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Guideline Study as a Capacity Building Initiative for Mental Health Interpreting: An Evaluation with International Criteria

Ruh Sağlığı Çevirmenliği Alanında Kapasite Geliştirme Girişimi Olarak Kılavuz Çalışması: Uluslararası Kriterler Doğrultusunda Bir Değerlendirme

Research/Araştırma

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ABSTRACT

This article seeks to assess the adherence of a guideline produced for mental health interpreting to international standards, exemplified by the Interpreting Guideline in Community-Based Health and Psychosocial Support Services developed in Türkiye. The essential function of translators in addressing language and cultural barriers in mental health and psychosocial support services is highlighted. The deficiencies in interpreters' access to professional standards are addressed. There is a growing need for interpretation, primarily attributed to forced migrations. It requires the formulation of guidelines that offer extensive direction for interpreters and specialists collaborating with interpreters in these services. The article analyses the field guidelines developed by the Turkish Red Crescent and assesses their adherence to internationally accepted capacity-building protocols and guideline formulation standards. It involves a review of the literature concerning guideline development and evaluation studies within the mental health field. The literature review identifies international standards, notably AGREE II (Appraisal of Guidelines for Research & Evaluation) and AGREE-HS, as significant. This analysis examines the capacity-building initiatives of the Turkish Red Crescent, focusing on the structure, content, and scope of the guidelines developed within this framework in relation to established standards. The evaluation results indicate that the Turkish Red Crescent Guideline largely adheres to fundamental ethical and scientific standards in the interpretation of psychosocial support. It is concluded that the guideline requires enhancements in its applicability, update plans, and overall comprehensiveness. The study emphasises the significance of adhering to guidelines established

at the national level in alignment with international standards. The objective is to enhance the institutionalisation and professionalisation of capacity-building studies within this field. Developing guidelines that adhere to international criteria while considering local conditions is a crucial step in enhancing the quality of translation and interpreting services.

Keywords: mental health interpreting, capacity building, community interpreting, guideline, Turkish Red Crescent

ÖZET

Bu makale, Türkiye’de hazırlanan Toplum Temelli Sağlık ve Psikososyal Destek Hizmetlerinde Çevirmenlik Kılavuzu örneği üzerinden, ruh sağlığı alanında çevirmenlik için geliştirilen bir kılavuzun uluslararası standartlara uygunluğunu değerlendirmeyi amaçlamaktadır. Çıkış noktası olarak, ruh sağlığı ve psikososyal destek hizmetlerinde dilsel ve kültürel bariyerlerin aşılmasında çevirmenlerin kritik rolü vurgulanmış, bu bağlamda çevirmenlerin profesyonel standartlara erişimindeki eksiklikler ele alınmıştır. Özellikle zorunlu göçler sonucunda artan çeviri ihtiyacının, bu hizmetlerde görev alan çevirmenler ve çevirmenlerle çalışan uzmanlar için kapsamlı rehberlik sunan kılavuzların hazırlanmasını gerekli kıldığı belirtilmiştir. Makale, Türk Kızılay tarafından hazırlanan saha kılavuzunu inceleyerek, uluslararası alanda yaygın kabul gören kapasite geliştirme adımları ve kılavuz hazırlama kriterlerine uygunluğunu değerlendirmektedir. Bu kapsamda, öncelikle ruh sağlığı alanında yapılan kılavuz geliştirme ve değerlendirme çalışmalarına yönelik literatür taranmıştır. Literatür incelemesinde, AGREE II (Appraisal of Guidelines for Research & Evaluation) ve AGREE-HS gibi uluslararası standartların öne çıktığı tespit edilmiştir. Daha sonra, Türk Kızılay’ın kapasite geliştirme çabaları ve bu çerçevede hazırlanan kılavuzun yapısı, içeriği ve kapsamı söz konusu standartlara göre analiz edilmiştir. Değerlendirme sonuçları, Türk Kızılay Kılavuzu’nun psikososyal destek çevirmenliği bağlamında temel etik ve bilimsel standartlara büyük ölçüde uyum sağladığını ortaya koymuştur. Ancak, kılavuzun uygulanabilirlik, güncelleme planları ve kapsamlılık gibi alanlarda iyileştirme gereksinimlerinin bulunduğu saptanmıştır. Çalışma, ulusal düzeyde hazırlanan kılavuzların uluslararası standartlarla uyumluluğunun kritik önemine dikkat çekmekte ve bu alandaki kapasite geliştirme çalışmalarının kurumsallaşma ve profesyonelleşme sürecine katkı sağlamayı hedeflemektedir. Bu bağlamda, bu tür kılavuzların uluslararası kriterlere ve yerel koşullara uygun olarak geliştirilmesi, çeviri hizmetlerinin kalitesini artırmak için önemli bir adım olarak değerlendirilmektedir.

