

Interpreting Guidelines for Psychiatric Assessment

SOMALI



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CONTENTS

Foreword	1
Introduction	1
General features of psychiatric interviewing	1
History-taking	1
Mental state examination	1
Appearance	6
Behaviour	6
Speech	6
Mood	6
General questions about mood	7
Mood words	7
Questions about mood	8
Questions about suicidal intent	8
Questions about biological features of affective disorder	9
Affect	10
Thought form	11
Questions about thought form	11
Thought content	12
Questions about delusions	12
Questions about thought insertion	13
Questions about thought withdrawal	14
Questions about thought broadcast	14
Questions about passivity	15
Questions about depressive cognitions	15
Questions about panic attacks	16
Questions about compulsions	17
Perceptions	18
Questions about perceptual abnormalities	18
Cognitive function	20
Insight	21
Medication	1
Questions about medication	22
Acknowledgments	1

East London NHS Foundation Trust strives to promote equality and diversity. To do this we aim to create an organisation that is culturally competent and aware. It is intended that service users whose first language is not English will benefit from an accurate and comprehensive psychiatric assessment. We have produced these interpreting guidelines to help clarify the role of interpreters in the context of the psychiatric assessment and to support them in their training and practice. This booklet was jointly produced and funded by East London NHS Foundation Trust and the Department of Health.

Copies of this booklet and versions in other languages are freely available to download at:

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These notes are designed to support interpreters working with psychiatrists carrying out assessments. They provide some explanation of how the psychiatrist approaches the assessment and some example translations of commonly used questions and responses.

The psychiatrist will seek to obtain from the patient an account of their problems and relevant background information – the history – and an assessment of current and recent abnormalities of thoughts, feelings and mental functioning – the mental state assessment. Some features of the mental state will become apparent as the interview is carried out while others will be elicited through specific questions at the end of the main interview.

GENERAL FEATURES OF PSYCHIATRIC INTERVIEWING

When approaching a particular topic, the psychiatrist will often begin with a very general, open question and then follow through with gradually more specific questions, sometimes finishing with some which are extremely precise. The idea is to avoid putting words into the patient's mouth or biasing their response but to end up with an exact picture of the nature and severity of their problems.

Typical examples of general questions might be: "What do you see the main problems as being?", "How is your mood generally?", "How do you see the future?", "Has anything strange been happening?". If, for example, the patient expresses a gloomy view of the future then the psychiatrist will explore this further with more and more narrow questions and ultimately may end up asking a question like: "Do you see any chance at all that things might possibly get better, even a little bit?"

Sometimes the psychiatrist may just repeat a part of what the patient or may remain silent, allowing the patient the opportunity to expand on what they think is important.

It is important for the interpreter to frame open questions in a neutral fashion. For example, one may often ask: "Do you notice any difference with the medication?" or: "How is the medication suiting you?". It is a serious mistake to translate this as: "Is the medication helping?"

Also, one will usually strive to keep an emotionally and morally neutral tone even when the patient is saying things one would normally find outrageous, whether this might be a description of a ludicrous and impossible conspiracy theory or a plan to sexually torment and then murder a neighbour. In the psychiatric assessment, one will often avoid making any value judgements, expressions of sympathy, criticism, support or comments as to the extent to which one believes what the patient is saying.

The psychiatrist will wish to obtain an account of the patient's view of their problems and how they have developed. Although they may begin by encouraging the patient to express their own concerns, ultimately the psychiatrist will want to obtain a clear account of what has happened in chronological order. This will include what treatments have been taken, in what doses and what changes in the patient's condition occurred over time in relation to (though not necessarily due to) these changes. It can sometimes be difficult to get a clear account of things in the correct order. The psychiatrist may try to take the patient back to the time when they were last well and then take things forward from there. They will want to establish approximate timings for changes in the condition and whether features were present for days, months or years. They may want to establish whether somebody has episodes of low mood which last a few weeks or months at a time or whether mood could change rapidly on a day to day basis.

