

# **Senate Select Committee on Mental Health.**

## **Submission from the Victorian Deaf Society.**

### **How many people are Deaf?**

The precise size of the Deaf community is unknown. Indeed, providing an accurate estimate of the numbers of deaf people (covering the whole range of deafness from profoundly deaf to hard of hearing) is 'notoriously difficult'.

In 2004 the Department of Family and Community Services commissioned ORIMA Research to conduct a research study into the supply and demand for Auslan interpreting services. Their finding found:

'The ABS 2001 census asks "Does the person speak a language other than English *at home*?". In response, 5,305 people reported that they used some form of sign language. Many researchers consider that this significantly under-estimates the size of the Deaf community because:

- some Deaf people may not be aware that Auslan is a 'language';
- Auslan is signed not 'spoken'; and
- some Deaf people who regularly use sign language to communicate do not use sign language at home (e.g. with hearing parents).

In light of this, a number of estimates of the size of the Deaf community in Australia have been produced and published, ranging from 7,000 persons to 15,400. The most recent research on this issue, by Professor Trevor Johnston (2003), provides an estimate of the size of the Deaf community based on enrolments in schools for the Deaf, relevant ABS 2001 census, and extrapolations based on recent universal neonatal screening programs. Johnston (2003) concludes that:

*...using this method, one arrives at an estimated minimum signing deaf population in 2001 of approximately 6,500 individuals. This lends further support to the reliability of the [ABS] census figures - though somewhat conservative, they may not greatly underestimate the true size of the signing deaf community after all.*

It would appear that although the ABS 2001 census underestimates the size of the signing Deaf population (by around 20%), it provides a reasonable guide to the geographic distribution and demographic profile of the Deaf community. Throughout this report, estimated Deaf populations for geographic regions, age groups and by other demographic factors have been calculated by applying the demographic proportions indicated in the ABS 2001 census to Johnston's estimate of the overall signing Deaf community of around 6,500.'

In the 1998 report "Hearing Impairment in an Australian Population" undertaken by the Centre for Population Studies in Epidemiology at the South Australian Department of Human Services, researchers identified the number of "adult" (ie persons over 15 years) people in Australia with a hearing impairment at 22% of the population. Given that the Australian population in 2003 was 19.9 million, that figure represents a total deaf population of around 4.38 million. The report confirms the status of hearing impairment as the most common of disabilities in the Australian population.

## **The uniqueness of the Deaf community**

The term 'Deaf community' has demographic, linguistic, political, psychological and sociological dimensions. In Australia, a capital 'D' is used to distinguish the cultural, linguistic deaf community and its members, from the audiological condition of being deaf. Membership of the Deaf community is not necessarily defined by degrees of hearing loss, but by acceptance and self-identification with Deaf cultural norms and behaviours. Most importantly, the community bonds through a common language (Auslan) and a shared culture, although given the vastness of the Australian continent, there are significant regional differences in each state.

Whilst recognising that the Deaf community share a language and a culture, we should be wary of assuming that their cultural identity, needs and aspirations are homogeneous. Diversity of ethnicity, age, gender, sexual orientation, ability and disability, impact on this community, as on any other.

Members of this community, like any other, encounter mental health problems. Because of the difference in language, coupled with a lack of deaf awareness, Deaf people can be misdiagnosed and wrongly treated.

## **Mental illness and the Deaf**

Most of the literature regarding mental health and deafness is based on studies conducted overseas. Some data suggests that the incidence of mental illness is higher for deaf people than for the general population. Other studies suggest that the incidence is similar to the hearing population but that the difference is accounted for by communication difficulties and misdiagnosis of behaviour and communication disorders.

## **Identifying and responding to need**

A hearing loss should not become the focus of any mental health assessment; it may minimise the presenting problem or lead to a misdiagnosis. It is therefore important to review intake and clinical practices to ensure that procedures investigate and identify the hearing capacity of clients and take into account the influence that a hearing loss may have in a person's behaviour or attitude.

It is important to note that Deaf people with mental health problems share much in common with their hearing counterparts. They require access to the same range of effective mental health services, provided by the same range of agencies and professionals, as conveniently located as possible.

