Guidelines

for mental health services

working with people who are deaf or hard of hearing

Guidelines for mental health services
working with people who are
deaf or hard of hearing

Acknowledgements

Project Officer	Janet Cropley

Steering Committee

Kris Chapman	Victorian Deaf Society (Vicdeaf)
Phil Harper	VCOD
Marilyn Kraner	Department of Human Services, Mental Health
Anthony Raitman	Department of Human Services, Disability Services
Helen Peddington	Central East Area Mental Health Service
Russell Porter	Warnambool Area Mental Health Service

Consultation Participants

Ross McKeown	Tinnitus Association
Margaret Robinson	Psychologist
John Henderson	Better Hearing
Liz Burgat	Central East Area Mental Health Service
Pauline Drake	Central East Area Mental Health Service
Cathi Richardson	Central East Area Mental Health Service
Ann Gardner	Barwon Area Mental Health Service
Lyne O'Reilly	Barwon Area Mental Health Service
Catharina Dertein	Barwon Area Mental Health Service
Jeanette Suters	Barwon Area Mental Health Service
Maureen Bevilacqua	Barwon Area Mental Health Service
Stefanie Szlapo	Barwon Area Mental Health Service
Lyndie Freestone	Barwon Area Mental Health Service
Lois Prosser	HEAR Service Vicdeaf
Miriam Westcott	HEAR Service Vicdeaf

The development of these guidelines drew heavily on the previous consultative work in two studies:
Dwyer, C., November 1994, *Mental Health Service and Support Networks for Deaf People – Are they Adequate?*
Chapman, K., October 1997, *Providing Culturally Sensitive Services to Deaf People: Issues for Mainstream Psychiatric Services*

Throughout the document there are a range of quotes and statements by people who are deaf or hard of hearing. These quotes were collected for research conducted by Cathy Dwyer in 1994 for Vicdeaf and the Victorian Council of Deaf People that focused on the adequacy of mental health service responses for people who are deaf or hard of hearing. Ms Dwyer has given her permission for the quotes to be included in this booklet and we thank her for doing so.

Published by the Aged, Community and Mental Health Division, Victorian Department of Human Services, Melbourne Victoria
November 2000

© State of Victoria 2000

Contents

Aims and Rationale for Guidelines

- Context 5
- The Aim of the Document 5
- Definitions 5

Understanding Deafness

- What is Deafness? 6
- The Deaf/ Hard of Hearing Population in Australia 7
- The Deaf Community 7
- Mental Illness and the Deaf 9

Good Practice Checklist

- Identifying and Responding to Need 10
- Ensuring Staff Training 19
- Establishing Appropriate Environments 20
- Developing Partnerships and Networks 20

Appendix 1:

- Hearing and Communication Checklist 25

Appendix 2:

- Technology to Assist People Who are Hard of Hearing 27

Appendix 3:

- Definitions 28

Bibliography 30

Aims and Rationale for Guidelines

Context

Mental Health Services have responsibility for planning and delivering quality mental health services, which are required to meet statutory and regulatory standards.

This responsibility includes:
- Planning to meet community needs.
- Delivering culturally sensitive services.
- Sharing information which supports access.
- Assuring quality.

The Aim of the Document

This document aims to improve staff in public Mental Health Services' understanding of people who are deaf and hard of hearing. It also aims to assist these services to provide more accessible and culturally sensitive responses to this sector of the community. Information contained in the report includes:
- The impact of deafness and hearing loss.
- Behaviour which may be attributed to hearing loss.
- Strategies to provide more sensitive services.
- Partnerships which may be developed in service provision and information sharing.

Definitions

The following definitions are used in this document:

deaf
In this report, the word 'deaf' is intended to encompass all people who are deaf or hard of hearing, regardless of their identity with the Deaf community and their form of communication used, either sign language or oral.

Deaf
The use of capital 'D' indicates identification with the culture and language of the Deaf community.

Hard of hearing
In this report hard of hearing is used to indicate any condition which affects communication for people who use verbal language

What is deafness?

A person who is deaf is wholly or partially without hearing. Being deaf will interfere with the ability to communicate in verbal language within the socially accepted norms. Deafness has many causes and impacts on individuals in varying ways.

Some people experience deafness prior to gaining language skills (**Prelingual Deafness**).When this deafness is **profound** the person cannot hear spoken language and the degree of hearing loss is so severe it radically impacts upon the normal acquisition of speech and language. This person's primary language is usually although not exclusively, sign language and they will have limited access to, or fluency in spoken language.

