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GAPS IN MENTAL HEALTH CARE FOR THE DEAF AND HARD OF HEARING IN MICHIGAN

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This paper is being presented by NASW – MICHIGAN CHAPTER, in collaboration with Kathleen Mitchell, LMSW, Deaf Specialist, Oakland Integrated Healthcare Network and June Walatkiewicz, LMSW, Special Services for the Deaf and Hard of Hearing, Beaumont Health systems.

A study that was completed by the Division on Deafness in Michigan in 2005 estimates there are approximately 866,879 individuals in Michigan with hearing loss and 90,720 who are severely to profoundly deaf.

FACTORS THAT CAN CREATE BARRIERS TO TREATMENT:

Factors that contribute to why many deaf individuals are unable to obtain mental health care:

1. In the past many deaf persons were known to have been institutionalized for many years for no reason other than their lack of hearing, and thus they continue to mistrust the mental health world for this reason (per recent settlement in GA). Deaf often will say "If I can't trust my local mental health center to offer me someone who's competent to deal with me, why should I go?"
2. Lack of qualified providers who have sufficient knowledge of ASL (American Sign Language) and how it differs from English:
 - a. Professionals do not understand the similarities and differences deaf people share or do not share with hearing people.
 - b. Professionals also do not understand how mental illnesses can present themselves differently in deaf people than might in hearing people (e.g., "Clanging" putting together language based on structure rather than meaning – deaf might put a sentence that uses the same ASL hand shape.)
3. Literacy:

There is a fund of information difference in that most deaf people do not acquire information by radio or TV soundtracks, and thus often have gaps in basic information compared to hearing people. Concepts such as side effects, anorexia, and voices are often not understood. We frequently have to teach a Deaf person about these concepts before we can ask him or her these kinds of questions.

4. Accessibility:

- a. Under the Americans with Disability Act 1990 and the Michigan Interpreter Act of 2007, it is illegal to turn away a deaf patient (even when providing an interpreter costs more than the clinician would be reimbursed for the services), but we continue to see this happening with professionals who often claim that they can't take any more patients.
- b. Assessment tools are not normed for the Deaf. Many access centers use screening tools that do not identify the deaf and their primary language preference. The staff is not culturally competent in assessing if the deaf person is dysfluent or psychotic, which leads to inappropriate diagnoses.
- c. Many professional who work with deaf children have little experience with hearing loss and family centered approaches. May deal with the medical problems of hearing loss, unable to deal with emotional problems of hearing loss.
- d. Many professionals have little understanding of the decision-making process that parents go through related to their deaf child's treatment and care.

5. Availability:

Currently there is no established system of care for the Deaf and hard of hearing. We need to set up and implement coordinated mental health services that take in account cultural and linguistic needs of the deaf individual, from early childhood to elderly deaf.

6. Acceptability:

Many programs do not want to have deaf people in their care, due to the costs associated with providing care (e.g., hiring interpreters). Many programs across the state have closed due to funding problems. Not all state programs seek out special services for the deaf who are in their care (e.g., foster care, individuals who have developmental disabilities and substance abuse).

THE THREE MAIN REASONS WHY MENTAL ILLNESS IS GREATER IN THE DEAF POPULATION:

1. Many causes of deafness also cause brain damage, behavior problems and learning disabilities:
 - a. CMV (cytomegalovirus infection) is the common cause of congenital hearing loss. Some affected infants will develop central nervous system damage that can lead to hearing loss and to developmental and intellectual delays.
 - b. Meningitis can cause hearing loss, a high incidence of physical and cognitive disabilities, and behavioral and emotional problems.
 - c. Infants who are born prematurely with hearing loss often have physical and psychological problems related to their premature birth.