Anahtar Kelimeler: ruh sağlığı çevirmenliği, kapasite geliştirme, toplum çevirmenliği, kılavuz, Türk Kızılay

1. Introduction

In the historical context, the act of translation has emerged and been used in connection with the needs of people who do not have the same linguistic background to communicate with each other (Delisle & Woodsworth, 1995). In the current age, translation emerges as a need for people who do not speak the host country's official language when they want to communicate with the authorities in the host country or in the service areas they must apply (Pöchhacker, 1997).

Professionalisation efforts regarding the professional and legal status of community interpreters working in the public service and health sector were carried out

slowly until after 2010 in countries with high migrant flows (Hale, 2007; Pöchhacker, 2007). In countries such as Australia, America, Germany, etc., where the need for communication has increased due to intense migration, legislation has been enacted, adequate training and certification conditions have been provided for interpreters, and necessary steps have been taken for the professionalisation and institutionalisation of community translation services (Ozolins, 2000). On the other hand, many countries lag in their attempts to professionalise translation services (Pöchhacker, 2004). Especially as of 2011, Türkiye has started to take steps in such studies.

The migration process, which started with temporary shelter for the masses who were displaced because of the forced migration movement that began in 2011, especially the Syrian people in our country and around the world, has also increased the need for translation in terms of gaining citizenship status, meeting basic needs and accessing community services. The urgency and magnitude of the need have made it difficult for these services to be well-planned and provided by professional interpreters. For this reason, capacity-building activities have increased in recent years, both in institutional operations and for employed interpreters.

This article aims to evaluate the compliance of a field guideline prepared in Türkiye on translation in the mental health field, which is one of the capacity-building activities carried out in this direction, with the guidelines prepared in the international arena. As an example, for this purpose, the Translation Guideline in Community-Based Health and Psychosocial Support Services, prepared within the scope of the capacity-building activities of the Turkish Red Crescent, will be examined.

First, we reviewed the literature on guideline studies in the mental health field. The current literature determined that Mélissa Génèreux et al.'s (2019) "knowledge needs feedback loop" approaches and the AGREE-HS criteria created within the scope of AGREE II (Appraisal of Guidelines for Research & Evaluation) used by Hans Te Brake et al (Te Brake et al., 2022). in guideline evaluation come to the fore. We used the methodological approaches' essential criteria and general framework to examine the Turkish Red Crescent Guideline as a sample.

2. Community Interpreting and Mental Health Services

Armed conflicts and natural disasters cause significant psychological and social suffering to the populations affected by these events. The psychological and social effects of emergencies can be acute in the short term, but they also negatively affect the affected population's long-term mental health and psychosocial well-being. These effects can threaten peace, human rights and development. Therefore, one of the priorities in emergencies is to protect and improve people's mental health and psychosocial well-being. Achieving this priority requires coordinated action between all government and non-governmental humanitarian actors.

Avoiding discrimination by providing equal access to psychosocial support services for people who do not speak the language of the country they have to migrate

to is essential to ensure equity in service delivery. It is one of the most basic principles that the parties benefiting from social services can use interpreters (Chang et al., 2021). In a review on behalf of the World Health Organization, Priebe et al. (2016) stated that language barriers are seen as one of the most important factors restricting access to mental health services for people who have migrated and have limited language proficiency in the new country's language. As a systematic review, Ohtani et al. (2015) reveal that language barriers cause underutilisation of mental health services. All these studies demonstrate the importance of providing translation services in mental health.