When the hearing loss is **partial** the person has some hearing ability and may be able to access speech with varying degrees of skill and ability with the use of communication aids.

Post-lingual deafness refers to those people who become deaf after developing spoken language. People in this category are more likely to use speech and lip reading as their main methods of communication.

Conductive hearing loss is caused by damage or disease to the middle or outer ear. The person has decreased volume hearing ability which can be addressed by increasing volume of sound utilising increased voice modulation or devices.

Sensorineural hearing loss occurs when the hair cells lining the cochlear are damaged and is the most common hearing impairment for people who are aging. Both the clarity of sound and volume of sound are affected. Increasing volume alone will not increase hearing ability.

Tinnitus is the term used for noises that are heard 'in the ears' or 'in the head'– buzzing, ringing, whistling, hissing, pulsing and other sounds–which do not come from an external source. Tinnitus is not a disease. It is a symptom of a malfunction in the auditory system. Approximately 20 per cent of the population experience Tinnitus. For some it is just a nuisance; for others it is a stressful, life-altering condition. For many it will affect their capacity to hear over the noises in their ears.

There are other conditions which may affect the person's ability to communicate socially such as Meniere's Disease.

Recruitment is suffered by many people with a hearing loss and as a result they are very sensitive to relatively small increases in loudness. They may find that a level of loudness, just slightly above their normal hearing level is irritatingly loud or even painful. This is why many hard of hearing people, especially those who wear hearing aids, seem so sensitive to raised voices and other loud sounds.

Ross and his wife were both school principals with busy involved lives. One night while reading in bed, Ross experienced a loud noise in one ear. A few weeks later the noise was in his other ear. The noises were tested to be like a power drill being held close to each ear. Ross was very frightened by the cause of the noise. He could not sleep or work because of the distraction of the noise. Doctors and specialists could do nothing to help; Ross had Tinnitus.

Within six months Ross had retired from work. He was isolated and fearful of what might be happening to him. He experienced constant anxiety attacks, was depressed and admits to often contemplating suicide. Pressures on his family were significant. His wife retired from work to offer support and company, as she feared what might happen when she was away at work.

After two years of constant searching for a solution Ross attended tinnitus retraining sessions at the HEAR service which assists people to live with their tinnitus, over a six to twelve month period. He now manages his tinnitus with a range of learned techniques and his associated hearing impairment with a hearing aid.

Interview with Ross McKewon, President Tinnitus Association (1999)

The Deaf/ Hard of Hearing Population in Australia

A 1998 South Australian study investigated the prevalence of hearing loss through audiological testing. The study found that the prevalence of hearing impairment in the Australian population of adults over 15 years of age is 22 per cent. That means, the number of 'adult' people in Australia who are hard of hearing can be estimated at 3.25 million.

Of the 3.25 million, a proportion of those will identify with the language, culture and values of what is known as the Deaf community.

The Deaf Community

A capital 'D' is used to distinguish the cultural, linguistic Deaf community and its members, from the audiological condition of being deaf.

Membership of the Deaf community is not necessarily defined by degree of hearing loss, but by acceptance of and self-identification with Deaf cultural norms and behaviours. The use of sign language is the primary characteristic of Deaf communities around the world. The sign language of the Australian Deaf community is Auslan (Australian Sign Language).

There are no precise figures regarding the Australian Deaf community, however it has been estimated that 15,400 Australians use sign language to communicate

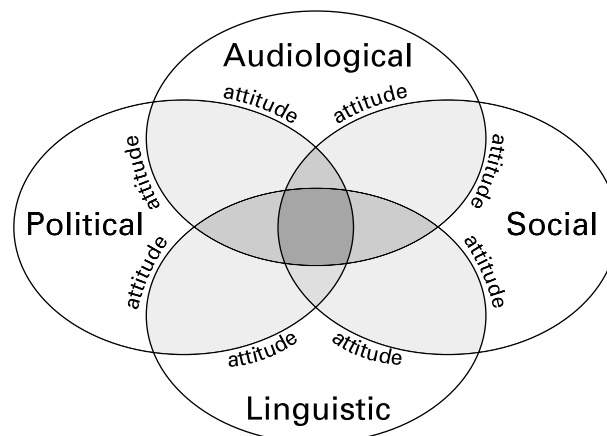
every day. In recent years, a significant increase in the number of bilingual education programs incorporating Auslan as the language of instruction, means the Deaf community in Australia is likely to be significantly higher than this number. '*Project Knock Knock*' a profile of the Deaf community in NSW in 1989 estimated the number may be as high as 30,000.

