

Coalition of Deaf Mental Health Professionals – Healthy Deaf Minds Seminars

Feedback Summary and Analysis Catriona Sainsbury and Geoff Bridgman - March 2016

The Healthy Deaf Minds Aotearoa conference took place in Auckland (20th), Wellington (24th) and Christchurch (30th) in November 2015. 196 people attended across the 3 venues including a small group of CDMHP members who ran the events, and helped to facilitate 2 panel sessions.

This report

This report provides a brief overview of conference, and presents a summary of attendees feedback, gathered via feedback forms, which were distributed and completed on the day, and 2 facilitated panel sessions. The feedback form was designed by conference hosts CDMHP to elicit delegates perspectives on the value of the day, areas where they would like further information, and priorities for Deaf mental health service development.

A questionnaire from Dr Brendan Monteiro's (the guest speaker) work place, St Georges Healthcare, in the UK was also distributed to gauge attendees views on the relevance, quality, and delivery of his presentations. The rating scales used to measure attendees understanding of each topic before and after each presentation have been included in this report.

What was Healthy Deaf Minds Aotearoa about?

The principle aim of conference was to provide the opportunity for attendees to come together and learn about the needs of Deaf people with mental health needs, and more specifically, in the criminal justice system. Exploration of Deaf development, mental illness and recovery in the Deaf world context provided a shared learning platform through which Deaf people, practitioners and service commissioners could develop their respective knowledge.

The importance of culture and communication in attaining positive treatment outcomes was a central theme throughout the day.

Conference structure

Four presentations were given by guest speaker Dr Brendan Monteiro, Consultant Psychiatrist at specialist forensic rehabilitation services, and Deaf mental health expert. An introduction to the basic concepts of cultural awareness, through to presentation of highly specialist assessment models in criminal justice settings, catered for the diverse spectrum of knowledge and backgrounds amongst attendees.

The program also incorporated 2 panel sessions facilitated by CDMHP members, and 1 presentation providing Maori Deaf perspectives on Maori Deaf identity delivered by Sara Goodwin, from Geneva Elevator. Panellists were different at each event, to provide a balance of perspective.

The morning panel, 'Meeting our Needs', consisted of 4 Deaf community members, discussing their views on mental health needs within the community, and the type of services required. The closing panel looked at the next steps in developing specialist Deaf mental health services and this discussion was led by a group of 4 Deaf and hearing professionals, followed by questions from the floor.

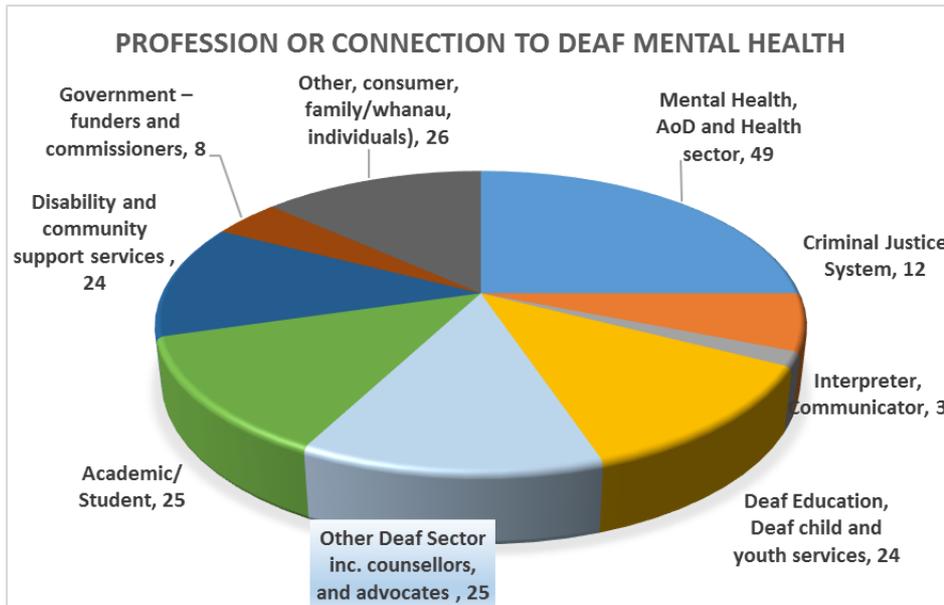
Who attended?

