

Scope

This guide is for Mental Health Providers delivering CESPHN commissioned mental health services. This guide should be read in conjunction with your organisations clinical governance, privacy, risk management and incident policies and procedures.

The Translating and Interpreting Service (TIS) supports communication and is not a clinical triage, emergency or crisis service. For immediate danger call triple zero (000). For urgent mental health assistance call the NSW Mental Health Line on 1800 011 511.

Access to Interpreting Services for Mental Health Providers

When considering using interpreting services, mental health professionals are encouraged to consider phone interpreting as the first point of interpreting, particularly for all mild to moderate interpreting needs.

Contacts

Immediate Interpreter

[TIS National](https://www.tis.nsw.gov.au), 131 450, 24 hours 7 days a week.

TIS account/booking support

Client Engagement, 1300 655 820, tispromo@homeaffairs.gov.au
Service Delivery, 1300 655 082, tis@homeaffairs.gov.au

PHN Support

PHN mental health TIS, TISMentalHealth@health.gov.au
CESPHN, 1300 170 554, mentalhealth@cesphn.com.au

What to do:

1. Confirm eligibility

The Department of Health, Disability and Ageing-funded interpreting service is available only for clients receiving care under an eligible CESPHN-funded mental health program. If unsure, check with the CESPHN mental health intake team or your organisation before booking.

2. Choose the right mode

Phone is fastest for short or moderate needs. Use pre-booked phone, video or on-site for complex, sensitive, lengthy or high-risk clinical work.

3. Document the job

Record the TIS job number, language/dialect, mode, interpreter name/ID if provided, duration, and any communication or safety issues.

Who can use funded TIS access?

TIS can be used when:

- The Department of Health, Disability and Ageing-funded interpreting service is available only for clients receiving care under an eligible CESPHN-funded mental health program.
- You are arranging appointments, referrals, intake, assessment, treatment, review, safety planning, discharge or follow up with the client.
- Your organisation/service is registered with TIS National and can provide its client code when booking

Before using TIS check:

- If the client needs document translation rather than spoken or signed interpreting.
- You are uncertain whether your organisation/service has its own TIS National client code.

Registering and managing your TIS Online account

Register for a client code

- Use the [TIS Online agency registration form](#).
- Registration category: Commonwealth Government Agency.
- Sub-category: Other Commonwealth Government Agency.
- Section name: PHN-Funded Mental Health Program.
- TIS will email the client code when registration is complete.

Set up users properly

- The Administrator manages agency details and adds/removes users.
- The Agent can make and view their own interpreter requests.
- A Contact is recorded for contact purposes only and cannot make a booking.
- It is recommended to register more than one Administrator, so access does not stop when a staff member is away or leaves the organisation/service.

Keep the account up to date

- Remove former staff when they leave the organisation/service.
- Update phone numbers and email addresses in your Profile.
- Use SMS/Email notifications for booking status changes.
- Keep the client code secure and do not publish it publicly.

TIS National User Guide for CESPHN Mental Health Providers

Interpreter Modalities

Modality	Best used for	Booking	Recommendations
Immediate phone	Short, urgent or operational calls, client is present, language is confirmed.	Call 131 450. State the language, agency name, client code, your name/phone, client name/phone if TIS is to conference them in.	Have the client code and job details ready.
ATIS	Immediate interpreter without operator assistance, where account is set up and staff are trained.	Call 1800 131 450 if organisation/service has ATIS access. Otherwise use 131 450	Do not assume ATIS is enabled. Check with organisation/service Administrator first.
Pre-booked phone	Scheduled sessions, rare language, complex/sensitive content, known gender/credential preference, need interpreter briefing.	Book in TIS Online. Monitor allocation emails. Follow the connection instructions at the booked time.	Book longer than a standard session. Allow time for introductions, pauses, and teach-back.
Video remote	Visual cues matter but on-site is not required, telehealth, Auslan or spoken language where video improves engagement.	Book in TIS Online. Enter meeting link, password, platform, contact and contingency phone number.	Test platform and interest. TIS does not provide support for third-party video technology issues.
On-site	Complex/high risk sessions, significant disability, trauma-informed work, or clinically necessary visual and relational work.	Book in TIS Online with full address, access/parking, start/end times, language, gender/credential needs and clinician contact.	Book early. Minimum charges may apply. Interpreter availability is not guaranteed.

Planning for an interpreter

Book an interpreter if:

- The client requests one.
- The client prefers to speak in a language other than English.
- You or the client cannot communicate comfortably in English.
- The client relies on family/friends to communicate.
- The session involves consent, diagnosis, medication, risk, trauma, discharge, complaints, legal rights or complex service choices.
- Stress, distress, unfamiliar settings or mental health symptoms may reduce the client's English communication on the day.

Questions to ask early:

- What language and dialect do you prefer for your appointments?
- Would you prefer a woman, man or no preference for the interpreter?
- Are there any community, safety, privacy or conflict concerns we should be aware of?
- Are you comfortable with phone/video, or is an on-site interpreter needed?
- Do you use Auslan or another signed language?

