

Press Release

For Immediate Release

Deaf Awareness Week

Deafness within the Mental Health Community

It's the third most common disability in the world yet research shows deaf people are twice more likely to experience mental health problems than hearing people.

This week is Deaf Awareness Week and the experts from Cygnet Hospital Bury which provides specialist mental health support to deaf people have shed light on why members of the deaf community are more prone to mental health conditions and how treatment is adapted.

Clare Shard is Head of Interpreting Services for Cygnet Health Care and Victoria Hamilton is a Forensic Psychologist in Training. Cygnet Hospital Bury, run by the leading health and social care company, Cygnet, provides highly specialised services for men and women who are deaf or hard of hearing. The individuals cared for may have complex mental health needs including mental illness, personality disorder, autism spectrum disorder or a learning disability.

Victoria Hamilton, talking about the challenges facing the deaf community experiencing mental health struggles and how these can be overcome:

One of the biggest challenges to providing effective mental health treatment to the deaf community is misdiagnosis of deaf people by professionals unfamiliar with deaf mental health care.

Deaf people's general access to information can be an issue as there aren't always the necessary resources such as British Sign Language (BSL) patient leaflets and interpreters aren't also available to help access GP appointments.

There can also be assumptions about deaf people's existing knowledge because a lack of incidental learning can preclude deaf people from some skills and information. There is a lack of resources in terms of professionals who can sign as well as a lack of deaf workers generally in mental health care. There are very few assessment tools and manualised interventions validated for use with deaf people.

Very often some of the underlying causes of mental health difficulties can be more difficult to resolve for deaf people. For example, with loneliness and isolation, when they return to the community there is a risk they will relapse due to a return to similar circumstances as there is a lack of community provision for deaf mental health and social networks. Often patients get 'stuck' in services and experience delayed discharges due to a lack of available community placements.

In terms of how these challenges can be overcome, at a societal level we need better education for deaf people, better access to health information, more BSL interpreters and we need to encourage more people to become trained in deaf awareness and BSL within primary care settings. It would be helpful to have more published research about deaf mental healthcare, more validated assessment tools, and of course, more community services for deaf people.

Within Cygnet Hospital Bury we ensure that our care planning and support is individualised and we attempt to meet each patient's communication needs. For example, we make BSL DVDS, live action role plays, filmed role plays, picture visuals, visuals with BSL signs included etc. All treatment offered at Cygnet Hospital Bury is adapted from validated hearing programmes. We ensure that deaf professionals are involved in policy and assessment/treatment decisions and importantly, we have deaf professionals within our MDT here.

In terms of whether treatment provided to deaf people is any different to that provided to the hearing community, treatment often needs adapting due to language barriers and this ideally would be delivered in first language rather than via interpreters. There are often assumptions that deaf people have a certain level of understanding which in reality is missing, therefore treatment can take longer as we are backfilling some knowledge before interventions can begin.

For example, understanding of the Law and Criminal Justice System and concepts like 'symptoms' can be limited, as these are never taught to deaf people and in hearing culture these are often learned through watching TV or overhearing conversations between others from which deaf people are often excluded. Due to high comorbidity of developmental disorders and other associated difficulties e.g. language deprivation syndrome, treatment phases can last much longer for deaf inpatients. They may require shorter sessions or more sessions to cover material, they may also require more repetition to learn concepts.

Clare Shard, talking about how the Interpreting and Translation Team work at Cygnet Hospital Bury to empower deaf service users:

Cygnet Deaf services is one of the longest serving departments based at Bury. The Interpreting team are part of the original provision established in 2001, and we have adapted and grown as the hospital site has expanded.

The Interpreting and Translation team are proud to be able to work closely with all our colleagues on site, in particular the Multi-Disciplinary Teams of the wards that have deaf patients. We make sure that we work collaboratively to ensure that access to assessment, treatment and therapy for service users, plus information and training for deaf professionals, is consistently delivered to a very high standard.

Underpinning service delivery is not just the expected requirement from the Care Quality Commission (CQC), NHS England and other statutory requirements, but also something I am extremely passionate about, Cygnet values, in particular the value of Empower.

Within health and social care, empowerment is described as a process in which people gain greater control over the decisions and actions that affect their lives.

Empowerment is important to everyone involved in care, including the service users, their families, loved ones and care workers. Empowering service users enables them to have greater understanding of how to navigate the health care system and with this knowledge they can

confidently ask for information they need. They will also develop self-awareness and become an equal partner in their health care with their Responsible Clinician and care team.

The World Health Organisation, Equality Act 2010, Mental Health Act 1983 and the NHS Accessible Information Standard also support the values and goals of empowerment within Bury deaf services, and the Interpreting and Translation team work closely with colleagues in psychology, nursing, medical, social work, occupational therapy and SALT (Speech and Language Therapist) to adapt existing materials and information that is often inaccessible to deaf service users due to British Sign Language (BSL) being a visual, spatial language with no written equivalent.

Materials are adapted into visual format, BSL DVD or easy read versions if necessary. All information is personalised and individualised to meet the access needs of deaf service users who may have learning disabilities, cognitive difficulties or language problems. Information is framed within a social model of culture, language and identity which again empowers deaf service users to engage in their recovery and discharge in a language that is accessible and relevant to their own personal experience.

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Notes to Editors:

For more information, please contact Gemma Attew, External Communications Manager, on gemmaattew@cygnethealth.co.uk or 07718 244811.

About Cygnet Health Care

Cygnet Health Care has been providing a national network of high-quality, specialised mental health services for the NHS and local authorities for the past 30 years.

Cygnet Health Care's pioneering services support people with complex and acute mental health needs across the UK.

As one of the best quality providers in mental health services in the country, Cygnet Health Care's focus is always on the best outcomes for those who use or commission its services. 85% of Cygnet's facilities are rated as good or outstanding, which is above the national average.

www.cygnethealth.co.uk