

Overview

Individuals who are deaf or hard of hearing experience the same mental health concerns as their hearing peers and, as such, seek out the same services to address these concerns. However, unlike hearing individuals, those who are deaf or hard of hearing do not always find equitable access to mental health services.

Do individuals who are deaf or hard of hearing experience a greater number of mental health risks?

Studies show that individuals who are deaf or hard of hearing are subject to a greater number of mental health risk factors as compared to their hearing peers.¹ These risk factors occur as a result of:

- Early or pervasive lack of communication access with family members and others in their environment
- Lack of effective communication access to physical and mental health treatment services
- Higher levels of stress in daily lives as a result of communication challenges and discrimination
- Lack of appropriate K-12 educational services including preventive educational programming on health-related topics

Exposure to these risk factors begins in early childhood, and may manifest by adolescence. In fact, several studies have shown a marked increase in the rate of social-emotional problems among youth who are deaf or hard of hearing when compared to their hearing peers.¹



What is the ideal counseling scenario for an individual who is deaf or hard of hearing?

The most effective counseling scenario includes a qualified mental health counselor who is fluent in sign language and who understands the unique needs of individuals who are deaf or hard of hearing. However, in many parts of the country, this is not an option due to the lack of qualified counselors who meet these criteria. In these cases, it is necessary to use a qualified interpreter for counseling sessions, assessments, and other mental health services.

Thanks to the widespread use of videophones and video conferencing, counseling at a distance by licensed therapists who are deaf or hard of hearing is available to those seeking these types of psychological services when they are not available locally.

What is important to know when using interpreters for counseling sessions?

In many situations, providing an interpreter can provide access for individuals who are deaf or hard of hearing. However, the mental health setting places unique demands on the interpreter, and there are several factors that can impact the success of therapeutic work, among them the introduction of a third party (the interpreter) to the therapeutic relationship and issues of deaf/hearing trust.

It is not enough to merely communicate the words that are spoken or signed; the finer nuances of language, body language, and facial expressions are also important. And, the significance of cultural competence cannot be overlooked. Mental health providers should seek out opportunities to expand their knowledge of deaf culture, linguistics, and the implications of being deaf or hard of hearing in a hearing world.

Mental health providers should specifically seek out qualified interpreters who are experienced in providing services in the therapeutic setting and, ideally, who have completed additional professional training specific to the mental health setting.

Do counseling techniques or programs need to be modified for individuals who are deaf or hard of hearing?

Many techniques and approaches that are used with hearing individuals are not equally effective with individuals who are deaf or hard of hearing. It is highly beneficial to consult with established mental health programs that provide services to individuals who are deaf or hard of hearing for guidance on what methods work best for different situations.

What about psychological tests and mental health assessments? Is there anything that the evaluator needs to take into consideration when assessing individuals who are deaf or hard of hearing?

Psychological tests and other mental health assessments are not normed for individuals who are deaf or hard of hearing, which can render them invalid when used with this population. It is also important to understand that many

assessments use very specific wording to elicit telling responses. When the assessment is interpreted into another language, such as ASL, the nuances of the original language may be lost, thus rendering the results invalid.

Individuals who are deaf or hard of hearing are at a higher risk of engaging in self-harm behavior, substance abuse, or experiencing sexual abuse.¹

Glickman and Pollard (2013) estimate that deaf mental health research is 40 years behind general mental health research.²

Resources

Pn2 News & Events: Mental Health Services - <http://www.pepnet.org/pn2day/032014>

Test Equity for Individuals who are Deaf or Hard of Hearing -

<http://www.pepnet.org/testequity>

References

¹Pn2 Research Brief: Mental health care for DHH individuals: Needs, risk factors, and access to treatment. Retrieved from http://www.pepnet.org/sites/default/files/Research%20Brief_Mental%20Health%20v4.pdf

²Glickman, N., & Pollard Jr, R. (2013). Deaf Mental Health Research. *Deaf Mental Health Care*, 358.

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