

Deaf Mental Health Charter

Commissioned by *Sign* and the Mental Health Foundation

Deaf¹, deafened, deafblind and hard of hearing people have an invisible disability – as do most people with mental health problems – which results in communication needs. Many of their civil and human rights are covered by the Disability Discrimination Act and the Human Rights Act. Despite this, many people with a hearing difficulty:

- are faced with discrimination and practical obstacles which can have negative effects on their mental and social well being.
- still experience a lack of understanding and appropriate responses by health and social care services when they develop mental health problems.

The ability to communicate is at the heart of good mental health. Whilst deaf people will often have excellent communication skills, they may face greater obstacles to establishing good communication with the rest of the community and with formal services, which can affect their vulnerability and their ability to recover from mental health problems.

This charter aims to reduce the barriers, which socially exclude many deaf people as well as increasing awareness and improve services and choice for those who have mental health needs. It is for service providers in the voluntary and statutory sectors and is intended to raise the profile of deaf people as users of mental health and related services, or as carers.

INTRODUCTION

Deafness affects one in seven adults. Sometimes deafness coincides with other physical or learning disabilities. It is worth noting that amongst people with learning disabilities deafness is frequently missed and therefore can exacerbate the person's difficulty. Deafness occurs in people from all ethnic backgrounds. Its incidence significantly increases with old age and can lead to considerable social isolation, depression and lack of confidence. As an additional need deafness can increase disadvantage and social exclusion, even more so when for deaf people from ethnic groups the home language is another spoken or signed language.

Whilst more research is needed, the current evidence base suggests that the prevalence of mental health problems in deaf people is significantly higher than that in the general population. Some studies show that prevalence rates of mental health problems in deaf people may be around twice those of hearing people. Services therefore need to be sensitive to multiple needs and tailor their services to the individual.

Policies and campaigns that promote mental well being and the prevention of mental distress and mental health problems must take into account the particular issues faced by deaf people and ensure that these are appropriately addressed. Deaf people, whether or not they have particular mental health problems, have the right to be treated equally, not to be discriminated against, nor to encounter unreasonable difficulties in receiving a service or taking up employment or other meaningful activity within the community.

Deaf people with mental health needs and their carers – who may also be deaf – have the same rights to be fully involved in the care and treatment received, in the planning, provision and evaluation of services, and to be empowered or involved in their recovery.

When needing support with their mental health deaf people have the right to be treated by staff with an understanding of deafness. Sometimes this may require specialist expertise for assessment and appropriate care and treatment.

1. INFORMATION

Deaf people should be provided with information they can use. This means having access to easily understood information in appropriate formats, such as plain language, visual representations, in BSL and subtitled DVDs and videos. More complex information about people's health (including mental health) and different options for care and treatment need to be clearly communicated. Service providers must ensure that all reasonable steps have been taken to reach deaf people and to ensure that the communication is effective. This requires them to regularly consult deaf people about their information requirements.

2. ENVIRONMENTS

The environment for the delivery of services, including inpatient and outpatient facilities, day services or work settings must be appropriate for deaf people. This means that visual fire safety provisions have been installed or alternative procedures put in place and that deaf people have access to alerting and telephone services, through reasonable adjustments, i.e. minicomms, flashing fire alarms, visual alerts, pagers and inclusive ways of operating remote door-entry systems, etc. Those people who benefit from hearing aid technology should have access to loops, where appropriate, and to amplification. TVs should have teletext and thus enable access to subtitled programme facilities.

3. COMMUNICATION SUPPORT

All deaf people have the right to the communication support² of their choice. People who use BSL as their first or preferred form of communication have the right to qualified interpreter support. Deaf people who use English and hearing aids have the right to loop systems, and the use of either lipspeakers, cued speech transliterators or speech to text transcription, if required. Deafblind service users should have access to deafblind manual communication depending on their needs. Carers with communication support needs should be enabled to participate in consultations and discussions relating to the care and treatment of those people they support. All language service professionals should be appropriately trained, registered and qualified.

