



Australian Federation of Deaf Societies

Submission to the Inquiry into Commonwealth Funding and Administration of Mental Health Services

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Contact

Sharon Everson

Secretary

Australian Federation of Deaf Societies

severson@Deafsociety.com

ph. (02) 8833 3600

fax. (02) 8833 3699

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EXECUTIVE SUMMARY

At least 800,000 Deaf and hard of hearing Australians will experience mental health issues during their lifetime (Deaf Children Australia, 2010). This group of people experience increased risk of mental illness and increased barriers in accessing mental health services. The lack of culturally appropriate and accessible services severely restricts the ability of people who have a hearing loss to access timely and effective mental health care. The Australian Federation of Deaf Societies (AFDS) welcomes the opportunity to respond to the Senate Community Affairs Committee Inquiry into the Commonwealth Funding and Administration of Mental Health Services.

AFDS has reviewed the terms of reference and offers the following submission in relation to people who are Deaf or hard of hearing. Due to factors of isolation, lack of information and lack of Deaf-specific services, the Deaf and hard of hearing community is being disadvantaged, and this submission briefly addresses three of the Inquiry's terms of reference:

- (e) mental health workforce issues;
- (f) the adequacy of mental health funding and services for disadvantaged groups, including:
 - (i) culturally and linguistically diverse communities,
 - (ii) Indigenous communities, and
 - (iii) people with disabilities; and
- (i) the impact of online services for people with a mental illness, with particular regard to those living in rural and remote locations and other hard to reach groups.

RECOMMENDATIONS

1. That the Australian Government adopt the recommendation of Deaf Children Australia to establish a National Strategy for Research and Information on Mental Health and Deafness (Deaf Children Australia, 2010, p.11); and to raise awareness among mental health professionals of the presence and impact of hearing loss among clients.
2. That the Australian Government lead the development of a set of enforceable, culturally and linguistically appropriate standards for the provision of mental health services to people who are Deaf and hard of hearing. These standards would set minimum acceptable benchmarks for:
 - interpreting provision in mental health settings;
 - training for mental health practitioners to work with Deaf and hard of hearing and on using Deaf interpreting services;

- equity of access to mental health services for Deaf people;
 - timeliness of care for Deaf people in comparison to their non-Deaf peers;
 - other related matters as determined by community consultation.
3. Incorporation of mental health awareness into training for disability support workers.
 4. That the Australian Government work with ASLIA National (the Australian Sign Language Interpreters' Association) to create and adopt a policy on mental health interpreting to inform the booking, employment and training of Auslan and Deaf relay interpreters working in mental health services.
 5. That the Australian Government undertakes a feasibility study in conjunction with State mental health services and Deaf service organisations to establish quality mental health services for Deaf people.
 6. Formal research to understand the contribution of hearing loss to Indigenous mental health issues as well as to develop best practice strategies.
 7. That any online service trials be conducted using a principle of universal design so that accessibility is built into hardware and software from the outset.

BACKGROUND

THE AUSTRALIAN FEDERATION OF DEAF SOCIETIES (AFDS)

AFDS was established in 1966 as the peak body representing Deaf Societies throughout Australia.

Our members are:

- The Deaf Society of New South Wales
- Deaf Services Queensland
- Deaf CanDo (South Australia)
- Tasmanian Deaf Society
- VicDeaf
- Western Australian Deaf Society

The vision of the AFDS is for access and equality for all. The comments below are offered from the point of view of our expertise in service provision to the Deaf Community. We are not a consumer representative body, but work closely with Deaf Australia, the consumer representative body for the Deaf Community in Australia.

DEAFNESS AND MENTAL HEALTH

An estimated 1 in 6 Australians is affected by hearing loss¹. An estimated 1 in 5 Australians will experience a mental illness at some time in their life, and the number of Australians with a hearing loss who experience a mental illness at some time in their life has been estimated at 800,000².

This figure of 800,000 people may be higher than estimated, however, as Deaf and hard of hearing people are at increased risk of mental health problems due to:

- social isolation and emotional vulnerability due to language difference and the trend towards mainstreaming in school education;
- barriers to accessing and participating in existing mental health services and programs;
- lack of knowledge in the mental health sector of the communication needs of Deaf and hard of hearing people; and

¹ Access Economics, 2006.