In general terms, the Deaf community is a small and close knit group with members spending a significant amount of time participating in a diverse range of social, sporting and community events, mixing in deaf clubs and social centres.

Many members of the Deaf community have been educated in specialist schools for the deaf. The particular school and the communication methods it employs (sign, language, oral, cued speech), are important social markers within the community. Deaf children may experience segregated schooling, delayed language acquisition and decreased opportunities for social interaction and development.

Individuals come to the Deaf community from various paths. The community includes deaf people, their families and those who support them in work and social roles.

The following diagram by Baker and Cockley (1980) illustrates the avenues to membership into the Deaf community.



Members come to the Deaf community for:

Audiological reasons – people who are deaf form the core of the community

Political reasons – those who wish to exert influence on matters which affect the Deaf community, and may include parents and workers

Linguistic reasons – the ability to use and understand sign language. The level of fluency of this language will indicate the level of acceptance in the community

Social reasons – the ability to satisfactorily participate in social functions of the Deaf community.

These factors interact in complex ways as illustrated by the diagram, but rely heavily on shared attitudes and meeting personal needs.

Mental Illness and the Deaf

Most of the literature regarding mental health and deafness is based on studies conducted overseas.

Conflicting data exists in relation to the prevalence of mental illness in deaf people. Some studies suggest that the incidence of mental illness is higher for deaf people than for the general population.

Other studies suggest the incidence is similar to the hearing population and that the disproportionately higher number of deaf people within mental health services is accounted for as a result of communication difficulties and misdiagnosis of behaviour and communication disorders.

I didn't know what schizophrenia was. I had to read about it myself. I went to the library and borrowed some books and read them. It was terrible.

Participant – Deaf discussion group (Dwyer 1994)

My parents know more than me, they know everything about my illness, they're always on the telephone to my psychiatrist, meeting with him, always talking about me.

Participant – Deaf discussion group (Dwyer 1994)

There are a number of tasks and associated strategies that Mental Health Services can adopt to improve their responsiveness to people who are Deaf and hard of hearing. These tasks take into account the diverse needs of those who are deaf or hard of hearing as well as the context in which mental health services are provided.

Identifying and Responding to Need

A hearing loss should not become the focus of any mental health assessment; it may minimise the presenting problem or lead to a misdiagnosis. It is therefore important to review intake and clinical practices to ensure that procedures investigate and identify the hearing capacity of clients and take into account the influences that a hearing loss may have on a person's behaviour or attitude. A checklist to assist assessment is provided as appendix 1 of this document.

The deaf and hard of hearing population is diverse, including individuals who are deaf, hard of hearing, late deafened, deaf-blind, and may be from Non-English speaking backgrounds.

The diversity of the population is reflected in numerous communication styles or languages. These include Auslan, finger spelling, oral techniques or signed English, and assistive devices which assist communication.

The environment of the mental health service and the interview room can have an impact on the ability of a deaf or hard of hearing person to understand and communicate. Hard/noise absorbent surfaces and lighting may enhance the successful use of any device to assist communication. These issues will be expanded on further when discussing environment.

In the hospital, they have a red phone. All the hearing people just phone, phone, phone all the time. It's really selfish, how can deaf people phone anyone? I wanted to phone my brother, my family, my friends.

Deaf interviewee – Dwyer 1994

Staff of mental health services need to develop awareness of communication strategies that can enhance their engagement with their deaf or hard of hearing clients, their families and carers.

Communicating with People Who are Hard of Hearing

> Be it vigilant or, as the years go by, dulled and weary, the deafened person's passage through the hearing world, oblivious to much that transpires, is characteristically guarded and uncertain, hoping to avoid but necessarily encountering pitfalls, surprises, misunderstanding, error, frustrations, irritation, embarrassment, pain, puzzlement, and a simple lack of comprehension.
> *Orlans, 1987, p.97*

Many studies have identified that hard of hearing people frequently hide their problem from the broader community, which leads to poor communication and behaviours which are seen as strange by the people around them. Unfriendly, stupid, rude, uncooperative, snobbish, socially unskilled, no personality are all judgements frequently made of the deaf person.