33% (64) of attendees across sites were Deaf, with the largest number (32) in Auckland. It is worth noting that a large group of Corrections Staff had registered their interest but were unable to attend. Attendees represented a particularly broad spectrum of professions, due to the applicability of presentation materials across contexts, and that Deaf mental health training events are exceptionally rare in New Zealand.

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The level of existing knowledge of Deaf mental health amongst attendees varied markedly. Those with a high level of specialist knowledge and clinical acumen e.g. acquired via overseas training, were very small in number, as was the group who identified having had no prior connection with Deaf needs. The mainstay of attendees can be positioned somewhere between these 2 poles, with many having some informal experience based understanding.

The figure below groups attendees into professional domains, alongside a category for individuals with an interest in this area, including consumers.

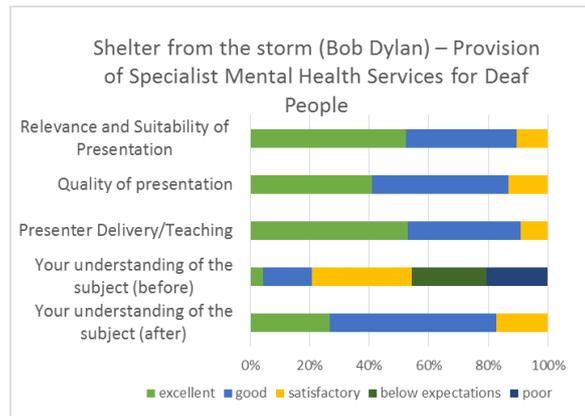
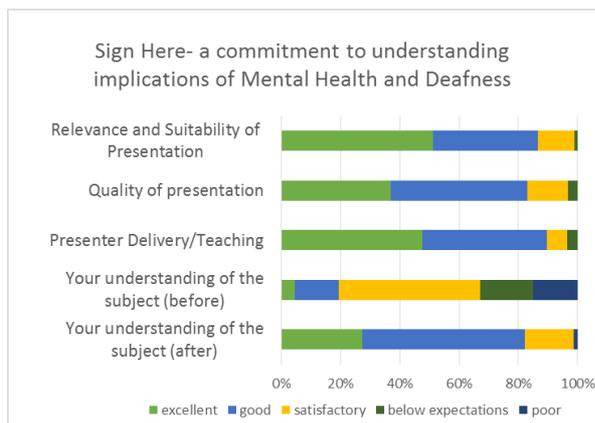


Of particular note was the high level of representation from the Deaf education, child and youth sector, including a large contingent from the 2 centres of Deaf Education. This group had much to share on the emotional developmental needs of young Deaf people and their families and whanau, specifically identifying the need for qualified Deaf mental health input, right from the start.

Regions

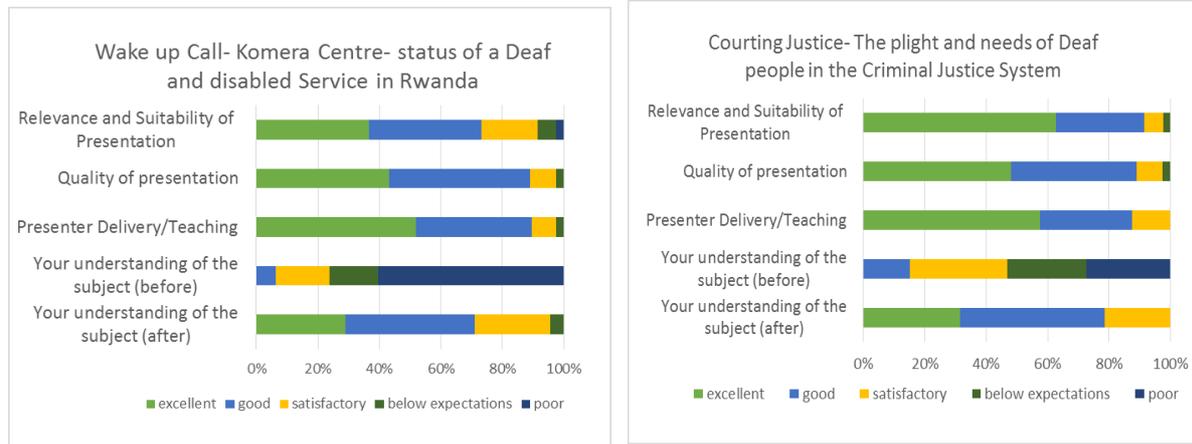
Several travelled across the country to take part, illustrating the wide geographical dispersal of Deaf population in NZ, including rural locations away from the 3 main centres in which the conference took place. The Far North, Northland, Tauranga, Rotorua, Taranaki, Palmerston North, the Upper South Island, Greymouth, and Hokitika were among the regions represented.

