We reviewed the records of all linguistic validation projects involving the M.I.N.I. led by the linguistic validation department of Mapi.

Methods

Results

Following this categorization, three different translation approaches were adopted (see Figure 1):

- C1: In all western and westernized countries (e.g., Europe, Russia, in total, 50 languages), the psychiatric terms used in the M.I.N.I. were easily translated (i.e., existence of an agreed-upon corresponding terminology).
- C2: In languages where psychiatric disorders do not exist (e.g., Sub-Saharan African languages, such as Swahili or Zulu), the clinician-directed parts (titles, clinician-directed instructions/algorithm), i.e., all capitalized texts in the original instrument, were either translated using paraphrases or left in English, when necessary, for readaptability purposes. The patient-directed parts were translated in the target languages. See an example in Table 2.
- C3: In languages where there is a partially agreed-upon terminology (e.g., Thai, Indian languages), the titles as well as the algorithms were translated or transilluminated with corresponding English equivalents between brackets, when necessary.

In order to follow the typographical conventions of the M.I.N.I. in languages with no capital letters (such as Kannada or Malayalam), the font size of the clinician-directed parts was increased.

Figure 1. Translation approaches

C1 = Clinician-directed part
C2 = Patient-directed part

<table>
<thead>
<tr>
<th>Countries</th>
<th>Languages</th>
<th>C1 - Agreed-upon terminology for psychiatric terms</th>
<th>C2 - No agreed-upon terminology for psychiatric terms</th>
<th>C3 - Partially agreed-upon terminology for psychiatric terms</th>
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Table 2. Extract of a C2 clinician-rated part: Original US English and translation into Tagalog