four originated in the UK, and three in Australia. The remaining grey literature items, comprising government and statutory bodies' reports, have a UK focus.

Table 5: Characteristics of selected items

Author	Country	Title	Category	Focus	Findings
#214[1] O'Hare et al. (2013)	UK	Implementing mental health law: A comparison of social work practice across three jurisdictions	Empirical: Qualitative exploratory using vignettes. 28 participants	The social worker role in implementing mental health law.	Variations in legal and policy frameworks created differing viewpoints among mental health social workers on the implementation of laws in their respective jurisdictions, particularly around risk assessments and intervention. No mention of participants'

[1] Numbers following a hashtag reference the original number label in the review software 'Covidence', used to support this review.

For Peer Review

Author	Country	Title	Category	Focus	Findings
					experience with linguistically and culturally diverse people.
#57 Watson (2016)	England and Wales	Becoming an Approved Mental Health Professional: An analysis of the factors that influence individuals to become Approved Mental Health Professionals	Empirical: 12 qualitative semi structured interviews	The personal, professional, and social factors that influence individuals to become AMHPs.	Career advancement and professional growth, exercising independent judgement and job security, are essential considerations. No mention of language/culture issues.
#212 Davidson et al. (2021)	Northern Ireland	Mental health law assessments: Interagency cooperation and practice complexities	Empirical: Audit. 189 assessments	Routine practice and identification of outstanding issues as a basis for policy and guidance development.	Coordinating professionals, resource pressures, interprofessional collaboration. Language/culture/ethnicity not a concern in policy guidance.
#13 Dixon et al. (2019)	England and Wales	Treading a tightrope: Professional perspectives on balancing the rights of patients and relatives under the MHA in England	Empirical: Questionnaires and focus groups. 55 participants	AMHP interpretations of their legal responsibilities towards the Nearest Relative.	Balancing the rights of people assessed and the Nearest Relative was challenging. No discussion of potential language differences.
#205 Abbott (2021)	England and Wales	A study exploring how social work AMHPs experience assessment under Mental Health Law: Implications for Human Rights-oriented social work practice	Empirical: 11 qualitative interviews.	Experiences of AMHPs in conducting MHAAs and implications of these experiences for human rights-oriented social work practice.	AMHPs face difficulties when attempting to reconcile legal frameworks with a human rights-based approach. Language differences not considered in ethical challenges around the person's *voice* being diminished during the process of assessment.
#7 Hemmington et al. (2021)	England and Wales	Approved Mental Health Professionals, best interests assessors and people with lived experience: An exploration of professional	Empirical: Mixed methods 258 AMHPs, 248 BIA assessors. 18 service users/relatives/carers	The professional identity and practice of AMHPs and Best Interests Assessors in relation to people with lived experience of mental health issues.	Highlights the importance of effective communication and collaboration between mental health professionals and people assessed/Nearest Relative. Does not mention potential

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Author	Country	Title	Category	Focus	Findings
		identities and practice			relevancy of language/cultural differences.
#145 Zimányi (2013)	Ireland	Somebody has to be in charge of the session. On the control of communication in interpreter-mediated encounters	Empirical: Semi structured qualitative interviews. 11 MH workers 12 Interpreters	The power held by MH professionals and interpreters as illustrated by patterns in communication control behaviours.	Control dynamics between interpreters and MH professionals identified but not in relation to statutory contexts.
#119 Flynn (2013)	USA	Primary care utilization and mental health diagnoses among adult patients requiring interpreters	Empirical: Retrospective secondary data analysis. Adult outpatients (n=63,525)	Utilization patterns of healthcare services and prevalence of mental health diagnoses among adult patients who require interpreters compared to those who do not require interpreters.	Patients needing interpreters had a higher mean number of hospital visits overall, a lower frequency of mental health diagnoses but higher frequency of diagnoses recognised as potential *somatic* symptoms. No data on statutory MH assessments.
#133 Drennan and Swartz (2002)	South Africa	The paradoxical use of interpreting in psychiatry	Empirical: Ethnographic exploration	The role and influence of interpreters on psychiatric diagnosis and institutional management of patients with other languages.	When no shared language with the clinician: (i) a greater tendency to view the patient as exhibiting cognitive impairment or thought disorder (ii) psychiatrists often used the interpreter's opinion of the patient as a form of clinical assessment. No discussion of involuntary admission.
#11 Simpson (2020)	England and Wales	A structured narrative literature review of Approved Mental Health Professional detention decisions: An infusion of morality	Literature review: Narrative	Review of detention decisions by AMHPs	This review highlights risk, accountability, and morality and sub-themes of emotions, intuition, uncertainty, coercion, and alternatives (to hospitalisation). No reference to language/culture/ethnicity.
#12 Buckland (2020)	England and Wales	Power as perceived in MHA assessment	Literature review: Scoping	Participants in MHAAs (assessing team, service users	MHAAs are frequently characterised by inequality among

For Peer Review

Author	Country	Title	Category	Focus	Findings
		contexts: A scoping review of the literature		and carers) and power relationships.	participants, despite a policy emphasis on collaboration and recovery. Power inequalities in language/culture/ethnicity not discussed.
#229 Flores (2005)	United States	The impact of medical interpreter services on the quality of health care: A systematic review	Literature review: Systematic	The impact of interpreter services on quality of care.	Health care quality is compromised when untrained interpreters in medical encounters with LACD patients, with serious consequences for patients with mental disorders. No discussion of statutory MH assessment.
#42 Fennig and Denov (2001)	International	Interpreters working in mental health settings with refugees: An interdisciplinary scoping review	Literature review: Scoping	Peer-review of 84 studies on interpreters working in MH settings with refugees.	Interpreter provision in MH contexts has a positive impact on refugee clients' quality of care and clinical outcomes. No mention of statutory MH assessments.
#249 Searight and Russell (2013)	United States	Foreign language interpreters in mental health: A literature review and research agenda	Literature review: Narrative	Interpreters in MH settings.	Most of the literature focuses on providing clinical guidelines for interpreters. Discussion of impact of interpreter mediation in accuracy of psychiatric diagnosis but no reference to statutory MH assessments.
#21 Barnett et al. (2019)	International	Ethnic variations – mental health compulsory detention	Literature review: Systematic	Incidence of involuntary detention among BAME and migrant communities in the UK and other parts of the world.	BAME and migrant communities face a higher likelihood of being subjected to psychiatric detention although risk varies among different ethnic groups. This work only focuses on ethnicity and does not address any potential impact of language differences or interpreter utilisation on detention rates. Minor mention of language barriers as a potential explanatory factor for disparities in detention.

For Peer Review

Author	Country	Title	Category	Focus	Findings
#18 Tribe and Lane (2009)	UK	Working with interpreters across language and culture in mental health	Other: Commentary	Challenges and opportunities involved in working with interpreters in MH.	Highlights hospital managers have a statutory duty to provide information to patients and Nearest Relative about detention, consent to treatment, rights of appeal and other legal matters thus providing interpreters if necessary.
#33 Bot (2015)	The Netherlands	Interpreting in mental health care	Other: Book chapter	Interpreters' role and involvement in MH encounters, and joint working dynamics between MH professionals and interpreters.	Interpreters move across a continuum of interaction in psychological therapies and communication with psychotic patients. No mention of statutory MH assessments.
#2 Carney (2021)	England and Wales	MHA assessment, sectioning, Tribunals and Lay Managers' Hearings	Other: Book chapter	Practical guidelines for professionals working with deaf or hard of hearing people in a set of statutory MH settings including MHAAs	In case of language discordancy with a deaf person, the MH professional must work with a registered/experienced interpreter and with a relay interpreter in the case of language dysfluency. Interpreters need to be supported in their preparation. Online interpreters are crucial in assessments where an in-person interpreter might not be provided on time. Good communication must also be provided following the MHAA in the admission process, also the Nearest Relative must be consulted by an AMHP in all cases if practicable.
#193 Wand et al. (2020)	New South Wales, Australia	Working with interpreters in the psychiatric assessment of older adults from culturally and linguistically	Other: Commentary	The dynamics involved in working with interpreters in MH assessments of older adults.	Professional interpreters have distinct advantages over ad hoc interpreters in the psychiatric assessment of older adults requiring language mediation,

For Peer Review

Author	Country	Title	Category	Focus	Findings
		diverse backgrounds			but patients highly value the broader roles that family members may take when acting as interpreters. No mention to how this applies to statutory assessment contexts. .
#155 Miletic et al. (2006)	Australia	Guidelines for working effectively with interpreters in mental health settings	Grey	Instructions/suggestions for MH professionals working with interpreters.	Australian MHA states staff must ensure client rights are conveyed through interpreters in a MH environment. These guidelines recognise legal obligations under the MHA (Australia) may take precedence over other factors such as the wishes of the assessed person.
#8 ASLI (2020)	UK	Guidelines for Booking Interpreters in Healthcare Settings during the COVID-19 Pandemic	Grey	Guidelines for HC professionals when working with deaf patients and sign language interpreters during the COVID pandemic.	Within MHC, mention of the special needs of deaf sign language users assessed under the MHA and warns of the potential legal consequences of an incorrect assessment.
#158 Bevan (2018)	UK	Best practice guide for mental health practitioners working with BSL/English interpreters	Grey	Guidelines for MH professionals working with interpreters with the BSL-English	Specific mention made of AMHPs and MHAAs stating that the AMHP must arrange for the booking of an interpreter who is qualified and registered with a governing body with expertise in MH. Special mention made of thought-disordered language requiring particular expertise.
#156 Wilson et al. (2017)	Scotland	2018 Revision of the Mental Welfare Commission for Scotland - Good practice guide: Working with an interpreter	Grey	Guidelines for people involved in interpreter-mediated MH settings	Recognises the need for interpreters and interviewers to work as a team to achieve best outcomes, need to adapt to each context including MH Tribunals.

For Peer Review

Author	Country	Title	Category	Focus	Findings
#328 Gloucestershire county council (2020)	England	Gloucestershire HSC trust – AMHP reporting guidelines	Grey	Document for AMHPs to provide the record of an MHA assessment.	Option to record language 'normally used' along with 'ethnic origin' and 'culture'.
#178 Hlavac (2017)	Australia	Mental health interpreting guidelines for interpreters	Grey	Guidelines for interpreters to work optimally in MH interactions.	Definitions of MH terms, protocols, ethical considerations in MH, and list of patients' rights and legal terms, medico-legal MH tribunals and MH legislation in Australian states, involuntary treatment orders, protection or rights.
#164 ASLIA (2011)	Australia	ASLIA Guidelines for interpreting in mental health settings	Grey	Reframes the ASLIA interpreters' code of ethics to the specifics of working in mental health settings.	It provides a discussion of how regular interpreting practice ethical principles may develop in MH practice, mentions the need for an interpreter to have a pre-chat (briefing) with the clinician to ascertain the purpose of the session, e.g. involuntary treatment order. No specific discussion of best practice.
#331 NHS England (2020)	England and Wales	Legal guidance for mental health, learning disability and autism, and specialised commissioning services supporting people of all ages during the coronavirus pandemic	Grey	Guidelines in fulfilling statutory roles and responsibilities during the pandemic in England and Wales as part of the Coronavirus Act 2020.	This guidance, since expired, approved the lawful use of remote assessments during the coronavirus pandemic in some special circumstances. The focus on 'very limited circumstances' suggests that a remote assessment might be deemed unlawful and makes no mention of using (or not) interpreters remotely.
#338 Devon Partnership NHS Trust v Secretary of	England and Wales	England and Wales High Court - Case law on remote assessments	Grey: Case law	Revision of guidance on video assessments.	An AMHP must have "personally seen" the person Aligns with the Code of Practice in that direct personal

For Peer Review

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State for Health and Social Care					examination is the preferable method of examination through key phrases such as "personally seen" in s11(5) and "personally examined" in s12(1).
#339 BB v Cygnet Health Care Case Law (2015)	England	England and Wales High Court - Case law on relatives as interpreters	Grey: Case law	Inadequate consultation with Nearest Relative.	Questions the practice of an ASW (AMHP predecessor) of using a relative as interpreter
#16 Department of Health (2009)	UK (England)	Delivering Race Equality in mental health care: A review	Grey: Government report	Reports the work of the 5 year 'Delivering Race Equality' programme in England as it ends.	Provides an example of culturally appropriate services for psychosis acknowledging that some [people] revert to their own language to be able to express a particular thought or feeling and a second example of access to therapeutic services through use of interpreters. Neither are specific to MHA assessment.
#4 UK Government (2021)	UK (England and Wales)	Consultation outcome: Reforming the MHA	Grey: Government paper	Summary of Government proposals for review of MHA including policy and practice to improve the patient experience and a response to the independent review of the MHA.	Acknowledged some new ways of working since the pandemic including remote video consultation where appropriate and gives example of Second Opinion Doctor consultation. States Government's wish to launch a programme of culturally appropriate advocates to better help those from all ethnic minority backgrounds to voice their individual needs but no specific mention of language or communication needs
#327 Care Quality Commission (2015)		MHA Code of Practice 2015 – An evaluation of how the Code is being used	Grey: Regulatory body report	Evaluation of how Code of Practice (Department of Health, 2015) is being used.	CoP is still not being used as intended and there is variation is provider understanding of it

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					and how it should be used. Recommends development of standardised resources for patients, carers and staff, promoting the Code's principles of accessibly. Recommends learning form the Welsh Code of Practice's emphasis on evidence-based practice should underpin all learning.
#329 Care Quality Commission (2020)	England	Monitoring the Mental Health Act 2018/2019	Grey: national regulator report.	Annual audit of the use of the MHA reporting characteristics of those assessed, outcomes of assessment and data about the AMHP workforce.	No data are reported or required to be reported on the language(s) used during the MHA assessment, whether an interpreter, cultural advocate or any other language concordant professional was used. Ethnicity/cultural identity of the person assessed is recorded.
#333 Care Quality Commission (2022)	England	Monitoring the Mental Health Act in 2020/21	Grey: national regulator report.	Annual audit (update) of the use of the MHA reporting characteristics of those assessed, outcomes of assessment and data about the AMHP workforce.	No data are reported or required to be reported on the language(s) used during the MHA assessment, whether an interpreter, cultural advocate or any other language concordant professional was used. Ethnicity/cultural identity of the person assessed is recorded.
#337 Department of Health (2008)	England	Code of Practice Mental Health Act 1983	Grey: Government report	Statutory guidance for mental health professional in carrying out their duties and powers under the MHA 1983	Includes specific guidance on the requirement to interview 'in a suitable manner', allows for the provision of cultural advocates and relay interpreters, offers specific guidance with respect to Deaf BSL users during

For Peer Review

Author	Country	Title	Category	Focus	Findings
					assessments. Does not include any similar extended guidance for those who require a spoken language interpreter.
#326 Department of Health (2015)	England	Code of Practice Mental Health Act 1983	Grey: Government report	Statutory guidance for mental health professional in carrying out their duties and powers under the MHA 1983.	Includes specific guidance on the requirement to interview 'in a suitable manner', allows for the provision of cultural advocates and relay interpreters, offers specific guidance with respect to Deaf BSL users during assessments. Does not include any similar extended guidance for those who require a spoken language interpreter.
#342 Welsh Assembly government (2008)	Wales	Code of Practice Mental Health Act 1983 for Wales	Grey: Statutory professional code of practice	Statutory guidance for mental health professional in carrying out their duties and powers under the MHA 1983 for Wales.	Includes specific guidance where a person's language is other than English or Welsh that assessment should be delivered through a trained interpreter who will address issues of both language and cultural interpretation, including use of BSL. If an interpreter is needed this should not normally be a relative or friend. Recommends support of an interpreter alongside an IMHA where there is a communication need.
#343 Welsh Assembly Government (2016)	Wales	Mental Health Act (1983) Code of Practice for Wales review	Grey: Statutory Code of Practice	Reviews the MHA 1983 Code of Practice for Wales – 2016 version.	'Every effort should be made' to provide a registered, qualified interpreter, if needed. Considers special expertise involved in interpreting thought-disordered language. Sets out professional and ethical principles for interpreters in MHAAs.

