Australian Federation of Deaf Societies Inc.

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Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
Canberra ACT 2600

Dear Sir/Madam

Inquiry into the provision of mental health services in Australia

The Australian Federation of Deaf Societies (AFDS) is pleased to provide the attached comments for the consideration of the inquiry into the provision of mental health services in Australia.

AFDS is the peak body representing the interests of organisations providing services to the Australian Deaf community. Members include the state Deaf Societies of New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia. AFDS also works closely with other service providers in the sector, including the Australian Capital Territory Deafness Resource Centre, as well as the Australian Association of the Deaf (AAD) and the Australian Sign Language Interpreters Association (ASLIA).

AFDS was formed in 1966 with the principle objective of improving Commonwealth and State government awareness of issues relating to the sector. Member organisations manage the activities of AFDS and their expertise in providing a broad range of services can therefore be shared nationally. Services provided by member organisations include employment, Auslan interpreting and community services. Deaf Societies are therefore well placed to co-ordinate and provide services to the Australian Deaf community.

Our submission on mental health services relates primarily to item f) in the Inquiry's Terms of Reference, this being the special needs of specific groups in the community, although our comments will also be of relevance to other areas of the Inquiry.

AFDS believes that the key issues for people who are Deaf and have a mental illness are the:

- lack of Deaf-specific mental health services which are aware of and able to provide culturally and linguistically appropriate services to the Australian Deaf community;
- low awareness of mental health issues by the Deaf community, including the right to an Auslan interpreter when using such services; and
- the small pool of appropriately skilled and qualified Auslan interpreters available for mental health appointments.

In order to address these issues, AFDS recommends:

1. The development of a national strategy for the provision of culturally and linguistically appropriate mental health services to the Australian Deaf community. AFDS believes that such a strategy would include:
   - the establishment and appropriate funding of a centre of expertise in each state and territory. Such centres would not only provide mental health services directly to Deaf or hearing impaired patients but also provide support and information to practitioners in general mental health services. Centres could also maintain a database of relevant research into mental health and deafness and of interpreters appropriately skilled and qualified to work in mental health settings;
   - adoption of nationally consistent guidelines for the delivery of mental health services, including the obligation to provide Auslan interpreters and Deaf Relay interpreters where required;
   - inclusion of Deafness awareness training in the initial training of all mental health workers as well as in subsequent professional development activities;
   - increased use of the telepsychiatry infrastructure to ensure regional communities are able to access appropriate mental health services.

2. Funding for mental health awareness raising in the Deaf community. This would need to include information about mental health in general, the availability of Deaf-specific services and the right to accredited interpreters in mental health settings.

3. Funding 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 settings.

We would be pleased to provide the Inquiry with any further information or to expand on our submission in a hearing in due course.

Yours sincerely

Joe Sabolcec
Executive Officer
13 May 2005

THE PROVISION OF MENTAL HEALTH SERVICES IN AUSTRALIA

Awareness of the Deaf community as a linguistic minority group

People who are Deaf and use Australian Sign Language (Auslan) are one of Australia's many linguistic minority groups. As such, the key barriers to accessing mental health services are those that relate to language and culture and in particular the provision of Auslan interpreting services. (Refer to Attachment A for further information about the Deaf community and Auslan.)

Although the needs of other linguistic minority groups in Australia are beginning to be recognised, as evidenced by the establishment of agencies such as the Transcultural Mental Health services in NSW, Queensland and Western Australia, there are few examples of similar Deaf-specific mental health services. This is in spite of the fact that the need for a linguistically and culturally appropriate service is just as crucial for Australia's Deaf community.

As a result of this situation, few mental health services are aware of the many issues relating to people with a mental illness who are also Deaf and this raises the serious potential for misdiagnosis and inadequate care. Symptoms related to mental illness may be attributed to hearing loss and therefore not addressed in treatment. Alternatively, the impact of hearing loss on a person's overall behaviour may be over-emphasised and therefore again result in treatment which may not deal with the underlying illness.

