



Scottish Council on Deafness

# Consultation Response: “Towards a Mentally Flourishing Scotland.”

Policy & Research Officer

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Response to Consultation: "Towards a Mentally Flourishing Scotland"

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**Consultation Title:** "Towards a Mentally Flourishing Scotland: The Future of Mental Health Improvement in Scotland 2008 – 11."

I am responding on behalf of the Scottish Council on Deafness and we are happy for our response to be made available.

We are happy for the Scottish Government to contact us again in the future in relation to this consultation response.



## Scottish Council on Deafness (SCoD)

The Scottish Council on Deafness represents ninety organisations working with and on behalf of Deaf Sign Language users, Deafened, Deafblind and Hard of Hearing people in Scotland.

### SCoD's Response

SCoD welcomes this opportunity to respond to the document, "Towards a Mentally Flourishing Scotland: The Future of Mental Health Improvement in Scotland 2008 – 11."

There are a number of points that SCoD would like to raise concerning the needs of Deaf, Deafblind and Deafened people and their mental health.

These are:

1. Page 4: Point 5.1 – "There is a good evidence base to show that mental health and wellbeing can be promoted, learned, strengthened, developed and sustained and, equally, it can be eroded, undermined or put at risk." Factors that can erode, undermine and put mental health and wellbeing at risk for Deaf, Deafblind and Deafened people are:
  - a. A lack of accessible information. For example, information produced in British Sign Language for Deaf sign language users.
  - b. A lack of awareness of Deaf culture and need with mental health professionals and information/support organisations.
  - c. The fact that there are no specialist mental health services based in Scotland for Scottish Deaf, Deafblind and Deafened people.
2. Page 5: Point 6.1 – "Targeted groups for local and national action could include..." Groups for national action are Deaf sign language users, Deafblind people and Deafened people. See Appendix 1 in this document for more information on the mental health needs of Deaf, Deafblind and Deafened people.
3. Page 8: Point 8.3 – "Promote and improve mental health and promote and improve mental wellbeing." It is important that when promoting and improving mental health and wellbeing for Deaf and Deafblind people, it is carried out in a culturally aware manner. It is equally important that attention is paid to the particular communication needs of the Deaf, Deafblind or Deafened individuals involved, and that general assumptions are avoided.



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4. Page 8: Point 8.3.3 – “Part of this approach could include ensuring key workers ...are mental health *and* mental wellbeing literate.” It is important that key workers providing services and support for Deaf, Deafblind and Deafened people are:
  - a. Deaf aware;
  - b. Deafblind aware;
  - c. Deafened aware; and
  - d. Have the appropriate communication skills. (See Appendix 1).
  
5. Page 9: Point 8.4 - “Prevention: Raise efforts around prevention of mental health problems, mental illness and suicide. Disadvantaged and deprived communities experience more mental health problems...” Deaf sign language users in Scotland are extremely disadvantaged in the fact that British Sign Language (BSL) is not recognised as an indigenous language and therefore where information is produced in Gaelic and minority community languages, the same is not true for BSL. In terms of the prevention of mental health problems and the promotion of mental wellbeing, this is a situation that will have to be addressed in terms of appropriate information and access to it. Deaf Connections, based in Glasgow, commissioned a piece of research looking at the incidence of suicide in the Deaf community. The report, *Making Positive Connections*, was written in August 2006. For more information, contact Gordon Chapman, Deaf Connections, 100 Norfolk Street, Glasgow, G5 9EJ. Telephone: 0141 420 1759.
  
6. Page 9: Point 8.4.2 – “Good progress is being made on prevention activities...” Two members of staff at Deaf Connections in Glasgow attended the ASIST course and the Training for Trainers course. This opportunity should be made available to more Deaf, Deafblind and Deafened people throughout Scotland in order that the Deaf community are afforded the same prevention interventions as other people in Scotland.
  
7. Page 10: Point 8.5.3 – “Valuing people’s lived experience of living with mental illness is a key part of this agenda.” There has been little research carried out on:
  - a. the effects of mental ill health on the lives of Deaf, Deafblind and Deafened people; and
  - b. how being treated in mainstream mental health care settings, where staff are not Deaf/Deafblind/Deafened aware affects the lived experience for Deaf, Deafblind and Deafened people.Therefore it would be premature to include valuing Deaf, Deafblind and Deafened people’s lived experience of living with mental illness.