For Peer Review

Author	Country	Title	Category	Focus	Findings
					Professionals should be aware immigration detainees may be particularly vulnerable and may need additional support, including reasonable adjustments including interpreter involvement.
#5 UK government (2018)	England and Wales	Modernising the Mental Health Act	Grey: Government initiated review report	Brings together and reports on the work of the Independent Review of MHA.	Finds that some service users may need assistance to express their views wishes and preferences. Calls for more research into the understanding of the lived experience of communities who are disproportionately detained. Refers to one AMHP's evidence of the experience of refugees and asylum seekers whose first language is not English.
#341 UK Parliament (2023) Joint Committee on the Draft Mental Health Bill	England	Draft Mental Health Bill 2022 - Report of the Joint Consultative Committee	Grey: Government report	Brings together work of the Joint Consultative Committee set up to review the draft mental health bill. Provides recommendations to the UK government.	Refers to one piece of oral evidence of the need to provide interpreters who understand cultural needs too but not followed up in recommendations.
#340 Department of Health and Social Care and Ministry of Justice of UK Government (2022)	England	Draft Mental Health Bill	Grey: Government report	Makes provision to amend and 'modernise' the MHA (1983).	No specific reference to interpreters.
#3 Smith (2021)	England and Wales	Government drops proposed overhaul of MHA-Mental Capacity Act interface due to 'very	Grey: Report in the professional press online General public	Reviews the (lack of) reform of MHA legislation.	Lack of support for change in MH legislation. Consequences: Remote assessments will continue to be unlawful (it does not clarify whether interpreting services

For Peer Review

Author	Country	Title	Category	Focus	Findings
		limited support'			can be provided remotely). Concludes that further work on reforming the MHA must be conducted in particular to introduce legislation that addresses disproportionate detentions of individuals with BME backgrounds. Does not mention how language might contribute to those disparities.
#6 Carter (2021)	England and Wales	Video assessments by AMHPs unlawful	Grey: Report in the professional press online of a statutory review	Reports the outcome of a legal challenge to the Coronavirus easements that had permitted video, remote, online assessments under the MHA.	The 'Devon Ruling' concluded that the online remote video assessment under the MHA is unlawful. This ruling did not go as far to say any online interpreting without the interpreter being present is unlawful.
#334 NHS Digital (2002)	England and Wales	Government annual report	Grey	Reports the characteristics of those assessed under the MHA and reviews annual figures against previous years to identify trends.	No data are required to be reported on the language(s) used during the MHA assessment, whether an interpreter, cultural advocate or any other language concordant professional was used. Ethnicity/cultural identity of the person assessed is recorded.

5. Narrative synthesis of findings

We adopted the PAGER framework (Bradbury-Jones et al., 2022) to assist in the narrative synthesis of findings and their presentation. This tool was designed as a structured approach for synthesizing and articulating the findings. PAGER suggests that each item is considered under the headings of: 'Patterns', 'Advances', 'Gaps', 'Evidence for practice' and 'Recommendations'. It is especially suited to scoping reviews focusing on issues related to

For Peer Review

professional practice. The PAGER framework goes beyond merely identifying themes; it closely considers the context in which themes might emerge, interact and from whose perspective – hence identifying patterns. Additionally, it emphasises the implications of what is present and absent in the literature for advancing practice.

The full PAGER table can be found in Appendix 2 in the Supplemental Material alongside this article. The elements in this table assisted in the articulation of the main findings, set out below, where three main patterns concentrated around: (1) interpreter-mediated MHAAs as a missing focus; (2) implications of interpreting in statutory circumstances not being recognised; and (3) a lack of consideration of the impact of language mediation in contemporary AMHP practice.

5.1. Interpreter-mediated MHAAs as a missing focus

A major finding of this review is that there is no pre-existing literature available that specifically examines interpreter-mediated MHAAs, nor with respect to international equivalents, whether in terms of practice or impact on outcome. The articles that have a broad focus on mental health interpreting do not generally include extensive, if any, references to involvement of interpreters in situations of compulsory detention or emergency practice under the law. And even when such references are made, they are usually brief and peripheral; for example, Tribe and Lane's (2009) reference to duties to provide linguistically accessible information to those detained. Articles focussing on issues of AMHP practice, for example, Leah (2019), Vicary, et al. (2019), Abbot (2021), Karban, et al. (2021) fail to include any consideration of how linguistic or cultural mediation might be relevant to their key findings. The absence of research evidence with a specific focus on the practice of interpreter-mediated MHAAs creates a misleading perception that all MHAAs take place within a monolingual context with shared language usage.

For Peer Review

The failure to recognise the effects and potential influence of language on MHAA practice and outcomes, separate from those of cultural and/or ethnic identity, is widespread. The lack of annual reporting data on the language identities and language use of those assessed (NHS Digital, 2022a), and whether interpreters or other language concordant professionals were required is stark. It could be argued that this demonstrates how little value is given to the language of the person and the assessment as potential axes of inequality within the MHAA process. This failure to attend to language differences is reinforced in the literatures surrounding the reforms to the MHA with language considerations only featuring with respect to translations of written texts/information for patients or special considerations for those who are deaf (UK Parliament, 2023). In the most recent report from the Joint Consultative Committee on the Draft Mental Health Bill (2023), the body set up to scrutinise the draft mental health bill, the brief mentions of interpreting are subsumed under considerations of advocacy for the person assessed, rather than identified in their own right (UK Parliament, 2023). The diminishment of the potential influence of interpreter-mediation on the practice and outcomes of MHAAs is systemic. For example, the easements under the Coronavirus Act 2020 in the UK that briefly permitted remote MHAAs were eventually judged unlawful in part because of the negative impact on judgements, interaction and communication (see NHS England, 2022). Remote interpreting is still widely practiced in MHAAs (Young et al., 2023). However, the impact of a 'disembodied voice' during an assessment on someone already experiencing mental health distress, which could result in the deprivation of liberty, remains unquestioned. Why would the unlawfulness associated with whether an assessment can be correctly carried out remotely under the MHA not also apply to the circumstances of remote interpreting? This is an area of practice research that clearly requires further work. The gap in the evidence-based practice literature, practice guidance

For Peer Review

and statutory reporting is, however, not confined to the UK. The lack of attention extends internationally and thus, the scarcity of research directly in this area is of global concern.

A second aspect related to 'interpreter-mediated MHAAs as a missing focus' concerns the characteristics of the available literature and the clear scarcity of empirical studies relating to interpreter mediation in MHAAs and their equivalents. Empirical research plays a vital role in advancing knowledge and the absence of it limits the ability to draw evidence-based or evidence-informed recommendations for practice. While numerous guidance documents, both statutory and non-statutory, emphasise the need for best practices, including proper assessments as required by legislation, the preference for professionally qualified interpreters, and the duty to make provisions for them (ASLIA, 2011; Carney, 2021; Department of Health, 2015, Department of Health, 2008; Hlavac, 2017; Welsh Assembly Government, 2008), these documents do not constitute an evidence base for practice, neither for interpreters nor for AMHPs.

5.2 The implications of interpreting in statutory circumstances not being recognised

The findings of this review suggest that the prevailing body of research in interpreting studies does not adequately distinguish research, guidelines or practice recommendations that apply in mental health statutory contexts, such as the MHA, from general work on interpreting in mental health. Most of the literature available refers to interpreter-mediation in psychotherapeutic (Bot, 2015) or psychiatric (Drennan and Swartz, 2002; Wand, 2020) practice whether in assessment, evaluation or treatment and therefore does not recognise distinctive issues at stake in statutory assessments. This applies both to empirical studies and professional guidelines. Some of the issues prevailing in existing mental health interpreting literature include (i) the interpreters' role, agency and visibility including ethical dilemmas in relation to those, (ii) links between language, culture, and mental health, (iii) challenges around ensuring accuracy in mental health, e.g., in the case of cross-cultural equivalents, (iv)

For Peer Review

the impact of language mediation on mental health practice including assessments and (v) interpersonal dynamics. In the literature reviewed, none of these issues is addressed in the context of MHAAs and the special conditions that may pertain to emergency or statutory practice under the law. As a result, this scoping review highlights the need for research that explores how long-standing debates and current expertise in the field of interpreting studies, particularly mental health interpreting, apply to statutory mental health assessments and by extension to other statutory practice. This would lead to generating new insights and perspectives on the topic which would, in turn, advance the field of interpreting studies. This is because interpreting in the context of MHAAs presents distinct challenges that necessitate specialised attention, such as interpreting complex legal terminology, the role, responsibilities and powers of professionals conducting MHAAs, and the interpreting of potentially disordered language output of people severely affected by mental health conditions, within the context of potential involuntary detention under the law.

This lack of recognition of the particular nature of mental health interpreting in relation to statutory mental health contexts such as MHAAs is also present in existing guidance for interpreters. Some do mention special legal considerations and associated concepts, or ethical considerations that might be pertinent to MHAAs (ASLIA 2011; 2020; Hlavac, 2017), however, they do not comprehensively address the unique considerations, procedures, and challenges encountered in statutory mental health assessment under whatever jurisdiction. The absence of detailed guidance for interpreters in situations of mental health crises and collaboration with professionals under legal obligations poses a challenge. The scarcity of explicit practice frameworks may impact interpreters, influencing their performance and compromising the overall quality of the assessment process, particularly in relation to legal aspects. Additionally, the lack of existing literature raises concerns regarding the preparation,

For Peer Review

training, and support provided to interpreters working in statutory mental health contexts, including the absence of these matters within generic interpreter training programmes.

This scoping review also identified a lack of literature on the need for collaborative working practices between AMHPs (or equivalents) and interpreters in MHAAs (or equivalents). This is important because there is some evidence (from non-statutory mental health services) to suggest that interprofessional collaboration between mental health practitioners and interpreters can lead to positive outcomes (Gryesten et al., 2023). However, there is a gap in the existing literature on the specific strategies and techniques that AMHPs and interpreters can use to effectively collaborate during MHAAs, in which the legal aspect is especially salient. Moving beyond academic literature and guidelines, statutory documents paint a similar picture: while the statutory code of practice accompanying the MHA (Care Quality Commission, 2015; Department of Health, 2008 Department of Health, 2015, Welsh Assembly Government, 2008, Welsh Assembly Government, 2016) does offer certain guidance regarding the situations that call for the involvement of an interpreter, it falls short of providing specific instructions on how AMHPs can effectively collaborate with interpreters. The existing guidance primarily focuses on determining when interpreter assistance is required, rather than offering specific guidance on optimising the working relationship between AMHPs and interpreters. The potential dissonance that AMHPs may experience when conducting assessments through an interpreter, assumptions that might be made regarding interpreters' level of knowledge about core legal concepts and their implications, for instance, will require carefully considered practice responses. Guidance that supports AMHPs to jointly navigate the complexities of meaning making in MHAAs as opposed to viewing interpreting as a bolt-on mechanism, or a 'conduit', would not only enhance AMHP confidence in interviewing 'in a suitable manner' and reaching a decision on outcomes, but would also have associated benefits for the experience of people assessed.

For Peer Review

5.3 Lack of consideration of impact of language mediation in contemporary AMHP practice

The parameters of the scoping review include available empirical research on the challenges involved in AMHPs professional practice, in order to identify the extent to which challenges associated with language mediation might be recognised. It was notable to find that challenges associated with the need for language mediation have been largely overlooked in the existing body of research that focuses on contemporary AMHP practice.

The current literature predominantly focuses on various challenges that AMHPs encounter in their work, such as effectively managing risks (Simpson, 2020), navigating complex legal frameworks (Abbott, 2021; Fish, 2022), safeguarding the rights and autonomy of individuals undergoing assessment and rights of the Nearest Relative (Dixon et al., 2019), and fostering collaborative relationships with other professionals during the coordination of MHAAs (Davidson et al., 2021). These studies shed light on AMHPs' awareness of the ethical dilemmas inherent in wielding statutory powers, including striking a balance between autonomy and safety, managing power dynamics, managing the complexities of their coordinating role, and grappling with time constraints.