Even at the level of physical access, few existing mental health services meet the needs of Deaf people. Few services would have a TTY available to allow a Deaf person or their friends or family to contact the service and few services would be aware of how to use the National Relay Service. Similarly, few residential services would have captioned television to allow a Deaf resident to be able to watch television or visual alarm systems to ensure safe evacuation in the event of an emergency.

Awareness of the need for accredited Auslan interpreters

Given the limited exposure of mental health workers to the Deaf community, it is not surprising that many mental health workers will also be unaware of the importance of using an accredited Auslan interpreter. Mental health workers may feel that an interpreter is unnecessary, preferring to rely on speech and lipreading, the use of written notes or communication through a family member or friend of the patient. As outlined in more detail in Attachments B and C, such strategies are not only ineffective and deprive the Deaf client of an effective service, but expose the mental health service provider to the potential for misdiagnosis and/or malpractice.

It is for this reason that the requirement for an accredited interpreters has been outlined in the National Health and Medical Research Council's guidelines *Communicating with Patients. Advice for medical practitioners*, released in 2004.

Case study 1: The unusual behaviour of a woman recently arrived in a regional centre results in her admission to the local hospital. The woman indicated that she was Deaf and in a written note, that she used American Sign Language (ASL). Staff were unable to obtain further information about her identity or her condition. The hospital contacted the state Deaf Society with the expectation that the Deaf Society would be able to identify the woman. The Deaf Society was unable to do this but offered to arrange an Auslan interpreter as well as a Deaf Relay Interpreter fluent in ASL. This offer was declined by the hospital. Further telephone calls were made by various personnel in the hospital to the Deaf Society over the following days but again, these calls focused only on identification of the woman concerned. In due course, it appeared that the woman was discharged.

Several weeks later the Deaf Society received a call from a hospital in another regional centre about a similar patient. Again, the aim of the call was the identification of the patient and the offer of interpreters was declined.

This pattern was repeated when several weeks later a third hospital called regarding a similar situation. Again, an interpreter was not requested despite repeated efforts by the Deaf Society to arrange appropriate communication.

It is unclear what effective assessment, if any, was possible under the circumstances outlined in the case study above. The case study also demonstrated a systemic problem with the willingness to provide adequate interpreting services. In some cases these situations are resolved and result in improvements in service.

Case Study 2: A state Deaf Society officer was informed of two acute admissions to regional psychiatric ward public hospitals. On both occasions the Deaf patients were highly agitated (one suicidal, the other highly confused) Deaf Auslan users with very poor English literacy skills. Hospital staff did not appreciate the need for an Auslan interpreter in either of these cases however. In fact, it was only as a result of the insistence of the Deaf Society worker, who by then was in attendance, that an accredited Auslan interpreter was finally engaged. Once they had conducted a consultation with the Deaf Society worker and an accredited interpreter present, both hospitals saw great benefit and continued to make good use of the interpreting service provided.

Clearly, without direct and timely intervention, the above patients would have received an inaccessible and substandard service. However, even where an interpreter is used, mental health workers may be unaware and hence under-utilise the skills and knowledge of an Auslan interpreter experienced in the mental health setting. Accredited interpreters are not only trained in the general linguistic and cultural issues relating to interpreting but often also pursue further training in specific areas of work such as medical and mental health settings. An accredited, experienced interpreter is therefore able to provide advice on communication and interpreting strategies to maximise the information available to the mental health worker. Many mental health workers would not be aware of this and may feel it inappropriate to discuss their communication approach with an interpreter.

As the key organisations in the Deafness sector, AFDS, the Australian Association of the Deaf (AAD) and the Australian Sign Language Interpreters

Association (ASLIA) have attempted to raise awareness of interpreting in mental health settings, although this work is generally unfunded and so limited to the resources available.