The need for support in the field of mental health of immigrants has also shown itself intensely in Türkiye, and both the Ministry of Health of the Republic of Türkiye and various non-governmental organizations have initiated studies in this direction. As of January 2015, the Turkish Red Crescent has established Community Centers and started to provide services in the field of mental health as well as basic needs. As a result of the Syrian crisis, the Turkish Red Crescent has established Community Centers to protect the physical and psychosocial well-being of Syrians, other migrants and local people living under temporary protection in our country, to support their social cohesion, to develop solutions for protection and social cohesion needs, to develop livelihoods and to gain competence, and to provide guidance when necessary. Since 2015, 21 Community Centers have been opened and started to serve immigrants and local people in these centres since July 2019, with the financial support of the German Ministry of Foreign Affairs and the German Red Cross, the Turkish Red¹ Cross. In cooperation with the Ministry of Health, work has started for the Mental Health Empowerment Project (RSGP). Red Crescent carried out the Mental Health Empowerment Project in 12 Community Centers in 11 provinces. Within the scope of this project, a multidisciplinary team consisting of psychiatrists, psychiatric nurses, child development specialists, clinical psychologists and interpreters started to provide services to immigrants and local people to treat the mental health problems in society holistically and to increase the psychosocial well-being of the society with protective and preventive interventions.

On the other hand, it is not possible to provide high-quality mental health services without good communication between mental health professionals and clients. Communication is always a multi-component transfer of meaning. Communication between the mental health professional and clients can often be tricky, even if they speak the same language. When staff and service beneficiaries do not speak a common language and are unfamiliar with each other's cultural expressions and habits, mutual disagreement can arise. Language is a multifaceted, rich and complex phenomenon that forms one of the cornerstones of human communication. In mental health, extra sensitivity is also required when providing services. The necessity of knowledge, skills, attitudes, and behaviours interpreters should have while communicating between the specialist and the patient is often an environment, they are unaware of at the beginning of the process.

¹ Turkish Red Crescent Health and Psychosocial Support Program- Strengthening Mental Health Project III. Academic Advisory Board Workshop Report, December 2021

Communication problems are prevalent, especially for clients and staff working in mental health institutions. Due to these problems arising from the lack of healthy communication in mental health environments, there is very little research in the literature in Türkiye. Some examples of publications are Şan (2021) and Hasdemir (2022). However, the necessity of quality and safe interaction in mental health is the research subject in recent foreign literature. However, a significant gap has been the absence of a multi-sectoral, cross-institutional guideline that ensures effective coordination and beneficial practices, flags potentially harmful practices and clarifies how different approaches to mental health and psychosocial support complement each other. There have been several efforts to improve the working conditions of interpreters in the mental health field in Türkiye. Among these, one of the studies that draws attention to its scope was carried out by The Turkish Red Crescent Health and Psychosocial Support Program- Mental Health Strengthening Project.

3. Interpreters' Profile in Mental Health Services

In mental health settings, people who are not professionals and do not have complete competence in language use and translation formation are commonly used as interpreters. The difficulties arising from working with non-professional interpreters are similar, even if the languages vary, and the fulfilment of the condition of providing interpreters alone is not enough to solve the existing problems. Approaches to the observance of cultural preferences and the effective use of non-professional interpreters in mental health settings play an essential role.

In the field of mental health, there is a greater sensitivity towards non-professionals due to the sensitive nature of mental health interpreting (Jidong et al., 2020). Although non-professional interpreters are sometimes necessary in the absence of professional services, they can create difficulties due to a lack of training and competence. Research has shown that non-professional interpreters, such as family members or bilingual staff, can lead to errors in translation due to their limited language skills (Çelik & Cheesman, 2018). Profiles defined as non-professional interpreters in this field do not have any translation formation. Some types of interpreters described in scientific sources can be listed as follows:

Family members: Family members often interpret for their loved ones in healthcare settings, especially when professional interpreters are unavailable. Even if their intentions are good, using family members as interpreters can lead to problems such as privacy violations and potential inaccuracies in translation (Hadziabdic et al., 2013).