It was notable that in all these studies, which admittedly had a different focus than our topic of interest, there was not even a passing consideration given to whether and how the points being made might be impacted by practice that is not monolingual. This absence is remarkable given that previous research has found that language mediation might challenge standard communicative practices in social work in ways that practitioners do not have the resources to address affectively (Tipton, 2016). The specific challenges faced by AMHPs in such interpreter-mediated assessments are multifaceted. The presence of interpreters introduces a layer of complexity for AMHPs that can impact the accuracy and reliability of information exchanged. A higher potential for misinterpretations, omissions, or

For Peer Review

misunderstandings can occur, potentially compromising the overall assessment process and subsequent decision-making. This is particularly salient in the case of acute mental health: for example, the MHA Code of Practice (Section 14.116-117), states that the AMHP involved in the assessment should be responsible for booking and using registered qualified interpreters with expertise in mental health interpreting, bearing in mind that the interpretation of thought-disordered language requires "particular expertise". However, the specific skills and expertise required to effectively interpret thought-disordered language, particularly in the context of an MHAA, are not thoroughly examined in the existing body of knowledge. Thought-disordered language, often observed in individuals with severe mental health conditions, is likely to pose unique challenges for interpreters because of the complex and sometimes fragmented nature of the language use. Understanding and accurately conveying the meaning and intent of such language calls for specialised expertise that goes beyond general language interpretation skills and beyond generic AMHP training. However, the literature lacks comprehensive exploration of the specific competencies, training, and qualifications that interpreters and AMHPs need to possess in order to jointly address thought-disordered language within the context of MHAAs. By addressing this gap in the literature, further research could expand on the practical implications of the MHA Code of Practice provisions related to interpreter selection and utilisation with a focus on effective collaborative practice.

Whilst some of the AMHP related practice research focuses on power inequalities in MHAAs (Buckland, 2020), this is only considered in monolingual contexts, which itself is not acknowledged in the literature. The AMHP, as the primary decision-maker in the assessment, is identified as holding a position of power. However, the circumstance of how the presence of an interpreter introduces an additional layer of complexity to the assessment process, influencing the distribution of power among the various participants involved, remains

For Peer Review

unaddressed. This is important because power is connected to the notion of 'voice', understood to mean the expression of one's wishes and feelings and that might have influence. In the context of MHAAs, a crucial aspect of the AMHPs' responsibility is to distinctly discern, in adherence to legal mandates, the options aligned with the principle of the 'least restrictive alternative' during the assessment process. Interpreter-mediation introduces an additional layer of communication that either enables or constrains the service user's voice and how it might be understood. Surprisingly, this crucial aspect has not been comprehensively explored in the existing literature concerning one of the most profound civil law powers, which allows the deprivation of an individual's liberty. Attention to the availability and proficiency of interpreters and the challenges these pose for AMHPs is also absent. This is salient because, in accordance with the MHA Code of Practice, AMHPs are responsible for organising interpretation. AMHPs are also charged with engaging with an assessed person's Nearest Relative to ascertain whether they have an objection to the person's detention under the MHA. The available literature that discusses this role does not mention any complexities that might arise if the AMHP and Nearest Relative or wider family do not share a language (Dixon et al., 2019; Hemmington et al., 2021). However, previous research on social work with interpreters has identified difficulties that social workers might have in liaising with families of service users who use a language other than English, even when interpreters are involved (Pollock, 2023). In sum, the way in which interpreting adds further complexity to current practice concerns is largely absent from the current body of knowledge.

For Peer Review

6. Concluding remarks

This scoping review set out to answer two research questions about the state of knowledge concerning interpreter-mediated statutory mental health assessments, specifically MHAAs. The first question concerned the enablers and barriers to good practice including their international equivalents. The main finding of this review is the almost total absence of the consideration of interpreter-mediation in empirical research on MHAAs and the lack of evidence-based guidance for practice are the biggest barriers. Building on this idea, the absence of evidence highlights the potential catalysts for improving practice. This includes a focus on fostering collaborative interprofessional teamwork, which could involve joint training for AMHPs and interpreters. Additionally, exploring how and why the unique circumstances of statutory work within the mental health field may differ from conventional mental health interpreting practice is essential. Finally, it is crucial to examine how key considerations in AMHP practice, such as power dynamics and voice, can adapt to, or be influenced by, the additional layer of working with interpreters.

The second question for this review set out to explore how interpreter-mediation supports or impedes the legal rights and best interests of individuals assessed under the MHA or its international equivalents. Our principal finding is that none of the literature items we identified actually addressed this as an issue in its own right beyond guidance of when interpreters should be provided, and the rights of the individual to have access to high-quality interpretation. There is no direct evidence from practice and no clarity that evidence from related contexts, including mental health interpreting more generally, is adequately relevant to the very particular practice circumstances of MHAAs.

When considering the characteristics of the literature items identified, an unanticipated finding is the lack of transdisciplinary approaches across the fields of interpreting studies and

For Peer Review

health/social care in this context. This literature review has brought together relevant literature items from the fields of social work and interpreting studies that address overlapping points in the context of MHAAs or equivalents. By synthesising the insights from both disciplines, this review sought to highlight the interconnections and shared perspectives that can contribute to a more comprehensive understanding of interpreter-mediated MHAAs. The findings suggest that while both fields have valuable perspectives to offer, both bodies of knowledge appear to operate separately. The lack of cross-fertilisation hinders the development of a comprehensive understanding and approach to interpreter-mediated MHAAs. This gap in interdisciplinary research likely points to limited opportunities for interprofessional collaboration and training. Social workers and interpreters typically work in separate organisational structures, with little opportunity for collaboration or joint training. This can result in social workers and interpreters having limited knowledge of each other's roles and responsibilities, leading to potential misunderstandings and challenges in completing effective MHAAs or failing to conduct them in a suitable manner.

This review is the first stage in a comprehensive research project on interpreter-mediated MHAAs that will start to fill the gap in practice-based research we have identified and provide highly specific guidance and training resources in this challenging field of practice for both AMHPs and interpreters. It makes several important contributions to interpreting studies: it draws timely attention to a highly specialised area of mental health interpreting; it exemplifies the value of scoping reviews in cross-disciplinary studies on interpreting; it addresses signed and spoken language interpreting in a single approach, and by focusing on a single national context, it lays the foundations for a systematic approach to the topic in other national contexts, thereby facilitating future cross-national comparisons.

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For Peer Review

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Appendix 1 - Sources

1.1. Journals used in our pre-screening search

British Journal of Occupational Therapy, British Journal of Psychiatry, British Journal of Social Work, Health and Social Care in the Community, International Journal of Nursing Studies, Journal of Mental Health, Journal of Psychiatric and Mental Health Nursing, Journal of Social Welfare and Family Law, Journal of Social Work, Practice, The Journal of Mental Health Training, Education and Practice, Qualitative Social Work, Translation and Interpreting Studies, Patient Education and counselling; Meta: Journal des Traducteurs; Interpreting: Research and Practice in Interpreting; Interpreting and Society; The Translator; The International Journal of Interpreter Education; The Translator and Interpreter Trainer; The International Journal of Translation and Interpreting Research, Journal of Specialised Translation and Across Languages and Cultures.

1.2. Grey literature sources

Acts of Parliament and associated statutory guidance, NHS Digital, Mental Health Act Review annual and special reports, Care Quality Commission, Mental health Foundation, Social Work England, Hunan Rights Alliance, Association of Sign Language Interpreters UK, British Association of Social Workers, Community Care online, Centre or Mental Health, Department of Health and Social Care, Health and Care Professions Council, Law Commission, Mental Health Act Commission, mental health Alliance, Mental health in Higher Education, National Association for Mental Health, The College of Occupational Therapy.

Appendix 2 – PAGER framework (table provided separately)

For Peer Review

Table 6: PAGER summary

Pattern	Advances	Gaps	Evidence for Practice	Recommendations
1.The focus is missing	The scoping review has highlighted that there is a problem in not focussing on the significance of a MHA assessment as an interpreter-mediated encounter.	No specific literature exists on statutory assessment under the MHA or its international equivalents with respect to interpreter mediation whether in the literature concerning MH professionals and legal assessment or in the literature concerning interpreters, whether spoken or signed.	No empirical evidence exists nor any guidelines that have a highly specific focus. Those for interpreting in MH in general are too vague. Statutory guidance for AMHPs refers to principles and values not actually how to do it in practice or what constitutes best practice.	No recommendations in the literature reviewed/ Clear need for evidence-based practice research with the specific focus of a statutory MHAAs involving all parties.
	The scoping review ascertains whether the extensive reviews supporting reforms to the MHA in England and Wales have adequately considered the significance of language separate from that of culture/ethnicity.	No consideration is found in any of the MHA review documents about interpreting in association with the MHA, rather than translation of written documents. The acknowledgement that interviewing "in a suitable manner" extends to considerations of language and communication is largely confined to those who	No empirical literature on interpreter mediation within MHA assessments. That concerning interpreters in social work practice is of relevance but does not address the specific circumstances of legal requirements/restrictions under the MHA that have an influence potentially on the nature of interpreting	The Scoping review thus endorses further the need for the research project of which this review forms one part.

For Peer Review

Pattern	Advances	Gaps	Evidence for Practice	Recommendations
		identify as disabled or deaf (users of British Sign Language in the UK context) rather than as a general consideration/principle for all who might not use spoken English fluently.	practice and interprofessional practice with AMHPs and interpreters.	
	The 'empirical focus' is missing This scoping review has provided an overview of the range of sources and types of information available on interpreter mediation in MHAAs/equivalents.	Most of the literature in this topic is grey literature, not empirical. While these sources may provide useful insights or contextual information, they do not provide enough information for practitioners, policymakers and researchers who are looking to further understand the implications of language mediation in MHAAs/equivalents.	This scoping review has identified a body of empirical literature that provides insights into how AMHPs view their roles and experiences in the context of MHAs but not when interpreters are involved. This scoping review has found literature on interpreters in MH settings more broadly not specifically related to their involvement in MHAAs.	Based on the findings of this scoping review, it is recommended that more research using empirical methods is conducted on interpreting in MHAAs. Increasing the body of empirical research in this area means that a more systematic and rigorous approach can be adopted to understanding interpreters' involvement in MHAAs/equivalents. More empirical research on this topic is needed particularly when it comes to informing evidence-based practice

For Peer Review

Pattern	Advances	Gaps	Evidence for Practice	Recommendations
				in interpreter-mediated MHAAs.
	This literature review has evaluated statistical information regarding language, cultural, and ethnic differences in mental health act assessments utilisation.	While there are statistics available on ethnicity in MHAAs, they do not include information on the language utilized by individuals undergoing assessments and the resulting need for interpretation.	There is evidence to suggest that there are disparities in the outcomes of mental health act assessments based on ethnicity. It has been documented that BME groups are disproportionately detained under the MHA.	We recommend that preferred language use in MHAAs by service users is monitored. Recording language/interpreter usage, along with ethnicity, data can assist with (I) providing a more accurate representation of linguistic needs of individuals (ii) monitoring and evaluating the provision of language access services in statutory contexts.

For Peer Review

Pattern	Advances	Gaps	Evidence for Practice	Recommendations
2.The implications of interpreting in statutory circumstances is not recognised	This scoping review presents the current state of knowledge in the area of interpreting in statutory MH assessments and identifies areas where further (empirical) research is needed.	The prevailing body of research in interpreting does not adequately distinguish research/guidelines/practice that apply in legal practice situations in the community (e.g. MHA) from general work on interpreting in MH Most of the literature available refers to interpreter mediation in psychotherapeutic/psychiatric practice in relation to both assessments-evaluations and treatment therefore does not recognise distinctive issues at stake in statutory assessments like MHAAs. This applies both to both empirical studies and professional guidelines.	The literature addresses recurring issues in MHI such as (i) interpreters' role, agency and visibility – ethical dilemmas in relation to those (ii) link between language, culture and MH (iii) interpreting process such as accuracy (e.g. cross-cultural equivalents) (iv) impact of language mediation on MH practice including assessments. (v) interpersonal dynamics None of the points above are addressed in the context of statutory MH assessments e.g. MHA.	This scoping review highlights the need for research that explores how long-standing debates and current expertise in the field of IS, particularly MHI, apply to statutory MH assessments. This would lead to generating new insights and perspectives on the topic which would in turn advance the field of IS. Recognising this issue as an area of research and professional practice in its own right, can yield benefits in terms of producing evidence-based training materials and professional practice recommendations that are specific to these situations, thus empowering professionals to engage more confidently in context-based decision-making due to an

For Peer Review

Pattern	Advances	Gaps	Evidence for Practice	Recommendations
				increased awareness of issues at stake. Increased awareness can ultimately enhance compliance with statutory guidance. While this scoping review has identified some evidence related to the involvement of interpreters in broader MH areas, it is necessary to conduct further research on the legal and ethical considerations involved in interpreters' involvement in MHAAs.
	This scoping review identifies and maps the available evidence around need for collaborative working practices between AMHP/equivalents and interpreters	There is *some* evidence (in non-statutory MH services) to suggest that effective collaboration can lead to positive outcomes. However, there is a gap in the existing literature on the specific strategies and techniques that AMHPs and interpreters can	While there may be a gap in the literature on the collaboration between AMHPs and interpreters in MHAAs/equivalents, there is some available evidence in similar contexts to suggest that MH professionals working collaboratively with interpreters leads to better	Based on the findings of this scoping review, it is recommended that further research be conducted in the area of collaboration between AMHPs/equivalents and interpreters. Specifically more research is needed to examine the

For Peer Review

Pattern	Advances	Gaps	Evidence for Practice	Recommendations
		use to effectively collaborate during MH assessments	quality of MHAAs/equivalents conducted across languages.	effectiveness of collaborative approaches in improving quality of MHAAs conducted with speakers from LACD backgrounds. Also, further research is needed to identify the challenges and barriers to effective collaboration and to develop strategies to address those challenges, as well as the role of training and professional development in improving collaboration.
3. Considerations of better AMHP practice and role fulfilment see interpreting considerations as an add-on .	This literature review provides an up-to-date overview of research available on the challenges involved in AMHPs professional practice	The literature items included on AMHP practice show advances in the understanding of the challenges that AMHPs navigate such as managing risk, navigating complex legal frameworks, ensuring the rights and autonomy of people assessed and working collaboratively with other	The statutory guidance offers some indications of standards of good practice but not how to achieve those. The literature on AMHPs practice evidences a great degree of AMHPs' awareness of ethical challenges entailed in applying statutory powers in their practice. E.g. balancing autonomy and safety,	This review recommends that the literature goes beyond the focus on 'ethnicity' and actively considers exploring the challenges/opportunities entailed in working with interpreters. Evidence-based guidelines are needed on *practical* issues for example how can