Poor co-ordination of services

People who are Deaf and experiencing a mental illness usually receive services as community/outpatient clients. This means there is the potential for poor co-ordination of services and little if any follow up to ensure treatment is effective. This may be exacerbated by drug and alcohol issues or other physical disabilities.

Case study 3: A Deaf man has an additional physical disability, a deteriorating mental health status and a drug and alcohol dependency. He is well known by the state Deaf Society, which has attempted to monitor his care as he is clearly very vulnerable and in need of a co-ordinated care response. The man is well known to police, for example, after being coerced into involvement in a number of minor crimes. In spite of this, the man continues to live independently. The community health nurse, as the case manager, rarely consults the state Deaf Society community worker in spite of his knowledge of the client and his needs. Auslan interpreters are rarely used for appointments. The state Deaf Society repeatedly raises the need for treatment of the drug and alcohol addiction and the need for support in relation to living skills but these calls are ignored and the man's situation continues without improvement. The man fell into crisis which resulted in an involuntary admission for two months. The lack of coordination between mental health and specialist Deaf service providers negated the possibility of a least restrictive option for treatment.

Partnerships between services are therefore required to ensure all presenting issues are addressed in a comprehensive manner and monitored and assessed over time.

Deaf consumer awareness of mental health issues

As with any community, the awareness of mental health issues within the Deaf community will vary and generally be inadequate. Furthermore, the need to seek care may not be understood by those particularly vulnerable to mental illness - people who are elderly, isolated, or socially and economically disadvantaged. As a result, mental illness may not be diagnosed or treated.

Although this issue is beginning to be addressed in some states, (as will be highlighted in our recommendations below), a national community awareness campaign specifically targeting the Deaf community is required.

Deaf consumer awareness of the right to an accredited Auslan interpreter

As with awareness of mental health issues, there is also an ongoing need to ensure that all Deaf people are aware of their right to an accredited Auslan interpreter when accessing any medical services. Until very recently, it was unfortunately considered appropriate to rely on family, friends or charitable/voluntary interpreting services with the result that that many Deaf people today are still not aware of their right to an accredited interpreter. In some

cases, consumers may be aware but unable to effectively advocate for their rights. This will, again, especially be the case with people who are elderly, isolated or socially and economically disadvantaged.

Raising awareness of the right to accredited Auslan interpreters must also include family members and/or carers. It may be worth noting that most Deaf people grow up in households where they are the only individual with a hearing loss. Unfortunately, hearing family members may deny the need for an accredited interpreter as they do not accept the use of Auslan. It is not uncommon for Auslan to be perceived as a 'last resort' for communication, and a communication mode that is therefore not accommodated within the family. Alternatively, it may be thought appropriate for a family member to interpret at mental health appointments. As is outlined in Attachment C, the use of unaccredited interpreters is not acceptable as it denies the right of the Deaf person and the mental health worker to effective communication.

Booking and availability of appropriately skilled Auslan interpreters

Even when the need for an accredited interpreter is understood by all parties, most mental health services would not be aware of the process for booking Auslan interpreters. This partially relates to the complex funding and provision of services (see Attachment D) as well as the poor communication of such specialised knowledge within most organisations. It is not uncommon for Auslan interpreting agencies to refer administrative staff or mental health workers to their own internal procedure for booking and payment of interpreters.

The pool of accredited Auslan interpreters experienced in mental health settings is also severely limited in all states and territories. Even with general appointments such as training courses or meetings, Auslan interpreting agencies will usually require bookings to be made at least two weeks in advance of the appointment. For mental health appointments, the pool of appropriately skilled interpreters is greatly reduced and this shortage makes emergency requests extremely difficult to fulfil.

While state interpreting service providers and ASLIA attempt to provide interpreters with regular specialist training in fields such as mental health, limited funding is available for such training. In NSW for example, funding received by the Deaf Education Network in 2000 enabled a short program of workshops for interpreters working in counselling settings. This funding was not ongoing however and so the effectiveness of such training opportunities is limited.