4. HEALTH PROMOTION

Mental health promotion programmes need to ensure that they promote the mental and social well being of all deaf people. Any health information should be accessible. Primary care organisations (e.g. Primary Care Trusts) should develop inclusive health promotion programmes for preventing mental ill health in deaf people. These should be designed in close cooperation with deaf organisations and be delivered locally to deaf organisations. Different means of promotion, such as face-to-face delivery in BSL, may be more effective in reaching Deaf people.

5. ASSESSMENT, CARE AND TREATMENT

When seeking or receiving any health or social services deaf people have the right to be assessed by a trained worker who has deaf/deafblind awareness and skills in working with people with the whole range of hearing related communication needs. If such a worker is not available a specialist worker co-working with the generic worker should be brought in. This arrangement may still require the additional use of a qualified language services professional.

The use of deaf advisors or support workers as link workers is one way of incorporating deaf awareness into mainstream services. There is also a place for deaf specific advocacy services.

Using deaf specialist expertise and appropriate communication support² aims to ensure that the deaf person can fully participate in any assessment and discussion of services. The assessment, planning, provision, and review of care and treatment for deaf people with mental health problems, whether in a hospital or community setting, should also follow the same standards and procedures for people without a hearing disability, but with the appropriate additional communication support, according to the individual's needs.

6. PLACEMENTS

Any placement decisions should take into account the deaf person's preferred communication method and language. For instance, users of BSL should not be placed in environments where there is no effective communication with staff or other service users. This applies to care homes, nursing homes, secure accommodation, psychiatric services and prisons as well as in managing transitions, e.g. from hospital or supported accommodation to independent accommodation.

7. DIRECT PAYMENTS

Deaf people with severe and enduring mental health problems should have the same rights as all other groups with disabilities to be assessed by social services to receive direct payments.

8. ADVOCACY

Deaf people have the right to independent advocacy in health, mental health services, education, employment and social care. This is to ensure that the person can fully participate in any assessment and discussion of services to make an informed choice. Such advocacy needs to be provided by a specialist organisation with appropriate credentials and expertise in supporting deaf people.

9. SERVICE COMMISSIONING, EVALUATION AND MONITORING

Service commissioners should involve deaf people in consultations and make venues, meetings and documents fully accessible. Deaf people's views and preferences on how they would like services for them shaped and delivered should be actively considered. The same opportunities to engage with and participate in service provision, management and evaluation should apply to deaf people as to hearing people.

Deaf people's needs (communication preferences, etc.) and the results/outcomes of services and support received should be appropriately recorded, collated and used for quality assurance, future planning and service development. Service evaluation, health and social care research, including public and mental health studies, should be inclusive of deaf people's experiences.

10. COMPLAINTS

Complaints processes and procedures should incorporate deaf-friendly adjustments. Deaf people should be signposted to these procedures and advocacy support be made routinely available.

¹ This Charter covers all people with a hearing loss, ranging from people with age related hearing loss to deafened people, deafblind people and people who were born deaf or deaf from a very early age and who understand themselves to be part of the Deaf community, which is bound together by the use of British Sign Language (BSL) and a common experience of exclusion and discrimination. When we use Deaf with a capital letter we are referring to this latter cultural group. When we use deaf this is a shorthand for all people with a hearing loss, including deafblind people. Not all profoundly deaf people communicate in British Sign Language. It is therefore important not to make assumptions about their communication needs.

² The term language service professional has replaced the term "human aid to communication" and encompasses all professionals assisting with the communication needs of the whole range of deaf people.

- British Sign Language interpreters work with Deaf people, who use sign language.
- Lipspeakers and speech to text transcribers support deaf people who use spoken or written English.
- Deafblind interpreters and communicator guides support deafblind people.
- Cued Speech Transliterators support those deaf people who have been brought up using English enhanced by cued speech handshapes.