For Peer Review

Pattern	Advances	Gaps	Evidence for Practice	Recommendations
		professionals when coordinating MHAAs. But considerations of potential disruptions to AMHP practice through working alongside interpreters is viewed more through the lens of interpreters as tools rather than potential transformations of practice. There is limited research on the roles and responsibilities of AMHPs and interpreters during assessments, or on the impact of effective collaboration on client outcomes.	recognising power dynamics, difficulties in coordinating role, time constraints. No mention is made to AMHPs' awareness of how to best address cultural and linguistic differences in MHAAs/equivalents.	AMHPs check people assessed' s understanding of technical/legal terms when there is an interpreter involved. We recommend that further studies are conducted on how the need for language mediation may affect AHMPs work from planning to decision-making stage.
	This literature review evidences that policy and legislative changes can have an impact on AMHP's practice, including changes to the MHA and the ongoing	This scoping review shows that current legislation, and ongoing changes to it, keep failing to address the issue of language utilisation in MHAAs as well as how language/cultural differences	Statutory documents like the Mental Health Act Code of Practice emphasize the importance of cultural and ethnic sensitivity in mental health assessments and treatment. It requires mental health professionals to take	Statutory documents need to explicitly acknowledge how the need for language mediation might shape AMHPs role and how AMHPs can best involve interpreters. This applies

For Peer Review

Pattern	Advances	Gaps	Evidence for Practice	Recommendations
	reforms to MH legislation.	may impact MHAA outcomes. A review of statutory guidance suggests that there are not formal guidelines for practice on which to draw.	into account the cultural and ethnic background of the individual being assessed, including their beliefs, values, and experiences. The code also recognizes the importance of language access and requires mental health professionals to provide interpretation services to individuals who do not speak the dominant language of the country. But this body of knowledge needs to be expanded by acknowledging the importance of AMHPs working effectively with interpreters to ensure that the assessment is conducted 'in a suitable manner' across languages.	from planning stage, to conducting the assessment, to decision-making process.
4. Joint working dynamics between AMHPs and interpreters / Cross-over between SW and IS as disciplines	This literature review brings together SW and IS studies that address overlapping points between the two in relation to MHAAs/equivalents	A review of publications from both fields suggests that both disciplines mainly operate as isolated sets. The lack of inter-/trans-disciplinary approaches results in disjointed knowledge on interpreter-	SW research contributes expertise on AMHPs practice in conducting MHAAs. is contributes expertise on navigating linguistic and cultural differences in broader MH settings.	We commend for inter-/trans-disciplinary approaches in research studies rooted in the recognition of the interdisciplinary nature of interpreter-mediated MHAAs.

For Peer Review

Pattern	Advances	Gaps	Evidence for Practice	Recommendations
		mediated MHAAs. This applies to both research and professional guidelines.		Based on the disjointed nature of available knowledge on this area, we recommend fostering collaboration and integration between SW and IS as this is essential to ensure that a full picture of the intricacies of these assessments is built – implications for research, practice and policy.

For Peer Review

Title: Interpreter mediation in statutory mental health assessments: a scoping review

Key words: Interpreter-mediated assessments, statutory mental health, involuntary treatment

For Peer Review

Abstract

This interdisciplinary scoping review addresses the involvement of spoken and signed language interpreters in statutory mental health assessments. Specifically, this inquiry~~it~~ sought to identify and review pre-existing literature concerning the barriers to and facilitators ~~to~~ of effective practice in interpreter-mediated statutory mental health assessments, and the extent to which interpreter mediation supports or impedes a person's legal rights and best interests in this context. An interdisciplinary team applied the revised Joanna Briggs Institute scoping review framework to review forty-four items of empirical and grey literature covering relevant aspects of the available body of knowledge across the fields of social work, mental health and interpreting studies.

The review concludes that there is a lack of direct evidence on interpreting practice in the context of statutory mental health assessments, which is significant considering the high-stakes scenarios that may lead to the deprivation of liberty. The findings suggest that there is insufficient evidence regarding necessary modifications to standard interpreting practices for such assessments, as well as how assessors should adapt their own practice in response to the need for interpreting.~~about how the involvement of interpreters in statutory mental health assessments requires adjustments to standard interpreting and monolingual assessment practice.~~

This work highlights the need for more focu~~s~~sed research on good practices for interpreting within this context and calls for guidance to facilitate effective interprofessional collaboration between interpreters and other professionals engaged in these assessments.~~for effective interprofessional working between interpreters and other professionals involved.~~

For Peer Review

1. Introduction

This article concerns statutory mental health assessments potentially leading to involuntary detention in a psychiatric facility whether for further assessment and/or mental health treatment. In England and Wales, the statutory instrument governing this is the Mental Health Act 1983 (henceforth MHA), and similar legislation is present worldwide (Fistein et al., 2009). Specifically, the focus of this work is on understanding the practice of assessments in circumstances where an interpreter is required. We present the results of an international and interdisciplinary scoping review that sought to identify and examine pre-existing literature concerning the barriers to and facilitators ~~to~~ of effective practice in interpreter-mediated statutory mental health assessments or Mental Health Act Assessments (henceforth MHAAs). We also explore the extent to which interpreter-mediation supports or impedes the legal rights and best interests of those being assessed within this context. It is important to note that statutory assessments related to mental capacity rather than mental illness fall outside the scope of this work.

2. Background

2.1 Topic and significance

MHAAs potentially leading to involuntary detention and treatment differ from those that might occur within a clinical diagnostic process or during ongoing treatment and therapy. In the latter scenarios, there is a growing body of existing literature in the field of interpreting and translation (e.g., Boyles and Talbot, 2017; Costa, 2022; Luk, 2008). MHAAs however usually occur in emergency or urgent circumstances where all parties are unlikely to have a pre-existing working relationship. In addition, the assessment process is explicitly bound by legislation, and is the most powerful civil practice whose powers can override, for instance, an individual's rights under Human Rights legislation. MHAAs require the co-operation of

For Peer Review

several doctors and non-medical professionals at a time when an individual is experiencing a serious mental health episode that may even potentially pose a risk to themselves or others. These are high stakes circumstances in which an individual's communication, language, behaviour and understanding are likely to be altered and/or impaired because of their mental state. As a result, the performance of interpreters, the collaboration of other professionals with them, and the impact of interpreter mediation on the outcomes for the individual undergoing assessment emerge as significant areas of concern. ~~Consequently, , how other professionals work alongside them, and the effects of interpreter mediation on the outcomes for the person being assessed become a significant concern.~~ This concern is the subject of the INForMHAA (Interpreters for Mental Health Act Assessments) (see Young et al., 2023), a project investigating professional practice and outcomes in interpreter-mediated assessments in the context of the MHA. The scoping review presented here serves as a precursor to this study. INForMHAA particularly focuses on ~~the role of the~~how ~~-~~Approved Mental Health Professionals (AMHP) jointly work with interpreters when conducting assessments under the MHA. Even though the role is open to mental health nurses, occupational therapists and psychologists, 95% of AMHPs are qualified social workers ~~(as recognised in England and Wales), even though the AMHP role is also open to other allied professionals such a nurses, occupational therapists and psychologists~~ (Skills for Care, 2024). ~~Usually drawn from a social work background (Skills for Care, 2022), the AMHP role~~ Their role is distinct from that of the (usually) two doctors responsible for undertaking a medical recommendation ~~assessment. ing whether the individual has a mental health disorder.~~ Instead ~~T~~the AMHP is responsible for ~~has the responsibility to~~ undertaking an assessment based on all the circumstances ~~gather necessary information from the including social~~ person ~~and~~ including an ~~assessed through an~~ interview. ~~in order to reach a decision about whether the person should be detained or not~~. T~~In doing so, t~~he AMHP must consider all the relevant factors

For Peer Review

~~surrounding the individual's context~~, including social and familial circumstances, in order to decide whether the person should be detained. ~~which then informs the outcome of the assessment.~~

The AMHP role is predicated on effective interpersonal communication with the assessed person to discern their views and understanding of what is happening to them. For this reason, a specific clause was added in statutory guidance, requiring that the interview conducted as part of the assessment be carried out "in a suitable manner" (Section 13 (2) MHA, 1983). In fact, statutory guidance that accompanies the MHA explicitly highlights the need to ensure appropriate communication for groups who might have difficulties in communicating effectively (Department of Health, 2015, paragraphs 4.4, p. 36). The guidance ~~explicitly~~ recognises that factors hindering effective communication include language differences, challenges comprehending technical terminology or sustaining attention, hearing or visual impairments, difficulties in literacy or numeracy, learning disabilities, as well as cultural differences (ibid.). In the case of language differences, the guidance states that "every effort should be made to identify an interpreter who is appropriate to the patient" (ibid). ~~with delegated responsibility to source and provide spoken/signed language interpreters where required.~~ This provision was originally inserted to safeguard the rights of individuals whose first language may not be English and to prevent the possibility of unlawful detention based on ineffective communication (Jones,1991, p.48). ~~Such factors might include physical/sensory impairments, cognitive disabilities, or a language difference.~~

Despite this emphasis on meeting communication needs, there is no requirement to systematically report the language used in a MHAA, in contrast to the recording of gender and ethnicity. Additionally, there is no evidence gathered as part of the UK minimum data set used to analyse the outcomes of MHAAs (NHS Digital, 2022b) indicating whether an interpreter was involved in an assessment. At the moment, there is uncertainty about how the

For Peer Review

presence of an interpreter affects the process and outcome of MHAAs ~~Mental Health Act assessments~~. This uncertainty is particularly concerning given that "those from ethnic minority communities are far more likely to be subject to compulsory powers under the Act, whether in hospital or in the community" (Department of Health and Social Care, 2018).~~Consequently, the impact of interpreter-mediated MHAAs is unknown, which is particularly concerning given the current data on differential rates of detentions under the MHA according to ethnicity and cultural heritage (Barnett, 2019).~~ While the majority of individuals from diverse ethnic backgrounds would not necessarily utilise languages other than English in a MHAA, it is important to acknowledge that there are some who may, particularly among new arrivals as well as refugees and asylum seekers (Migration Observatory, 2019). According to the Office of National Statistics (ONS, 2022) census data for England and Wales, 8.9% (5.1 million people) did not report English as their main language. Within this group, 43.9% (2.3 million) could speak English very well, 35.8% (1.8 million) could speak English well, 17.1% (880,000) could not speak English well, and 3.1% (161,000) could not speak English at all. Given that in 2020-2021, ~~Furthermore, in 2020-2021,~~ there were over 53,000 detentions under the MHA in England and Wales (Statista, 2023)~~. Given the~~ and considering the diverse language abilities within this population, it seems reasonable to assume that a number of MHAAs may require the assistance of an interpreter.

In MHAAs, as is the case in other forms of psychological assessments, effective communication serves as a key tool for gaining insights into the individual's mental state, identifying potential underlying factors contributing to their distress and symptoms, and interpreting the significance of their behaviour (Weber et al., 2022). This involves actively considering the language used by the individual and how it may be affected by, or linked to, the individual's mental health condition (Cambridge et al., 2012). Moreover, fostering an

For Peer Review

effective relational understanding between the assessor and the person being assessed is also crucial for comprehending the individual's mental health and well-being (Rodríguez-Vicente, 2021). This not only facilitates a meaningful assessment but also ensures that the person feels heard, understood, and supported throughout the evaluation process~~. Consequently, this,~~ which ultimately contributes to more effective communication, a key factor in achieving equitable outcomes (Tribe & Thompson, 2022). Studies outside of the specific context of MHAAs have demonstrated that failure to communicate in a language other than a person's primary~~,~~ or preferred~~,~~ language, as failure to do so may result in an incomplete or distorted evaluation of their mental state (Casas et al., 2012). Additionally, the extensive body of literature on interpreter-mediated encounters in various health and social care settings suggests that the effectiveness of such interactions significantly relies on the quality of collaborative working dynamics between providers and interpreters in facilitating effective communication ~~between the provider and the interpreter~~ (Geiling et al., 2021). However, while collaborative working dynamics are advocated as a fundamental principle, their interpretation may vary based on the unique needs and characteristics of each setting ~~While this collaborative working dynamic is an aspirational overarching principle, its interpretation may vary depending on the unique needs and characteristics of each setting~~ (Hsieh et al., 2013).

2.2 Approach: why a scoping review?

In seeking to assemble and review existing evidence concerning interpreter-mediated MHAAs as a precursor to the wider INforMHAA study, there were three considerations. Firstly, the topic constitutes a specialised field within the broader discipline of ~~interpreting studies,~~public service interpreting distinct from more established domains of mental health interpreting, such as psychological therapy. Nonetheless, some of the literature concerning interpreter practice in mental health assessments more generally may be of relevance even if

For Peer Review

not formally linked to this specific context. Thus, the boundaries of the field under study and review are not strictly clear-cut. Secondly, practice knowledge may not be confined solely to formal literatures, with empirical studies ~~of~~ on this specific topic likely to be rare; consequently, a broad and inclusive approach was deemed necessary to identify and consider a potentially fragmented body of work. Thirdly, the study for which the ~~intended~~ review was a precursor was firmly associated with practice under one specific legislation, the MHA, and in one geographical context (England and Wales). Yet, valuable insights, evidence sources, and potentially best practices were anticipated from an international context where similar legislation and practices exist. Considering these factors, a scoping review approach was selected to address the questions outlined in the following section.

Scoping reviews have gained increasing prominence as a robust evidence-based methodology within various literature domains, particularly in the fields of medicine, healthcare, and social work/social care practice (Bradbury-Jones et al., 2022). They find their most valuable application in situations where the existing research literature is limited, rendering systematic reviews less insightful, and where professional practice knowledge exists but may be more commonly found outside of the empirically driven literatures (Grant and Booth, 2009). The approach adopted in scoping reviews stands in contrast to systematic reviewing and meta-analyses, which primarily focus on assessing the quality and depth of existing research evidence, as illustrated in the interpreting field in the work of Brisset et al. (2013), Krystallidou et al. (2020) and Theys et al. (2020). By contrast, the essence of a scoping review lies in collating the breadth of available knowledge, which often extends into grey and informal literature, typically addressing questions of professional uncertainty (Arskey and O'Malley, 2005). Considering all these factors, the incorporation of a scoping review into the field of interpreting studies is anticipated to make a contribution by mapping information

For Peer Review

from diverse sources across various domains pertaining to the under-researched area of statutory mental health assessments.

