

ACCESS DEAF: DENIED

Access to:

Not happy with the quality of your care? Delay in interpreter services or therapy? Write to your local CCG or to your local Healthwatch Board

HEALTH

Dr Sarah Powell, is one of only four Deaf Clinical Psychologists in the United Kingdom. Sarah currently holds the post of Clinical Psychologist/Step 3 Practitioner at BSL Healthy Minds (Sign Health), providing Psychological Therapy services for Deaf, deafened and deaf/blind individuals experiencing depression and anxiety.

ACCESS

What's the process like for Deaf people coming through the mental health system? I've rarely seen Deaf people access the mental health system seamlessly. It is fraught with problems. Deaf people are expected to see their GP if they are depressed, anxious or experiencing mental health problems – but if they are not able to recognise early symptoms or are fearful of stigma of mental health they delay going to their GP.

“I've come across lots of clients who have accessed mainstream services using an interpreter and they have found it not to be beneficial and in some cases, made their symptoms worse”

Research shows that about 25 per cent of Deaf people avoid their GP altogether. The communication barrier with their GP delays their diagnosis. Add to that the fact that, several GPs and mainstream mental health services aren't Deaf aware, and aren't familiar with working with an interpreter and adopting a therapeutic approach.

What's it like for Deaf people who access mainstream services? In several cases, clients who have accessed mainstream services have not fully understood the therapy process and have ended up in crisis. Now, because of changes in the funding system, Deaf people are waiting far longer than hearing people just to get funding agreed for therapy. The majority of clinical psychologists don't fully understand or appreciate the needs of Deaf people and the need for a culturally appropriate therapeutic approach.

ACCESS AND UNDERSTANDING

What can service providers be doing to improve access? To ask Deaf people what they want from a mental health service and how materials and information can be made more accessible. Do they want specialist therapeutic services, such as BSL Healthy Minds where all therapists are native signers or have family members who are Deaf and are fluent in BSL? Many providers have never met a Deaf BSL user before and so don't know what the issues are for many sign language users. That means they don't ask the right questions in therapy and miss important information, which could've led to a speedier resolution.

What kinds of questions should Deaf people be asking of their service providers to help promote fair access? That they want to have equal access

to mental health services as hearing people and this means being able to have choice and see a therapist who is BSL fluent or if the person is a lip reader to have someone who is aware of the issues of trying to live a normal life in the hearing world.

There is a service available to them but they need to ask for it and not be persuaded to accept something they are not happy with.

TREATMENT APPROACHES

How does Cognitive Behavioural Therapy (CBT) fit in with the Deaf community? CBT works

really well for the majority of clients at primary care as it enables them to spot what keeps the problem going (either linked to their thinking style or lack of activities/motivation) – behavioural activation, problem solving (historically caregivers are the ones who ‘sort’ out the problems without giving the client an explanation of how they sorted that out so the Deaf person can learn themselves for next time) and cognitive restructuring (recognising thinking errors or changing negative thinking to a positive) are the ones used the most with excellent results.

What have been some of the results/ benefits and challenges?

There is excellent recovery, fewer people drop out, there is the opportunity to learn new skills and use those skills in other areas, they learn to spot early signs of relapse, increase their awareness of their depression/anxiety, normalising their experiences and there is better engagement in therapy, leading to better satisfaction overall.

What are some of the most important aspects of working with Deaf people in the mental health system?

- Recognising that more sessions are needed compared with hearing people.
- Recognising that Deaf people are more likely to have experienced abuse, communication and family difficulties, as well as social difficulties
- An awareness that Deaf people do not access information in the same way as hearing and to take into consideration Deaf culture.



“I am proud of becoming a clinical psychologist despite many hurdles. But I am saddened that there are so few Deaf professionals in the 21st century. So many more are needed especially in the early educational years.”

WAYS TO AID ACCESS

I have witnessed first hand the difficulties that Deaf people have.

It’s helped shape my therapeutic approach to include psycho-education, incorporating story telling (a strong part of Deaf Culture), understanding the levels of emotional literacy and normalising experiences of their symptoms (Deaf people often believe that they are the only ones experiencing it).

What prompted the BSL Healthy

Minds initiative? The Improving Access to Psychological Therapies (IAPT) program was developed by the Department of Health in 2008 and it became very clear that Deaf people could not access the services that were developing all over England.

SignHealth, with the British Society for Mental Health and Deafness worked with the Department of Health to develop pilot sites in the North West and South Central regions of England to see if it would benefit Deaf people who use BSL in 2011.

These have been a huge success with clients who have accessed the Service feeling much better and managing their issues in a more positive way so they can now get on with their lives.

83 per cent of people who have gone through BSL Healthy Minds say that they feel satisfied with the service they have received and feel much better.

75 per cent of people who have used the service have made a significant recovery and are able to go back to work and have better relationships with their family and friends.

But more Deaf people need to come forward and say to their doctor that they are feeling depressed or anxious and would like to see someone from BSL Healthy Minds. That way the Clinical Commissioning Groups (CCGs) who hold the purse strings will fund the service so it can keep going for future years.

• **For more information on BSL Healthy Minds and to access self-help materials in BSL visit: www.bslhealthyminds.org.uk**



WAYS TO IMPROVE ACCESS

- By informing the Deaf community’s understanding of mental health and healthy wellbeing by recognising negative feelings and symptoms early on.
- Allowing self referrals (which bypass the need to see the GP)
- Ensuring better access of materials including plain English, information to be made accessible into BSL (there are only 10 BSL self-help materials available, compared to the hundreds of English self help materials and only four BSL psychometrics, compared to hundreds in English).
- Improving ‘survivor’ stories in BSL.
- Implementing full stepped care nationally – primary and secondary are more crucial as there is a post code lottery in how the CCG funds services
- Enabling Deaf people to have a choice in therapy – allowing them to choose from 1:1 therapy in BSL, group work with other Deaf people with similar issues, or working with an interpreter in mainstream services. Very often there is no choice and in some cases interpreters are not provided.