The psychiatrist will try to obtain an account of any earlier episodes of mental health problems, including seeing a counsellor as a child, any previous attempts at treatment including not only medication but also psychotherapy, psychological treatment or counselling and whether there have been previous attempts to kill oneself or acts of self-harm. They will want to find out about medical illnesses, operations and treatment, the family background including the parents' occupation, cause of death and whether there is mental illness in any near or distant relatives. They will want to find out about the patient's development, their academic and social functioning at school, their work record, whether they experienced childhood sexual abuse, their sexual orientation and relationships and whether they have children. Finally, they will need to find out about their accommodation, income, benefits, substance use, involvement with the criminal justice system and how they spend their time apart from working, both currently and before becoming unwell.

MENTAL STATE EXAMINATION

Mental state examination consists of an assessment of the patient's current appearance, behaviour, thoughts, feelings and perceptions. Some items of the mental state assessment will be elicited in the course of obtaining the history while others will be enquired about specifically at the end of the interview.

Appearance

The psychiatrist will note aspects of the patient's appearance such as how they are dressed, how well cared for they appear and whether they display any physical abnormalities.

Behaviour

Again, the psychiatrist will observe the patient's posture, gestures, movements. However they may need to ask the interpreter whether the patient seems cooperative and forthcoming, whether they seem willing to answer questions, whether they seem to answer honestly, whether they seem threatening or hostile. They may also ask about the extent to which it is possible to establish a good rapport with the patient. Is it easy to strike up warm interactions or does the patient seem cool, aloof, impersonal or distant?

Speech

The psychiatrist will note whether the patient is speaking loudly or quietly. They may wish to ask the interpreter whether they feel the patient is speaking quickly or slowly, using lots of words or rather few, whether they are giving full answers to questions, very brief answers, spontaneously making comments of their own or only speaking in reply. They may wish to know whether it is sometimes hard

to interrupt the patient because the patient has a tendency to go on speaking. They will need to know if the patient uses made up words or uses real words in an odd, idiosyncratic way. They will want to know if the patient uses appropriate, polite language or words which are rude and offensive.



Mood

Mood is the patient's subjective emotional state, how they are feeling as opposed to what they are thinking or doing. The psychiatrist will want to establish how the patient has been feeling generally lately, the extent of variability of mood and the pattern of any changes of mood. If the patient has low mood the psychiatrist will seek to establish whether the patient ever feels a bit better or enjoys something, even a little bit. When asking about mood the psychiatrist will begin by asking general questions, then may suggest example

MENTAL STATE EXAMINATION

answers and then focus on specifics. It will be important to try to establish changes which have occurred and how they related to changes in treatment. Related to mood are questions about suicidal intent and also about so-called biological features of affective disorder – changes in appetite, weight and sleep. Sometimes in depression mood is markedly worse when the patient wakes in the morning and then

improves through the day. This is called diurnal mood variation. When asking about suicidal intent the psychiatrist may start with a fairly general question and then try to get a more specific idea of how seriously the patient is considering killing themselves. (When asking about actual acts of self-harm the psychiatrist will again try to gauge the nature of the patient's intention.)

General questions about mood

<i>English</i>	<i>Somali</i>
How do you generally feel most of the time?	Caadi ahaan maxaad dareentaa wakhtiga intiisa badan?
What's your mood like?	Niyadaadu waa side?
How would you say you feel generally – happy, sad, frightened, angry....?	Side baad odhan lahayd baad dareentaa caadi ahaan, Ma waxad odhan lahayd caadi ahaan waxad dareentaa – farxad, murgo, cabsi, cadho....?

Mood words

<i>English</i>	<i>Somali</i>
Happy	Faraxsan
Very happy	Aad u faraxsan
Fine	Wanaagsan
OK	Caadi
Fed up	Khatai baan joogaa
Sad	Murugo
Low	Niyad xun
Miserable	Murugaysan

MENTAL STATE EXAMINATION

Mood words	
Depressed	Niyad jabsan
Cross	Cadhaysan
Angry	Xanaaqsan
Worried	Wer-wersan
Afraid	Cabsi ama baqdin
Down	Niyad xun
Cheerful	Aad u faraxsan
Bad	Xumaan
Excited	Ray-rayn / Ama riyaaq
Bright	Caqli badni

Questions about mood	
<i>English</i>	<i>Somali</i>
Do you feel miserable all the time?	Miyaad had iyo jeer murugaysantahay?
Do you ever cheer up, even a little bit?	Ma faraxdaa weliga, xataa in yarna?
Do you ever enjoy anything?	Weligaa ma jiraan waxyabo aad ka heshaa?
If something nice happens, do you cheer up a bit?	Haday wax wanaagsan dhacaan ma yare faraxdaa?
Do you cry?	Miyaad ooydaa?
Would you say that you're more cheerful than usual?	Miyaad dareensantahey inaad ka faraxsantay sidii cadadaadu ahayd?