3. Method

The review method followed the revised Joanna Briggs Institute scoping review framework (Peters et al., 2020) consisting of title and review questions; inclusion criteria; definition of participants/concept/context; search strategy; evidence screening and selection; data extraction (including charting); data analysis (synthesis); presentation of results; and conclusions. This framework is expanded from Arksey and O'Malley (2005) and Levac et al. (2010) and is reported in accordance with the PRISMA-ScR guidelines (Tricco et al., 2018). The protocol for the scoping review has been pre-registered on the international platform INPLASY, with the reference number: INPLASY20220086.

3.1 Defining the research questions

The PICo approach (Population Interest Context) (Richardson et al., 1995) guided the formulation of the research questions.

Table 1: PICo process for formulation of research questions

P: Population of interest	• Those who are assessed under the MHA or internationally equivalent legislation • Mental health professionals involved in the assessment with specific reference to AMHPs (and similar roles internationally) • Spoken and/or signed language interpreters involved in such assessment.
I: Interest	• Evidence concerning the type and quality of interprofessional working and its impact on both the process and outcome of formal assessments under the Mental Health Act 1983 and international equivalents.

For Peer Review

	• Guidance for interpreter-mediated MHAAs and their international equivalents
Co: Context	• Statutory assessment under the MHA or its international equivalents • The actual practice of the assessment when AMHPs (and international equivalents) and interpreters are required to work together, and the person being assessed ~~is not a user of the primary language in which the assessment is conducted.~~does not speak the primary language used for the assessment.

In the specified context of interest, namely the professional practice ~~between~~ involving AMHPs (and their international equivalents) and interpreters within the non-medical interview, components of the MHA assessment (and its international equivalents), the guiding research questions of the scoping review are:

1. What are the enablers and barriers to good practice in interpreter-mediated MHA (1983) assessments (and their international equivalents)?
2. To what extent and how might interpreter mediation support or impede the legal rights and best interests of those assessed under the MHA (1983) (or its international equivalents)?

3.2 Definition of terms for the purposes of scoping review

To conduct the scoping review effectively, it was necessary to establish clear definitions for the key terms used in literature search. The term "Mental Health Act (1983)" refers to the formal legislation in England and Wales governing the compulsory assessment, treatment, and potential detention of individuals experiencing mental illness, either for their own safety or for the protection of others.

For Peer Review

It is worth noting that mental health legislation in England and Wales ~~the UK~~ undergoes periodic review, as demonstrated by the release of a draft Mental Health Bill in June 2022 (HC/HL, 2023), outlining proposed reforms to the existing Mental Health Act. ~~Subsequentl~~However, none of the recommendations made by the Joint Consultative Committee ~~y, the government the government has responded to the recommendations put forth by the committee~~have been accepted by the current Government (DHSC 2024)~~. As of the time of writing this article, no new legislation has been enacted~~ and any reform remains in obeiance~~.~~

~~The MHA is undergoing a process of review with the publication of a draft Mental Health Bill in 2022. No new legislation has been enacted at the time of writing this article.~~

"International equivalents" refer to parallel pieces of legislation for the same purpose and with the same or similar powers that exist in other countries, although the exact details of the provisions contained within them may not be identical (Fistein et al., 2009).

"Translation" is understood in this study as a superordinate term used to refer to the process of transferring meaning from one language into another (Baker, 2011). In this paper, we refer to interpreting as a form of translation in which the source-language text is presented only once and thus cannot be reviewed or replayed, and the target-language text is produced under time pressure, with little chance for correction or revision (Pöchhacker, 2004, p.10: citing Otto Kade); and this definition applies for working between spoken and signed texts. This differs from how translation is typically perceived as a text-based event which does not occur in real time and is potentially correctable as it can be edited and polished until a final product is presented (Leneham, 2005). Despite this distinction in the translation and interpreting literature, the word 'translator' is commonly and incorrectly used in the field of health and social care to refer to interpreters working in live mediated events, so we have considered the use of both terms in this review. Additionally, in this review we focus on the work of

professional interpreters, which excludes interpreting activities performed by bilinguals who have had no formal training, may interpret or broker on an ad hoc basis, and/or are not remunerated for their work as interpreters (Napier, 2021).~~In this paper we understand "translation" as a superordinate term, which refers to written, spoken and signed processes of meaning transfer. However, we acknowledge the common misuse of the term in the field of health and social care to refer solely to interpreters working in live mediated events, which is why the terms translation and interpreting were included in the review.~~

~~Additionally, in this review we focus on the work of professional "interpreters", which excludes interpreting activities performed by bilinguals who have had no formal training, may interpret or broker on an ad hoc basis, and/or are not remunerated for their work as interpreters (Napier, 2021).~~

3.3 Search criteria

~~For inclusion / exclusion criteria applied to the initial search of the literature see Table 2.~~

Table 2: Search inclusion and exclusion criteria

Variable	Inclusion Criteria	Exclusion Criteria
Date range	1st January 1980 – 31st March 2022	Literature published before 1980 refers to the preceding MHA of 1959 and likely to catch former legislations elsewhere that are no longer current.
Design/study type	All possible ~~study~~ designs and types for academic papers including: literature reviews, peer reviewed quantitative, qualitative and mixed method studies	None
Sources	• Peer reviewed journal articles. • Pre-prints.	Literature produced by lobbying organisations and groups. Social media posts.

For Peer Review

Variable	Inclusion Criteria	Exclusion Criteria
	• Book chapters. • Grey literature including working papers, statutory guidance, legislation, professional guidance, regulatory/governmental reports. • Student doctoral theses.	
Language	Publications in: • English • French • Spanish • German • Dutch • British Sign Language (BSL) • American Sign Language (ASL) • and International Sign. [The languages of the study team]	Those outside of the inclusion criteria.
Location	Pertaining to any country and research carried out in any international location.	None
Focus of Study	• 1. The MHA in England and Wales and/or its national or international equivalents AND interpreting and translation within such assessments.	• 1. General literatures on interpreting and translation in mental health that are not of relevance to statutory contexts. • 2. General research concerning the professional

For Peer Review

Variable	Inclusion Criteria	Exclusion Criteria
	• 2. The role of AMHPs in these contexts in relation to practice and outcomes particularly with respect to working with interpreters. • 3. Other language concordant professionals and roles including cultural advocates in MHAAs and their international equivalents. • 4. Signed and/ or spoken language interpreting.	practice in MHAAs and their international equivalents that does not concern interpreting and translation. • 3. Literature focussing on family members associated with MHAAs and their international equivalents. • 4. Work focussing on discourse analyses • 5. Items focused primarily on the linguistic aspects of interpreting and translation
Service user group	Adults assessed under the MHA and its international equivalents who are assessed in circumstances where an interpreter is required.	1. Work concerning children and young people covered by this legislation. 2. Patients undergoing statutory assessments that involve potential deprivation of liberty conditions but which are not covered by the MHA or international equivalents.
Workforce Roles	1. AMHPs working within the MHA and their international equivalents. 2.Professional interpreter of a spoken or signed language	1.Family members or friends acting as interpreters 2.Translators who do not carry out interpreting

3.4 Search terms and strategy

For Peer Review

We entered keyword synonyms using data base thesauri (MeSH entry terms in PubMed) and search terms with database-appropriate syntax, parentheses, Boolean operators AND/OR for search strings, and field codes were specified. We also incorporated equivalents of these terms in the languages specified in our inclusion criteria. The key concepts and synonyms are listed in Table 3; search terms and the Boolean operators used in Table 4.

Table 3: Concepts and descriptors

Statutory Mental Health	**Interpreter Mediation**
AMHPs	Interpreters
Mental health assessment	Translation
Mental health law	Language Barriers
Compulsory detention	Translators
Sectioning	Co-working

Table 4: Search terms with database-appropriate syntax, parentheses, Boolean operators and field codes

Search Terms and operators (*)	**And/Or**
Mental Health *	Act
	Law
	Jurisprudence
	Detention
	Assessment
	Best interests
	Compulsory
	AMHP*
	deprivation of liberty
	Equit*access
	Section*
	Language

For Peer Review

Search Terms and operators (*)	And/Or
	Culture
Interpret*	Mental health act
	Mental health assessment
	Mental health law
	Section*
	Interdisciplinary
	Interprofessional
	Social work
	Social services
	Social care
	AMHP*
Trans*	Mental health act
	Mental health assessment
	Mental health law
	Section*
	Interdisciplinary
	Interprofessional
	Social work
	Social Care
	Social Services
	AMHP*

The data bases searched were: PubMed, ASSIA (Applied Social Sciences Index and Abstracts) PsycINFO (American Psychological Association), Web of Science (Clarivate), CINAHL (Cumulative Index to Nursing and Allied Health Literature), Social Care Online, and EThOS. Additionally, we searched the online indices of ~~twenty six~~twenty-six specific journals where publications on this topic were likely to be placed across the disciplines of

social work, allied health professions, translation and interpreting and sign language/deaf studies as well as subject-specific publisher websites using key terms so we could capture book chapters (see Appendix 1 in Supplemental Material alongside this article for a full list). A targeted search focused on grey literature was largely based on the research team's own professional knowledge encompassing NHS Digital, NHS England, the Care Quality Commission, legislation and statutory guidance in mental health, professional resources and publications for public sector spoken language interpreters and for signed language interpreters.

3.5 Identification and selection of relevant studies

The online systematic reviews software Covidence was used to assist with the importing and screening of citations. Selection followed a two-stage process: (i) title and abstract screening was carried out by three reviewers (AY, JN, SV). Any item classified 'maybe', or where a conflict of opinion between the reviewers occurred, was subjected to a discussion to reach a consensus of yes or no; (ii) full text screening, by reviewers (AY, RT) with a third (NRV) acting as an independent reviewer to resolve any items classified as 'maybe' or where conflict required further discussion to reach consensus. Screening at both stages required the involvement of a team member with expertise in interpreting and another member with a background in ~~mental health~~ social work in the context of mental health. This professional as well as academic judgement was crucial in ensuring that literature ~~was selected of relevance~~the literature selected was relevant to the questions guiding the review even if not directly addressing statutory mental health assessment. It also allowed for the inclusion of work that was addressing the statutory context from the perspective of mental health professionals where interpreting/translation was highly pertinent ~~but totally absent from the approach within the work.~~ but may have been overlooked. The emphasis on identifying "silences" within existing research was crucial when selecting studies. A scoping review,

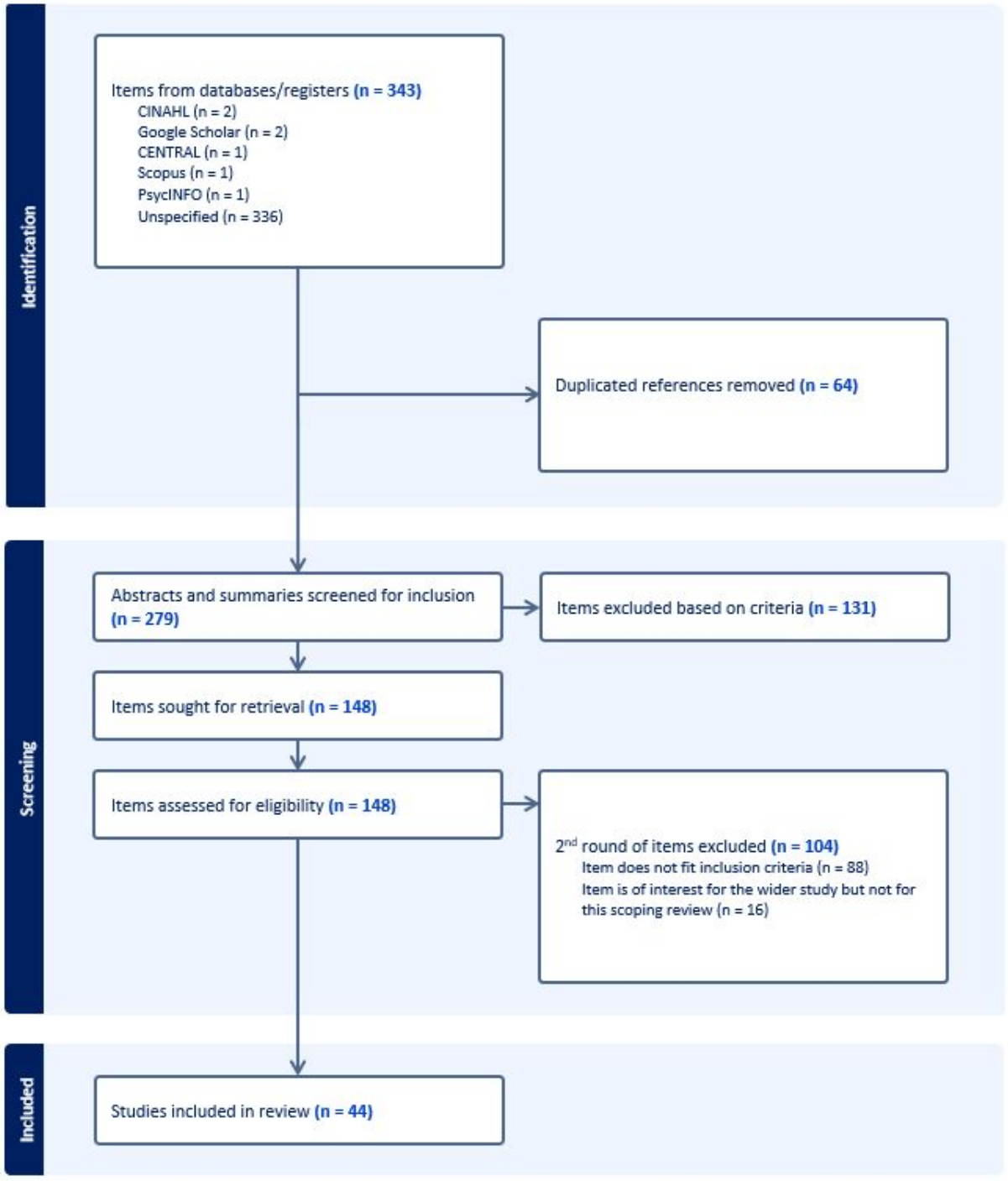
For Peer Review

aimed at mapping out areas with limited pre-existing work, offers the flexibility to adopt this approach, which may not be feasible in a systematic review. ~~A scoping review that seeks to map out a territory where there is little pre-existing work has the flexibility to take this approach in a way that a systematic review would not.~~

Reasons for exclusion at either stage of study selection were recorded. After duplicates were removed, 279 items were identified at stage one screening. 131 were excluded and 148 progressed to full text screening. 104 studies were excluded at this point leaving 44 items which were retained for review (Figure 1).

