

**The Scottish Government
DG Health and Wellbeing
TOWARDS A MENTALLY FLOURISHING SCOTLAND**

CONSULTATION RESPONSE

February 2008

Deafblind Scotland is a national charity working with people who are dual sensory impaired. We estimate there are 5000 people in Scotland who are dual sensory impaired. These are individuals who, through severe visual and auditory impairment, have difficulties with mobility, communication and with accessing information. The impact of dual sensory loss is significantly different from loss of either hearing or vision, as there is no opportunity to compensate using the remaining sense. Dual sensory loss therefore has a multiplier effect. Acquired deafblindness brings about psychological consequences, and whereas some people achieve a balance, many deafblind people experience depression, anxiety, social isolation and decreasing mental well-being.

Deafblind Scotland therefore welcomes the opportunity to comment on the mental health and wellbeing agenda for Scotland, particularly, as in our response, where it relates to mental health services for people who are dual sensory impaired.

Broad Themes Section 8

In general Deafblind Scotland would support the three broad themes of the discussion paper. In particular the social isolation and exclusion experienced by people who are deafblind can have devastating effects on their mental wellbeing, and we welcome strategic approaches to address this.

Section 9.1 Action 1

Improving “literacy” around mental wellbeing and mental health must, if it is to be beneficial for deafblind people, involve an awareness raising and training input for social work and medical staff, if they are to be equipped to respond to the mental health issues faced by deafblind people.

Section 9.2 Action 2

“Early identification and engagement of those at greatest risk of mental health problems” is vital. The absence of an appropriate communication medium can lead to mis-diagnosis or a lack of recognition of a deafblind person’s mental ill-health. It is clear that local authorities and health environments need to be aware of the deafblind population in their area, and need to appreciate that these individuals will experience greater mental ill-health and poorer mental wellbeing than the population as a whole. Identification of people who are

deafblind, or who are becoming more prone to diminishing mental wellbeing presents local authorities and NHS staff with difficulties, and necessary special arrangements are required if we are to include those who have a dual sensory loss. Proactive Identification Projects must be undertaken to identify those who are most risk from mental ill health due to deafblindness.

Section 9.4 Action 4

Interactions between deafblind people and relevant staff groups (NHS, local authorities and public services) can be intensely problematic and frustrating for deafblind people. Many require the services of professional Guide/Communicators, but access to these professional is not theirs as a right. This situation persists in some parts of Scotland despite NHS MEL 1998 (4) which states that “All Health Boards NHS Trusts should be aware of their responsibilities in this area (recognising that deafblind people as the most disadvantaged of its user groups) and have appropriate arrangements in place to ensure that deafblind people are afforded the services of a guide/communicator when they attend hospital or GP surgery”. The availability of Guide/Communicators is vital if deafblind people are to access community mainstream services, in a productive manner.

Whilst it is clear that mainstream local services need to be able to respond to the health and mental health needs of the community in a communicative and positive manner, there is also, within the realm of mental health provision, the need for a specialist service to work with deaf and deafblind individuals. At present there are no specialist deaf/deafblind psychiatric services in Scotland, as there are in England. In addition, the Scottish Executive Social Research Report “Community Care and Mental Health Services for Adults with Sensory Impairment in Scotland” (2006) made a number of recommendations including:

- More signers
- Action to increase awareness
- Establishment of a national Guide/Communicator Service
- Early intervention

Each of these recommendations is fundamental to establishing a national and local mental health and wellbeing environment that can truly support deaf and deafblind people to mentally flourish in Scotland.

Section 9.6 Action 6

The role of Community Health (and Social Care) Partnerships is pivotal in identifying the needs of its constituent population and marshalling resources to address these needs. In particular its role in mental health promotion and mental health literacy, within primary care and community services, is vital. Clearly, Deafblind Scotland’s standpoint would be that deafblindness and mental wellbeing be specifically noted in both mental health promotion and mental health literacy activities.

Conclusion

We have noted the shared objectives and actions for local delivery noted in the discussion paper. Our comments are intended to ensure that deafblind people are considered in the planning and direction of the strategy. Implementation of NHS MEL 1998 (4) in each health authority and CHP is essential to guarantee that deafblind people are partners in their own treatment and not purely recipients. In a national sense it is clear that the recommendations contained in Scottish Executive Social Research Report, "Community Care and Mental Health Services for Adults with Sensory Impairment in Scotland" must be implemented if this strategy is to embrace the mental health needs and mental wellbeing of deafblind people in Scotland.

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