Questions about suicidal intent	
<i>English</i>	<i>Somali</i>
Do you ever feel really desperate?	Miyaad weligaa dareentay niyad xumo?
Do you ever feel life is not worth living?	Miyaad weligaa kula noqotay inaanay noloshu qiimo lahayn?

MENTAL STATE EXAMINATION

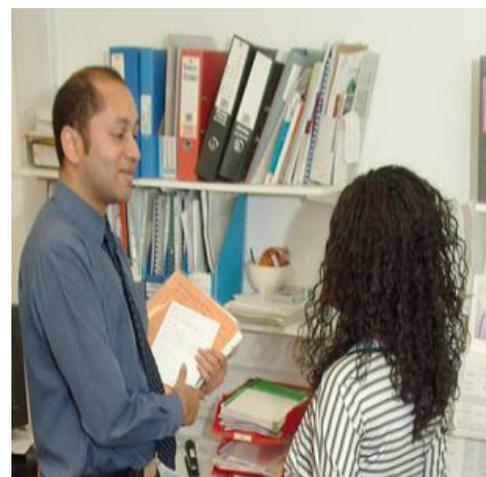
Questions about suicidal intent	
Do you ever feel it would be better if you were dead?	Miyaad weligaa is tidhi waxa fiicnaan lahayd inaad dhimato?
Do you ever feel that it wouldn't matter if you didn't wake up in the morning?	Miyaad weligaa is tidhi waxba ma ahaateen ha'daadan subaxdii soo kicin?
Do you ever wish you were dead?	Weligaa ma jeclaysatay inaad dhimato?
Do you ever think of killing yourself?	Weligaa ma ku fekertay inaad is disho?
Have you thought seriously about killing yourself?	Miyaad aad uga fekertay inaad is disho?
Have you thought about how you might kill yourself?	Miyaad ka fekertay sidaad isu dili lahayd?
Have you done anything about getting ready to kill yourself? (E.g. paying bills, hoarding tablets.)	Miyaad diyaarsatay waxaad isku dili lahayd? (Tusaale ahaan: inaad kiniin soo iibsatay, ...)
Do you really want to die?	Run ahaantii miyaad doonaysaa inaad dhimato?
Would you say that you were determined to kill yourself?	Miyaad odhan lahayd waad go' aansatay inaad is disho?

Questions about biological features of affective disorder	
<i>English</i>	<i>Somali</i>
Is there any pattern to how your mood changes through the day?	Ma jiraan calaamado ku saabsan siday niyadaadu isu bed-bedesho maalintii?
Is there any time of day when you tend to feel better or worse?	Miyay jiraan xiliyo ka mid ah maalintii oo aad ladan tahay ama aad xoog u xanuunsanaysa?
Do you tend to feel worse in the evening?	Miyaad habeenkii aad u xanuunsataa?
What's your appetite like?	Waa sidee cuntadaadu?
How are you eating?	Cuntada ma cuni kartaa?
Is there any change in your weight?	Miisaankaagu miyuu is bedelay?
How are you sleeping?	Hurdadaadu waa side?