Figure 1: Prisma ScR f~~F~~lowchart of results

For Peer Review



3.6 Charting and tabulation

A bespoke charting template was created in Microsoft Excel combining elements of the charting template available in Covidence, which is more suitable for intervention studies, and

one available through the Joanna Briggs Institute (Evans et al., 2019), which encompasses a wider range of study designs and types of literature. The study characteristics charted included: (a) authors, year of publication; (b) category of publication: empirical study, literature review, grey literature, book chapters/book; (c) country ~~the work relates to~~of relevance; (d) key findings or main patterns relevant to the review. These categories are reflected in Table 5 below.

4. Results

4.1 Characteristics of included items

Results of the charting phase are presented in Table 5 below. This includes a statement about whether issues of language/communication/interpreting were explicitly included within the article's focus ~~explicitly~~ given the relevance of the topic addressed.

4.1.1 Type of literature

Of the forty-four items reviewed in the final stage, twenty-four are grey literature items, ten are empirical studies, six are literature reviews, and four are classified as 'other'.

Amongst the grey literature items, three sub-groups can be differentiated. The first sub-group consists of fifteen items, which are publications by government and statutory bodies (such as the Care Quality Commission). The second sub-group consists of seven professional guidelines documents, with five targeting mental health professionals and two targeting interpreters. The third sub-group consists of two online reports on legal matters by experts in the matter.

Out of the ten items featuring empirical data, seven concern aspects of AMHP professional practice, and three concern interpreters working in mental health contexts. Among these empirical items: one is quantitative in design, one is a retrospective study of patient visits, two are mixed methods, combining surveys, interviews, and focus groups. The remaining six

For Peer Review

empirical studies follow a qualitative methodology involving interviews with sample sizes ranging from ten to thirty-three participants.

Out of the six literature reviews: two are narrative reviews, two are scoping reviews, and two are systematic reviews. Regarding their thematic scope, two of the reviews concern AMHP practice, and three reviews are about the involvement of interpreters ~~in mental health in general and the impact of language mediation on the quality of care~~in statutory mental health. Finally, one review concerns ethnic variations in compulsory detention under the MHA.

4.1.2 Items by country

Among the ten empirical items, seven were generated by UK-based universities, one in Ireland, one in the US, and one in South Africa. Regarding the six literature reviews, two had a UK focus, two had a US focus, and two had an international focus. For the seven professional guidelines, four originated in the UK, and three in Australia. The remaining grey literature items, comprising government and statutory bodies' reports, have a UK focus. No items in languages other than English were retrieved.

Table 5: Characteristics of selected items

Author	Country	Title	Category	Focus	Findings
#214[1] O'Hare et al. (2013)	UK	Implementing mental health law: A comparison of social work practice across three jurisdictions	Empirical: Qualitative exploratory using vignettes. 28 participants	The social worker role in implementing mental health law.	Variations in legal and policy frameworks created differing viewpoints among mental health social workers on the implementation of laws in their respective jurisdictions, particularly around risk assessments and intervention. No mention of participants' experience with linguistically and

[1] Numbers following a hashtag reference the original number label in the review software 'Covidence', used to support this review.

For Peer Review

Author	Country	Title	Category	Focus	Findings
					culturally diverse people.
#57 Watson (2016)	England and Wales	Becoming an Approved Mental Health Professional: An analysis of the factors that influence individuals to become Approved Mental Health Professionals	Empirical: 12 qualitative semi structured interviews	The personal, professional, and social factors that influence individuals to become AMHPs.	Career advancement and professional growth, exercising independent judgement and job security, are essential considerations. No mention of language/culture issues.
#212 Davidson et al. (2021)	Northern Ireland	Mental health law assessments: Interagency cooperation and practice complexities	Empirical: Audit. 189 assessments	Routine practice and identification of outstanding issues as a basis for policy and guidance development.	Coordinating professionals, resource pressures, interprofessional collaboration. Language/culture/ethnicity not a concern in policy guidance.
#13 Dixon et al. (2019)	England and Wales	Treading a tightrope: Professional perspectives on balancing the rights of patients and relatives under the MHA in England	Empirical: Questionnaires and focus groups. 55 participants	AMHP interpretations of their legal responsibilities towards the Nearest Relative.	Balancing the rights of people assessed and the Nearest Relative was challenging. No discussion of potential language differences.
#205 Abbott (2021)	England and Wales	A study exploring how social work AMHPs experience assessment under Mental Health Law: Implications for Human Rights-oriented social work practice	Empirical: 11 qualitative interviews.	Experiences of AMHPs in conducting MHAAs and implications of these experiences for human rights-oriented social work practice.	AMHPs face difficulties when attempting to reconcile legal frameworks with a human rights-based approach. Language differences not considered in ethical challenges around the person's *voice* being diminished during the process of assessment.
#7 Hemmington et al. (2021)	England and Wales	Approved Mental Health Professionals, best interests assessors and people with lived experience: An exploration of professional identities and practice	Empirical: Mixed methods 258 AMHPs, 248 BIA assessors. 18 service users/relatives/carers	The professional identity and practice of AMHPs and Best Interests Assessors in relation to people with lived experience of mental health issues.	Highlights the importance of effective communication and collaboration between mental health professionals and people assessed/Nearest Relative. Does not mention potential relevancy of

For Peer Review

Author	Country	Title	Category	Focus	Findings
					language/cultural differences.
#145 Zimányi (2013)	Ireland	Somebody has to be in charge of the session. On the control of communication in interpreter-mediated encounters	Empirical: Semi structured qualitative interviews. 11 MH workers 12 Interpreters	The power held by MH professionals and interpreters as illustrated by patterns in communication control behaviours.	Control dynamics between interpreters and MH professionals identified but not in relation to statutory contexts.
#119 Flynn (2013)	USA	Primary care utilization and mental health diagnoses among adult patients requiring interpreters	Empirical: Retrospective secondary data analysis. Adult outpatients (n=63,525)	Utilization patterns of healthcare services and prevalence of mental health diagnoses among adult patients who require interpreters compared to those who do not require interpreters.	Patients needing interpreters had a higher mean number of hospital visits overall, a lower frequency of mental health diagnoses but higher frequency of diagnoses recognised as potential *somatic* symptoms. No data on statutory MH assessments.
#133 Drennan and Swartz (2002)	South Africa	The paradoxical use of interpreting in psychiatry	Empirical: Ethnographic exploration	The role and influence of interpreters on psychiatric diagnosis and institutional management of patients with other languages.	When no shared language with the clinician: (i) a greater tendency to view the patient as exhibiting cognitive impairment or thought disorder (ii) psychiatrists often used the interpreter's opinion of the patient as a form of clinical assessment. No discussion of involuntary admission.
#11 Simpson (2020)	England and Wales	A structured narrative literature review of Approved Mental Health Professional detention decisions: An infusion of morality	Literature review: Narrative	Review of detention decisions by AMHPs	This review highlights risk, accountability, and morality and sub-themes of emotions, intuition, uncertainty, coercion, and alternatives (to hospitalisation). No reference to language/culture/ethnicity.
#12 Buckland (2020)	England and Wales	Power as perceived in MHA assessment contexts: A	Literature review: Scoping	Participants in MHAAs (assessing team, service users and carers) and	MHAAs are frequently characterised by inequality among participants, despite a

For Peer Review

Author	Country	Title	Category	Focus	Findings
		scoping review of the literature		power relationships.	policy emphasis on collaboration and recovery. Power inequalities in language/culture/ethnicity not discussed.
#229 Flores (2005)	United States	The impact of medical interpreter services on the quality of health care: A systematic review	Literature review: Systematic	The impact of interpreter services on quality of care.	Health care quality is compromised when untrained interpreters in medical encounters with LACD patients, with serious consequences for patients with mental disorders. No discussion of statutory MH assessment.
#42 Fennig and Denov (2001)	International	Interpreters working in mental health settings with refugees: An interdisciplinary scoping review	Literature review: Scoping	Peer-review of 84 studies on interpreters working in MH settings with refugees.	Interpreter provision in MH contexts has a positive impact on refugee clients' quality of care and clinical outcomes. No mention of statutory MH assessments.
#249 Searight and Russell (2013)	United States	Foreign language interpreters in mental health: A literature review and research agenda	Literature review: Narrative	Interpreters in MH settings.	Most of the literature focuses on providing clinical guidelines for interpreters. Discussion of impact of interpreter mediation in accuracy of psychiatric diagnosis but no reference to statutory MH assessments.
#21 Barnett et al. (2019)	International	Ethnic variations – mental health compulsory detention	Literature review: Systematic	Incidence of involuntary detention among BAME and migrant communities in the UK and other parts of the world.	BAME and migrant communities face a higher likelihood of being subjected to psychiatric detention although risk varies among different ethnic groups. This work only focuses on ethnicity and does not address any potential impact of language differences or interpreter utilisation on detention rates. Minor mention of language barriers as a potential explanatory factor for disparities in detention.
#18	UK	Working with interpreters	Other: Commentary	Challenges and opportunities	Highlights hospital managers have a

For Peer Review

Author	Country	Title	Category	Focus	Findings
Tribe and Lane (2009)		across language and culture in mental health		involved in working with interpreters in MH.	statutory duty to provide information to patients and Nearest Relative about detention, consent to treatment, rights of appeal and other legal matters thus providing interpreters if necessary.
#33 Bot (2015)	The Netherlands	Interpreting in mental health care	Other: Book chapter	Interpreters' role and involvement in MH encounters, and joint working dynamics between MH professionals and interpreters.	Interpreters move across a continuum of interaction in psychological therapies and communication with psychotic patients. No mention of statutory MH assessments.
#2 Carney (2021)	England and Wales	MHA assessment, sectioning, Tribunals and Lay Managers' Hearings	Other: Book chapter	Practical guidelines for professionals working with deaf or hard of hearing people in a set of statutory MH settings including MHAAs	In case of language discordancy with a deaf person, the MH professional must work with a registered/experienced interpreter and with a relay interpreter in the case of language dysfluency. Interpreters need to be supported in their preparation. Online interpreters are crucial in assessments where an in-person interpreter might not be provided on time. Good communication must also be provided following the MHAA in the admission process, also the Nearest Relative must be consulted by an AMHP in all cases if practicable.
#193 Wand et al. (2020)	New South Wales, Australia	Working with interpreters in the psychiatric assessment of older adults from culturally and linguistically diverse backgrounds	Other: Commentary	The dynamics involved in working with interpreters in MH assessments of older adults.	Professional interpreters have distinct advantages over ad hoc interpreters in the psychiatric assessment of older adults requiring language mediation, but patients highly value the broader

For Peer Review

Author	Country	Title	Category	Focus	Findings
					roles that family members may take when acting as interpreters. No mention to how this applies to statutory assessment contexts. .
#155 Miletic et al. (2006)	Australia	Guidelines for working effectively with interpreters in mental health settings	Grey literature: professional guidelines?	Instructions/suggestions for MH professionals working with interpreters.	Australian MHA states staff must ensure client rights are conveyed through interpreters in a MH environment. These guidelines recognise legal obligations under the MHA (Australia) may take precedence over other factors such as the wishes of the assessed person.
#8 ASLI (2020)	UK	Guidelines for Booking Interpreters in Healthcare Settings during the COVID-19 Pandemic	Grey literature: professional guidelines	Guidelines for HC professionals when working with deaf patients and sign language interpreters during the COVID pandemic.	Within MHC, mention of the special needs of deaf sign language users assessed under the MHA and warns of the potential legal consequences of an incorrect assessment.
#158 Bevan (2018)	UK	Best practice guide for mental health practitioners working with BSL/English interpreters	Grey literature: professional guidelines	Guidelines for MH professionals working with interpreters with the BSL-English	Specific mention made of AMHPs and MHAAs stating that the AMHP must arrange for the booking of an interpreter who is qualified and registered with a governing body with expertise in MH. Special mention made of thought-disordered language requiring particular expertise.
#156 Wilson et al. (2017)	Scotland	2018 Revision of the Mental Welfare Commission for Scotland - Good practice guide: Working with an interpreter	Grey literature: professional guidelines	Guidelines for people involved in interpreter-mediated MH settings	Recognises the need for interpreters and interviewers to work as a team to achieve best outcomes, need to adapt to each context including MH Tribunals.