Bilingual staff: In the absence of professional interpreters, bilingual staff may be asked to provide interpreting services in healthcare facilities. However, research has shown that interpreting errors are common when bilingual staff are not trained in interpreting or translation (Hadziabdic et al., 2010).

Volunteer interpreters: Non-professional volunteer interpreters play an essential role in healthcare settings, especially in multilingual societies where professional interpreting services may be limited. While their services are valuable, challenges such as lack of training and potential language barriers can affect the quality of the translation provided (Aguilar-Solano, 2015).

Ad hoc interpreters: Ad hoc interpreters are not professionally trained but are asked to work as interpreters temporarily or informally. These interpreters can include friends, neighbours, or community members who are bilingual and help bridge language gaps in healthcare encounters (Lesch, 2020).

Interpreters who are immigrants themselves: Community interpreters are individuals from the same cultural and linguistic community as the patients who help interpret during healthcare interactions. While their cultural knowledge is beneficial, community interpreting may lack formal training, which can lead to potential difficulties in accurately conveying medical information (Galiano, 2020).

In Mental Health Services settings, non-professional interpreters often emerge as necessary due to various factors such as language barriers and limited access to professional services. Experts in the field have always stated that translations made by interpreters (and healthcare personnel, family members, etc.) who are also immigrants often contain errors. Such translation errors can lead to serious mistakes in clinical decision-making. Since interpreters employed in community centres are immigrants rather than professionals trained in this field, mental health professionals have difficulties in working with non-professional interpreters who do not have a standard job description as interpreters. They are assigned different names and definitions from institution to institution, which may adversely affect the efficiency of interpreting and translation processes and service quality.

It has been determined that the interpreters working within the Turkish Red Crescent, which is the subject of the research, are also in the profile of non-professional interpreters. Given this current profile of interpreters, a series of actions are necessary to improve the capacity of interpreters to work collaboratively with experts in a sensitive area such as mental health.

4. Guideline Study as a Capacity Building Activity

While many comprehensive international and national legislation advocate equality in healthcare access, the use of interpreters is not always clearly articulated in many cases. Considering the needs of each organisation in its services, the development of fundamental principles and strategies regarding the roles of interpreting and written translation, working conditions, and language support for bilingual staff is necessary for the effective use and development of existing capacities.

A well-trained, knowledgeable, and skilled interpreter can bridge the communicative gap between mental health professionals and clients when they do not

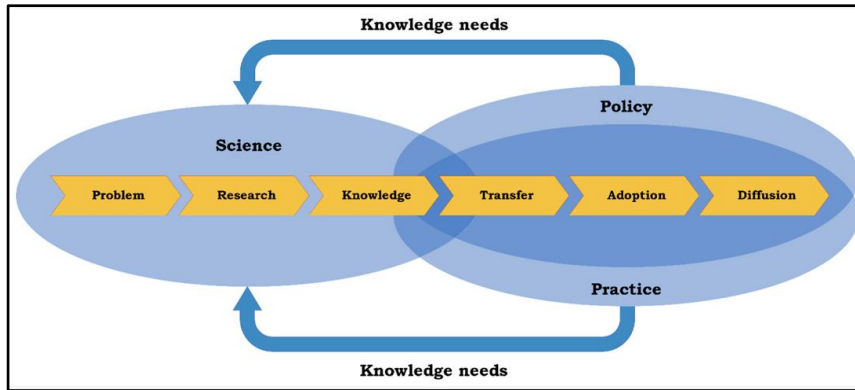
share a common language. In mental health settings, the demands of communication are complex. With the effect of their experiences, clients may share challenging issues and heavy experiences. Interpreters often need to understand and articulate fine details. In this sense, the implementation guidelines provide an overview of the problems that experts should consider, ensuring they can be as effective as possible when working with interpreters.