Those who have sensorineural hearing loss have difficulty with both clarity and volume issues when listening. This means that different voice modulation and sounds will be heard. This problem invites irritation from the unaware. 'She hears when she wants to', 'he just refuses to listen', 'he won't make an effort' are all common responses to the problem.

Being mindful of the prevalence of adult Australians who are hard of hearing (22 per cent), staff of mental health services should examine indications of hearing loss as an initial step in understanding the meaning and causes of a client's behaviour.

One or more of the following symptoms may indicate the presence of a hearing loss and may warrant further investigation:

- Problems following conversation, particularly in groups and when background noise is present.
- Problems discriminating speech sounds. ('I can hear your voice, I just can't understand what you're saying').
- Inappropriate responses to questions (blank looks, smiling, nodding).
- Requests for people to repeat what they said.
- Accusations of mumbling.
- Intense watching of the speaker's mouth.
- Strange social interaction which may include social withdrawal or endless talk to avoid having to listen to others.
- Volume of television or radio turned up loudly.
- Speaking with a loud voice (sensorial hearing loss).
- Speaking with a soft voice (conductive hearing loss).
- Unusual sensitivity to loud sounds.
- Behaviour such as anger and frustration.
- Complaints of tinnitus, noises in the ear.

Strategies for Workers Working with People who are Hard of Hearing

Listening and looking is the key to successful communication for those who are hard of hearing. However, many speech sounds look exactly the same, (for example p, b, m) whilst others are almost invisible (for example, h, g, k). Even the best lip-readers only pick up about one third of what is said. Lip-reading, or more correctly speech reading (as more than lips are considered) cannot overcome all the problems experienced by people with a hearing loss but it can be of great assistance when used in conjunction with the hearing aid.

To assist a person who is hard of hearing and may be lip reading a hearing worker should:

- Gain the person's attention, perhaps by a gentle touch on the arm or shoulder, and establish eye contact.
- Face the person directly and position yourself opposite the person and at the same level.
- If the person wears glasses, make sure they are wearing them, this will help with lip-reading.
- Reduce background noise
- Ensure that any lighting is on your face and not behind you. Lighting behind the speaker will create glare and make it harder for the person to gain visual cues from lip-reading. Avoid shadows across your face.
- Make sure your mouth is visible and move your lips. Don't over exaggerate mouth movements as this will distort lip movements and make lip-reading more difficult.
- Speak slowly. This helps with lip-reading and gives the hard of hearing person more time to process what is heard.
- Speak clearly.
- Do not shout.
- Use short and grammatically simple sentences.
- Give instructions one step at a time.
- Avoid abrupt topic changes, and explain when you are changing the topic.
- Use gestures, visual cue, facial expression and body language to support what you have said.
- If necessary write down key words, or write the message down in simple language.
- Check comprehension, by asking for feedback. For example "Could you tell me what you have to do?'
- Give extra time for the person to respond.
- If the person does not respond or seems to be having difficulty comprehending, try to rephrase the message, instead of repeating it exactly.
- If possible, wear neutral clothing as vividly patterned or 'loud' colors can create visual interference for the person
- Check that the person has understood the message – even if you are using an interpreter this is still your responsibility
- Try to communicate using clear and concise language; avoid using English idioms or metaphors that may not have cultural or linguistic relevance to the person

The staff didn't really understand about deaf people, they never talked to me much. People came really close to me and I didn't feel comfortable with that

Deaf Interviewee (Dwyer 1994)

(Because deaf people sign with their hands, many prefer more distance between people when communicating.)

A lot of psychiatrists don't understand about the different language levels with deaf people. Psychiatrists don't stop and ask "Do you understand?' They just keep on talking. I usually ask the interpreter to repeat it, sometimes up to three times

Deaf interviewee (Dwyer 1994)

Understanding Assistive Listening Devices

Hearing aids are the most common and most obvious technological assistance used by people with a hearing loss. There are four types of hearing aids that are described in the appendix 2 of this document.

Even when hearing aids are used successfully, it is common for people with a hearing loss to experience difficulties with the telephone, television, alarm bells, doorbells and alarm clocks. Assistive listening devices are technical aids that can be used in difficult listening situations to amplify sounds or convert them to a different form (for example, light, vibration or print).

A range of technology exists to improve service responsiveness to people who are hard of hearing or deaf and to increase communication opportunities for clients.