Questions about biological features of affective disorder	
What time do you get to sleep and what time do you wake?	Xiligee baad seexataa, xiligee baad se kacdaa?
Do you sleep right through or wake in the night?	Habeenkii oo dhan miyaad hurudaa mise waad kac-kacdaa?
After you've woken do you get back to sleep?	Markaad kacdo habeenkii hurdada ma ku sii noqon kartaa?
What time do you eventually wake in the morning?	Xiligee baad subaxdii kacdaa caadi ahaan?
Is there any change in your interest in sex?	Wax isbedel ahi miyay ku dhaceen dareenkaaga galmada?
Are you less interested in sex than usual?	Miyuu is dhimay xiisahii aad u qabtey galmada?
Is there any change in how often you defecate / have your bowels open?	Miyay is bedeshay saxaradaadu/caadi ma u saxarrootaa?
Do you experience constipation?	Miyay calooshu ku taagan tahay?
Is there any change in your energy levels?	Miyaad wax isbedel ah ka dareentay tamartaada ama awoodaada?
Do you have more or less energy than usual?	Miyay awoodaadu ka badatay ama ka yaraatay sidii caadig ahayd?

Affect

The psychiatrist will note the objective features which communicate the patient's mood state – whether they smile, laugh, cry, look sad, etc.



Thought form

This refers to the extent that patient is able to form coherent sentences which follow each other in a logical fashion and refer to the subject at hand. The psychiatrist will judge the extent to which the patient's answers are to the point, whether they ramble off the subject, whether they jump from one topic to another without any obvious connection and whether they convey the information required. The psychiatrist may ask the interpreter whether the patient uses any odd or made-up words or uses real words but in an idiosyncratic fashion. If the patient does jump between topics, the psychiatrist will want to know whether the patient sometimes forms links between them based on the sounds of words through using puns or words which have a similar sound. The psychiatrist may want to know from the patient whether his thoughts seem to run at a normal pace or whether they seem fast, slow or stop suddenly.

Examples of formal thought disorder

Jumping between topics, knight's move thinking:

Those men coming over the hill, with a green moon you'd expect nothing different. I've been telling everyone for a while now

that soul-washing is for mothers and babies but stars shine brightest where the whole thing follows through.

Made-up words, neologisms:

Whenever I go out I'm always lanward to the environment.

My mother was a copblender.

Punning, clang associations:

Hi bright. White light. No night there you'll not be seeing. Seeing you say? That would be a fine thing. All bling. Sing, sing why don't you?

Poverty of content, failing to convey any useful information:

I'm glad you asked me that, it's been on my mind for some time now, thinking about it. The first thing I'd say is, starting at the beginning because really there's no better place, and it is an important thing to know. People might not think so but I think you and I can safely be sure in this respect. If there's one thing one really has to be clear about, and one certainly must be, if it's all to be for the best, and that is what one would want, at least I would and I expect you would too because I do try to think the best of people..... (and so on) .

Questions about thought form

English

Somali

Do your thoughts seem faster than normal?

Miyuu fekerkaagu ka dhakhso badanyahay sida caadiga ah?

Do you find you have lots and lots of different thoughts?

Ma fekreddo aad iyo aad u badan ayaa madaxaaga ku jira?

Questions about thought form

Does your mind seem to be slowed down?	Miyay kula tahay in maskaxdaadu gaabisay?
*Do you ever have the experience when your thoughts suddenly stop?	Miyaad la kulantay xili kooban oo xasuustu kaa luntay?
Do you ever feel that your mind is suddenly wiped blank and you have no thoughts at all?	Miyaad weligaa dareentay in maskaxdaadu masaxantay oo xusuustii kaa luntay?

Thought content

The psychiatrist will want to ascertain the extent to which the patient believes things which are not true and for which there is no evidence. They will want to find out if the patient experiences some specific abnormalities about their possession of their own thoughts and the extent to which the thoughts in their mind are their own. They will ask about the patient's evaluation of themselves and their view of the future. They will ask about anxieties, preoccupations. They may at this point ask

about panic attacks and compulsive behaviour.

With regard to false beliefs, or delusions, it will be important for the psychiatrist to try to establish how the patient has come to hold these beliefs. For example, if the patient believes people talk about them is this because they hear people talking about them or do they "just know"? The psychiatrist will also assess how firmly the patient holds these beliefs.

