



A Conversation About... Why Interpreters Matter in Mental Health Care

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Host (00:01):

Hi there. Welcome to Mental Health Professionals Network podcast series MHPN's is to promote and celebrate interdisciplinary collaborative mental health care.

Radhika Santhanam-Martin (00:18):

Welcome to this episode of MHPN Presents, A Conversation About valuing language interpreters as part of the multidisciplinary care team in clinical and community mental health, we have a panel of three interpreters who will guide this discussion. Let me introduce them right away. Nellie. Hello.

Nellie Bi (00:41):

Hello, Radhika. Thank you for having me.

Radhika Santhanam-Martin (00:45):

Great to have you here and welcome Blossom.

Blossom Ah Ket (00:48):

Thanks for inviting me, Radhika.

Radhika Santhanam-Martin (00:50):

My pleasure, always. And finally, Susan, welcome again.



Transcript



Susan Esmaili (00:54):

Hi Radhika. Hi Nellie. Hi Blossom.

Radhika Santhanam-Martin (00:57):

I'm so glad to have the three of you who bring a wealth of practice, experience, knowledge, and critical reflections as interpreters and translators in the field of mental health. In opening the episode, I want to highlight three things. Firstly, a brief mention of the history of language interpreting in Australia. At the very beginning, interpreting services in Australia were a response to post World War migration and the growing multicultural communities who came to settle in Australia. It was a Whitlam government in 1973 that established the first free emergency telephone interpreting service later known as TIS National. In 1977, the National Accreditation Authority for translators and interpreters NAATI was established, which until today is the regulatory body. AUSIT was founded in 1987 when NAATI wanted to establish a national professional association. The first AUSIT code of ethics was completed in 1995, which was later revised in 2012 because of the growing attention to ethical issues and interpreting and translation across the world.

(02:13):

So in the code of ethics that we now operate with NAATI, is the 2012 AUSIT code of ethics. That is Australia interprets A-U-S-I-T. The second thing I want to mention is the difference between Auslan interpreting and language interpreting. Language interpreters typically facilitate communication between spoken languages, while deaf interpreters are specialists who work with individuals who are deaf, hard of hearing or deaf blind, often using visual and tactile communication forms. Finally, a few words regarding this episode's title. In a multidisciplinary team approach, it is the team's responsibility to take care of everyone. It's a collective effort when using interpreters in mental health settings, the best practise guideline uses the metaphor of a three-legged stool. If you cannot visualise three legs of the stool, that is the client, the practitioner, the interpreter, then the stability, safety, and security, the interaction is compromised. Those using interpreting services need to understand that it's not a diadic interaction, but a three way cultural and language interaction where the interpreter needs to be seen, heard, engaged, and appreciated. Now to the voices of our interpreter colleagues, could you please tell our audience what brought you to this profession and what languages you interpret and the range of settings you work in? Nellie, can I start with you?

Nellie Bi (03:59):

Yes. So I one day came across a store. They were giving out pamphlets about interpreting course back in China. I was interested as I just got the pamphlet and I went to the open day, and then that's how everything started, and now I interpret in Mandarin and English language. I think I work everywhere mainly in health settings, legal, and I do a lot of mental health, psychology and also counselling settings.

Radhika Santhanam-Martin (04:34):

Beautiful. Susan, do you want to speak to our audience?

Susan Esmaili (04:38):



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Sure. Mine was a little bit different. My journey began in Iran when my passion for literature and poetry first took root. But as a member of our Bahá'í community, I was denied access to higher education, so I couldn't go to university. I was very determined and with high determination and faith, I set out on a difficult path, one that eventually led me to the freedom and opportunity of Australia. Here I earned two bachelor degrees, one in software engineering and another one in management from Monash University. But even though I succeeded academically, I came to realise something essential is missing. My heart didn't belong into machines and codes and programmings, but I wanted to be with people and I wanted to be with them. And then I realised I'm fluent in five languages and these languages are Persian. And as my national language that I did study back at home, mother tongue Azerbaijani, and I learned over the time Dari and also Turkish, staying in Turkey for a while.

(05:48):

So I felt like I discovered my true calling in interpreting and translation. For me, interpreting is more than transferring words from one language to another. I feel like it's about building bridges between cultures, preserving meaning, and honouring the human stories behind every sentence. So today I work as a full-time interpreter with a deep love and passion for what I do. Each project is an opportunity to connect, to serve, and to bring voices together across borders. And I really enjoy doing interpreting. As our friend said, I work in many, many different settings. Mental health, I love it. I have worked a lot in counselling sessions and also I work in medical, legal, even maternal child health sector everywhere, and I really enjoy it. Every job is a new project for me.