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8. Page 11: Point 9.1 – “Action 1 – Promotion of Mental Wellbeing. Developing a local understanding of individual and community mental wellbeing...” This is important for Deaf, Deafblind and Deafened people with mental health issues, but in order to achieve this, there must be a national programme of research carried out into how mental ill health affects the lives of Deaf, Deafblind and Deafened people to establish what needs to be put in place at a local level. (Also response to Point 10.1.1 on page 15)
9. Page 11: Point 9.2 – “Action 2 – Prevention: Mental Illness.” As point 8 above. Without knowing the effects, preventative means cannot be put into practice.
10. Page 12: Point 9.4 – “Action 4 – Support to improve...Improvement of attitudes and behaviours within staff groups.” This action point supports the need for Deaf/Deafblind/Deafened awareness training for all public services staff. See “Investigation of Access to Public Services in Scotland Using British Sign Language” (<http://www.scotland.gov.uk/Publications/2005/05/23131410/14116>) for examples of how to improve services for Deaf people.
11. Page 13: Point 9.5 – “Action 5 – Development of a local capability...” See points 8 and 10 above.
12. Page 21: National Support Funding – Will any of this funding be targeted for Deaf/Deafblind/Deafened people and improving their mental health?
13. Page 26: Table 2: Publications 2003 – 2008: Inequalities and Inclusion - There is no mention of the either “NHS HDL (2005) 27 – Disability Discrimination Compliance: Access to Mainstream and Specialist Services for Those with Sensory Loss and a Mental Health Problem” - (<http://www.scotland.gov.uk/Resource/Doc/924/0036454.doc>) or “Community Care and Mental Health Services for Adults with Sensory Impairment in Scotland” – (<http://www.scotland.gov.uk/Resource/Doc/129826/0030944.pdf>). These documents are important in terms of mental health improvement for Deaf, Deafblind and Deafened people in Scotland. “Community Care and Mental Health Services for Adults with Sensory Impairment in Scotland” suggests on page7, that there is a need for further research to produce reliable statistics.



## **Appendix 1:**

### **Scottish Council on Deafness Position Statement on Mental Health**

One of the problems facing mental health services is that of communicating effectively essential information concerning their services and care plans with deaf people. Planners and providers of mental health services need to recognise their responsibilities and the rights of deaf people to have full information and access to services available to the community as a whole. Under the Disability Discrimination Act 1995 (DDA), it is unlawful for a service provider to discriminate by offering a lower standard of service or providing a service in a worse manner to deaf people.

SCoD is also concerned that deaf people with mental illness should receive the same standards of health promotion, assessment, treatment, care and rehabilitation as hearing people and, therefore, that the health service makes provision for the special needs of those with hearing loss. There are currently no reliable statistics on the incidence of mental health associated with sensory loss - this warrants further research.

While it is generally known that deaf people have the same range of mental health problems as hearing people, the incidence of mental illness amongst deaf people is estimated to be about 4 times greater than in the general population. It is also important to recognise that deafness may present special problems in the diagnosis and treatment of mental illness; because of poor communication mental illness may go unrecognised in deaf people or mental impairment may remain undiagnosed.

The Scottish Council on Deafness therefore recommends that the following good practice be implemented:

1. The National Health Service in Scotland should provide good quality services and facilities (see below) which are appropriate for the treatment of deaf people with mental illness, both in the settings of primary and secondary care.
2. The health services should give consideration to improving the accessibility of the services to deaf people, particularly with regard to telecommunication for making appointments, enquiries, etc. and vice versa.
3. The health services should consider the needs of deaf people who are outpatients, e.g. in the waiting areas, (loop systems, visual systems, amplified payphones, textphones, etc).
4. The health services should consider the needs of deaf people who are in-patients, e.g. in the wards (amplified payphones, textphones, teletext televisions, etc.)
5. The health services should be responsible for the provision of and payment for appropriately trained and registered communication service providers in hospitals



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- and in primary care, e.g. Sign Language Interpreters, Lipspeakers, Notetakers, Deafblind Communicators, etc. (see point 10 below)
6. The health services should consider the use of videophone technology which should enable Deaf sign language users to have access to a Sign Language Interpreter at all times when in contact with the health services.
  7. Health services personnel should receive deaf and deafblind awareness training; this should be provided both in pre-service training, and in in-service training on an ongoing basis.
  8. Information on mental health and related subjects should be developed in appropriate languages and with illustration, taking into account the culture, identity and language of deaf people.
  9. Professionals in the field of mental illness should be aware of deaf people's communication needs and of their own need to improve communication and understanding.
  10. Where external communication support services are used the communication service provider should have the necessary training for working in the field of mental health & deafness.
  11. Each health board should have full-time staff (such as CPNs) who have knowledge and experience of working with deaf people, i.e. people who have a thorough understanding of deaf issues and who are trained to communicate with deaf people.
  12. Health service personnel should be fully aware of the Disability Discrimination Act and other relevant legislation.
  13. Deaf people should have full and real involvement in the planning, setting priorities, provision and monitoring of mental health services.
  14. Mental health services should encourage the employment of deaf people to facilitate service use by deaf people.
  15. All staff in the mental health services should also be fully aware of the Scottish Council on Deafness's position statement on health services and which should be read in conjunction with this document.

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