Data



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Ninety questionnaires were completed, providing an overall response rate of 46%. Not all questions were answered. CDMHP members did not complete the questionnaire. Firstly participants were asked to evaluate the sessions deliver by Dr Monteiro (see graphs above). Over 80% of participants answered good or excellent to all questions about the quality of Dr Monteiro’s first two presentations (*Sign Here* and *Shelter from the Storm* – they were relevant, well presented, and enhanced the understanding of Deaf mental health issues from less 20% feeling their knowledge was good or excellent to more than 80% feeling well informed after the session.

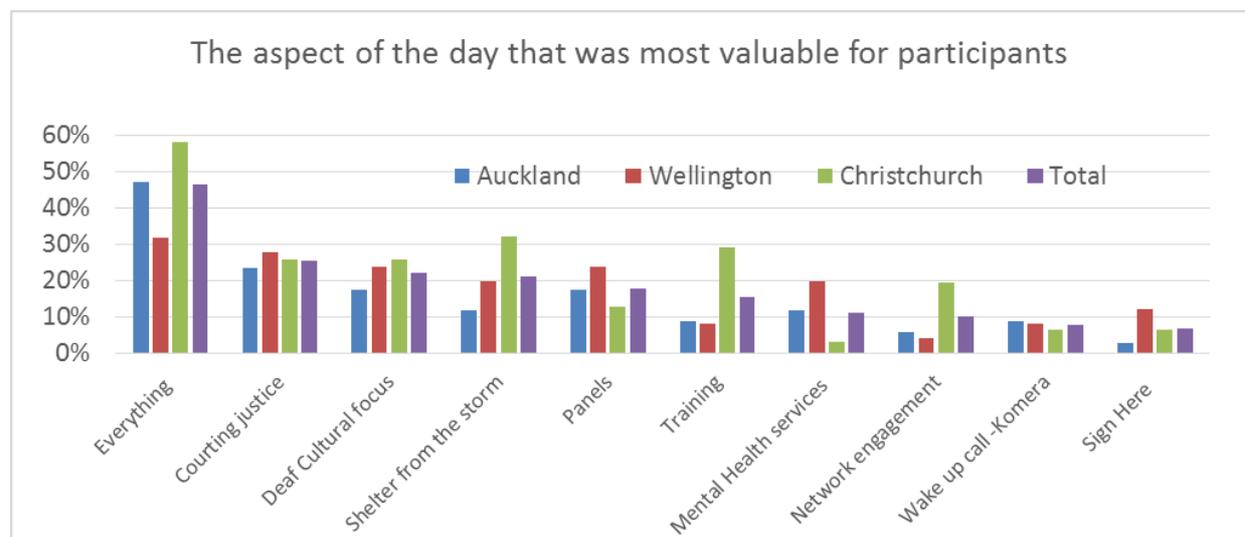


The next two sessions (see above), *Wake Up Call* and *Courting Justice* were also well presented (nearly 90% good or excellent), but both content area of *Wake Up Call* and *Courting Justice* were poorly understood to begin with and the shift in understanding, although major, did not quite reach the 80% level. *Wake Up Call* was seen as the least relevant (74% good or excellent), while *Courting Justice*, at 92% good or excellent, was seen as the most.

Overall Dr Monteiro’s sessions were highly successful, very challenging in parts and left people feeling they had a much better understanding of the issues in Deaf mental health.

Which aspect of the day was most valuable for you?

There were 87 responses to this question with many noting more than one aspect (see graph below). 47% overall stating that they found all components, or all of the guest speakers’ materials to be of high value. Respondents in Christchurch provided the highest ratings across a number of



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categories including *everything, Shelter from the Storm, Deaf cultural focus, training and networking*. This could be a reflection of the level of need for specialist service provision in the South Island which has never had access to such services despite a significant Deaf population, concentrated around Van Asch Deaf Education Centre, in Christchurch.