Radhika Santhanam-Martin (06:42):

Amazing. Amazing. Blossom?

Blossom Ah Ket (06:45):

Yeah. I work as a Spanish interpreter and translator, and I think I now by far prefer interpreting to written translation, but I got inspired when I was living and studying in Columbia and saw a documentary one night about Indigenous resistance of the Nazca people in an area called Alcalá. And I'd never really thought about it, but I just walked up to the director and said I wanted to translate and do the subtitles. And I think from there I approached translation and interpreting as a tool of solidarity and did trips to autonomous Mapuche communities in Chile. And that was sort of my way in. And then I ended up doing my master's in interpreting and translating and now work in community health and legal. And I don't know, even just listening to my colleagues, I'm just like interpreters undersell themselves in terms of what that means, the breadth of working across those settings or slipping in seamlessly. Even if you work just in medical, it means working in every single department and in the hospital and being able to be across all the terminology and jargon. And that could be counselling or court and the dentist or podiatry. So I think it's really just a bit of everything. It's quite incredible. So I know even just my two colleagues here do so much and I see them in so many contexts,

Radhika Santhanam-Martin (08:14):

So many hats, isn't it? Professional hats and expertise Blossom. I love the phrase of language as a tool of solidarity. What a way to begin Blossom. Can I stay with you? Can I ask you and then I'll go to Nellie and



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Susan, could you share a practise story that highlights the challenges in the sector? You've already touched on a few. Could you highlight more?

Blossom Ah Ket (08:37):

Sure. I mean, I think obviously we're talking more about the context of mental health and working in the mental health sector as interpreters. And I think even that can mean working in the mental health tribunals or doing counselling or psychiatric evaluations in court. And I, a big issue in any of those stories day to day, just so many people's stories is that we are carrying and sitting with so many people's life stories, but then there not being a continuity of seeing that client again or getting any closure or knowing what's happened to them after that day. And that can often cause a lot of vicarious trauma. And I think even my friend is a mental health social worker and was surprised to know that we don't have any supervision because it's a casualized workforce. So I think not having any continuity and then not knowing what to do sometimes with those feelings or inevitably being moved, being a human being and having sometimes the professionals we work with being suspicious of our feelings.

Susan Esmaili (09:46):

Susan?

Blossom Ah Ket (09:46):

Another challenge that happens sometimes is offering debriefing for us. For example, I would just want to start with a practical story. I remember stepping into a counselling session to interpret for a middle-aged woman, lady, and her psychologist, which was a very young gentleman. As the session progressed, she was asked to share what had brought her there, and she began recounting the story of her life. What followed was one of the most heartbreaking and harrowing stories. I have never heard such a thing in all many years of interpreting. I had never encountered anything like it without realising it. Tears began to roll down my cheeks, something that had never happened to me professionally before. As you know, we are not supposed to show any emotions in the settings. In my mind, I kept wondering, wow, how am I going to supposed to carry the weight of all these emotions?

(10:49):

How do I protect myself from the emotions there that comes with such stories. The truth is once the session ends, no one really asks how we feel. But that day it was different actually. And after the session ended and after the psychologist had gently handed the woman, the mother over to her son, he returned back to the room and he asked me to stay a little longer. We sat together. I could see he was impacted as well with this story. I could see from the facial colours that he was really, he didn't cry, but I could see what's going on to him as well. So yeah, we sat together quietly, both trying to process what we had just witnessed. Then to my surprise, he turned to me and asked how I was feeling and what he could do to help me to calm down and bring my emotions to regularity. It was such a kind and unexpected gesture, especially coming from someone so young. And he offered a debriefing and his empathy and professionalism made a real difference. I left feeling heard, supported and grateful, something I will never forget. And yeah, it was really good. So because anyways, we are human beings and we are not robots and we have emotions as well. And when we see the professional is taking care of the patients as well as the interpreters, it helps and it just brings us back.



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Radhika Santhanam-Martin (12:20):

Yeah. Susan, thank you for that because it's also such a generous response when there are so many professionals and practitioners who don't do the right thing. You have chosen to highlight the one example where they did the right thing. So I can see the compassion that you all bring to the field as well. Nellie, what are your thoughts?