Given that the provision of effective care is fundamentally underpinned by the need to communicate, people who are Deaf present a unique challenge to a mental health service primarily organised on the basis of hearing. The application of mental health policy to this group requires explicit consideration if we are to meet the challenge of providing them with an effective and equitable service.

The lack of awareness within the Deaf community about mental health issues means that many Deaf people are unfamiliar with even the basic concepts of mental health and seldom seek support or assistance voluntarily. Anecdotal evidence suggests that it is not uncommon for Deaf people with mental illness to be ostracised or rejected or misunderstood by the Deaf community, with some feeling so stigmatised that they withdraw from the Community entirely.

## **Access to services**

Deaf people need access to informed and aware psychiatric services because of significant differences in communication and culture; the associated risk of misdiagnosis; and limited appropriate treatment opportunities in mainstream services.

A culturally affirmative environment for Deaf people needs to be based on Deaf cultural values including:

- Recognition that the least restrictive environment is a Deaf environment;
- Use of a flexible and affirming communication style;
- Clinical staff with appropriate cultural and clinical skills;
- Therapeutic approaches designed for Deaf patients.

The use of mainstream services often means that a Deaf person is disadvantaged due to mental health professionals not being conversant with the issues of language, communication and culture.

## **The education process**

The education process required to improve understanding between staff of mental health services and people who are deaf or hard of hearing is a shared responsibility. Partnerships between Deaf Services and mental health services may offer many opportunities for better understanding of the impact of hearing loss on mental health, and mechanisms for increasing awareness of mental health in the Deaf community and for hard of hearing people.

## Conclusion

The Australian deaf community is one of the most unrecognised and under-acknowledged cultural and linguistic minorities.

In 1996 and 1997 the Victorian Deaf Society hosted two workshops of two days each on Mental Health and the Deaf Community. The 1996 workshops were led by Dr Brendan O'Sullivan who was then the only psychiatrist in Australia working with the Deaf. The second workshop was also fortunate to have Dr O'Sullivan again involved and also Dr Nick Kitson, a UK consultant psychiatrist for deaf adults and Chairman of the British and European Society for Mental Health and Deafness.

One of the outcomes of the 1997 workshop was the production by Dr Catherine Wiltshire (Royal Prince Alfred Hospital) of Australia's first Deaf Mental Health Services Directory '*Psychological and Psychiatric Support for Deaf and Hearing Impaired People*'.

More recently, the Society obtained funding from the Foundation for Young Australians, the H & L Hecht Trust, Victorian Health Promotion Foundation, Sydney Myer Fund, Helen M Schutt Trust, Flora and Frank Leith Charitable Fund, and the Estate of N.J. & G. Norton Trust, to undertake a National Education Project focussed on building mental health in young deaf people. The project was known as '**Step by Step**'. A copy of the Guidelines for Mental Health Service Providers is attached.

There needs to be an innovative national approach which acknowledges the uniqueness of the Australian deaf community and which ensures that services are provided that are targeted to include the Deaf and hard of hearing communities.

## Research and development

Initiatives are badly needed to underpin the development of mental health services for the Deaf. It is important that prevalence studies are undertaken to identify the numbers of Deaf people and their mental health needs, especially within the prison and young offender settings.

It is recommended that a programme is developed that supports research in mental health services for the Deaf, particularly in the areas of the effectiveness of early diagnosis in preventing mental illness in deaf children; risk assessment/management tools and processes; incidence of suicide and 'near-misses'; service user involvement and advocacy. It has been noted that enabling Deaf people to participate in consultation is 'far from easy' and that it requires sustained multi-method approaches. The Victorian Deaf Society would be pleased to partner in this.

Deaf patients, because of their unique method of communication, have enormous difficulty in 'being heard' – it is crucial to meeting the standards of the national service framework that they are.

Attached to this submission are two documents that are invaluable in gaining a further insight into this difficult area:

1. Bibliography – Deaf Mental Health;
2. Deaf Mental Health – Some useful Australian & International Resources

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