

Exploring Staff Experiences and Perspectives on Barriers in Interpreter-Mediated Therapy within NHS England's Talking Therapies



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Introduction

- Talking Therapies for anxiety and depression (formerly IAPT), is NHS England programme for delivering evidence based psychological therapies within primary mental health care. Inherent within Talking Therapies, is the aim that all communities should have a chance to benefit from evidence-based psychological therapies.
- Access and outcomes are lower for clients from diverse ethnicities and nationalities than compared to White British clients (Baker & Kirk-Wade, 2023). With poorer outcomes observed for clients identifying as Yemeni, Pakistani, Somali (Arafat, 2021), and specifically Pakistani women (Kapadia et al., 2017). Black Caribbean, Black Other, and White Other groups are often referred elsewhere for treatment (Harwood et al., 2021).
- These trends are further compounded for clients with limited English proficiency, despite requirements to provide accessible healthcare services and extensive guidelines for working with interpreters in psychological therapy.
- Anecdotally the scale and impact of this problem is significant within Talking Therapies; however, to date, there has not been specific research on this.
- We used an anonymous online survey to collect data from current staff about their experiences and perspectives of barriers to interpreter-mediated therapy within NHS England's Talking Therapies services.

Methodology

Survey Data Collection

- Advertised on social media and snowballing sampling was encouraged.
- Participants answered the questions in their own words in as much depth as they chose
- Anonymous to facilitate open responses without concerns about repercussions or implications.
- Sample (N= 133) comprised current staff working in services across England, comprised mostly of PWP's CBT therapists, but included smaller proportions of Administrators, Managers, Counsellors and Psychologist.

Data Analysis

- Qualitative responses were collated, resulting in 32 pages (18428 words) of single-spaced qualitative data.
- Reflective Thematic Analysis (Braun & Clarke, 2006) was used as it isn't constrained by a theoretical position, allowing greater analytic flexibility.
- Approached using an inductive, and descriptive framework, aiming to align with participants' subjective experiences and the work context.
- Codes were identified at the semantic level, focusing on explicit meanings of responses. Themes were then further refined and a thematic map generated.

Results

Key Qualitative data

- (Figure 1: Thematic Map Showing Themes and Sub-Themes)