Nellie Bi (12:40):

What Blossom and Susan just said, resonate with me strongly, and maybe I will share a story that's not as generous as Susan. Not that their professional's not doing the right thing, but I think they're not aware of the presence of interpreter and how we can work together as a team. So yesterday I was doing a Zoom meeting with the school, multidisciplinary meeting about a child who needs support, and I turned on the Zoom, and then there were three or four people there. There was no introduction, and there were teachers, there were a speech pathologist, there were psychologists,

Radhika Santhanam-Martin (13:23):

There was no briefing for you, nothing prior,

Nellie Bi (13:26):

Nothing. It just says it's a multidisciplinary meeting about a child. That's all. And then they just start talking and the camera was set towards the wall, so I couldn't really see anyone. And then they just start talking, okay, let's talk about this child and the name and the child and what's going on, and I have to intervene. And I say, look, can I at least have the name of the child and the pronouns? How do I address the child and can I look at the person when they're talking, like the camera is towards the wall? And then they realise, oh, okay, so you need to know the name, you need to see the person who you are talking to. And then when I speak up, the professional stated that there is an interpreter that needs to be seen to be heard, and then everything just go quite smoothly. They will take turn to talk. They will pause at a reasonable interval for me to interpret, and they will turn the camera to the person who's talking. Yeah, everything went well after that, but it's just like I have to speak up to let them know that there is a person here working as well.

Radhika Santhanam-Martin (14:31):

Yeah, but also what you're saying, Nellie, is that you have to then mentor the profession on how to use interpreters like you are doing the educating up for the profession in real time as you're in the session.

Nellie Bi (14:45):

Yeah, on the job, on the spot.

Radhika Santhanam-Martin (14:47):

This leads us to, it's a lovely segue to our next question because the next one is around this notion that language interpreters are sometimes seen in the sector as yet another tool or a box to tick. So Nellie, your example of the camera being, you could only see the wall really highlights that. So it's almost like



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there is a toolbox here. It's not a person. So like that the language interpreters are seen as a tool or a box to tick. In your experience, what do you think your role is and what does your training emphasise? And could you also say from your experience, some of the best practises in interpreting that should be considered, which you are already touching on. So I'll start with you, Nellie.

Nellie Bi (15:32):

Well, I think when I was doing my training, the emphasis is always on that you are a tool. You are just a conduit. You are a tool between different languages for the communication to flow. But from my working experience, that's not true. It's much more than just a tool. If we are just a tool, the machine translation can do much better job, they can be quick. It's much more efficient when it comes to cost. But human communication is not just about words, it's a lot of other things like the body language, the facial expression, even your smell or your temperature can tell a story. So it's much more than that. And I feel like the training is really lacking on that emphasis because I just did a community services course, and that's what I realised that what's lacking in community interpreting training is that we need to have more training on the human side, how to work with vulnerable people, how to show care and genuine curiosity in the person

Radhika Santhanam-Martin (16:43):

As a team -

Nellie Bi (16:44):

- as a team.

Radhika Santhanam-Martin (16:44):

- not just as interpreters.

Nellie Bi (16:45):

So I can understand the language and also translate the language. So convey the message across.

Radhika Santhanam-Martin (16:54):

Beautiful. Susan?

Susan Esmaili (16:56):

Another thing I realised is that as our friend Nellie is explaining, the training is very rigid and they say you are not supposed to add anything. You're not supposed to omit anything. And then sometimes it doesn't work. As my friend was talking about, we are humans, and then the connection and communication is not coming only through the world. Sometimes for example, professionals and or even clients, they ask for more extra information or explanation. And we like to have that freedom and liberty of being able to just explain such. Sometimes one word explains a lot of things and sometimes lots of sentences can't explain one word. So we need to have that liberty to explain and then we need to



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be trusted as well that we are not stepping outside our boundaries, but we are just trying to make the communication and understanding better.

Radhika Santhanam-Martin (17:48):

Wonderful trust. Yeah, I'd like to underline that. Blossom?

Blossom Ah Ket (17:53):

Yeah, I think I was just smiling to myself. I realised I used the word tool as a tool of solidarity, but I think the difference I see is that that's our own tool as professionals as opposed to them seeing us people as tools. And I think we're often seen as a very blunt tool, whereas I think these principles of the code of ethics that we're bound by are impartiality objectivity. And I know that there's ongoing reviews of that code of ethics and there is room for nuance. But I guess there's just not enough value or attention given to the training or funding to the training of both interpreters and people who work with interpreters. So I think, and they're not all talking to each other about being part of that multidisciplinary team. So I think sometimes that idea of impartiality extends so far that there's this suspicion or distrust, whereas I think most interpreters I know have a level of expertise and sophistication with which we're wielding those tools that we've studied and been trained in.