Some guidelines inform mental health professionals on how they work with interpreters. Examples include VTPU's Guideline to Working Effectively with Interpreters in Mental Health Settings (2006), AUSIT's Guidelines for Health Professionals Working with Interpreters (2007) and a 2-page chapter on mental health, and APS's Working with Interpreters: A Practice Guideline for Psychologists (2013). From the interpreter's perspective, ASLIA's Guideline to Interpreting in Mental Health Settings (2011) for sign language interpreting defines the parameters of interpreting practice with both mental health professionals and patients (Hlavac, 2017). The general scope of these guidelines includes the following topics: definitions of key terms, protocols, ethical codes of conduct, self-care in mental health interpreting, patient rights and legal frameworks. Such guidelines include normative issues that combine practical information from experts in the field and government authorities and provide scientific information on what is used in mental health interventions.

Similarly, the study conducted by Mélissa Gagnéux et al. (2019) focused on the evaluation of three areas (scientific, principled, practice) under the name of "knowledge needs feedback loop" based on the rules of the official authorities and the field of application and determined six steps (problematic, research, knowledge, transfer, harmonisation, dissemination) to be used in improving the understanding of the guideline content (as cited in Te Brake et al., 2022).

Figure 1

Focused knowledge development and valorisation in their domains (adapted from Gagnéux et al. 2019)



As seen in the table above, needs analysis and observations should be made first to determine the problems and needs of the target audience to be served. The most

basic principle is that the Interpreters participating in psychosocial support services are provided with experts, clients and translation training. In contrast, in-service training on working with interpreters is provided based on scientific knowledge. Scientific knowledge refers to the primary literature, knowledge synthesised from the literature review, as training modules, practice guides, lessons and protocols learned, tools and resources, if available (Brouwers et al., 2010). When such guidelines are appropriately featured, they can facilitate the provision of services, cooperation, roles and boundaries in the fundamental health field and a standard operational framework can be presented.

Guidelines for Mental Health Services should aim to improve access to quality mental health services in healthcare settings, which aligns with WHO's goal of closing the mental health gap (Argyriadis, 2024). It emphasises that key criteria must be considered to create comprehensive and effective mental health interpreting guidelines.

Professionals must emphasise the attitudes and behaviours expected to be followed when working with interpreters in mental health settings and mental health interpreting guidelines (Tribe & Lane, 2009). Besides the attitudes and behaviours to be followed, checklists, case examples, frequently asked questions and field-specific term lists are other vital components of the content.

It should address challenging situations such as gender-related abuse and trauma, as well as the unique needs of different vulnerable groups such as children (Rousseau et al., 2010). Moreover, guidelines should be evidence-based and provide informative content on diagnosis, treatment, and rehabilitation processes tailored to the structure and processes of the mental health system (Gaebel et al., 2015). In addition, guidelines should be culturally appropriate, considering the needs of different population groups and individuals with special needs (Chalmers et al., 2014; Bond et al., 2017). It should be structured sensitively to meet the mental health needs of minority groups (Hart et al., 2009).

Another point emphasised in the literature in recent years is the necessity for mental health professionals to receive training in working with interpreters and translators. To this end, the need to create specific guidelines for interpreter-assisted mental health care is emphasised (Mahdavi et al., 2023). The development of guidelines for training health experts and social workers in mental health promotion, considering basic quality criteria, can significantly contribute to the practice of this critical field (Greacen et al., 2012). Furthermore, integrating mental health promotion criteria into vocational training curricula for various healthcare workers is essential to improve mental health service delivery (Odro et al., 2014). Ensuring the participation of service beneficiaries in the guideline development process is vital to enhance guidelines and align them with shared decision-making principles in mental health services (Kendall et al., 2011). Mental health guidelines need to be updated regularly to ensure that they also reflect current needs and good practice examples (Cottrill et al., 2021).

Communication skills and competencies required by community health workers in settings with integrated mental health support should be outlined by guidelines to

ensure effective service delivery (Jorm et al., 2018). Based on these, the points included in a guideline designed for staff working in mental health settings are as follows:

- (1) To increase awareness and understanding of the complexity of interpreting in mental health settings.
- (2) Outline the knowledge and practical skills needed to work effectively with experts, interpreters, and clients
- (3) Provide additional information and resources to help work with interpreters in mental health settings

Guidelines, guide program planning and design, advocacy for better implementation, a resource for interventions or actions, a coordination tool, and a checklist (Te Brake et al., 2022).