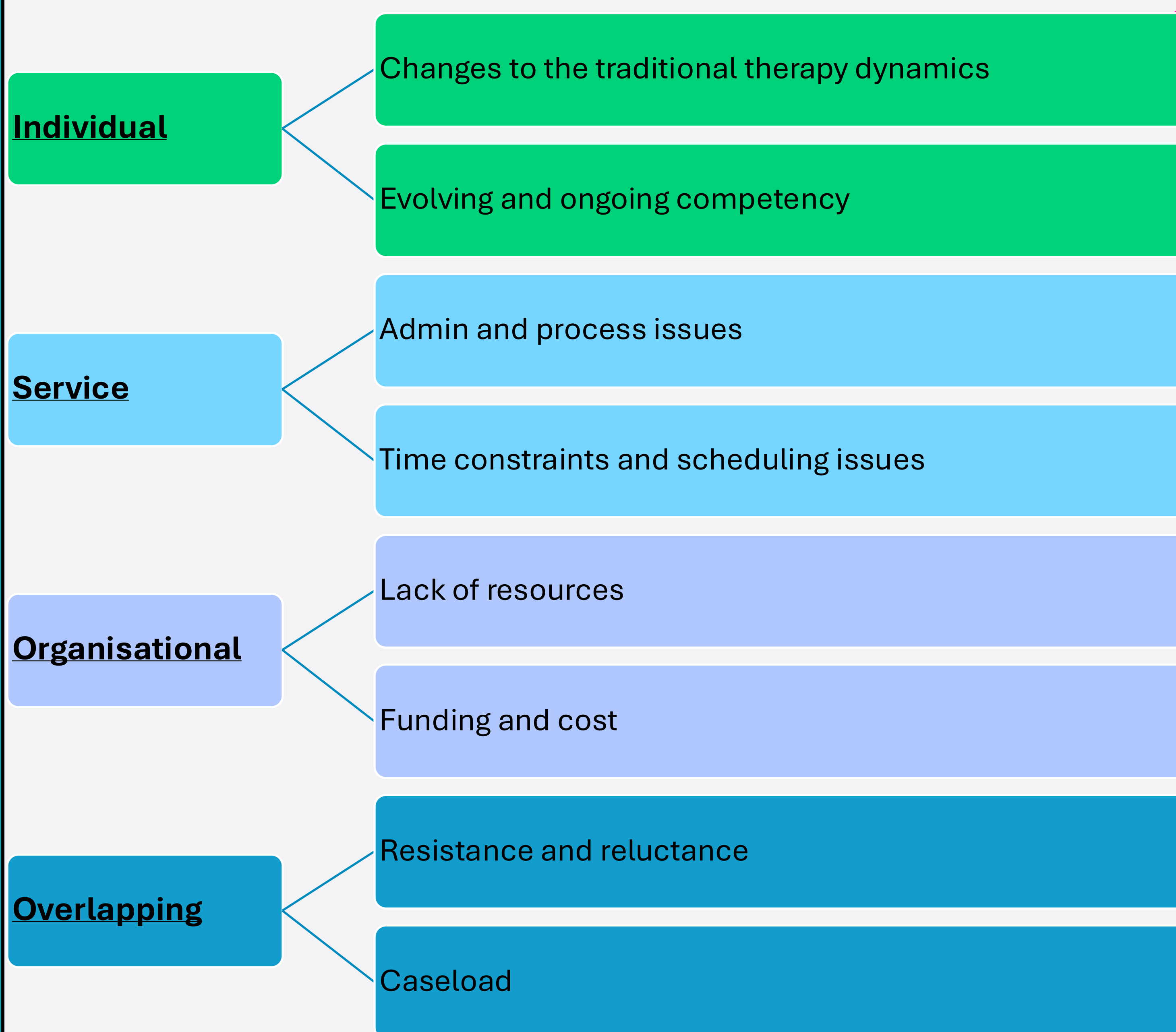


Figure 3: Data Extracts to Illustrate Final Themes

"Difficulty with flow of conversations. – The Lost in Translation effect: much like the scene in the Bill Murray Film, 30 seconds of dialogue of conversation is often translated into a quick quote, whereby we lose a ton of the nuance and additional information that is often very important."

"it's difficult as it depends on the interpreter competence as some are good and will translate in first person and everything the client says where as some don't do a good job."

"[Company name redacted] do not allow you to book in advance so it's difficult to plan and organise an interpreter for the time you need, especially with a high volume case load as a PWP."

"By its nature it takes twice as long as everything gets said twice. So therefore we should have longer sessions and/or more sessions, but this is not clearly mandated. So I know some colleagues are avoiding doing it as it means extra work but no extra time."

"Definitely a lack of translated materials. We have built a library of these in the service but there are still significant gaps. I try to use google translate but I know this isn't really reliable."

"the cost associated with interpreters is quite high which sometimes impacts the organisations which we contact."

"It's difficult and I don't like doing it. I never know if I am being translated correctly. Clients tend to not engage with therapy. Interpreters sometimes give their own interpretation or advice and I have had to intervene. There's not enough time to go through everything"

"The service does not allow enough time, case load adjustment for sessions with interpreters - makes them feel like a burden for staff. Less motivated to do them which might consequently impact the service clients are receiving."

Discussion

- Through data analysis, we identified four key themes: individual, service, organisational, and overlapping barriers. These levels are interdependent and often reliant on the functioning of one another. A few respondents reported whole positive experiences, more regarding the booking process rather than working in interpreter-mediated therapy.
- Key implications for practice include the need for practitioners to address their reluctance to working with interpreters through self-reflection and supervision, improve data reporting on the number of clients requesting and receiving this therapy, and ensure better adherence to guidelines on interpreter-mediated therapy.
- Future research should focus on improving training for both interpreters and therapists, enhancing administrative processes, increasing funding for interpreter-mediated therapy, and ensuring adherence to best practice guidelines.

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