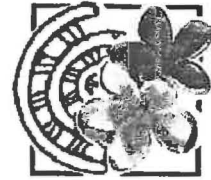


# Mental Health Research & Development



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## The mental health service needs of the Deaf and the development of a National Plan

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Issues surrounding the mental health of Deaf people receive little attention from practitioners in mental health services. International studies have shown that Deaf people are vulnerable to misdiagnosis of mental illness, denial of services and inappropriate services. In particular mental health services are unwilling or unable to recognise the relationship between Deaf culture and language and the delivery of adequate mental health promotion, and prevention and treatment of mental illness in the Deaf population.

At present, most Deaf clients requiring mental health services only have access to those services provided by hearing professionals, the majority of whom have only superficial knowledge of Deaf culture, New Zealand Sign Language and the dynamics of the Deaf community. In Auckland and Northland, there are no qualified Deaf mental health professionals to deal with major illness such as schizophrenia, depression, and substance-abuse and personality disorders within the Deaf community.

In September 1998, I initiated a pilot research project in Auckland [1], which through Geoff Bridgman, who joined me later, was part funded by the Health Research Council of New Zealand. The project looked at needs and experiences around access to and use of Mental Health Services for Deaf Adults.

Table 1: The two most important areas for help and support in relation to mental health issues.	%
Number in each group = 81	
Feeling depressed	40
Feeling lonely in hearing world	28
Feeling angry/frustrated	27
Difficulties with relationships	15
Dealing with a crisis	12
Access to education classes	12
Being unemployed	11

We asked people to nominate from a list the two most important issues for help and support in relation to mental health – see table 1. The three most important factors reflect cultural oppression. Depression and feeling angry and frustrated are consequences of



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feeling lonely in a hearing world. Other issues highlighted reflected educational, social, economic, and situational demands on Deaf people.

Table 2: The type of organisations that Deaf people are most likely to turn to when they need help for mental health issues.	%
Number in each group = 81	
Private Counsellor or Therapist	42
Deaf Association	30
Community support groups	17
Marae	14
Maori community trust	12
CHE mental health services	10

Fifty-two percent of people questioned said they had used a mental health service in the past year. And 27% said they had used a mental health services more than six times. Table 2 shows the main services Deaf people turn if they need help for mental health issues. Community mental health services are well down the list. Part of the reason for this is the absence of staff in these services that are culturally skilled with Deaf people. People are three times more likely to use the Deaf Association's service co-ordinators who possess the cultural knowledge to understand their client's backgrounds, if not their mental health problems. Psychologists, psychiatrists, and psychotherapists were seen as less understanding of the cultural differences in the continuum from care to therapy and in assessing the needs of Deaf clients.

The survey indicates that 23% of Deaf Maori/Pacific Islanders named feelings of depression as a key issue. The corresponding percentage for Deaf Europeans is 46%. This clearly highlights the cultural differences have emerged. The data showed that nearly twice the percentage of European Deaf feel lonely in their hearing world (32%) as do Deaf Maori/Pacific Islanders. Maori and Pacific Island Deaf were much more likely to use Māori organisations, marae and community support groups than European Deaf, but much less likely to use Deaf Association's services. Maori Deaf seem to identify first as being Maori then as being Deaf. The concept of having Deaf mental health professionals may not seem as relevant to Maori Deaf due to a lack of understanding of Maori culture by hearing professionals.

The overall research data shows there is a need for mental health professionals to be critically aware of Deaf culture and the Deaf community. Most importantly, to obtain psychological assistance, members of the Deaf community should have access to appropriate counselling and assessment procedures through the use of New Zealand Sign Language to ensure that they are not treated as second class citizens and that misdiagnosis be avoided.

Table 3: Would any of the below professionals help improve mental health support services?	%
Number in group = 81	
Non signing professionals	5
Signing professionals	54
Interpreters	85
Deaf professionals	86

Table 3 shows that Deaf people wish to have access to Deaf counsellors, psychologists, and psychotherapists. Deaf mental health professionals would share the same culture and language as their Deaf clients which would enable their clients to communicate at their own pace, feeling confident that they would be understood. Deaf people will feel safer in 'talking' about their experiences as being Deaf knowing that the experiences of the Deaf mental health professionals may well be similar. Clients will therefore feel more relaxed, confident and trusting, thus enabling them to settle quickly into particular health services. Most importantly, the sign language skills of Deaf professionals will play a critical part in incorporating the social norms and context of the Deaf into identification of symptoms mental illness.

We are in the process of developing this pilot research project into a national epidemiological study of Deaf mental health status, needs and access to services, that incorporates Māori and non-Māori perspectives. The core question in my mind is "do different cultures give rise to different disorders". There has been growing concerns that psychiatry assessment produces misdiagnoses, particularly in Deaf people who are vulnerable to a misdiagnosis of mental illness. Ridgeway, (1997), a well known Deaf psychologist in England gave a strong message for hearing mental health professionals during the 1997 European Society for Mental Health and Deafness Congress. It stated:  
"Assessment of the mental state and well being of a culturally deaf people by a non fluent signer is therefore inappropriate and should be regarded as unprofessional practice"

I would now like to hand you over to Geoff, who will talk about the Deaf Association's plan for a national Deaf mental health service [2].

The inaccessibility of existing mental health services for profoundly deaf people, and the need to fill this gap in services is both recognised and stated in the Ministry of Health's National Mental Health Plan "Moving Forward" [3]:

"To improve the responsiveness of mental health services to people who are profoundly deaf" [3:41],

and in the Mental Health Commission's Blueprint for Mental Health Services in New Zealand [4]:

" People who are profoundly deaf have their own culture and their own patterns of mental illness. They need special services and expertise (including interpreter services), which should be provided as regional services." [4:41]

The new National Mental Health Standards require that services should be "culturally aware" (Standard 3) and strive towards a service that:

"delivers treatment and support which is appropriate and sensitive to the cultural, spiritual, physical, environmental and social values of the consumer and the consumers family and community." [5:5].