Comments made by respondents to this question

Auckland

- All of the sessions interlinked and were equally valuable – ‘the whole day was enjoyable’ ‘absolutely brilliant, a wealth of knowledge, sharing and networking opportunities, and resources
- How fundamental communication (or lack of it) is in this area
- Panel discussions
- Model of Deafness and how it provides to psychiatric services
- Risk assessment and interpretation
- Both lectures and networking. All of it, especially criminal justice system information
- Learning about systems in NZ and UK. Hearing what needs to happen to progress to a fairer system
- Brendan’s explanation about how Deaf people are challenged. I got a better understanding of how to work alongside them

Wellington

- Each presentation provided an important insight into Deaf mental health. Having a global perspective also helps identify the focus needed here in NZ for improving service provision
- Courting justice, very useful as a lawyer, but background on issues for Deaf Community also very important to have first, to be able to understand the latter part
- Improving awareness of the experience of mental illness amongst the Deaf
- Sign Here, and Shelter from the Storm, in particular the more practical aspects of working with Deaf people in mental health situations and ways of explaining Deafness and its implications
- Deaf panel, hearing real life experiences and challenges. Also addressing ignorance and in some cases my own naivety.
- All of it. Great main presenter, and great panels both Deaf and hearing, great Maori input

Christchurch

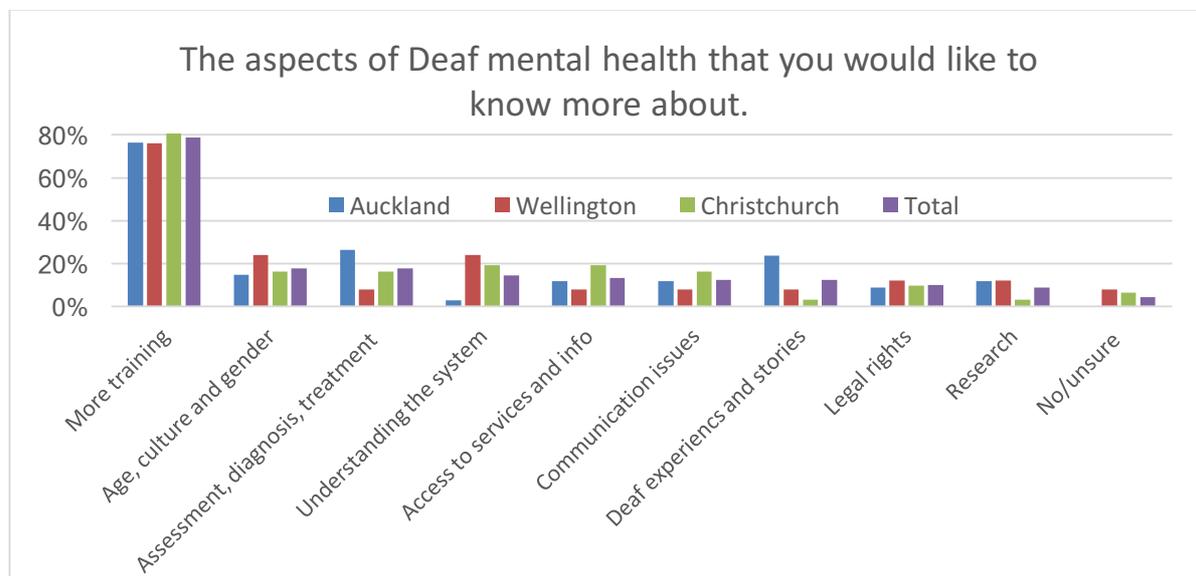
- Seeing everyone gives me the renewed energy and enthusiasm to keep learning
- Explaining how young people who are Deaf can seem to lack the maturity of their peers
- Diagnosis and assessment
- All of Shelter from the Storm and Courting Justice was incredibly insightful. More lectures please!
- The whole day was very valuable. I really enjoyed what everyone had to share, it’s great to see so many people come together to help people who are Deaf and who have mental illness.
- Enjoyed all aspects of the day. The information I have learnt is valuable to make connections to the behaviours of Deaf young people at Van Asch

Are there any aspects of Deaf mental health that you would like to know more about?,

75 respondents provided an answer to this question *Training* was the answer for (79%, asking specifically for more conferences, training and further information/resources in the area of Deaf mental health. Christchurch had the highest response rate across venues (90%), with the greatest number (19%) asking for more information on how to access cross-sector services. Nearly a fifth of

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respondents wanted better information around assessment, diagnosis, prevention, treatment and models of practice across the mental and addictions field. Another fifth wanted information about different approaches to Deaf mental across age (e.g. children and the elderly), culture (issues for Māori Deaf), gender (issues for women) and families. More than 20% of Wellington respondents wanted to understand how to access services (the system), and a similar number of Auckland respondents wanted to hear more about Deaf consumer experiences and stories.



