

THE LANGUAGE IN MENTAL HEALTH RESEARCH AND PRACTICE

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Language is the principal investigative and therapeutic tool in Psychiatry. Barriers in communication can impair our ability to assess, engage and treat a patient. This problem becomes more obvious in situations where the patient and professional come from different cultural and linguistic background. It is surprising how little attention has been paid to the linguistics in psychiatry. Cross cultural psychiatry has paid some attention to translation and related issues, but there are no robust guidelines on translation of psychiatric instruments. The traditional method of translation and back translation, when translating into non European languages has rightly been questioned¹. However, this method is still used extensively in the psychiatric research. Similarly, very little attention is paid in psychiatric practice and training on how to work effectively through interpreters². The language problems are only considered when we are working abroad but we tend to overlook the language barriers in our daily practice when we are faced with patients from a different province or the region in large countries like Pakistan and India³.

Wide variations in prevalence rates of many psychiatric disorders in different countries are just one of the manifestations of how language affects the psychiatric practice and research. For example, the prevalence rates of depression vary more than 15 folds among different countries. Weissman et al have reported that the lifetime prevalence of major depression varies between 1.5 per 100 adults in Taiwan to 19.0 per 100 adults in Lebanon⁴. World Health Organization's (WHO) study of primary care found prevalence of current episode of depression to vary from 2.6% in Nagasaki to 15.8% in Rio de Janeiro⁵. While a number of factors could account for these huge variations, language and the use of instruments which have not been validated and or culturally adapted, could be one of the major reasons for these differences.

This special issue of the JPPS is devoted to the translation of psychiatric instruments in Urdu. Ability to access valid and reliable assessment tools is the basic requirement of any mental health researcher. Finding instruments which can be used in research to assess the diagnosis and to measure change in psychopathol-

ogy is one of the biggest hurdles faced by researchers in developing countries. Even bigger problem is identifying the instruments which have been translated and validated for the population in which study is being carried out.

We identified more than 50 psychiatric instruments which were either developed indigenously or translated in Urdu. We have included most of the instruments which have been used in published studies. It was not possible to publish instruments for which copyrights were required. The address of the corresponding authors however, is provided in such cases. The number of instruments developed or translated into Urdu was more than our expectation. These instruments cover a variety of areas, such as religious orientation, somatization, child behavior and domestic violence. This probably highlights the growing amount of research in mental health from Pakistan.

This was an arduous task which involved extensive search of both local and international literature, identification of psychiatric instruments and their translations and critically appraising them for the quality of translation. A number of these instruments are being published in full text in this supplement. The accompanying article describes the quality of translations as well as briefly describes psychometric properties of these instruments. This should enable future researchers in finding psychiatric instruments in one place and facilitate their research efforts. It must be emphasized that this project which included extensive literature search to identify the scales, contacting authors to obtain the scales and extensively reviewing the scales for the quality of translation was carried out without any external support or funding. Dr. Syed Ahmer and his team have worked very hard on this project and they deserve gratitude from the scientific community for their work.

The publication of this supplement also poses new challenges for the mental health researchers in Pakistan. It has been suggested that trans-cultural psychiatry is an applied science, converting research-derived concepts into reliable health strategies⁶. In practice however, this science has rarely been applied in clinical settings outside the Western World. Although Urdu is the national language of Pakistan, the number of people who speak Urdu as their mother tongue is relatively small. Majority of Pakistanis use a local language. Therefore, it is important that these instruments are translated into local languages as well.

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This supplement will also help to raise the awareness about the quality of translation in the research instruments. It is evident that the quality of the translation for number of these scales is far from satisfactory. A major challenge is to improve the quality of these translations as in a research project using the translated version of an instrument; the validity of the research findings is almost entirely dependent upon the quality of translation. Mere translation and back translation is not adequate. We also need to find innovative and cost effective ways of translations. For example, Naeem et al have described the process of translation of ICD 10 RDC (International Classification of Diseases, 10th Edition, Research Diagnostic Criteria) in Urdu, which did not follow the traditional methodologies⁷. This translation process consisted of regular meetings of translators, consultations with professionals and focus groups with patients and general public in Pakistan and reviews of the final script by members of the public and professionals. How this method can be used for translation of short psychiatric instruments and its validation can be addressed in future studies.

It is also crucial that the postgraduate training programmes adequately address the issues related to linguistics and translation. The cultural and linguistic diversity should be an integral component of the training. We suggest that attaining cultural competency should become one of the essential components of the fellowship training program of the College of Physicians and Surgeons, Pakistan. Although current psychiatric literature addresses the issues related to psychometric properties of psychiatric instruments, the effects of language differences affecting these important variables are poorly studied and needs to be highlighted in psychiatric train-

ing. It must be realized that the linguistics is not merely concerned with nuances of the language. It lies at the heart of psychiatric practice and should be an area of concern for all of us in training, research and practice.

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