A wide range of assistive listening devices are available including:

- Devices which enhance the speech signal on telephones for use with or without hearing aids e.g. volume controller
- Telephone typewriters (TTY) which can be portable. A TTY can only receive a TTY message. However, the National Relay Service relays phone calls between deaf, hard of hearing, speech-impaired people and the broader community. Eligible individuals are able to rent a TTY from Telstra.
- Television devices help overcome problems that occur when a group of people want to hear TV at different volume levels.
- Devices that allow access to captioned/ subtitled TV programs
- Alarm systems that trigger flashing lights when activated, for example telephone and visual smoke alarms.
- Alternative amplifying devices, which may be used for people who reject the use of hearing aids or in situations where hearing aids are ineffective.

Many of the above devices are on display at the H.E.A.R. Service. Various organisations are able to assist in advising on technologies suitable for specific services. See services in section 3.4.

Sophie said she wanted to kill herself. For the last few weeks she had been hearing voices, was crying all the time, believed that people were following her and talking about her. She and her partner decided it would be a good idea to get help and go to the hospital.

Sophie was admitted to a psychiatric unit attached to a large suburban hospital outside her home region. The unit had previously had some experience providing support to a deaf patient. At Sophie's request, the hospital provided Auslan interpreters on a regular basis and worked hard to ensure that the same interpreter was booked as often as possible. Some staff made efforts to learn some basic signs and the unit already had a TTY (telephone typewriter) so she and her partner could stay in touch with each other. The staff were willing to work with the interpreters and utilised their cultural knowledge as well as their linguistic abilities finding out about other deaf services and supports that might be available to assist both Sophie and the unit.

Sophie made significant gains in a few weeks.

Kris Chapman DEAC Access Journal 2000

Communicating with People who are Deaf

Deaf people throughout the world use different sign languages, just as hearing people speak different languages, depending on their country of origin. Auslan evolved from British Sign Language, and is the language that Australian deaf people use to communicate with each other. It has its own distinct grammar, and is composed of precise hand shapes, facial expressions and body movements, that can convey both concrete and abstract information.

Finger spelling of words is used where no sign for an English word exists, such as for names of people or places.

Deaf people have varying levels of Auslan skills depending on their age and educational experience. Some sign users will use 'home signs', gesturing and mime to communicate. Staff of Mental Health Service need to be aware of some issues that may apply to the signing people in their service. Different methods of educating Deaf people have resulted in a variety of communication modes such as signed English, makaton and cued speech.

Where the service does not employ staff who communicate in sign language, interpreters need to be provided in all counselling and clinical settings and in assisting access to specialist services such as drug and alcohol to ensure effective communication. Rural services may need to consider teleconferencing to facilitate this.

When using interpreters, mental health professionals should be aware of the limits placed on communication through an interpreter. It is critical for interpreters to be accredited to the appropriate standard (NAATI Professional Interpreter formerly Level 3) and to have background knowledge of mental health issues especially as communication is affected by mental illness. An untrained or unskilled interpreter may try to interpret bizarre signing so that it makes sense and the risk of misinterpretation may lead to inappropriate diagnosis. Vicdeaf provides an interpreter booking service (INTS). For details refer to section 3.4 of this document.

Staff also need to consider the clients' concern for confidentiality; the Deaf community is small and interpreters may form part of the community, causing concern. Mental illness is not well understood in the Deaf community and deaf people may experience discrimination in their own community as any other client. Clients should be given an opportunity to approve the use of a selected interpreter prior to the appointment.

> When I was sick [with mental illness] and I went out with my friends, they started to get really embarrassed. They didn't understand me. It made me upset … I felt really embarrassed, that's why a lot of deaf people gossip, they talked about me for ages, about a year. I felt really embarrassed.

Participant – Deaf discussion group (Dwyer 1994)

The impact of a third party may also interfere with the relationship between client and worker.

Hints for Working with an Interpreter

The role of the interpreter is to be a communication and cultural bridge between the deaf and hearing people present. The interpreter is not an advocate, counsellor or information resource.

When working with interpreters the hearing person should:

- Speak directly to and maintain eye contact with the deaf person. Seat yourself next to the interpreter if possible.
- Ensure lighting and seating arrangements are appropriate for clear communication to take place. Check this with the deaf person and the interpreter.
- An interpreter should be given 10 minutes break every 30 minutes. It may be necessary to book two interpreters to work in tandem for a longer communication session. Discuss this with the staff of the interpreting service.
- It is desirable to provide the interpreter with a prior briefing if possible. This can take the form of:
  - a summary of relevant written material
  - an overview of the meeting/ assessment/ counselling session
  - relevant vocabulary.