Given the specialised nature of interpreting in mental health settings, all state Deaf Societies maintain a register of Auslan interpreters and are aware of the skills and experience of those interpreters in order to best match an interpreter with a client. This is not the case with many government-funded agencies providing interpreting services across a range of languages.

A further issue in the provision of Auslan interpreting will be the need for continuity of interpreters throughout the treatment process. Mental health workers experienced in working with Deaf clients and interpreters generally prefer to work with the same interpreter as this optimises communication. However mental health workers are often required to be assertive if they are to ensure this occurs. Deaf Societies are aware of many government funded interpreting services which feel it is somehow inappropriate or preferential to the interpreter

involved, in spite of the obvious benefit of consistency in communication. The random assignment of interpreters for such sensitive appointments may also result in an inexperienced interpreter attending the appointment leading to ineffective communication.

The role of Deaf Relay Interpreters

As already alluded to in Case Study 1, Deaf Relay Interpreters may also be required where, for example, the person is DeafBlind, has minimal language skills or uses a signed language other than Auslan. The need for Deaf Relay Interpreters and their use is explained in more detail in Attachment B.

While such a strategy can provide significant benefits, many government interpreting agencies do not accept the costs associated with Deaf Relay Interpreters and the costs are therefore borne by state Deaf Societies who alone maintain a register and provide professional development for Deaf Relay Interpreters.

Funding of Auslan interpreting services

The complex arrangements for the funding of Auslan interpreting services in Australia is outlined in Attachment D. There are a number of implications arising from this situation.

Although interpreting for any community language in government funded mental health services should generally not be an issue (as funding for the provision of interpreting services is allocated as a matter of policy) there are still instances where interpreting services are compromised. Deaf Societies are aware of state interpreting services which delay appointments under the guise of interpreter availability when in reality the deferral is due to the budget for that period having been exceeded.

Similarly, where a mental health service has endeavoured to provide appropriate access and this has become known in the Deaf community, the service may become inundated with appointments, putting pressure on already limited budgets. Deaf Societies are aware of practitioners working in publicly funded services who have experienced exactly this scenario and as a result, severe internal pressure has also been applied to cut costs.

In contrast, until very recently, the provision of Auslan interpreting in private health settings (this including private mental health care) was a major area of concern. In most states, Auslan interpreting for private health care appointments was provided by state Deaf Societies even though most received little or no funding for this service. This situation has changed with the commencement in January 2005 of the National Auslan Booking and Payment Service (NABS) under which private mental health services, including psychologists, psychiatrists and mental health workers are able to obtain the services of an Auslan interpreter at no cost to the patient or the practitioner. This has been a significant step forward in ensuring Deaf people have access to a range of health services although given its recent commencement, awareness of the service is still low.

There is also uncertainty about the coverage of NABS to workers compensation cases (which obviously may include the services of a variety of mental health

practitioners). It is not unusual for interpreting costs to be deducted from compensation payments along with medical expenses, financially disadvantaging a Deaf person in comparison to any other recipient of workers compensation.

Services in non-metropolitan communities

Not surprisingly, the issues outlined above become more critical in non-metropolitan areas given smaller populations and limited availability of services. In order to increase responsiveness to non-metropolitan communities, state Deaf Societies have commenced provision of Video Remote Interpreting where facilities are available. In addition to the financial outlay on technology, there is also a need for training of Auslan interpreters and awareness raising in the medical sector and the community in general about such opportunities.

Recommendations

While this submission obviously highlights many of the current barriers and deficiencies in access to mental health services for people who are Deaf, the potential for significant progress does exist.

Internationally, the recognition of the need for deaf specific services has been long acknowledged. The European Society for Mental Health and Deafness has been in existence since 1986. The American Deafness and Rehabilitation Association established a special interest section on mental health, this now being its largest section. In the United Kingdom, Deaf-specific mental health services have also been established and employ qualified staff who are fluent in British Sign Language and are therefore able to provide a culturally and linguistically appropriate service to Deaf clients.