Questions about delusions

<i>English</i>	<i>Somali</i>
Do you ever feel that people are following you?	Miyaad weligaa u malaysay in dad ku daba socdaan?
Do you ever feel that people are seeking to harm you in some way?	Miyaad weligaa u malaysay in dad rabo inay ku waxyeeleeyaan?
Do people spy on you?	Miyaa dad ku basaasaan?
Has anything strange or unusual been going on?	Miyaad dareentaa wax aan jirin ama caadi ahayn?
Is there anything special about yourself which makes you different from other people?	Ma jiraan waxaan caadi ahayn oo aad dadka kaga duwantahay?
Is there anything you can do which other	Ma jiraan waxaad qaban karto oo dadka kale

Questions about delusions	
people can't?	awood u lahayn inay qabtaan?
Is there anything which particularly bothers you?	Ma jiraa wax gaar ahaan ku dhiba?
How did you find out this was happening?	Sidee baad ku ogaatay inay jiraan?
When did you realise this?	Goormaad xaqiiqsatay arinkan?
How do you know about this?	Sidee baad ku ogaatay arinkan?
Are you sure this is happening or might you be imagining it?	Ma hubtaa inay jirto mise waad malaynaysaa?
Are you absolutely certain this is what's going on?	Aad ma u hubtaa in arintu sedan tahay?
Do you think that somebody has put a spell on you?	Miyaad u malaynaysaa in cidi ku sixirtay?
Is a spirit/djinn/demon causing problems for you?	Ma sixir (shaydaan) baa dhibta kuugu wacan?

Sometime patients experience very specific abnormalities regarding the possession of their thoughts and if these seem that they might be present the psychiatrist will need to question the patient very carefully about them.

Thought insertion is the experience that there are thoughts which are alien and which do not belong to the patient. This is different from somebody else just influencing what the patient thinks or planting a notion in their mind by saying something.

Questions about thought insertion	
<i>English</i>	<i>Somali</i>
Do you ever have thoughts in your mind which are not your own?	Miyaad isku aragtay in ay maskaxdaada ku jiraan fikrado aadan lahayn?
Does anything else use your mind to think with?	Miyay cid kale maskaxdaada ku shaqaysataa?
Does anything put thoughts into your mind from outside?	Miyaa cid kale oo qalaad feker gashatay maskaxdaada?
Where do those thoughts come from?	Xagee fekradahani ka imanayaan?

MENTAL STATE EXAMINATION

Thought withdrawal is the experience of having an external agency remove the thoughts from one's mind, perhaps leaving the mind empty. It is different from just

forgetting things, losing track or having one's mind go blank. There must be a strong sense that something outside the patient is actively taking the thoughts away.

Questions about thought withdrawal

<i>English</i>	<i>Somali</i>
Does anything ever take your thoughts away?	Miyay jiraan wax keena in xasuustu kaa lunto?
Do you ever have your mind wiped blank?	Miyaad dareenta in ay masaxmeen wixii maskaxdaad ku jirey oo dhami?
Does anything take thoughts out of your mind so that they're not there any more?	Miyay jiraan wax xasuusta kaa lumiya oo keena inaadan dib wax u xasuusan?

Thought broadcast is the experience that thoughts go out of the patient's mind so that they can be heard or seen by other people. It is different from the idea that

somebody else can tell what the patient is thinking or can read their mind, in which case the thoughts remain in the patient's own mind.

Questions about thought broadcast

<i>English</i>	<i>Somali</i>
Can other people tell what you are thinking?	Ma garan karaan dadka kale waxaad ka fekerayso?
Do your thoughts ever go out of your own mind?	Waxaad ku fekeraysa marna madaxaaga ma ka baxaan?
Do your thoughts go out of your mind to other people?	Fekradahaagu intay madaaxaaga ka baxaan miyay dadka kale u gudbaan?
Are your thoughts ever put on the television or radio?	Miyaa figradahaaga laga sii daayaa telifishanka ama radioga?
Do your thoughts go out of your mind to somewhere else?	Miyay fikradahaagu maskaxdaada ka baxaan oo meelo kale qabtaan?

MENTAL STATE EXAMINATION

Passivity experiences occur when the patient believes or experiences that an external agency directly controls his bodily movements or functions. This is different from being simply influenced or coerced to do something – the experience must be of

something else actually taking over control. Related are somatic hallucinations and delusions, the experience or belief that something inside the body has been changed.