For Peer Review

Author	Country	Title	Category	Focus	Findings
#328 Gloucestershire county council (2020)	England	Gloucestershire HSC trust – AMHP reporting guidelines	Grey literature: professional guidelines	Document for AMHPs to provide the record of an MHA assessment.	Option to record language 'normally used' along with 'ethnic origin' and 'culture'.
#178 Hlavac (2017)	Australia	Mental health interpreting guidelines for interpreters	Grey literature: professional guidelines	Guidelines for interpreters to work optimally in MH interactions.	Definitions of MH terms, protocols, ethical considerations in MH, and list of patients' rights and legal terms, medico-legal MH tribunals and MH legislation in Australian states, involuntary treatment orders, protection or rights.
#164 ASLIA (2011)	Australia	ASLIA Guidelines for interpreting in mental health settings	Grey literature: professional guidelines	Reframes the ASLIA interpreters' code of ethics to the specifics of working in mental health settings.	It provides a discussion of how regular interpreting practice ethical principles may develop in MH practice, mentions the need for an interpreter to have a pre-chat (briefing) with the clinician to ascertain the purpose of the session, e.g. involuntary treatment order. No specific discussion of best practice.
#331 NHS England (2020)	England and Wales	Legal guidance for mental health, learning disability and autism, and specialised commissioning services supporting people of all ages during the coronavirus pandemic	Grey literature: legal guidance	Guidelines in fulfilling statutory roles and responsibilities during the pandemic in England and Wales as part of the Coronavirus Act 2020.	This guidance, since expired, approved the lawful use of remote assessments during the coronavirus pandemic in some special circumstances. The focus on 'very limited circumstances' suggests that a remote assessment might be deemed unlawful and makes no mention of using (or not) interpreters remotely.
#338 Devon Partnership NHS Trust v Secretary of	England and Wales	England and Wales High Court - Case law on remote assessments	Grey literature: Case law	Revision of guidance on video assessments.	An AMHP must have "personally seen" the person Aligns with the Code of Practice in that direct personal

For Peer Review

Author	Country	Title	Category	Focus	Findings
State for Health and Social Care					examination is the preferable method of examination through key phrases such as "personally seen" in s11(5) and "personally examined" in s12(1).
#339 BB v Cygnet Health Care Case Law (2015)	England	England and Wales High Court - Case law on relatives as interpreters	Grey literature: Case law	Inadequate consultation with Nearest Relative.	Questions the practice of an ASW (AMHP predecessor) of using a relative as interpreter
#16 Department of Health (2009)	UK (England)	Delivering Race Equality in mental health care: A review	Grey literature: Government report	Reports the work of the 5 year 'Delivering Race Equality' programme in England as it ends.	Provides an example of culturally appropriate services for psychosis acknowledging that some [people] revert to their own language to be able to express a particular thought or feeling and a second example of access to therapeutic services through use of interpreters. Neither are specific to MHA assessment.
#4 UK Government (2021)	UK (England and Wales)	Consultation outcome: Reforming the MHA	Grey: Government paper	Summary of Government proposals for review of MHA including policy and practice to improve the patient experience and a response to the independent review of the MHA.	Acknowledged some new ways of working since the pandemic including remote video consultation where appropriate and gives example of Second Opinion Doctor consultation. States Government's wish to launch a programme of culturally appropriate advocates to better help those from all ethnic minority backgrounds to voice their individual needs but no specific mention of language or communication needs
#327 Care Quality Commission (2015)		MHA Code of Practice 2015 – An evaluation of how the Code is being used	Grey: Regulatory body report	Evaluation of how Code of Practice (Department of Health, 2015) is being used.	CoP is still not being used as intended and there is variation is provider understanding of it

Author	Country	Title	Category	Focus	Findings
					and how it should be used. Recommends development of standardised resources for patients, carers and staff, promoting the Code's principles of accessibly. Recommends learning form the Welsh Code of Practice's emphasis on evidence-based practice should underpin all learning.
#329 Care Quality Commission (2020)	England	Monitoring the Mental Health Act 2018/2019	Grey: national regulator report.	Annual audit of the use of the MHA reporting characteristics of those assessed, outcomes of assessment and data about the AMHP workforce.	No data are reported or required to be reported on the language(s) used during the MHA assessment, whether an interpreter, cultural advocate or any other language concordant professional was used. Ethnicity/cultural identity of the person assessed is recorded.
#333 Care Quality Commission (2022)	England	Monitoring the Mental Health Act in 2020/21	Grey: national regulator report.	Annual audit (update) of the use of the MHA reporting characteristics of those assessed, outcomes of assessment and data about the AMHP workforce.	No data are reported or required to be reported on the language(s) used during the MHA assessment, whether an interpreter, cultural advocate or any other language concordant professional was used. Ethnicity/cultural identity of the person assessed is recorded.
#337 Department of Health (2008)	England	Code of Practice Mental Health Act 1983	Grey: Government report	Statutory guidance for mental health professional in carrying out their duties and powers under the MHA 1983	Includes specific guidance on the requirement to interview 'in a suitable manner', allows for the provision of cultural advocates and relay interpreters, offers specific guidance with respect to dDeaf BSL users during

For Peer Review

Author	Country	Title	Category	Focus	Findings
					assessments. Does not include any similar extended guidance for those who require a spoken language interpreter.
#326 Department of Health (2015)	England	Code of Practice Mental Health Act 1983	Grey: Government report	Statutory guidance for mental health professional in carrying out their duties and powers under the MHA 1983.	Includes specific guidance on the requirement to interview 'in a suitable manner', allows for the provision of cultural advocates and relay interpreters, offers specific guidance with respect to dDeaf BSL users during assessments. Does not include any similar extended guidance for those who require a spoken language interpreter.
#342 Welsh Assembly government (2008)	Wales	Code of Practice Mental Health Act 1983 for Wales	Grey: Statutory professional code of practice	Statutory guidance for mental health professional in carrying out their duties and powers under the MHA 1983 for Wales.	Includes specific guidance where a person's language is other than English or Welsh that assessment should be delivered through a trained interpreter who will address issues of both language and cultural interpretation, including use of BSL. If an interpreter is needed this should not normally be a relative or friend. Recommends support of an interpreter alongside an IMHA where there is a communication need.
#343 Welsh Assembly Government (2016)	Wales	Mental Health Act (1983) Code of Practice for Wales review	Grey: Statutory Code of Practice	Reviews the MHA 1983 Code of Practice for Wales – 2016 version.	'Every effort should be made' to provide a registered, qualified interpreter, if needed. Considers special expertise involved in interpreting thought-disordered language. Sets out professional and ethical principles for interpreters in MHAAs.

For Peer Review

Author	Country	Title	Category	Focus	Findings
					Professionals should be aware immigration detainees may be particularly vulnerable and may need additional support, including reasonable adjustments including interpreter involvement.
#5 UK government (2018)	England and Wales	Modernising the Mental Health Act	Grey: Government initiated review report	Brings together and reports on the work of the Independent Review of MHA.	Finds that some service users may need assistance to express their views wishes and preferences. Calls for more research into the understanding of the lived experience of communities who are disproportionately detained. Refers to one AMHP's evidence of the experience of refugees and asylum seekers whose first language is not English.
#341 UK Parliament (2023) Joint Committee on the Draft Mental Health Bill	England	Draft Mental Health Bill 2022 - Report of the Joint Consultative Committee	Grey: Government report	Brings together work of the Joint Consultative Committee set up to review the draft mental health bill. Provides recommendations to the UK government.	Refers to one piece of oral evidence of the need to provide interpreters who understand cultural needs too but not followed up in recommendations.
#340 Department of Health and Social Care and Ministry of Justice of UK Government (2022)	England	Draft Mental Health Bill	Grey: Government report	Makes provision to amend and 'modernise' the MHA (1983).	No specific reference to interpreters.
#3 Smith (2021)	England and Wales	Government drops proposed overhaul of MHA-Mental Capacity Act interface due to 'very	Grey: Report in the professional press online General public	Reviews the (lack of) reform of MHA legislation.	Lack of support for change in MH legislation. Consequences: Remote assessments will continue to be unlawful (it does not clarify whether interpreting services

For Peer Review

Author	Country	Title	Category	Focus	Findings
		limited support'			can be provided remotely). Concludes that further work on reforming the MHA must be conducted in particular to introduce legislation that addresses disproportionate detentions of individuals with BME backgrounds. Does not mention how language might contribute to those disparities.
#6 Carter (2021)	England and Wales	Video assessments by AMHPs unlawful	Grey: Report in the professional press online of a statutory review	Reports the outcome of a legal challenge to the Coronavirus easements that had permitted video, remote, online assessments under the MHA.	The 'Devon Ruling' concluded that the online remote video assessment under the MHA is unlawful. This ruling did not go as far to say any online interpreting without the interpreter being present is unlawful.
#334 NHS Digital (2002)	England and Wales	Government annual report	Grey	Reports the characteristics of those assessed under the MHA and reviews annual figures against previous years to identify trends.	No data are required to be reported on the language(s) used during the MHA assessment, whether an interpreter, cultural advocate or any other language concordant professional was used. Ethnicity/cultural identity of the person assessed is recorded.

For Peer Review

5. Narrative synthesis of findings

We adopted the PAGER framework (Bradbury-Jones et al., 2022) to assist in the narrative synthesis of findings and their presentation. This tool was designed as a structured approach for synthesizing and articulating the findings of a scoping review. PAGER offers a clear structure whereby ~~suggests that~~ each item is considered under the headings of: 'Patterns', 'Advances', 'Gaps', 'Evidence for practice' and 'Recommendations', thus ensuring an

organised synthesis of the literature mapped out. ~~It~~ PAGER is especially suited to scoping reviews focusing on issues related to professional practice through its emphasis on identifying advances and gaps in the empirical and practice-oriented literature that require further research action. ~~The PAGER framework goes beyond merely identifying themes; it closely considers the context in which themes might emerge, interact and from whose perspective – hence identifying patterns~~. The PAGER framework goes beyond merely identifying themes by meticulously examining the contextual factors that influence how themes emerge, interact, and are perceived from different perspectives. For a detailed methodological overview on how PAGER accomplishes this, please refer to Bradbury-Jones et al. (2022).. ~~Additionally, it emphasises the implications of what is present and absent in the literature for advancing practice.~~

The ~~full~~ complete PAGER table can be found in Appendix 2 in the Supplemental Material alongside this article. The elements in this table assisted in the articulation of the main findings, set out below, where three main patterns concentrated around: (1) interpreter-mediated MHAAs as a missing focus; (2) implications of interpreting in statutory circumstances not being recognised; and (3) a lack of consideration of the impact of language mediation in contemporary AMHP practice. A descriptive narrative was constructed around these three main patterns to map out the key themes and represent their prominence in the literature. By articulating these patterns in detail, nuances highlighting advances or gaps in the field were identified, providing an overview of the current state of research and practice in interpreter-mediated statutory mental health assessments.

5.1. Interpreter-mediated MHAAs as a missing focus

For Peer Review

A major finding of this review is that there- is the absence of pre-existing literature specifically investigating interpreter-mediated Mental Health Act assessments, or their international equivalents, regarding either practice or their impact on outcomes.

~~is no pre-existing literature available that specifically examines interpreter-mediated MHAAs, nor with respect to international equivalents, whether in terms of practice or impact on outcome~~. The articles that have a broad focus on mental health interpreting do not generally include extensive, if any, references to involvement of interpreters in situations of compulsory detention or emergency practice under the law. And even when such references are made, they are usually brief and peripheral; for example, Tribe and Lane's (2009) reference to duties to provide linguistically accessible information to those detained. Articles focussing on issues of AMHP practice, for example, Leah (2019), Vicary, et al. (2019), Abbot (2021), Karban, et al. (2021) fail to include any consideration of how linguistic or cultural mediation might be relevant to their key findings. The absence of research evidence with a specific focus on the practice of interpreter-mediated MHAAs creates a misleading perception that all MHAAs take place within a monolingual context with shared language usage.

The failure to recognise the effects and potential influence of language on MHAA practice and outcomes, separate from those of cultural and/or ethnic identity, is widespread. The lack of ~~annual~~ regular reporting data on the language identities and language use of those assessed (NHS Digital, 2022a), and whether interpreters or other language concordant professionals were required is stark. It could be argued that this illustrates a lack of emphasis on considering the language preferences of the person being assessed and the assessment process as potential sources of inequality within the MHA assessment process.~~It could be argued that this demonstrates how little value is given to the language of the person and the assessment as potential axes of inequality within the MHAA process~~. This failure to attend to language

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differences is reinforced in the literatures surrounding the reforms to the MHA with language considerations only featuring with respect to translations of written texts/information for patients or special considerations for those who are deaf (UK Parliament, 2023). In the most recent report from the Joint Consultative Committee on the Draft Mental Health Bill (2023), the body set up to scrutinise the draft mental health bill, the brief mentions of interpreting are subsumed under considerations of advocacy for the person assessed, rather than identified in their own right (UK Parliament, 2023).

The diminishment of the potential influence of interpreter -mediation on the practice and outcomes of MHAAs is systemic. For example, the ~~easements~~ temporary allowances under the Coronavirus Act 2020 in the UK that briefly permitted remote MHAAs were eventually judged unlawful in part because of the negative impact on judgements, interaction and communication (see NHS England, 2022). Remote interpreting is still widely practiced in MHAAs (Young et al., 2023). However, the impact of a 'disembodied voice' during an assessment on someone already experiencing mental health distress, which could result in the deprivation of liberty, remains unquestioned: Why are questions regarding the legality of remote assessments not being extended to remote interpreting? ~~. Why would the unlawfulness associated with whether an assessment can be correctly carried out remotely under the MHA not also apply to the circumstances of remote interpreting?~~ This is an area of practice research that clearly requires further work. The gap in the evidence-based practice literature, practice guidance and statutory reporting is~~, however, not confined to the UK~~ not limited to the UK alone. Thi~~s~~e lack of attention extends internationally ~~and thus, the scarcity of research directly in this area is of global concern.~~ , making the scarcity of research directly in this area a matter of global concern.

A second aspect related to 'interpreter-mediated MHAAs as a missing focus' concerns the characteristics of the available literature and the clear scarcity of empirical studies relating to

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interpreter mediation in MHAAs and their equivalents. Empirical research plays a vital role in advancing knowledge and the absence of it limits the ability to draw evidence-based or evidence-informed recommendations for practice. While numerous guidance documents, both statutory and non-statutory, emphasise the need for best practices, including proper assessments as required by legislation, the preference for professionally qualified interpreters, and the duty to make provisions for them (ASLIA, 2011; Carney, 2021; Department of Health, 2015, Department of Health, 2008; Hlavac, 2017; Welsh Assembly Government, 2008), these documents do not constitute an evidence base for practice, neither for interpreters nor for AMHPs.