In Australia it is worth noting similar positive steps forward, including the establishment of a Deafness and Mental Health Centre of Excellence at the Princess Alexandra Hospital Health Service District Mental Health Service, which has developed the service in partnership with the Queensland Deaf Society. Similarly, guidelines for mental health services on working with Deaf or hearing impaired people have now been produced by the Queensland and Victorian state governments.

Such initiatives do not exist in all states and territories however, and AFDS therefore makes the following recommends:

1. The development of a national strategy for the provision of culturally and linguistically appropriate mental health services to the Australian Deaf community. AFDS believes that such a strategy would include:
   - the establishment and appropriate funding of a centre of expertise in each state and territory. Such centres would not only provide mental health services directly to Deaf or hearing impaired patients but also provide support and information to practitioners in general mental health services. Centres could also maintain a database of relevant research into mental health and deafness and of interpreters appropriately skilled and qualified to work in mental health settings;
   - adoption of nationally consistent guidelines for the delivery of mental health services, including the obligation to provide Auslan interpreters and Deaf Relay interpreters where required;

- inclusion of Deafness awareness training in the initial training of all mental health workers as well as in subsequent professional development activities;
- increased use of the telepsychiatry infrastructure to ensure regional communities are able to access appropriate mental health services.

2. Funding for mental health awareness raising in the Deaf community. This would need to include information about mental health in general, the availability of Deaf-specific services and the right to accredited interpreters in mental health settings.

3. Funding 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 settings.

Attachment A: The Australian Deaf community and Auslan

The Australian Deaf community

The Australian Deaf community identifies itself through the use of a shared language (Australian Sign Language, or Auslan), a shared culture and strong tradition of networks at state, national and international levels.

It is also worth noting the convention of using a capital 'D' to refer to members of the Deaf community i.e. people who were born deaf and use Auslan as their preferred language. Lower case 'd' for people born with a hearing impairment or losing their hearing later in life, who generally prefer to use spoken English with the possible assistance of lipreading and/or hearing amplification.

The precise number of Deaf people in Australia is unknown as population estimates have varied from 7,000 (Johnston, 2004) to 15,000 (Hyde and Power, 1991). The Australian Bureau of Statistics 2001 Census found that 5,303 Australians stated they used Auslan to communicate with others at home however this estimate is also problematic. Auslan was not listed on the Census form as a community language and not all Auslan users would be aware that they could add Auslan in the space provided on the form. (This is especially the case with older Auslan users who were born at a time when signed languages around the world were denigrated and considered little more than ungrammatical gesture.) Furthermore, the question on language use in the Census refers to the languages "spoken in the home". Auslan is not spoken and a person who uses Auslan in some settings may not do so, for a variety of reasons, with members of their household.

Auslan (Australian Sign Language)

Like other signed languages around the world, Auslan is a visual-spatial language where meaning is perceived visually and conveyed through movement of the hands and body, and the use of facial expressions. Auslan is not English in manual form but a language with its own vocabulary and grammar. Although denigrated until recently (along with all other signed languages) Auslan has now been recognised as a language in its own right and comparable to spoken languages in its ability to express the most complex and sophisticated of thoughts and emotions. Auslan has therefore also become a serious focus of linguistic research.

Auslan has been recognised as a community language by the Commonwealth government in publications relating to language. This includes:

- *A National Language Policy* (The Senate Standing Committee on Education and the Arts, 1984)
- *National Policy on Languages* (Lo Bianco, 1987)
- *The Language of Australia. Discussion Paper on an Australian Literacy and Language Policy for the 1990s* (John Dawkins, 1990)
- *Australia's Language: The Australian Language and Literacy Policy*, (1991)

References

Hyde, M & Power, D (1991) *The use of Australian sign language by Deaf people.* Brisbane: Centre for Deafness Studies and Research, Griffith University.