2. Communication problems- many parents are not given the support to deal with the trauma of having a deaf child:
 - a. Parents when given the diagnosis of deafness see it as a traumatic event – the ability/inability to resolve this trauma will influence the attachment relationship with the child.
 - b. Mental health disorders were 4.12 times more likely to be found in children who had problems making themselves understood in the family. 92% of deaf and hard of hearing children are born to parents who can hear, and only 15% of those parents develop sign language skills necessary to communicate meaningfully! (Mindel and Vernon 1970.)

3. Deaf and hard of hearing have a much higher prevalence of sexual abuse in comparison to the hearing population and this abuse can lead to or exacerbate mental health problems:
 - a. It is estimated that 90% of all Deaf children experience some sort of abuse by a guardian or family member.
 - b. Experts estimate that 54% of deaf boys fall victim to sexual abuse compared to 9% of hearing boys.
 - c. 50% of deaf girls are victims of sexual crimes compared to 25% of hearing girls. (Neil Glickman Ph.D.)

RECOMMENDATIONS FOR CHANGE—PROVIDING MENTAL HEALTH SERVICES FOR THE DEAF AND HARD OF HEARING:

1. Create a legislatively established Division within the Department of Community Health which coordinates with the Department of Civil Rights – A Division for the Deaf and Hard of Hearing Mental Health Services, which will handle state wide planning, oversight, and execution of deaf mental health services that will provide culturally competent care.
2. Create a fund that requires all counties proportionally contribute to a fund to provide services to the deaf and hard of hearing based on the incidence of mental illness or substance abuse that is proportionate to that county.
3. Develop referrals and resources for the deaf to get appropriate mental health treatment and assessment throughout the state.
4. Develop Culturally Affirmative Mental Health Specialist training for professionals who work with individuals with hearing loss. This would include cross-cultural communication skills, skills working with interpreters, and skills in selecting and designing culturally syntonc treatment interventions.
5. Develop programs for sign language interpreters to obtain mental health interpreter training. Due to the shortage of qualified mental health interpreters in Michigan, Oakland County CMH is currently sending five interpreters to (MHIT) Mental Health Interpreter Training in Alabama this August 2013.
6. Acknowledge that interpreters are not first choice in treatment. A well-meaning belief that accommodations will make deaf people equal is a great legal principle, not a good clinical one. (Illusion of Inclusion – Neil Glickman.)
7. Develop a website for deaf services to include sign video education on depression, medication use, and resources.

DEFINITIONS: DEAF AND HARD OF HEARING POPULATION:

Defining deafness is determined by the kind of hearing loss the person experiences, the communication method he or she prefers to use, and the cause of the hearing loss that impacts his or her development.

The deaf and hard of hearing community is often seen as three groups:

- **Deaf:** (Please note the Capital "D")

This refers to people who are members of the Deaf Community and identify with Deaf Culture. They are proud to be Deaf and feel that Deafness is a vital part of their identity. The people in this cultural group have most likely attended residential schools for the deaf and use American Sign Language. Deaf people often feel a cultural bond with one another based on sharing a common language and experience of oppression.

- **deaf:** (Please note that the "d" is lowercase)

This term encompasses many groups of people, most of whom do not identify themselves as being part of the cultural Deaf community. People who are "deaf" are usually oral deaf people who use speech and residual hearing to communicate instead of sign language. This group of deaf people has a severe or profound hearing loss and chooses to associate mainly with hearing people.

- **Hard of Hearing:**

This term is for people with mild, moderate or severe hearing loss. Hard of hearing people often use speech as their primary mode of communication but may be involved in the Deaf community. This group of people usually can transition back and forth between the Deaf and hearing cultures. Hard of hearing people often form advocacy groups of their own, due to their special communication needs which are overlooked due to misconceptions about hearing loss.

- **Linguistic:**

People with hearing loss communicate in many ways. Some may only lip read, others use a form of manual communication, American Sign Language, Cued Speech, Pidgin Sign English, Signed English, and Signing Exact English.

Each of these groups struggles with getting appropriate mental health services that can meet its needs.

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