Crisis Situations

Mental health workers should be mindful that physical displays by deaf people may reflect frustration about communication rather than aggression. For example a deaf person may bang the table to gain attention rather than as an overt act of aggression. When distressed, a deaf person may sign more expressively and use more space than usual. These examples are common to Deaf culture.

If it is necessary to restrain a deaf client, a number of issues need to be considered. Ideally, a deaf person should be approached in such a way that the staff member is visible. Flicking the lights in the room is another strategy to give notice of an impending approach.

Restraining the hands of a person who signs is like gagging a person who communicates verbally and may increase anger and frustration. It is not effective to try to communicate while the person is highly distressed. The person should be contained safely until an interpreter or a specialist deaf worker can attend. It should be noted that medicating the person may affect their ability to communicate.

The following case study demonstrates the miscommunication that can occur with deaf clients and mental health workers.

George was a young deaf man who was admitted to a psychiatric hospital with schizophrenia and treated accordingly. He was the only deaf person in his unit. George had limited education and used a mixture of his own 'home signs'; some formal Auslan and much mime and gesture to communicate. His knowledge of written English was poor. His communication access consisted of a weekly visit by the Deaf Society community worker, a monthly medical appointment with a hospital psychiatrist that sometimes included an interpreter (although never the same one) and occasional visits from his family including weekend release once a month.

Once when I visited, George was sitting in the corner, sedated, and refused to talk with me. The staff told me he had been agitated over the last three days, walking around the ward, threatening and 'shooting' people, being aggressive, pulling up his shirt sleeves and making like slitting his veins from wrist to elbow. They said they had tried to get an interpreter but couldn't arrange a suitable time to meet with the doctor. His behaviour had unsettled other patients so they had tried to isolate him. This had made him angry and aggressive so they had increased his medication to calm him down. They were hoping I could 'talk to him' when I visited today.

The next day George was excited to see me. I asked how he had been and straight away he tells me "man – big muscles, big arms strong. Me same want! Muscles metal hard!" He uses his whole body, face, arms, everything going into his communication. The signs he makes with his hands are big; he uses lots of space and makes a lot of noise to emphasise his story.

All of a sudden he stops midstream, just for a moment, then he stands tall and straight, narrowing his eyes, scowling looking hard and angry. "Me man. Gun, big gun. People kill, kill, kill" he signs and walks around the room kicking chairs, aiming his 'gun' across tables shooting imaginary people.