5.2 The implications of interpreting in statutory circumstances not being recognised

The findings of this review suggest that the prevailing body of research in interpreting studies does not adequately distinguish research, guidelines or practice recommendations that apply in mental health statutory contexts, such as the MHA, from general work on interpreting in mental health. Most of the literature available refers to interpreter-mediation in psychotherapeutic (Bot, 2015) or psychiatric (Drennan and Swartz, 2002; Wand, 2020) practice whether in assessment, evaluation or treatment and therefore does not recognise distinctive issues at stake in statutory assessments. This applies both to empirical studies and professional guidelines. Some of the issues prevailing in existing mental health interpreting literature include (i) the interpreters' role, agency and visibility including ethical dilemmas in relation to those, (ii) links between language, culture, and mental health, (iii) challenges around ensuring accuracy in mental health, e.g., in the case of cross-cultural equivalents, (iv) the impact of language mediation on mental health practice including assessments and (v) interpersonal dynamics. In the literature reviewed, none of these issues is addressed in the context of MHAAs and the special conditions that may pertain to emergency or statutory practice under the law. As a result, this scoping review highlights the need for research that

For Peer Review

explores how long-standing debates and current expertise in the field of interpreting studies, particularly mental health interpreting, apply to statutory mental health assessments and, by extension, to other statutory practices. ~~This~~ Such research would lead to generating new insights and perspectives on the topic which would, in turn, advance the field of interpreting studies. ~~This~~ The contribution of this area of work to interpreting studies lies in the unique challenges presented by interpreting within statutory mental health~~is because interpreting in the context of MHAAs presents distinct challenges that necessitate specialised attention~~, such as interpreting complex legal terminology, the role, responsibilities and powers of professionals conducting MHAAs, and the interpreting of potentially disordered language output of people severely affected by mental health conditions, all within the context of potential involuntary detention under the law.

This lack of recognition of the particular nature of mental health interpreting in relation to statutory mental health contexts such as MHAAs is also present in existing guidance for interpreters. Some do mention special legal considerations and associated concepts, or ethical considerations that might be pertinent to MHAAs (ASLIA 2011; 2020; Hlavac, 2017), however, they do not comprehensively address the unique considerations, procedures, and challenges encountered in statutory mental health assessment under whatever jurisdiction. The absence of detailed guidance for interpreters in situations of mental health crises and collaboration with professionals under legal obligations poses a challenge. The scarcity of explicit practice frameworks may impact interpreters, ~~influencing their~~given that there is not sufficient guidance to support their decision-making in this context ~~performance~~ and thus compromising the overall quality of the assessment process, particularly in relation to legal aspects. Additionally, the lack of existing literature raises concerns regarding the preparation, training, and support provided to interpreters working in statutory mental health contexts, including the absence of these matters within generic interpreter training programmes.

For Peer Review

Building on this point, when discussing the need for interpreters to have knowledge and skills that extend beyond conventional interpreting competencies to effectively work in specialised mental health contexts, it is worth acknowledging recent developments in the area of trauma-informed interpreting. This approach calls for recognition of the impact of trauma on individuals' behaviour and linguistic output, including thought-disordered language, and encourages interpreters to apply trauma-informed principles to their work (Bancroft, 2017; González-Campanella, 2022).

This scoping review also identified a lack of literature on the need for collaborative working practices between AMHPs (or equivalents) and interpreters in MHAAs (or equivalents). This is important because there is some evidence (from non-statutory mental health services) to suggest that interprofessional collaboration between mental health practitioners and interpreters can lead to positive outcomes (Gryesten et al., 2023). However, there is a gap in the existing literature on the specific strategies and techniques that AMHPs and interpreters can use to effectively collaborate during MHAAs, in which the legal aspect is especially salient. Moving beyond academic literature and guidelines, statutory documents paint a similar picture: while the statutory code of practice accompanying the MHA (Care Quality Commission, 2015; Department of Health, 2008 Department of Health, 2015, Welsh Assembly Government, 2008, Welsh Assembly Government, 2016) does offer certain guidance regarding ~~the~~ situations that call for the involvement of an interpreter, it falls short of providing specific instructions on how AMHPs can effectively collaborate with interpreters. The existing guidance primarily focuses on determining when interpreter assistance is required, rather than offering specific guidance on optimising the working relationship between AMHPs and interpreters. The ~~potential dissonance~~lack of guidance that AMHPs may experience when conducting assessments through an interpreter, assumptions that might be made regarding the interpreters' level of knowledge about core legal concepts

For Peer Review

and their implications, for instance, will require carefully considered practice responses. Guidance that supports AMHPs to jointly navigate the complexities of meaning making in MHAAs as opposed to viewing interpreting as a bolt-on mechanism, or a 'conduit', would not only enhance AMHP confidence in interviewing 'in a suitable manner' and reaching a decision on outcomes, but would also have associated benefits for the experience of people assessed.

5.3 Lack of consideration of impact of language mediation in contemporary AMHP practice

The parameters of the scoping review include available empirical research on the challenges involved in AMHPs' professional practice, in order to identify the extent to which challenges associated with language mediation might be recognised. It was notable to find that challenges associated with the need for language mediation have been largely overlooked in the existing body of research that focuses on contemporary AMHP practice.

The current literature predominantly focuses on various challenges that AMHPs encounter in their work, such as effectively managing risks (Simpson, 2020), navigating complex legal frameworks (Abbott, 2021; Fish, 2022), safeguarding the rights and autonomy of individuals undergoing assessment and rights of the Nearest Relative (Dixon et al., 2019), and fostering collaborative relationships with other professionals during the coordination of MHAAs (Davidson et al., 2021). These studies shed light on AMHPs' awareness of the ethical dilemmas inherent in wielding statutory powers, including striking a balance between autonomy and safety, managing power dynamics, managing the complexities of their coordinating role, and grappling with time constraints.

It was notable that in all these studies, which admittedly had a different focus than our topic of interest, there was not even a passing consideration given to whether and how the points being made might be impacted by practice that is not monolingual. This absence is

For Peer Review

remarkable given that previous research has found that language mediation might challenge standard communicative practices in social work in ways that practitioners do not have the resources to address affectively (Tipton, 2016). The specific challenges faced by AMHPs in such interpreter-mediated assessments are multifaceted. The presence of interpreters introduces a layer of complexity for AMHPs that can impact the accuracy and reliability of information exchanged. A higher potential for misinterpretations, omissions, or misunderstandings can occur, potentially compromising the overall assessment process and subsequent decision-making. This is particularly salient in the case of acute mental health: for example, the MHA Code of Practice (Section 14.116-117)~~,~~ states that the AMHP involved in the assessment should be responsible for booking and using registered qualified interpreters with expertise in mental health interpreting, bearing in mind that the interpretation of thought-disordered language requires "particular expertise". However, the specific skills and expertise required to effectively interpret thought-disordered language, particularly in the context of an MHAA, are not thoroughly examined in the existing body of knowledge. Thought-disordered language, ~~often~~ occasionally observed in individuals with severe mental health conditions (Caplan, 2009), is likely to pose unique challenges for interpreters because of the complex and sometimes fragmented nature of the language use. Understanding and accurately conveying the meaning and intent of such language calls for specialised expertise that goes beyond general language interpretation skills and beyond generic AMHP training. However, the literature lacks comprehensive exploration of the specific competencies, training, and qualifications that interpreters and AMHPs need to possess in order to jointly address thought-disordered language within the context of MHAAs. By addressing this gap in the literature, further research could expand on the practical implications of the MHA Code of Practice's provisions related to interpreter selection and utilisation with a focus on effective collaborative practice.

For Peer Review

Whilst some of the AMHP--related practice research focuses on power inequalities in MHAAs (Buckland, 2020), this is only considered in monolingual contexts, which itself is not acknowledged in the literature. The AMHP, as the primary decision-maker in the assessment, is identified as holding a position of power. However, ~~the circumstance of~~ how the presence of an interpreter introduces an additional layer of complexity to the assessment process, influencing the distribution of power among the various participants involved, remains unaddressed. This is important because power is connected to the notion of 'voice', understood to mean the expression of one's wishes and feelings and that might have an influence on a person's mental state and behaviour. In the context of MHAAs, a crucial aspect of the AMHPs' responsibility is to distinctly discern, in adherence to legal mandates, the options aligned with the principle of the 'least restrictive alternative' during the assessment process. Interpreter -mediation introduces an additional layer of communication that either enables or constrains the service user's voice and how it might be understood. Surprisingly, this crucial aspect has not been comprehensively explored in the existing literature concerning one of the most profound civil law powers, which allows the deprivation of an individual's liberty. Attention to the availability and proficiency of interpreters and the challenges these pose for AMHPs is also absent. This is salient because, in accordance with the MHA Code of Practice, AMHPs are responsible for organising interpretation. AMHPs are also charged with engaging with an assessed person's Nearest Relative to ascertain whether they have an objection to the person's detention under the MHA. The available literature that discusses this role does not mention any complexities that might arise if the AMHP and Nearest Relative or wider family do not share the same~~a~~ language (Dixon et al., 2019; Hemmington et al., 2021). However, previous research on social work with interpreters has identified difficulties that social workers might have in liaising with families of service users who use a language other than English, even when interpreters are involved (Pollock, 2023).

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In sum, the way in which interpreting adds further complexity to current practice concerns is largely absent from the current body of knowledge.

6. Concluding remarks

This scoping review set out to answer two research questions about the state of knowledge concerning interpreter-mediated statutory mental health assessments, specifically MHAAs. The first question concerned the enablers and barriers to good practice ~~including their international equivalents~~for AMHPs and interpreters in MHAAs. The main finding of this review is the almost total absence of the consideration of interpreter -mediation in empirical research on MHAAs and the lack of evidence-based guidance for practice ~~are the biggest barriers~~. Building on this idea, the absence of evidence highlights the potential catalysts for improving practice~~. This includes~~ which may include a focus on fostering collaborative interprofessional teamwork, ~~which could involve joint training for AMHPs and interpreters.~~jointly involving interpreters and mental health professionals. Additionally, exploring how and why the unique circumstances of statutory work within the mental health field may differ from conventional mental health interpreting practice is essential. Finally, it is crucial to examine how key considerations in AMHP practice, such as power dynamics and voice, can adapt to, or be influenced by, the additional layer of working with interpreters.

The second question for this review set out to explore how interpreter -mediation supports or impedes the legal rights and best interests of individuals assessed under the MHA or its international equivalents. Our principal finding is that none of the literature items we identified actually addressed this as an issue in its own right beyond guidance of when

For Peer Review

interpreters should be provided, and the rights of the individual to have access to high-quality interpretation. There is no direct evidence from practice and no clarity that evidence from related contexts, including mental health interpreting more generally, is adequately relevant to the very particular practice circumstances of MHAAs.

When considering the characteristics of the literature items identified, an unanticipated finding is the lack of transdisciplinary approaches across the fields of interpreting studies and health/social care in this context. This literature review has brought together relevant literature items from the fields of social work and interpreting studies that address overlapping points in the context of MHAAs or equivalents. By synthesising the insights from both disciplines, this review sought to highlight the interconnections and shared perspectives that can contribute to a more comprehensive understanding of interpreter-mediated MHAAs. The findings suggest that while both fields have valuable perspectives to offer, both bodies of knowledge appear to operate separately. The lack of cross-fertilisation hinders the development of a comprehensive understanding and approach to interpreter-mediated MHAAs. This gap in interdisciplinary research likely points to limited opportunities for interprofessional collaboration and training. Social workers and interpreters typically work in separate organisational structures, with little opportunity for collaboration or joint training. This can result in social workers and interpreters having limited knowledge of each other's roles and responsibilities, leading to potential misunderstandings and challenges in completing effective MHAAs or ~~failing~~ failure to conduct them in a suitable manner.

This review marks the initial phase of the INForMHAA project and serves as the foundational step toward addressing the identified gap in practice-based research and aims to offer tailored guidance and training resources for AMHPs and interpreters in this field. This review makes several contributions to interpreting studies: it draws attention to a highly specialised area of mental health interpreting; it exemplifies the value of value of scoping

For Peer Review

reviews in cross-disciplinary studies on interpreting; it encompasses both signed and spoken language interpreting within a common focus of inquiry and it lays the groundwork for a systemic exploration of this topic in different national contexts, thereby facilitating future cross-national comparisons across countries with different legislative frameworks and healthcare systems, ~~and~~thus increasing understanding on mental health interpreting practices globally.

Having acknowledged its contribution, it is also important to recognise the limitations of this scoping review to guide future reviews on interpreter-mediated statutory mental health assessments or similar topics. For instance, the breadth-over-depth approach of this scoping review means that nuanced aspects of interpreter-mediated MHAAs may have been overlooked. Additionally, an exhaustive quality assessment of the selected items was not provided, potentially limiting the ability to critically evaluate the quality of the evidence base. Addressing these limitations could enhance the robustness of future literature reviews in this field or similar ones.

~~This review is the first stage in a comprehensive research project on interpreter-mediated MHAAs that will start to fill the gap in practice-based research we have identified and provide highly specific guidance and training resources in this challenging field of practice for both AMHPs and interpreters. It makes several important contributions to interpreting studies: it draws timely attention to a highly specialised area of mental health interpreting; it exemplifies the value of scoping reviews in cross-disciplinary studies on interpreting; it addresses signed and spoken language interpreting in a single approach, and by focusing on a single national context, it lays the foundations for a systematic approach to the topic in other national contexts, thereby facilitating future cross-national comparisons.~~

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For Peer Review

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For Peer Review

Appendix 1 - Sources

1.1. Journals used in our pre-screening search

British Journal of Occupational Therapy, British Journal of Psychiatry, British Journal of Social Work, Health and Social Care in the Community, International Journal of Nursing Studies, Journal of Mental Health, Journal of Psychiatric and Mental Health Nursing, Journal of Social Welfare and Family Law, Journal of Social Work, Practice, The Journal of Mental Health Training, Education and Practice, Qualitative Social Work, Translation and Interpreting Studies, Patient Education and counselling; Meta: Journal des Traducteurs; Interpreting: Research and Practice in Interpreting; Interpreting and Society; The Translator; The International Journal of Interpreter Education; The Translator and Interpreter Trainer; The International Journal of Translation and Interpreting Research, Journal of Specialised Translation and Across Languages and Cultures.

1.2. Grey literature sources

Acts of Parliament and associated statutory guidance, NHS Digital, Mental Health Act Review annual and special reports, Care Quality Commission, Mental health Foundation, Social Work England, Hunan Rights Alliance, Association of Sign Language Interpreters UK, British Association of Social Workers, Community Care online, Centre or Mental Health, Department of Health and Social Care, Health and Care Professions Council, Law Commission, Mental Health Act Commission, mental health Alliance, Mental health in Higher Education, National Association for Mental Health, The College of Occupational Therapy.

Appendix 2 – PAGER framework (table provided separately)

For Peer Review