(18:54):

And I think ignoring that also means disservice to the clients that you're working with as well, because I think the quality of the interpreting and interpreting relationship or in the multidisciplinary team determines health outcomes for the people that you're working with. So I think critical skill also include health advocacy and cultural consultancy. And I think it's a fine line to walk because we aren't the experts in those sectors, but we're bringing our skills and intercultural communication or understandings of health or mental health specifically mental health is so nuanced across cultures. So I think to ignore that expertise, well, it's just a shame really.

Radhika Santhanam-Martin (19:40):

It's such a shame, such a shame. Stay with me Blossom because I want you to also now pick this to the next kind of reflection. Could you speak to the systemic neglect and structural barriers that language interpreters face as a workforce? Because when you say our critical skills include health advocacy and cultural consultancy, that kind of discourse is completely absent in the sector. So could you speak a bit more about how the workforce and the systemic neglect and structural barriers in there?

Blossom Ah Ket (20:15):

Well, I think it has its roots in the fact that this country and governments over the time have never really valued intercultural communication. We have a very monolingual mindset, and I think it's also a feminised workforce, mostly women. And it is the role of care. I see it as care work as well. And so I think none of that's valued, and it's been privatised since the eighties and highly casualised, and it's a workforce that I think is exploited. But I think that there's very few jobs available in-house for interpreters. So it's highly casualised. There's no real career progression available and interpreters are responsible for paying for ongoing training for themselves and without much supervision apart from the things that you facilitate, like our peer reflective practises. And I think that means that it's run with



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language service providers who often work as a middleman and mean that they stand to benefit from the casualisation and jobs being put out at the last minute and going to the whole pool of interpreters. So I find that quite disrespectful in that we went to just fight amongst ourselves, and it's never really determined about who would be the most appropriate or have skill for particular jobs. Jobs disappear within a minute in a lot of languages. And so you need to be on your phone constantly. There's no sick leave,

Radhika Santhanam-Martin (21:40):

No superannuation, long service leave.

Blossom Ah Ket (21:45):

We do have superannuation the union has fought for. It's just really, and the union does amazing work. I think it's just increasingly hard to organise because we don't have fixed workplaces. And so we're sort of casting ships in the night. We're lucky if you see another interpreter at another job. I've seen Nellie once.

Radhika Santhanam-Martin (22:07):

Thank you Blossom, so many critical things there. Susan?

Susan Esmaili (22:11):

I think Nellie wanted to talk about this.

Radhika Santhanam-Martin (22:13):

Okay, go ahead, Nellie.

Nellie Bi (22:15):

So I agree with what Blossom just said. There is systemic neglect and structural barriers a lot. We don't have the mindset. We don't see interpreters as respected professionals. I remember there was something happened to another Mandarin interpreter who was interpreting at court, at county court, so quite high level. And then she was asking for the briefings, maybe just tell me what the case is about. And then the lawyer was saying, oh, why would you need that? If I say hello, you just say Ni hao. And then he just refused to give any information and that was just shocking. And it happens a lot when we work. I'm interpreting for a young person in justice system and then he was quite vulnerable, and I tried to interpret for him every time. Then there was one, I couldn't make it so I didn't go. And then the youth justice worker came to me and said, oh, I have to book you three weeks ahead every time we need you because when you are not there, the young person doesn't want to talk. So that's how you can see that interpreters is part of the team. And then it is important to have this continuity of care. Otherwise it would cause a lot of stress for the client, especially valuable clients. And I think the industry just doesn't see that. They see interpreters as a tool, as a number, or sometimes even tokenistic. It says, oh, we have interpreter booked that shows we care. But do you really care?

Radhika Santhanam-Martin (23:51):



Transcript



Do you care for the workforce? Exactly. Yeah.

Nellie Bi (23:54):

And do you really care for the people that really needs interpreting, do you really care for them?

Radhika Santhanam-Martin (23:57):

Thank you, Nellie. I've go to the final reflection, and I want to come to you, Susan, if you could build on some of the reflections we have had in our conversation prior to these sessions because we have all been doing reflective practise for the last, really five years. So how best do you think the sector can highlight the expertise, the scholars, and the experience and professionalism of interpreters?