Questions about passivity	
<i>English</i>	<i>Somali</i>
Do you ever feel that somebody else controls your body?	Miyaad weligaa istidhi qof kale ayaa jidhkaaga xukuma?
Do you ever have something else moving your arms or legs?	Miyaad istidhaahdaa gamcahaaga ama lugahaagaa cid kale ayaa dhaq-dhaqaajinaysa?
Can anybody else move your body without you being able to stop them?	Miyaa cid kale dha-dhaqaajisaa jidhkaaga oo aad joojin kariweydaa?
Do you ever find that a spirit/djinn/demon controls your body?	Miyaad isleedahay quruumo/ sixir/ jin ayaa jidhkaaga ku shaqaysanaya?
Has anything inside your body or brain been changed?	Ma jiraan wax jidhkaaga ama maskaxdaada laga bedelay?
Is there anything strange inside your body?	Ma jiraa waxaan caadi ahayn oo jidhkaaga ku jira?

Depressive cognitions are negative views which the patient has about themselves or

the future, encompassing low self-esteem, guilt and hopelessness.

Questions about depressive cognitions	
<i>English</i>	<i>Somali</i>
What's your opinion of yourself?	Sidaad naftaada u aragta?
Do you think you're better than most people,	Ma u malaysaa inaad ka fiicantahay dadka

MENTAL STATE EXAMINATION

Questions about depressive cognitions	
worse, or about the same?	badankiisa, mise waad ka liidataa, ama la mid baadtahay tahay?
Are you a good or bad person?	Ma qof wacan baad tahay mise mid xun baad tahay?
Are there things you feel guilty about?	Ma jiraan waxyaabo aad qoomamaysaa?
Do you feel more guilty about things than most people?	Miyaad naftaada si dheerad ah u eedaysaa oo dadka ka duwan?
Do you feel guilty about things which other people wouldn't feel guilty about?	Miyaad waxaan dadku naftooda ku canaan isku canaanataa?
What's your view of the future?	Sidaad mustaqbalka u aragtaa?
Do you think things will get better or worse?	Ma waxaad filaysaa in xaldaadu ficnaato mise inay sii xumaato?
Do you hope things might get better?	Ma rajaynaysaa in xaaladaadu hagaagayso?
Is there any possibility that things might get better?	Suurtagal matahay in xaaladuduhu fiicnaadaan?
Do you see any possibility at all that things might get better, even a little bit?	Ma kula muuqataa inay suurtagal tahay in xaaladuhu fiicnaadaan, in yarna ha noqotee?

Panic attacks are episodes of intense anxiety which may feature fearful mood,

physical symptoms of anxiety and frightening thoughts.

Questions about panic attacks	
<i>English</i>	<i>Somali</i>
Do you get panic attacks?	Ma kugu dhacdaa naxdin cabsiyi weheliso?
Do you get times when you feel very frightened?	Ma kugu dhacdaa baqdin ay argagixiso weheliso?
Do you feel anxious?	Werwer aan sabablahayne ma kugu daciaa?
Do you feel afraid?	Ma dareentaa cabsi?
Does your heart beat fast?	Xoog ma u bodbooda wadnahaagu?

Questions about panic attacks

Do you feel your heart beating hard?	Ma dareentaa in wadnuhu xoog u garaacmayo?
Do you feel dizzy?	Ma dareentaa da dookhad ama dawakhaad?
Do you feel faint?	Ma diidaa?
Do you feel sick?	Matag ma kusoo qabtaa ?
Do you feel shaky?	Ma gariirtaa?
Do you have an uncomfortable feeling in your stomach?	Miyaad caloosha ka dareentaa dareen aan wannaagsanayn?
Do you feel breathless?	Miyuu naqasku ku qabtaa?
What do you think is going to happen?	Maxaad filaysaa inay dhici karaan?
Do you think you're going to die?	Miyaad is leedahay dhakhso ayaad u dhimanaysaa?
Do you think you're going to faint?	Miyaad is leedahay waad diidaysaa?
Does this happen in particular places?	Ma meelo gaara ayaa lagugu qabtaa?
Can this happen when you're at home?	Waxan oo kalle ma ku gu dhacaan markaad guriga joogto?

Compulsions are behaviours which the patient feels that they have to carry out,

often in particular ways, typically comprising washing or checking.