Comments on the aspects of Deaf mental health that you would like to know more about?

Auckland

- Any visual aids would be helpful
- Speech language therapy assessments as a part of the team process. I would love to look into the assessments in the service that Brendan works for in the UK
- Treatment options and therapy particularly Art Therapy, employment, and service access
- Research relating to Deaf people in prisons and the criminal justice system.
- Interpreter training (models)
- As a lawyer, how to fully protect Deaf people's rights. With past clients there were issues with communication. What processes should be followed? contact interpreters?
- What is available in my area of work for the Deaf community and are there courses available to learn the basics of sign language when a Deaf patient comes into our service
- Focus on older Deaf adults and those that become hearing impaired over their life. Wellbeing/recovery focus
- Assessment for young Deaf children to provide early intervention

Wellington

- More about assessments, models, interventions for Maori Deaf experiencing MH issues
- Practical ways and processes I should follow when I have a Deaf client.
- Developments about what is happening nationally with a focus on how this can be supported in different areas across NZ.
- Access to interpreters after hours at police stations, supporting Deaf people through the criminal justice system

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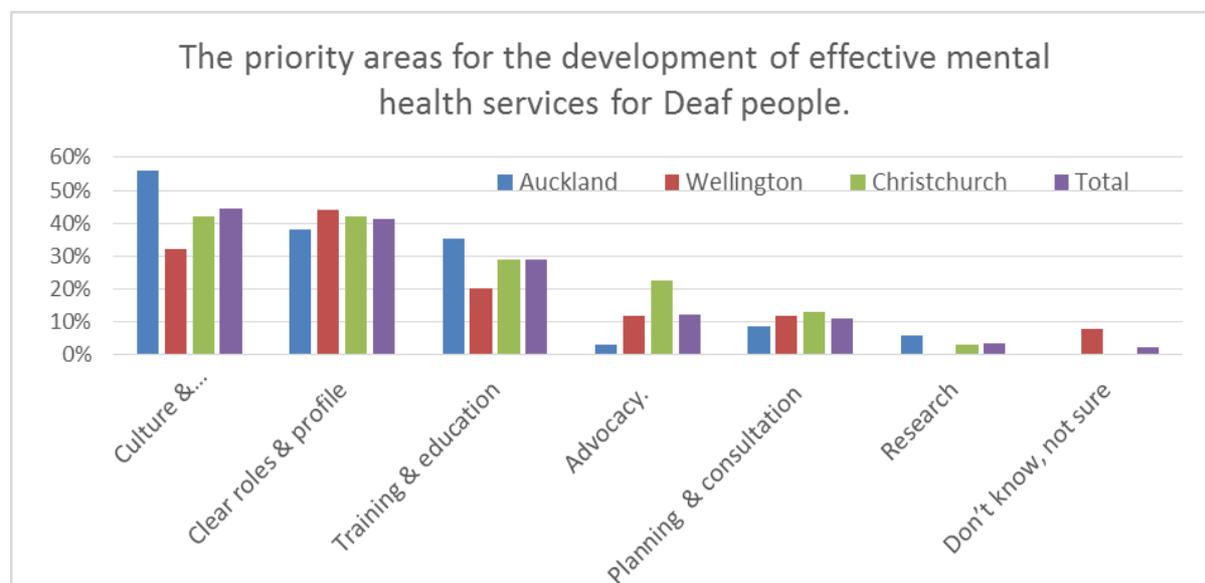
- The counsellor on the Deaf panel noted she works in mainstream and can be accessed by Deaf clients if she knows she is there. How can we access information on these services?
- Is there a difference in race/gender issues? If so what are they? Women in the hearing community are often disadvantaged
- I would like to know why the government/DHB thinks its ok to cut Deaf mental health services. We are important too!