"Deaf people" are specifically identified as a group that this standard applies to.

The establishment of a national Deaf mental health service needs to start in either or both of the two major centres of Deaf population, Auckland. What follow is a summary of the plan for the Auckland region and the development of outreach services into Waikato and

Northland. The model outlined here is based on the British network of Deaf mental health, which is probably the most developed in the world.

### **Key outcomes in the establishment of an Auckland Deaf Mental Health Service.**

The establishment in Auckland of a joint venture operation between the Deaf Association and a local CHE to develop and operate an interdisciplinary team that would offer the following services in the North Health region and Hamilton

- Culturally appropriate mental health assessments for Deaf clients of mental health services,
- Liaison and support for staff and Deaf clients in Acute, Crisis, Residential, Day Support, Alcohol and Drug, Dual Diagnosis, Māori, Pacific People's, and primary health services.
- A community care support service,
- Therapy services (including: family, group, drug and psychotherapies),

#### *Initial scoping tasks would be:*

- Identification of Deaf users of mental health services in the defined region.
- Identify possible private and public agencies needing support services within the service delivery area, in particular residential services with Deaf clients.
- Identify the most appropriate CHE to develop a joint venture with and establish relationship with them
- Draw up administration procedures to join with the community mental health team; including costs, lines of accountability, and protocols for interface issues
- Develop a code of practice ('procedures') for the provision of Deaf Mental Health Services. Such a code would include requirements relating to the use of interpreters, access to advocates, staff training on the needs of Deaf clients, the use of communication devices accessible to the Deaf, visual material that clearly and simply sets out rights and procedures, and visual safety warning systems.

#### *Initial Components of the Deaf Mental Health Services Team*

The team is to include a manager (a mental health professional), a psychiatrist (0.5), 1.5 interpreters, two other mental health professionals, and secretarial/administration support. The emphasis needs to be equally placed on mental health professional skills and Deaf cultural skills including the use of NZSL. We have only one Deaf mental health professional in New Zealand and it would be desirable the she have a leadership role in the Team. It would also be desirable to have a second Deaf member in the team perhaps as a community mental health worker. Other options would be to attract a mental health professional who was a child of a Deaf adult (CODA), or one who was fluent in NZSL. It would also be important to have at least one full-time equivalent Māori position on the team. We believe there are people available who could effectively fulfil these roles although some training will be required. A number of interpreters already support mental health professionals, and this proposal would increase the specialisation in this area. The base for the team would most likely be in West Auckland, which is the centre of services for the Deaf in Auckland.

The team would work in very closely with Deaf Association service coordinators some of whom might be part-time members of the team.

## **Further extensions of the service**

### *Outreach clinics in South Auckland, Whangarei and Hamilton*

Outreach clinics held twice per month would be established in South Auckland, Whangarei and Hamilton. The clinic would be held in liaison with local mental health and alcohol and drug services and would focus on assessment and staff support services, but would provide some therapeutic services. The training of mental health interpreters based in each of the three areas would also be a priority. In South Auckland there would be some community care support provided as well, but not through the outreach clinic.

### *The development of a sign-language based residential mental health service.*

The service would work closely with a residential provider to establish a 4-6 bed residential service for Deaf clients with significant accommodation and community support needs (level 2-4). This service would be staffed by fluent signers. Spectrum Care has two "Deaf plus" homes (managed for the Deaf Association) in Avondale with clients who have an intellectual disability as well as being deaf, although there is at least two Deaf client whose disability is a mental illness. The history of treatment of Deaf children and adults with a mental illness makes it likely that a number of Spectrum Care's clients have developed an intellectual disability rather than being born with one.

### *Training and education of mental health staff in Deaf cultural, language and mental health and substance abuse issues and the training of interpreters in mental health interpreting.*

Team members will need training in issues of Deaf culture and mental health and New Zealand Sign Language. Some of the teaching will come from Deaf or CODA team members, but outside expertise will also be used. Some team members may need also intensive work in NZSL. Training on how to use interpreters in the mental health setting and in issues of Māori and Pacific Peoples Deaf mental health will be needed.

Training and education in issues of Deaf culture and mental health and New Zealand Sign Language will be offered to a mental health, alcohol and drug, and mental health promotion and primary health agencies.

Training in mental health interpreting will be offered to interpreters and to interpreter education services. This would be done through an experienced interpreter working within Deaf Mental Health Services, and will increase access to other mental health services and services in other areas

### *Time lines*

The scoping for the project would take three months, and objectives outlined above would take a further 12 months to achieve.

## **From a regional to a national Deaf Mental Health service.**

This should be a joint venture operation between the Deaf Association and CHEs in Christchurch and Wellington or Palmerston North similar to the one described above for Auckland. The stages of the project are as follows:

- To continue the Wellington Deaf Mental Health presence through outreach clinics
- To establish a training programme for Deaf mental health workers – by end of 1999.

- To train or recruit six Deaf people with diplomas of degrees highly relevant to mental health and or substance abuse – by the end of 2001.
- To develop outreach clinic, community care and mental health interpreting services in Christchurch - by the end of 1999.
- To develop a full Deaf Mental Health Team in Christchurch Deaf and mental health residential unit in Christchurch – by the end of 2000
- To develop a Deaf Mental Health Team in Wellington or Palmerston North – by the end of 2001
- To develop regular outreach clinics for Dunedin, and outreach services for Rotorua, Tauranga, New Plymouth, Napier/Hastings, Nelson, Timaru and Invercargill – by the end of 2001.

## References

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