Johnston, T. (2004) *W(h)ither the Deaf community? Population, genetics and the future of Auslan (Australian Sign Language)*, University of Newcastle.

Attachment B: Sign Language Interpreting

Auslan/English interpreting

Auslan/English interpreting is the process of interpreting Auslan to spoken English and from spoken English into Auslan. In some settings interpreting may be carried out simultaneously, although it is not uncommon for medical and mental health appointments to use consecutive interpreting. Consecutive interpreting provides the interpreter with a greater opportunity to process a message and produce the message faithfully in the target language.

Auslan/English interpreters are accredited by the National Accreditation Authority for Translators and Interpreters (NAATI) as with all other community language interpreters in Australia. Interpreters also receive further training in order to work in specialised fields such as health, law or education. All qualified interpreters are also required to comply with a Code of Ethics including confidentiality and impartiality in their work.

Deaf Relay Interpreting

Although Auslan interpreters receive specialised training and are therefore equipped to deal with a range of communication needs and settings, some situations may require the use of a Deaf Relay Interpreter. Deaf Relay Interpreters are themselves Deaf and skilled in a variety of communication methods. Deaf Relay Interpreters may be necessary where a patient is from one of the following populations:

- **Deaf individuals who have suffered educational or linguistic disadvantage**. An estimated 90% of Deaf children grow up in households where they are the only person with a hearing loss. Most of these children are placed into educational programs which emphasise lipreading and speech. While some children may be successful in such programs, a significant number fail to attain necessary oral communication skills. By the time they are old enough to discover the Deaf community and Auslan, they have passed the critical period for learning language and are unlikely to attain fluency in either English or Auslan. Many of these individuals are effectively 'language-less'. Others, who do manage to attain some level of expressive ability, have idiosyncratic or non-standard signing, possibly using a mixture of Auslan and their gestural system. These individuals are sometimes referred to as people with Minimal Language Skills or Minimal Language Competence. Of Deaf individuals who lack fluency in both Auslan and English, the majority would fall into this category.

- **Deaf individuals who have an intellectual, psychiatric, neurological, physical disability and/or Deafblindness**. All of these disabilities can severely affect an individual's ability to acquire, express and/or comprehend language, be it Auslan or English.

- **Young Deaf people.** Deaf children and adolescents are likely to lag behind their hearing peers in language development, due to educational disadvantage and lack of exposure to an accessible language.

- **Deaf people who have immigrated to Australia.** Signed languages, as with spoken languages, are not universal, so Deaf immigrants need time and exposure to Auslan in order to achieve fluency, even if they are fluent in their native signed language.

It should be noted that a small number of Auslan/English interpreters with excellent skills in working with patients from the above populations do exist. Some interpreters will specialise in areas such as interpreting for clients who are DeafBlind. Deaf Relay Interpreters are therefore normally only required in situations where such an Auslan/English interpreter is not available.

Where a Deaf Relay Interpreter is required, an Auslan/English interpreter interprets an English-speaker's message into standard Auslan, then the Deaf Relay Interpreter uses International Sign (a gestural system used by Deaf people who do not share a common sign language), gesture, mime, idiosyncratic signs, even drawing, to convey that message to the Deaf client. The system works in reverse when the Deaf client expresses themselves.

Although not accredited by NAATI, Deaf Relay Interpreters are able to receive training in relay interpreting in some states through TAFE. State Deaf Societies also provide specialised training and maintain a register of Deaf Relay Interpreters and their linguistic skills and experience.

