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**Introduction:**

UK is one of the ethnically and culturally diverse countries in Europe with high rate of immigration and asylum applications. Significant proportion of this population do not speak English as their first language and have their mental health assessments carried out using an interpreter. However the structure, logistics in the Interpreter Mediated Reviews (IMR) vary without any standard consensus-guidance. Liverpool has ethnically diverse population and has the second largest Asylum Tribunal of the Home Office.

**Aims:**

**To Check:**

Awareness of good practice guidelines for IMRs amongst clinicians involved in Merseyside area.

Positive & negative impact on clinical engagement of IMRs

Clinical challenges faced by staff in these assessments

Training needs for professionals;

**Method:**

Comprehensive literature search was conducted to identify various available practice guidances. The literature was peer reviewed & a questionnaire was devised. It covered procedure for arranging interpreters, experiences of clinicians in interpretations, using adhoc interpreters, room-arrangements, utilizing post-interview debriefing and training involved. It was disseminated via surveymonkey to clinicians in the Merseyside; results were collated & analyzed for trends.

**Conclusion:**

Results revealed variation in practice due to lack of agreed guidance. Both clinicians and interpreters had very minimal training in undertaking IMRs. The reviews were complicated by cultural intricacies between interpreters and patients leading to poor or prolonged assessments. Staff and interpreters did not have a standard practice about room arrangement or debriefing process.

It was clear that consensus guidance on IMRs to be developed. Further, training the staff in undertaking an efficient IMR was recommended.