Christchurch

- Addictions - alcohol and drugs, and sign language training
- Children and diagnosis, programme planning and family support
- Access to professionals - who is trained in Deaf culture?
- Maori services for MH and Deaf - not enough detail
- How to centralise the helping resources
- I look forward to seeing how the Coalition goes in the future, There's a huge need out there for our families of Deaf children, and support services
- Plans for educating the Deaf community about effects and symptoms of MH
- Deaf culture I want to learn sign so I can learn to work with people effectively within the justice system. More workshops and seminars

What are the priority areas in developing effective mental health services for Deaf people?

83 respondents answered this question. Culture and communication capabilities (44%), alongside role, profile and positioning of the prospective specialist Deaf mental health service (41%), and training (29%), gained the highest scores across venues. The consultation process, collaboration, and advocacy efforts also scored highly, whilst 3% of candidates identified undertaking new research as important.



1. Would you like to stay connected to the work of CDMHP?

87% of respondents (n=78: Auckland 88%; Wellington 84%; Christchurch 85%), confirmed their wish to stay connected to CDMHP's work in this area, with some requesting specific resources, and many wanting to be a part of service development advocacy efforts.

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Comments made by respondents to this question.

Auckland

- Coordination of required services, instead of isolated pockets. Process needs to be set up. Conversation needs to continue
- Increasing awareness in the Deaf community and early intervention in education settings
- Specialist Deaf mental health clinical team, preferably MDT. Deaf mental health peer support
- Advocating for change at all levels, National funding for DMH advocate in all DHB regions, policy development for Deaf MHS by MoH
- Collaboration, training, more of us being professionally trained and passionate, understanding
- Full communication, safe environments, equity in services for Deaf
- Consider Deaf as a separate culture, don't lump it in with other services
- Holistic services to wrap around clients, residential care

Wellington

- Not putting Deaf services in a separate socially exclusive silo but strategically placing DMH professionals within DHBs and NGOs
- Developing DMHS in Central region complete with inpatient services for Deaf. Deaf awareness training to be made compulsory
- Creating easy access points for socially excluded Deaf eg people experiencing homeless, and others furthest from having needs met
- Early intervention, more services and resources made available NZ wide, raising cultural awareness for hearing. Need to increase Deaf mental health awareness on the public radar
- Working together, sharing support and training together
- More Deaf people working in DMH. Funding to keep DMHS open. Why should DMHS be cut? We have the same rights as hearing people. Well we should!

Christchurch

- Early intervention support, and services for parents and Deaf children
- Clinicians getting on-board to push the subject. Deaf people need a discreet service
- Coordinated cross disciplinary - MoE, MoH and MSD.
- Setting up services in Christchurch from young age to elders. Sharing services with Van Asch
- Support across the continuum of need (from mild to severe)
- Identifying Champions within DMHS. Improving care pathways/access to relevant services
- Awareness of Deaf cultural needs. Creating professional services - safe and trustworthy
- Counselling and support services including depression, youth suicide and grief counselling
- Effective communication including skilled interpreting services, lobbying for funding/connecting services and community

Panel Feedback

The panel sessions supported further exploration of the key themes identified via the feedback forms. Contributions have been summarised according to the following areas:

Access to mainstream mental health and addiction services

Services are not perceived as trustworthy within the Deaf Community due to issues of communication and cultural sensitivity. Deaf people often avoid visiting their GP and do not want to

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go to hospital. Out of hours crisis services create additional access challenges, whilst telephone counselling services for those with addiction issues are not accessible for Deaf people.

Access issues are compounded for those living in more isolated communities and for those from other cultural backgrounds including the high number of Maori Deaf for whom wellbeing is a holistic, culturally defined concept. Attendees in Christchurch commented on funding barriers relating to counselling services and raised the need for grief and suicide prevention programs.

There is a tendency amongst Deaf people not to seek help when needed. Community focussed mental health awareness raising initiatives are critical to health promotion. Information on mental illness, risk factors, how to respond, and the role of MH practitioners would be of great value, as would the use of successful Deaf role models to address the stigma associated with illness. The parallel development of campaigns aimed at the hearing community, providing insight into the Deaf experience, are also necessary.

Clinical variation in psychiatric services, the Criminal Justice System, and the need for dedicated training

The Deaf Community don't get equity of outcomes or a consistent standard of care in the mental health system. Clinicians are not trained in the differential presentation and approach to treating mental disorders amongst the Deaf Community. The incidence and impacts of abuse are likewise not well understood. Panellists reported that clinical assessments continue to be undertaken without interpreters, sometimes using staff with limited language skills, and tools designed to gauge hearing needs.