Questions about compulsions

<i>English</i>	<i>Somali</i>
How often do you wash?	Imisa jeer baad maydhata?
Do you wash your hands a lot?	Faro xalashadadu miyay faro badantahay?
Do you always do it in a particular way?	Miyaad had iyo jeer si gaar ah u faraxalataa?
Do you feel that you have to do it?	Miyaad dareentaa inaad ku khasbantahay inaad faroxalato?
Do you try to resist but find that you can't?	Miyaad isku daydaa inaad joojisid laakin waad kari weyda?

Questions about compulsions	
What would happen if you didn't do it?	Maxaa dhici kara hadii aad samayn weydo?
Do you have to check you've locked the door properly?	Had iyo jeer miyaad hubisaa inaad albaabka si fiican u xidhay?
Do you check locks, windows, switches, electrical appliances?	Miyaad had iyo jeer hubisaa qafilka, daqadaha, laydhika iyo waxyaabaha korontada ku shaqeeya inay xidahanyehiin?
How many times would you check?	Imisa goor baad hubisaa?
Do you do the checking in a particular order?	Ma hab gooni ah ayaad leedahay oo aad wax u hubisid?
How much time does it take you?	Wakhti intee le'eg bay kugu qaadaat inaad wax hubsato?

Perceptions

Perceptual abnormalities consist of hallucinations, when one perceives something which does not exist, and illusions, when a perception is distorted. The patient may hear voices. Often these voices appear to come from outside so it is

important not to ask the patient if they hear voices "in their head". To the patient, the voices are not in their head but sound like somebody else speaking to them from nearby. It is also important to distinguish hearing voices from reporting an internal conversation just consisting of thoughts.

Questions about perceptual abnormalities	
<i>English</i>	<i>Somali</i>
Do you hear voices?	Miyaad codad maqashaa?
Do you see visions?	Miyaa waxyaabo iskaa tusaan?
Do you hear people talking when there's nobody there?	Miyaad maqashaa dad hadlaaya , iyadoon cidina joogin?
Do you hear things other people don't hear?	Miyaad maqashaa waxaanay dadka kula joogaa maqlin?
Do you ever hear anything strange?	Miyad maqashaa waxyaab layaab leh ?

Questions about perceptual abnormalities	
Where do the voices come from?	Xagee codku ka imanayaa?
Are the voices in your head or outside?	Codadku ma madaxaaga ayay ka imanayan mise debedda ayaad ka maqlaysaa?
Are these thoughts in your mind or sounds that you would hear with your ears?	Fikraduhu ma maskaxdaada ayaay ka imanayaan mise codka dhegahaaga ayaad ku maqlaysaa?
How many voices are there?	Imisa cod baad maqashaa?
Do they talk to you or do they talk to each other about you?	Miyay kula hadlaan, mise iyagaa adiga kaa wadasheekaysta?
Do they ever talk about about what you are doing?	Miyay weligood ka hadlen waxad qabanayso?
Do they repeat your thoughts or comment on your thoughts?	Miyay ku soo celceliyaan waxaad ka fekerayso, mise ma ka faaloodan waxad ku fekerayso?
Do your thoughts ever sound loud, as if somebody next to you could hear them?	Ma mooda in waxaad ka fekerayso dadka kula jooga maqlayaan?
Do the voices tell you to do things?	Codkaadka aad maqashaa miyaay kuu diraan inaad wax samayso?
Do you ever hear angels talking?	Miyad maqasha malaa'ig hadlaysa?
Do you ever hear spirits/djinns/demons talking?	Miyad maqasha qurumo hoose sida jinka ama malaa'ig ku la hadlaysa?
Do you see strange things?	Ma aragtaa waxyaabo layaab leh?
Do you see things other people don't see?	Ma aragtaa waxyaabo aan dadka kale arag?
Do things ever smell strange or taste strange?	Ma urisaa wax aan caadi ahayn (cajiib)ama dhadhan aan caadi ahayn?
Do you feel things touching you?	Ma dareentaa in wax ku taatabanayaan (xadanto)?
Do you feel things changing inside your body?	Ma dareentaa in jidhkaaga gudihissa waxa iska bedeleen?