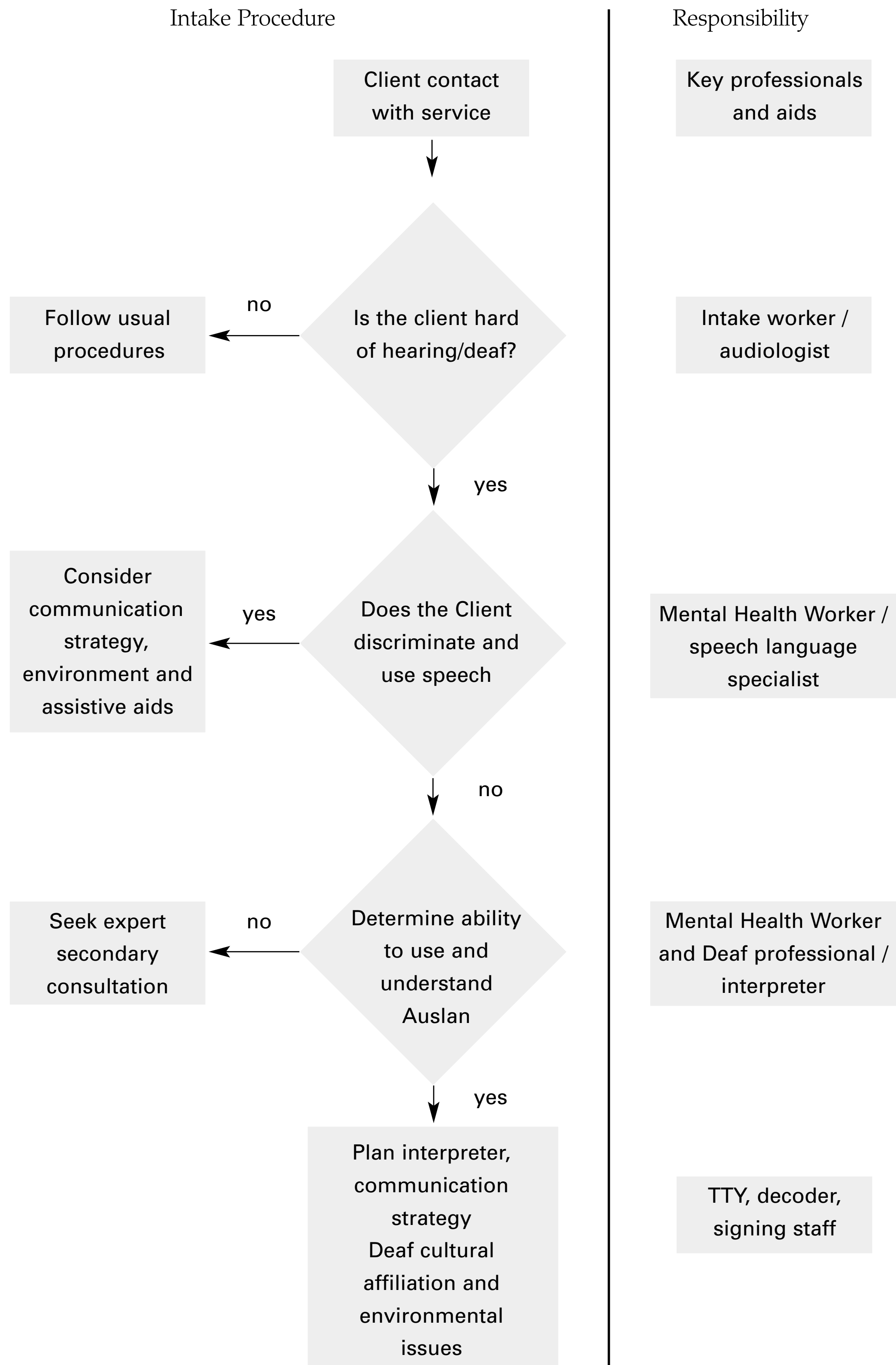
I sign to him "You want kill people – you George?" He looks at me, puzzled and then bursts out laughing. "me not kill – movie! You stupid" and slowly, emphatically finger spells "T-E-R-I-M-A-N-T-O-R". (Terminator)

George had watched the movie with his cousin on the previous weekend release and wanted to share his experience with some of the other patients.

Kris Chapman New Paradigm (1999)

Intake Assessment Process

Mental health services should incorporate hearing assessment into intake procedures to ensure appropriate diagnosis and sensitive service delivery.



Ensuring Staff Training

The education process required to improve understanding between staff of mental health services and people who are deaf or hard of hearing is a shared responsibility.

Partnerships between Deaf Services and mental health services may offer many opportunities for better understanding of the impact of hearing loss on mental illness, and mechanisms for increasing awareness of mental illness in the Deaf community and for hard of hearing people.

General community understanding of mental illness is limited, often discriminatory and characterised by myth. There is some evidence that these views are exaggerated within the Deaf community. Partnerships can improve understanding of mental illness within the Deaf community and lead to improved client outcomes for deaf people.

Deaf services provide awareness raising and educational programs that can increase the skills of staff of mental health service and improve understanding of deaf and hard of hearing people.

Deaf services may also offer opportunities for secondary consultations for staff of mental health. These consultations can assist staff in understanding issues that may be impacting on their deaf or hard of hearing client's mental health or with interpreting behaviours that may be misunderstood.

Refer to section 3.4 to contact organisations to assist with staff training.

Helen is an experienced Mental Health Worker who has experience working with a number of deaf clients. Helen uses interpreters for clinical sessions and has devised practical communication solutions for more informal and occasional contact with her clients. She utilises fax machines, sitting together at the computer typing and has become comfortable with using gesture as well as learning a few basic signs. Her clients build good relationships with her and appreciate her efforts to find communication solutions.

An example of good practice by a clinical staff member

Establishing Appropriate Environments

The environment impacts on the ability to communicate with deaf and hard of hearing people.

Staff can assist their deaf and hard of hearing clients by considering simple environmental issues such as lighting, background noise and seating arrangements (for example speaker to listener distance) that affect communication.