² *See it through Deaf eyes: Healthy Deaf Minds*; Deaf Children Australia, 2010

- lack of information about mental health issues available to Deaf and hard of hearing people in accessible formats; and
- the small pool of appropriately skilled and qualified Auslan interpreters available for mental health appointments.

Other studies state that there are disproportionately high numbers of Deaf and hard of hearing people in mental health services as a result of lack of knowledge about preventative measures and poor communication at the point of assessment, resulting in poor diagnostic and treatment services³.

Only a small percentage of people with a hearing loss are culturally Deaf.⁴ Culturally Deaf people identify themselves as CALD (Culturally And Linguistically Diverse) and therefore require culturally appropriate service provision, delivered using Auslan, by people who are able to interact with Deaf people in a culturally sensitive way. This group of culturally Deaf people is particularly likely to experience barriers in accessing services as they have a different language and culture which is not widely understood.

CASE STUDY: DEAF SOCIETY OF NSW CLIENT AND COMMUNITY SERVICES

The **Deaf Society of NSW Client and Community Services** department provides assistance for Deaf people to access a range of mainstream services, and supports service providers to become Deaf-aware, and to meet their disability access obligations. The bulk of clients are culturally Deaf, and access services from Deaf case workers. At 28 July 2011, the department had 65 clients, of whom 21 had mental health needs. In the 2010-2011 financial year, workers had 2,012 client contacts relating to mental health matters. The Deaf Society provides no mental health services and there is no dedicated mental health service for Deaf and hard of hearing people in Sydney. Deaf people with mental health needs are referred to generic mental health services, but the accessibility of these services is variable. Many hours of staff time are therefore devoted to advocating for the use of interpreters, and educating practitioners about the needs of Deaf people.

This case study indicates a significant demand for Deaf-appropriate mental health services or quality mental health services for Deaf people. It also implies that the lack of awareness of the needs of Deaf people is a systemic problem, requiring extensive advocacy and education.

³ *Deafness and Mental Health*, Queensland Government, October 2008

⁴ Culturally deaf people are those who identify with the Deaf Community and use Auslan (Australian Sign Language) as their first or preferred language. Estimates of the number of culturally deaf people varies between 6,500 and 15,000 individuals (Access Economics, 2006).

In Queensland, the **Princess Alexandra Hospital, Brisbane, Division of Mental Health**, together with specialist agencies, developed a Centre of Excellence for Deaf and hard of hearing people. The Centre of Excellence offers a state wide consultation service that 'strives to ensure that appropriate and accessible mental health care is provided to Deaf and hard of hearing people in Queensland'. They also offer training and resources to assist mental health professions to provide appropriate, accessible and equitable care to the Deaf and hard of hearing.

RESPONSE TO THE TERMS OF REFERENCE

(E) MENTAL HEALTH WORKFORCE ISSUES

DEAF AWARENESS OF PRACTITIONERS

Practitioners who work with Deaf and hard of hearing clients require additional and specialised skills in order to ensure that their services are accessible, and that misdiagnosis of Deaf people does not occur. It appears that many staff working in mental health settings are unaware of even the most basic protocol for interacting with Deaf and hard of hearing people, let alone cognizant of the complex history of systemic disadvantage experienced by Deaf and hard of hearing people. As a minimum, staff who work in mental health services should have:

- an understanding of appropriate communication strategies when working with hard of hearing people (lines of sight, lighting, lipreading, visual supports to communication, to name a few).
- the ability to use both Auslan and Deaf relay interpreters effectively.
- an understanding that culturally Deaf people value Auslan, value the Deaf Community, and value Deaf culture – that these things are not negatively perceived within the community.
- an understanding of the systemic disadvantage experienced by Deaf people through their education and the lower average literacy and academic outcomes of Deaf school-leavers.
- an understanding of the potential effects of severe and repeated communication frustration on mental health.
- an understanding that Deaf people's communication needs vary and that preferences (including preferred interpreters) should be respected in order to maximise the effectiveness of the consultation or therapy.