Cognitive function

The psychiatrist will need to test the patient's ability to remember information and perform simple tasks.

The psychiatrist will want to find out if the patient is orientated with respect to time and place by asking them if they know the date, day of the week, season, etc. and whether they know where they are or at least what kind of place they are in.

The digit span is the number of digits, like a phone number, that the patient can repeat back. The digits should be spoken to the patient one at a time, at half second intervals, rather than being grouped.

The psychiatrist might want the patient to carry out a simple task measuring concentration such as spelling WORLD backwards or saying the months of the year backwards. They may need to discuss with the interpreter a suitable task in the patient's native language.

The psychiatrist may want to test the patient's ability to repeatedly subtract 7s from 100, or alternatively add 3s to 5. Here, what counts is not the patient's ability to do the arithmetic accurately but to persist with the task. If they stop too soon they may be gently encouraged to continue.

To test short term memory the patient needs to learn some information and then recall it a few minutes later. The psychiatrist may ask the patient to remember three objects and then later say what they were. Or they may try to get the patient to learn a name and address and

later repeat it. Here, the important task is to recall it later. So the psychiatrist may try to get the patient to learn the name and address by repeating it several times in the first instance until they get it right, and then see how much they remember of it a couple of minutes later.

To test naming ability, the patient may be asked to give the words for objects, perhaps of increasing difficulty, such as "Watch, strap, buckle" or "Pen, nib/point, clip". The psychiatrist will want to know what words the patient comes up with and how close these would be to an acceptable answer in the patient's own language.

To test verbal fluency the patient might be asked to say as many different words as they can all beginning with the same letter but probably a task which works better across different languages is to ask the patient to say the names of as many different animals as possible. If they stop too soon they may be gently encouraged to continue. The psychiatrist will want to know how many different animals they come up with, whether they repeat any and how wide a range of different types of animal they name.

The psychiatrist may ask the patient to copy a drawing to test for constructional apraxia.

The psychiatrist may test left-right orientation by asking the patient to raise their left hand, to touch their left ear with their right hand and to name the coin held in the psychiatrist's right hand.

The psychiatrist may ask the patient to write a sentence.

The psychiatrist may ask the patient to perform a three stage task such as, "Pick up that piece of paper, fold it in half and put it on the desk."

The psychiatrist may ask the patient to guess the size or weight of different objects.

Insight

The psychiatrist will want to find out the patient's view of their condition. Do they think they have a mental illness? What do they think of it's nature? What kind of treatment do they think would be helpful? What kind of treatment are they willing to accept?

In this section are some questions and words the psychiatrist may want to use when asking about medication.

Questions about medication	
English	Somali
How is the medication suiting you?	Sidaa dawadu kuu naasibtaa?
Do you notice any difference since changing the medication?	Intii dawada laga bedelay wax mayska kaa bedeleen?
In what way do you feel different?	Side bay wax iskaga kaa bedeleen?
Is there any change in your mood?	Wax ma iska bedelay jawigaaga?
Have you noticed any side effects?	Wax dhib ah miyay dawadu kugu keentay?
Do you have difficulty waking up in the morning?	Miyuu kugu adag yahay kicitaanku subaxdii?
Are you tired during the day or just in the morning when you wake up?	Ma adiga oo daalan ayaad kacdaa subaxii mise malintii oo dhan ayaad delantahay?
Do you feel stiff?	Miyaad dreentaa inaad tigtigan tahay ama isku jirto?
Tired?	Daal?
Weak?	Tamardaro?
Sleepy?	Caajis?
Shakey?	Gariir?
Sick?	Matag? Yalaalugo?
Dizzy?	Wareer?
Do you have any sexual difficulties?	Dhibaato ma kaa haysataa galmadda?
Do you have difficulty getting an erection?	Inaad kacsata miyaay ku gu adagtahay?
Do you ejaculate early or late?	Ma degdeg bay shahwadu kaaga timaadaa, mise way raagtaa?
(For women) Do you come to orgasm early or	Ma horaad u biyobaxdaa mise waad raagtaa?

Questions about medication

late?	
Do you always remember to take the medication every day?	Ma xasuusataa inaad malin walba dawadaada qaadato?



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