Susan Esmaili (24:24):

I believe that as our friend Nellie was telling and Blossom as well, that continuity of the care. Sometimes when we do interpreting for a patient and then we get to know the person and we do show that we care as well, we are there to help them. But when they're asking, can you book the same interpreter? The professional says, we are not sure. We have to see that is a kind of neglect as well. If they can try to book it, it would benefit both the professional as well as the patient. And it would be really good because even for example, the interpreter, they have good memories and they know what is the history. They can help a lot. So that would be really good. Sometimes it gets really, really neglected by agencies as well as the professionals. But I have seen some areas that when they insist we need this interpreters specifically, they try to come on board and then just organise it.

Radhika Santhanam-Martin (25:20):

Thank you. Blossom?

Blossom Ah Ket (25:21):

Yeah, I think that in terms of professionalism, I was also just listening to you guys speak and thinking about, I don't think I highlighted just before just how poorly paid interpreters are. And I think sometimes in my other roles, in my other jobs, I speak to doctors or other psychologists who are talking about wanting a pay raise. And I just don't think they're aware that interpreters struggle to make a living. And a lot of people drop out of it because it's impossible to do unless it's as a side hustle, despite the training and level of training they've done and how professional they are. And so I think in terms of helping to support the professionalism of interpreters in a mental health context, that it's important to remember that mental health professionals actually have a lot more power and responsibility to create those conditions because interpreters are so precarious when we come and work with you, that is our workplace for the day through you guys who might have your team, but it's really important to create stability there or good communication or not cancel at the last moment.

(26:23):

That's just some things. But then in terms of scholarliness, I think the voices that should be listened to and engaged with are interpreters, and that should come from interpreters writing in academia, but also AUSIT the professional association or the union professionals Australia. And I think so often when I've



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gone to conferences in the multicultural communications sector or multicultural health sector, those voices aren't at the table. There's other organisations or businesses who deal in multicultural comms, but I'm shocked by the absence of interpreters voices. And I think if we're all going to be in this multidisciplinary team, we need to be present in those conversations. And I think it's challenging and it's nuanced and I think that language interpreting is inherently interdisciplinary. Yeah, we are pushing these boundaries of care and knowledge, and I think that can be a bit confusing to everyone because it requires a lot more time than it's given to understand.

(27:23):

And I think it needs to be an investment of time of mental health professionals as well as all of us and to all come together and work. And then I think also the interpreters voices, but also service users, which is a term I hate, but the community members that we work with, none of us are all really talking together. There's training run for using interpreters or working with interpreters. But I think I would just love to see interpreting sector valued for what it brings in. There's so much to be learned from interpreters. I think I say that as the biggest fan girl of all that colleagues I work with.

Radhika Santhanam-Martin (27:57):

Yes, absolutely. Absolutely, Nellie? Well, how do you want to wrap this up? Because when Blossom says language interpreting is inherently interdisciplinary, take it from there and wrap it up for us.

Nellie Bi (28:12):

So I can just give an example when I work in medical settings and then the people will often ask, oh, are you medically trained? I said, no, I'm just interpreting trained. And then I work with lawyers. They say, oh, are you from a legal background? Like, no, I'm just an interpreter. So that's the nature of our job. You need to know a little bit of something of everything, otherwise you can't work because you don't know what job you pick up today and what settings they will be in. It's so on the spot. So you just have to be really well prepared for that.

Radhika Santhanam-Martin (28:47):

And I know Nellie, in the earlier conversation, you used a very wonderful phrase. You said the idea that a competent interpreter is a cross-disciplinary expert. That is what practitioners should hold. Look. On that note, thank you so much. Thank you for joining us on this episode of MHPN Presents, a conversation about valuing language interpreters as part of the multidisciplinary care team in clinical and community mental health. You have been listening to me, Radhika Santhanam-Martin.

Blossom Ah Ket (29:21):

And me Blossom Ah Ket.

Nellie Bi (29:22):

And me Nellie Bi.

Susan Esmaili (29:24):



Transcript



And Susan Esmaili.

Radhika Santhanam-Martin (29:26):

Thank you all. We have covered a lot of territory, including the challenges and barriers in the field of language interpreting and the critical thinking skills that language interpreters are bringing to the field. They're shaping the intellectual breadth of this field to improve the practises in clinical and community mental health sectors. We hope this has been of interest to you to stay up to date with MHPN podcasts. Make sure you subscribe to MHPN Presents. Thank you for your commitments to multidisciplinary care and lifelong learning.

Host (29:59):

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