The AGREE II tool is for the Evaluation of Research and Evaluation Guidelines for Health Systems (AGREE-HS). It is used as a basis for creating non-clinical guidelines. It considers five essential quality elements: (1) subject, (2) stakeholders, (3) methods, (4) recommendations and (5) applicability. The five essential quality elements of AGREE-HS can be explained as follows².

Topic: This item describes the definition of the problem in the health system, the causes of the problem, the priority given to this problem, and the criterion of the suitability of the guideline.

Stakeholders: This article discusses the structure and management of the team in services within the scope of health systems.

Methods: This article discusses the use of systematic methods and transparency in reporting, current practice examples, potential effectiveness, and methods and approaches that can be followed in processes.

Recommendations: This article addresses the fact that the guideline is result-oriented and comprehensive, the ethical and equity issues considered in its development, and the details of operationalisation.

Applicability: This article addresses the barriers and facilitators to the implementation of the recommendations, resource considerations in the implementation of these recommendations, the affordability of implementation and the sustainability of results, the flexibility and transferability of the guideline, as well as strategies for disseminating the guideline, monitoring its implementation and assessing its impact.

Based on all these literature suggestions and criteria, in the next stage, as an example of capacity-building efforts in the field of mental health, the conformity of the Translation and Interpreting Guide in *Community-Based Health and Psychosocial*

²The Appraisal of Guidelines for Research & Evaluation (AGREE) II tool is the most widely used guideline assessment tool. The tool includes 6 areas and 2 overall assessments (1. overall guideline quality; 2. Recommendation for use) contains 23 evaluation criteria.

Support Services prepared for interpreters within the Turkish Red Crescent with these guidelines will be evaluated.

5. Studies and Guideline Development for Interpreters: The Case of the Turkish Red Crescent

The process, which started with a scientific approach in the form of determining the capacity problem of the institution in the existing non-professional interpreters and creating research and information resources, was structured according to the feedback loop by institutionalising the principle framework with interpreter training, training evaluations, academic evaluations and guideline studies, and then making it disseminated by institutionalising the principle framework with specific standards.

Before going into the details of the abovementioned cycle, we will briefly mention the three processes followed by the Turkish Red Crescent in capacity building (Education, Evaluation of Education, and Academic Evaluation Workshop). Health and Psychosocial Support services have been provided within the scope of the Mental Health Empowerment Project within the Turkish Red Crescent since 2019. Since these services are aimed at immigrants, they are carried out with the support of interpreters. The interpreters working here are in the non-professional interpreter profile described above, and they are employed in the interpreter staff because they are bilingual. Still, they do not have any translation formation. However, some of them are immigrants themselves. These people experience difficulties in communication during the process and need to improve themselves in the mental health field to overcome the problems encountered in these translation processes.

With the awareness of the needs of the Turkish Red Crescent Community Centres, "Interpreter Training in the Health and Psychosocial Support Activities of the Turkish Red Crescent Community Centres" was given to 87 interpreters and nine caseworkers in July 2020. Within the scope of the Mental Health Empowerment Project, the content of this online training program focuses on the introduction and explanation of the field of mental health. In this context, the program included topics such as interpreter in health care follow-up and referral, psychological disorders, clinical interview techniques, professional boundaries, the role of the interpreter in developmental assessment, ways of mental health protection for interpreters, and mental health interpreting. Mental health professionals have explained these issues. In addition, a Q&A session about interpreting techniques was conducted by a field expert in translation and interpreting studies.

The institution carried out the evaluation survey of the first training created by the Red Crescent, and it was aimed to develop the necessary preliminary research infrastructure for the planning of the studies to be carried out to improve the activities carried out in the field and to increase the quality of the service provided. The data obtained within the scope of this study were examined and evaluated. As a result of the research and examination, it has become necessary to determine the framework and

content of the psychosocial support program, to determine the duties and responsibilities of experts and interpreters, to determine the processes before, during and after therapy, to plan the psychosocial support process to be carried out in cooperation and to determine the working principles accordingly and to inform all actors.