Deaf people are less likely than hearing to be regularly reviewed, and there is a real risk of failure to deliver duty of care, alongside misdiagnosis. In forensic mental health settings there is a risk of miscarriage of justice. The development of specialist training and supervision pathways are essential in addressing fundamental knowledge gaps, lifting the standard of care, and encouraging more Deaf and hearing people into this highly specialist field.

Population groups

Children, families and those working in the education sector need access to skilled mental health and addiction education programs, and services. Initial diagnosis and the subsequent transitions which are unique to Deafhood are critical points of increased vulnerability for both Deaf children and their families when skilled support is essential.

“Often the school is seen as the experts, but we’re not the experts in mental health or social work. It’s important that we develop a working partnership, and that children do not leave school without issues being addressed. We need to have a one-stop shop. Students are “attaching” themselves to inappropriate role-models and making poor choices.”

There is no specialist provision for Deaf adults over 65 years of age, and those in rest homes are particularly isolated with limited opportunity for communication or participation. Similar issues are faced by Deaf prisoners whose opportunity for parole and participation in rehabilitation programs is significantly limited by communication barriers.

Multi-cultural realities add an extra layer of complexity. For services to be effective for Maori Deaf, there must be collaboration with Maori service providers from the beginning, to develop sensitivity and responsiveness to the Maori worldview. The needs of Pacifika and other groups must also be considered.

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The need for specialist services

What is normal within the Deaf world context may be perceived as abnormal within the hearing world. Signing fluent specialist services with a Deaf core, offer cultural perspective and inspire trust. Services strengthen identity and links with the community, whilst validating the Deaf experience. Staff invest additional time in helping Deaf people to navigate the complex mental health system, preparing Deaf clients for clinical input, and reducing stress and frustration. They promote accurate information exchange and understanding and are able to cater for linguistic variation, critical to accurate assessment.

The capability to deliver mental health awareness raising initiatives for the Deaf Community, whilst supporting mainstream clinical staff in making their services accessible to Deaf people provides a much needed bilateral approach. It was suggested that the creation of service hubs, with a team who could travel to outlying areas represents a useful model, bringing skilled people together to develop dedicated resources and to deliver training. The development of residential and inpatient facilities, was seen as valuable in offering a linguistic therapeutic community environment to support recovery.

A nationally coordinated approach

Much comment was made on the need for a nationally coordinated approach to service advocacy and design, bringing together currently isolated expertise, alongside commitment to ongoing funding, and development of shared resources. To start the process resources are needed to support consultation with local communities across NZ and the wider health sector, to identify priority areas of work and how these might be addressed.

The creation of a data set to gauge Deaf mental health service use, and outcomes will be needed to support the development of specialist services, policy, and key performance indicators (KPIs). It was suggested that District Inspectors would be well placed to drive the gathering of data, whilst lobbying to add the words 'Deaf Mental Health and Addiction Services' to The Operating Policy Framework (MOH) which dictates to DHBs what services they must provide.

The Ministry of Health's approach

The current focus of The Ministry of Health is on equity of outcomes, early intervention and continuation of care. These issues lie at the heart of developing effective services for the Deaf Community which is viewed by the Ministry as one of many minority groups experiencing barriers to services. Issues of national coverage, critical mass and the prospect of technological solutions to consumer and professional isolation are important factors in considering how to address needs. The MOH is looking to the Deaf Community for support in identifying the appropriate process and sustainable model, as part of a top-down approach.

Conclusion

The lack of specialist expertise, peer support mechanisms, and training, inspired wide interest and support in this event. The program provided a balance between training, and insight into the experiences of practitioners, consumers and commissioners. It also supported the identification of priorities in specialist service development. Advocacy, opportunities for practitioners and community members to come together, and development of specialist training pathways, were prominent themes across sites.

The need to develop nationally coordinated, culturally based services for the Deaf Community has been the prevailing recommendation in research since 1997. The growing collaborative impetus, and past experience in service provision, provides a solid platform in being able to explore potential service models to achieve equity of outcomes in mental health for Deaf people. CDMHP will

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advocate for the participation of the many experienced parties including Deaf consumers who attended conference, to be part of the growing dialogue on service development needs across NZ, and will provide updates via its website. Individual contact from anyone interested in this unique field is also encouraged.