Attachment C: Why an Auslan interpreter is needed

As outlined by the Department of Department of Immigration and Multicultural and Indigenous Affairs, a client should have access to an accredited interpreter:

- to ensure accurate communication between people of different languages while taking into account cultural sensitivities and confidentiality.
- because it is well known that in times of crisis or in traumatic or emotionally-charged situations , second-language competency may decrease dramatically.
- as effective professional practice is dependent upon the worker's ability to understand the client's situation, through verbal and non-verbal communication.
- because qualified interpreters are bound by the AUSIT (Australian Institute of Translators and Interpreters) Code of Ethics.
- They understand and practise impartiality, confidentiality and accuracy when interpreting and their conduct is professional.
- because all Australians have the right to equal access. Interpreters are an important tool in allowing people who do not speak English well to achieve that right.

(Department of Immigration and Multicultural and Indigenous Affairs, http://www.immi.gov.au/tis/#x3)

The above applies equally to members of the Deaf community and to Auslan interpreting. Alternative communication strategies, such as written notes, lip-reading or the use of unaccredited interpreters result in a Deaf person receiving less favourable treatment in comparison to other members of the community.

Although many people would assume a Deaf person would be able to communicate effectively in writing in a face-to-face situation, this can obviously be a frustrating and compromising means of communication for everyone involved. In addition, it is worth considering that a person who was born Deaf or became Deaf early in life may have limited English literacy skills due to educational disadvantage, further reducing the quality of access being provided as well as increasing professional liability for the service provider in medical, financial or legal situations.

Assuming that all Deaf people are able to rely on lip-reading in one to one settings is also incorrect. Skills in lip-reading vary greatly from individual to individual and the process relies heavily on familiarity with the speaker and the context. Lip-reading is therefore difficult and exhausting in prolonged conversation and cannot be relied upon for complex information.

Expecting family members or friends to interpret for a Deaf person causes not only an obvious violation of privacy for the individual, but also the possibility of serious misunderstanding. Most people do not have the required skills in English and in Auslan, and would not be aware of the requirements of the setting in which they are interpreting. In medical settings, the use of unaccredited interpreters also violates state and commonwealth guidelines on medical practitioner/patient communication.

Attachment D: Funding of Auslan interpreting services

The funding of Auslan interpreting services, and hence quality of access to these services, varies significantly depending on the level of government responsible for the service and the situation requiring interpreting. The current funding arrangements for Auslan interpreting services includes:

- ***Commonwealth interpreting service.*** The Department of Family and Community Services recently commenced funding of the National Auslan Booking and Payment Service (NABS) which provides Auslan interpreters for private medical appointments at no cost to the patient or the medical service provider. Appointments include:
    - GPs and Specialists
    - Psychologists and Psychiatrists
    - Mental Health Workers

  NABS commenced operation in January 2005 and many mental health care providers may therefore not yet be aware of this service.

- ***State and territory interpreting services.*** All state and territory governments have accepted responsibility for the provision of Auslan interpreters for Deaf people using public hospitals, clinics and community health services. In NSW, for example, the Health Care Interpreters Service provides Auslan along with other community languages for the public health system. In Western Australia, Auslan interpreting for the public health system is contracted by the Western Australian government to the Western Australian Deaf Society.

- ***State/territory government funding for Auslan interpreting service providers.*** The governments of the Australian Capital Territory, South Australia, Tasmania and Western Australia provided funding for Auslan interpreting services in 2004-05 to supplement the cost of interpreting appointments where a full fee for service cannot be charged. This may be the case with services provided by community based organisations or volunteer services. No such funding was provided by the governments of the Northern Territory, New South Wales, Queensland or Victoria and in those states Deaf Societies must either charge a full fee for service or meet the costs from their own limited resources.

- ***Fee for service.*** Where state or territory funding has not been provided, Deaf Societies and all private interpreting agencies charge a fee for the provision of Auslan interpreting services where a service provider is able to meet the costs involved. As mentioned above, this may not always be the case with community based or volunteer service providers.

  Interpreting fees vary depending on the state/territory, the length of the appointment and the skill or accreditation level required of the interpreter. A two hour minimum fee is usually charged in order to cover travel time to and from the appointment. In NSW the two hour minimum Auslan interpreting fee is $165.