To meet the supervision needs of the personnel working in the community centres, to increase the quality of the service provided and to provide scientific support, an academic advisory board consisting of competent academicians from related professional groups has been established by the Turkish Red Crescent. As a result of the educational committee workshop, supporting interpreters with advanced training, including supervision support systems for interpreters in the process, providing tools to support interpreter motivation, organising training for experts to work with interpreters and the necessity of a guideline were reported as outputs.

5.1. Translation Guideline in Community-Based Health and Psychosocial Support Services

Following this process, the conditions for writing the Translation Guideline in Community-Based Health and Psychosocial Support Services were ready, and the guide was published by March 2022 as a result of a two-year study with the contributions of the experts involved in the training program. In this process, it was noteworthy that the Red Crescent was open to cooperation and observed the dynamics specific to translation practices in the mental health field. However, the contents, prepared by considering the institutional demands and needs, have structured themselves dynamically between scientific and institutionalism in the implementation process.

In the guideline's content, the field experts explained the general functioning of the community, such as the services to meet the needs of the client in need in the broadest sense, the functioning of the institutional structure, the experts and areas of expertise, and the forms used. The process starts from the moment the client enters from the door. Domain knowledge and terminology content for interpreters are structured so that interpreters may need case interviews, especially within the health and psychosocial support scope. Case examples were included, depending on the needs analyses conducted in different fields within the scope of psychosocial support services. The roles and responsibilities of the actors were clarified, and the information and guidance to protect the well-being and well-being of interpreters working in the mental health field were described. The working principles of psychosocial support specialists and interpreters have been briefly explained as content.

The Turkish Red Crescent's Guideline to Translation in Community-Based Health and Psychosocial Support Services is based on the scientific knowledge necessary to recognise the field of study and clarify the roles and boundaries of field experts and interpreters. It is moving towards transferring basic interpreting techniques and community interpreting skills that non-professional interpreters can use in the field. It is the point where experience and opinion sharing through case examples are reflected

and it is aimed to raise awareness about the desired attitudes and behaviours by considering the expectations and needs between the parties. Based on these, it is noteworthy that scientific, principled and practical steps are observed following the "knowledge needs feedback loop" approach of Génèreux et al. (2019).

In the first part of the Guideline, the services in which the needs of the client in need are determined in the broadest sense within the scope of the health and psychosocial support program, starting from the moment the client in need enters the door, are discussed. The general functioning of the community centre, such as the functioning of the institutional structure, the experts involved and their areas of expertise, and the forms used, are included. In the second part, there is content on field knowledge and terminology for interpreters, as well as tools and definitions that interpreters may need for case interviews, especially within the scope of health and psychosocial support. In the third part, depending on the needs analysis results carried out within the scope of these studies, different fields within the scope of psychosocial support services, interpreters working in these fields and case examples are included. The fourth chapter contains information and guidance on protecting the well-being of interpreters working in this field. The last part draws on the working principles of psychosocial support specialists and interpreters and the framework of this field of duty. A series of questions on readiness before starting to work as experts and interpreters are proposed. Here are a few examples:

- What is the information, role description, environment, confidentiality and ethical demands before working with the interpreter/expert?
- Are there expectations regarding case-specific therapeutic principles, goals, and language?
- Have I been placed in a position where I can see the client and the interpreter/expert during the preparation phase of the interview?
- Is care taken to use the first-person singular during therapy? Do I know that if I use the third person singular, I may disrupt the translation?
- Is the flow of translation allowed? Is it often interrupted? - Are phrases such as "Would you ask him?" "Would you tell him?" avoided.
- Is there a lookback process with the interpreter/expert after the interview, as before?
- Is supervision support provided when necessary? (Şan, F & Duru Kahraman R., 2022).

This Guideline has been prepared so that the interpreters and experts working in the services provided in general health and mental health within the Turkish Red Crescent Community Centres can establish and serve the communication triangle they

establish with the clients healthily. With the definitions, terminology and structuring of the interview processes (before-during-after), it is aimed to raise awareness of all parties about the effectiveness of the translation to facilitate the processes by defining the roles and responsibilities. The Guideline's cover and table of contents in question are as follows.

