

7.7 Deaf People with Mental Health Needs

Definition of deafness - By “deaf” we mean anyone with a permanent or temporary hearing loss. This could be a mild, moderate, severe or profound hearing loss, and includes people who communicate orally or through sign language.

People are Deaf for many reasons - through illness, trauma or a congenital condition. However, the most common type of hearing loss is age-related, which may also be associated with tinnitus (ringing, buzzing, whistling, hissing or other noise, heard in the ear in the absence of environmental noise).

For the purposes of these Standards, we have included deafblind people (i.e. those with dual sensory loss) who are referred to the service because of their hearing loss.

There are approximately 1700 people in Northern Ireland who have experienced severe or profound hearing loss. Of these, 300 are aged between 16 and 60 years.

People who are Deaf are at high risk of social exclusion. Social exclusion amongst the Deaf community affects both their mental health and their access to appropriate mental health services.

Overarching Standard 53: Deaf people with mental health needs – assessment, early intervention, ongoing treatment and care

A deaf person (of any age) with mental health needs and their carers should have access a full range of mental health provision including early assessment, treatment and ongoing care provided by specialist mental health services including access to key worker, inpatient care and out of hours services if required. Interventions should be focused on the person and the family and include a range of supports that facilitate communication within primary and secondary care

Rationale

Deaf adults face twice the degree of psychological problems faced by the hearing community, and high levels of severe and enduring mental health problems. Deaf people are more likely to experience social exclusion and isolation than the hearing population. Deaf people report higher levels of low self-confidence and self-esteem than the hearing population.

Deaf people are more likely;

- To experience a delay in diagnosis of their mental health problem than the hearing population increasing the risk of possibly avoidable complication
- To experience some level of co-morbidity e.g. physical illness, neurological conditions, learning disability etc.
- To experience delay in accessing specialist care and treatment than the hearing population;
- Deaf people can have very complex needs and a wide range of services which can create significant problems in co-ordination of care.

Current inequalities in accessing mental health care, particularly in relation to communication needs and information availability. Deaf users are often unaware of what help is available and how to access it. There is a lack of deaf awareness across most generic mental health professionals and a lack of understanding of the complexity of need in the deaf population. Many young deaf people will not have their mental health difficulties identified when they first occur, leading to an increased risk of their problems deteriorating. Current acute/inpatient provision is mainly through referral to the specialist John Denmark Unit in Birmingham, leading to isolation of our deaf service users from their families and locale. Financial costs are high. Access to crisis care/risk assessment is particularly difficult in light of communication issues and lack of information available in deaf friendly form.

Evidence

The National Deaf Children's Society (NDCS) (2005) report: Developing mental health services for deaf children and young people in Northern Ireland

<http://www.ndcs.org.uk/document.rm?id=1306>

DOH (2002) A Sign of the Times: Modernising Mental Health Services for

people who are Deaf

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4018723.pdf

DOH (2005) Mental Health and Deafness: Towards Equity and Access

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4104005.pdf

Bamford Review: The Reform and Modernisation of Mental Health and Learning Disability Services (May 2007) <http://www.rmhdni.gov.uk/>

Royal National Institute for the Deaf (RNID) (2004) A Simple Cure: A national report into deaf and hard of hearing people's experiences of the National Health Service <http://www.rnid.org.uk/VirtualContent/84923/asimplecure.pdf>

Disability Discrimination Act

http://www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068

Responsibility for delivery/implementation

DHSSPS

Boards

Trusts in collaboration with other statutory sectors e.g. education

Primary Care

Commissioners in partnership with voluntary and community groups

Quality Dimensions

Person Centred - Deaf people, what is important to them, their family and friends are central to the assessment and early intervention/treatment process. Options should be explored in regard to what would work best for them given their unique context and lifestyle.

Timely - Formal assessment of mental health and other needs as early as possible i.e. at primary care level will ensure that identified needs can be addressed in a timely manner

Equitable - Deaf children, adolescents and adults should be able to access all primary care services

Effective - Appropriate management of needs at primary care level should improve expected outcomes leading to reduced morbidity and improved quality of life

Safe – All deaf children, young people and adults should have ongoing assessment of their needs, with particular emphasis on secondary prevention, information, education and support

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of deaf children and young /adults accessing Mental Health provision	HSC Trust report	All HSC Trusts	March 2013
Percentage of people being treated where outcomes measurement shows improvement after 12 months	HSC Trust report	Establish baseline Performance level to be determined once baseline established	March 2013
Percentage of deaf people using mental health services that have a key worker	HSC Trust user and carer feedback	Establish baseline Performance level to be determined once baseline established	March 2013
Evidence of arrangements and facilities for deaf people in mental health services	HSC Trust report	Establish baseline Performance level to be determined once baseline established	March 2013