PROVISION OF INTERPRETERS

Culturally Deaf people who are fluent in Auslan usually require the services of a qualified Auslan interpreter to access mental health services. Those who are not fluent in Auslan (Deaf people who

grew up overseas using a different sign language, those who are Deaf and blind, Deaf people who experienced severe educational deprivation and learnt Auslan as their first language late in life, and those with additional disabilities) may also require a Deaf relay interpreter who is able to translate between standard Auslan and other forms of visual or tactile communication.

Increased funding is required for professional development for Auslan interpreters and Deaf relay interpreters in order to increase the pool of appropriately skilled practitioners available to work in mental health settings⁵.

The quality of interpreting services in mental health settings appears to vary widely. Sometimes service providers, particularly private hospitals, are unwilling to provide Auslan interpreters at all because of cost. Where interpreters are provided, such as in public hospitals, it is often the case that an interpreter is booked without reference to the individual communication needs of the Deaf client, or that the interpreter has no specialist training in mental health interpreting. In private settings, interpreters are usually booked through the National Auslan Interpreter Booking and Payment Service (NABS), which takes account of client preference and whose booking procedures could well be a model for in-patient interpreter provision.

(F) THE ADEQUACY OF MENTAL HEALTH FUNDING AND SERVICES FOR DISADVANTAGED GROUPS

With the exception of the Princess Alexandra Hospital in Queensland's mental health unit, there are currently no other mental health services specifically for Deaf and hard of hearing Australians. Such units do exist in other countries, such as the Midlands Mental Health Service for Deaf People in Birmingham in the United Kingdom (Deaf Children Australia, 2010). In the UK, specialist mental health services for Deaf people have taken from five to fifteen years to develop and establish⁶ and it is imperative that Australia builds the momentum towards addressing growing demand in this area.

If generic services were able to meet the needs of Deaf and hard of hearing people using established resources, dedicated mental health services for Deaf people may not be required. However, given that most mainstream service providers are unaware of the needs of Deaf and hard of hearing people, dedicated Deaf mental health services, operating as specialised units within established mental health services, may be a cost effective way for Deaf and hard of hearing people to receive high quality mental health care. Such centres could also function as points of referral and advice for

⁵ *Deafness and Mental Health*, Queensland Government, October 2008, p13

⁶ *See it through Deaf eyes; Healthy Deaf Minds*; Deaf Children Australia, p6

Deafness services serving clients with mental illness, and for mental health practitioners working with Deaf clients.

The prevalence of hearing loss within Indigenous communities contributes to diminished opportunities to access health services, has an impact on education and social participation and contributes to the high incidence of mental health problems⁷. The prevention of mental health problems can be assisted by helping families deal with the impact that hearing loss has on communication and interpersonal relations. Effective communication with people with hearing loss is a critical component of providing interventions that address mental health problems that are contributed to by hearing loss. Therefore there is a need for increased funding for mental health services and improved access to information, services and strategies to understand how hearing loss is impacting these communities.

(I) THE IMPACT OF ONLINE SERVICES FOR PEOPLE WITH A MENTAL ILLNESS

While online services may be feasible in some cases, AFDS has concerns about the accessibility of mental health services delivered online. Some concerns are:

- poor connection speed and the quality of equipment often negatively affects the readability of signing which requires good screen resolution and no “freezing” of the picture
- where interpreters are required online provision is likely to become more logistically complex. This barrier would need to be addressed.

If online services are delivered, AFDS would strongly recommend that any feasibility studies or pilot programs require a universal design approach to be used. That is, accessibility features should be built in to the software and hardware selected, not added as an afterthought.

For Deaf and hard of hearing people living in rural and remote locations, it will be important that any experience with online service delivery provides a positive outcome and does not become a deterrent to accessing information, resources and services. The computer hardware and software required will need to be applicable to Deaf and hard of hearing people, and user friendly.

⁷ *Submission to the Senate Committee Inquiry into Hearing Health in Australia*, October 2009, Dr Damien Howard, p 4

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