Family, friends and bilingual staff

Children under 18 should not interpret in any context. This is unsafe, clinically unreliable and can distort family roles.

Do not use family/friends for clinical, consent, risk, trauma, domestic/family violence, safeguarding, medication or diagnosis discussions. If a client refuses a professional interpreter, document the refusal, your explanation, and any risk mitigation.

Everyday bilingual ability is not the same as interpreting. Use bilingual staff only for low-risk, simple communication where policies and procedures allow. Do not substitute bilingual staff for professional interpreters in mental health care.

Choosing the modality: mental health considerations

Phone

Phone interpreting can work well when the exchange is short, structured and low- to moderate-complexity. Additionally, phone interpreting works well when the client prefers distance or anonymity and where you have a strong speakerphone setup and a quiet room. Rare language interpreters are also easier to secure via phone.

Video/On-site

Video or on-site interpreting is more useful when engagement, affect, non-verbal cues or visual safety information matter to the client. Video or on-site interpreters are also useful when the session involves high distress, trauma, suicide/self-harm risk, or complex psychosocial assessment, and where there are cognitive, hearing, speech or disability needs. Video or on-site interpreters are also to be used where Auslan or signed language is required.

Before, during, and after the session

Before

- Ask language, dialect, gender preference, privacy/community conflict concerns, and whether phone/video/on-site is clinically suitable.
- Never use children, and family or friends for clinical, consent, trauma, DFV, medication or diagnosis discussions.
- Brief the interpreter before the client joins informing them of the purpose of the session, potential sensitive content, using first-person speech, to interpret everything, and leaving pauses for clarification.
- Arrange a private space and avoid having the interpreter and client waiting together where possible.
- For on-site interpreting, arrange a private space and avoid having the interpreter and the client waiting together where possible. Set up the treatment room in a triangle layout with the clinician and client facing each other with the interpreter to the side.
- Ask whether either party has a conflict of interest, privacy concern or any discomfort in proceeding with the session.
- Allow more time than a standard appointment.

During

- Confirm who is in the room or on the call, especially for telehealth and phone bookings.
- Open the session explaining the interpreter's role, confidentiality and that the interpreter will interpret everything said by everyone.
- Speak directly and safely to the client in first person. Use short sentences with one idea at a time. Avoid jargon, idioms, jokes, and metaphors.
- Pause often and let the interpreter clarify language, not clinical meaning. The clinician maintains clinical responsibility during the entire session.
- Do not ask the interpreter to explain symptoms, assess risk, judge credibility or decide cultural meaning.
- Do not ask the interpreter to answer questions for the client.
- If communication is unclear or feels unsafe, stop and reset the communication ground rules or end the session and rebook with another interpreter
- Slow down for suicide/self-harm risk, violence, medication, consent, privacy, mandatory reporting, and safety and care plans.

After

- Ask the client to explain the plan at the end of the session in their own words through the interpreter.
- Summarise decisions, appointments, crisis contacts, safety plan and follow up before ending the session.
- For on-site interpreting, allow the interpreter and client to leave separately.
- Provide a debriefing session for the interpreter to discuss any processing issues after complex or distressing sessions.
- Record the interpreter job number, language/dialect, mode, interpreter name, duration, teach-back, refusals, conflict or quality issues and follow up.

Common problems and solutions

Problem	Action	Follow up
Disconnected	Call TIS and quote the job number. Re-establish connection with the interpreter and summarise the last agreed point before continuing.	Record interruption/disconnection and any clinical impact it had on the session/client.
No interpreter allocated	Check TIS Online status. Try another time or modality if practical and safe.	Record the attempt and alternative plan.
Interpreter client conflict	Pause the session. Ask if either party is comfortable continuing. Rebook with another interpreter if needed.	Record preference/conflict without unnecessary detail.
Quality concern	Stop and reset ground rules. Ask for clarification. End and rebook if accuracy or safety is compromised.	Report through TIS/Service feedback pathways.
Client refuses interpreter	Explain that the interpreter supports both the client and clinician, is confidential, and is free under the program. Explore concerns further if necessary.	Record refusal, explanation, risk assessment and mitigation strategies developed and utilised.

Specific interpreter requests

Only request a specific interpreter where there is a clear clinical reason such as continuity of care, client safety, therapeutic engagement or disability access. Specific requests can reduce availability and may not result in the highest credentialed available interpreter. If the request is not essential, ask for the required language/dialect, gender or credential level instead.

Further Resources

- [Victorian Transcultural Mental Health Resources on Working with Interpreters for Mental Health Professionals](#)
- [Working with medical interpreters: A guide for healthcare professionals](#)
- [Interpreters: an introduction](#)
- [Assessing the need for an interpreter](#)
- [Booking and briefing an interpreter](#)
- [Communicating via an interpreter](#)
- [Debriefing with an interpreter](#)
- Australian Institute of Interpreters and Translators ([AUSIT](#)) [Guidelines for Health Professionals Working with Interpreters \(with reference to special interpreting contexts such as mental health\)](#)
- [Australian Government Language Service Guidelines](#)