Figure 2

Guideline for Interpreting in Community-Based Health and Psychosocial Support Services Cover



7. Conclusion and Evaluation

The Turkish Red Crescent's Guideline to Translation in Community-Based Health and Psychosocial Support Services reflects the scientific knowledge, experiences and opinions of practitioners from different geographical regions, disciplines and areas of expertise. It aims to bring consensus among practitioners at the level of principles, skills, attitudes and behaviours to practice with suitable examples. The basic consensus idea behind these is that in the early stage of an emergency, social supports are necessary to protect and support mental health and psychosocial well-being. In addition, the guideline aims to facilitate the processes of working with interpreters and to increase the awareness of interpreters and experts working with interpreters within the scope of psychological and psychiatric interventions. Using non-professional interpreters in

mental health settings presents challenges and opportunities. While they lack the expertise of professional interpreters, addressing cultural preferences and policy considerations and ensuring ethical practices can increase their effectiveness in supporting mental health service delivery.

Within the scope of this article, we aimed to evaluate the compliance of the field practice guideline, which was prepared as one of the capacity-building activities and focuses on translation in the mental health field, with the guidelines prepared in the international arena. For example, the guideline on Translation in Community-Based Health and Psychosocial Support Services, prepared by the Turkish Red Crescent, was examined in terms of the guideline evaluation criteria recommended by Te Brake et al (Te Brake et al., 2022).

According to the evaluation, because interpreter profiles are employed only based on target and source language knowledge without having any translation formation, a need to increase the field and translation knowledge of the existing human resources, especially in an area that requires sensitivity such as mental health, reveals the necessity of this guideline. The expectation in the subject criterion is met by showing the need for the guideline with reports and explaining it in the guideline with studies such as needs analysis, academic evaluation, etc., *which are carried out before the writing of the guideline*. On the other hand, as expected, regarding the criteria related to stakeholders, it has been observed that all expert and service provider institutions and organizational structures related to the field of study determined as Health Support Services and Psychosocial Support Services within the scope of the guideline have been considered. In the examination, starting with the definitions of the existing organizational structures and the job descriptions of the experts in these structures, the field-term knowledge and working principles, the knowledge, skills, attitudes and behaviour sets required for translation were conveyed in the guideline by using case examples. In these respects, it can be said that this criterion is met. It has also been observed that the result-oriented and comprehensiveness of the guidelines, ethics and equality issues are considered in the development process. In this context, it has been observed that the guideline observes the socio-cultural and social cohesion policies of the guideline with the details of operationalizing the preparation and cooperation stages before, during and after translation, checklists and self-care recommendations. Accordingly, it would not be wrong to say that the Suggestion criterion is also met. Finally, in the examination made in terms of the applicability criterion, it was determined that the strategies for the cooperation of experts and interpreters, the expected sustainability and dissemination criteria in the institutional sense were evaluated in the guideline preparation process, and the guideline included information on studies such as supervision and employee support for monitoring and assessing the impact of translation practices.

It is seen that necessary steps have been taken in the name of standardization and institutionalization with an inclusive training program, feedback, evaluation processes and guideline study prepared based on the needs. The fact that the guideline prepared as one of these steps embodies the cooperation between the relevant parties in a traceable way suggests that it will contribute to improving communication and cooperation processes involving interpreters. In addition to these, when the Translation

Guideline in Community-Based Health and Psychosocial Support Services was evaluated, it was seen that it was appropriate and applicable in terms of the "knowledge needs feedback loop" approaches of Génereux et al. (2019) and the guideline criteria created by Hans Te Brake et al (Te Brake et al., 2022).

At this point, it should be emphasized that what is essential is the development and dissemination of such studies. In this respect, these initiatives of the Turkish Red Crescent have been evaluated as a promising contribution to community interpreting for the future.

As a result, mental health interpreting guidelines should cover content on improving interpreters' knowledge and skills, attitudes and behaviours, evidence-based recommendations for the service provided, and inclusion and cultural sensitivity for different needs groups. By integrating these criteria into guidelines, mental health care providers can ensure that high-quality and effective mental health services are delivered to needy individuals.

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First Author: Rana Kahraman Duru 50% (literature review, analysis, theoretical framework, discussion)

Second Author: Filiz Şan 50% (literature review, analysis, theoretical framework, discussion)

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