The following should be considered to improve communication with people who are hard of hearing:

- Use soft furnishings, carpets, heavy curtains and wall hangings to minimise unwanted background noise.
- Review client contact practices such as calling a person's name from the reception desk in the foyer. Consider making eye contact or walking over to the client to get their attention
- Turn off TV or piped music in sitting areas.
- Reduce background noise from air conditioners and fans.
- Install and encourage the use of assistive listening devices for TV and radio (for example, audio loops).
- Consider seating arrangements for the person with the hearing loss, with good lighting and good views of the room.
- Take advantage of natural lighting.
- Install a solid high fence, double-glazing on the windows or plant shrubs and trees around the perimeter of the building to reduce traffic noise.
- Install appropriate safety alarms with strobe lights.
- Make available simple written instructions or diagrams to facilitate explanations or directions.
- Use signs to designate special facilities, such as a TTY, telephone with volume control or audio loop.

Developing Partnerships and Networks

Partnership between mental health services and specialist services for deaf and hard of hearing people offer the most appropriate mechanisms to ensure the clients in mental health services receive appropriate services.

Specialist Deaf Agencies

The following organisations provide services, which may support mental health services.
Note that some of these services will incur a fee to be paid by the service or the client.

Australian Hearing

A Commonwealth Government agency, provides hearing services to children and eligible adults – including hearing assessments and hearing aids. Phone 13 1797 for connection to your nearest service

Better Hearing Australia

Provide a range of services to assist with communication issues, both to clients and staff who work with deaf and hard of hearing people. Training programs and assistive devices are available.
Better Hearing Australia provide accreditation symbols to indicate to consumers that the environment is communication friendly and has assistive listening devices available.
An inquiry service operates from 9 a.m. to 5 p.m. on weekdays
TTY: 9510 3499; Voice: 95101577; Fax 9510 6076

Rural Information Services on Deafness and Hearing Loss

Is a free service to service providers. Information is available in Auslan and other community languages. Workers are available for personal appointments, to conduct training or information sessions.

Deaf Infolink, Gippsland Region
TTY: 5143 2376; Voice: 5143 1537,
Website: www.deafinfolink.com.au
TTY: 1 300 30 23 25 Voice: 1 300 30 23 35

Deaf Infolink, Hume Region
TTY: 5722 9451; Voice: 5722 9175,

DeafLink, Barwon South West Region
TTY: 1300 363 559; Voice: 5561 3920,
Website www.standard.net.au/~swan

DeafLink, Loddon Mallee Region
TTY: 1300 650 185; Voice: 1300 650 175,
Website www.bendigohealth.or.au/deaflink

Deaf Info, Grampians Region
Horsham TTY: 1300 366 358; Voice: 5381 1622,
Ballarat TTY: 5331 2264
Website www.wimmera.com.au/users/dig

Victorian Council of Deaf People (VCOD)

VCOD is a consumer managed statewide Advocacy and Information agency for deaf people. VCOD provides support and information to organisations wanting to further their knowledge about deafness and deaf people to improve their service delivery. Support and Information could be in the form of consultation, workshop training (e.g. It's a Deaf Deaf World), service assessment etc.

TTY: 9650 6786, Phone 13 3677 and quote TTY number,
Fax 9654 2868,
email vcod@netsacape.net.au
Website www.deaf-vic.org.au

Victorian Deaf Society (Vicdeaf)

Vicdeaf is the main provider of services for Deaf and hard of hearing people in Victoria and offers a broad range of programs encompassing community support, information and rehabilitation, audiology, interpreting, aged care and case management services.
TTY: 9657 8130; Voice: 9657 8111,
email info@vicdeaf.com.au
Website www.vicdeaf.com.au

Vicdeaf Services & Programs

Community Work Team

Provides case management, counselling, advocacy, referral and support to other agencies. Mental health workers can refer clients to the community work team, via the duty worker. General information and consultation about deaf related issues of concern can also be obtained from this team. The community work team travels regularly to country regions. A community worker is located permanently in Geelong and provides services across the Barwon and South West region.

Community Preparation Program

Provides life skills, community access and accommodation support to deaf people with disabilities including those living with a mental illness.

Interpreting Service

Provides the interpreter booking service (INTS). For service information, payment and bookings contact the coordinator, Interpreting and Note Taking Service on TTY: 9657 8163; Voice: 9657 8117, or Fax: 9650 5402.
Email: ints@vicdeaf.com.au

Deaf Mental Health Support Group

A peer support for deaf people with mental illness and their families and carers. The group meets on a regular basis and provides information and education to group members about mental illness and mental health services. Contact, coordinator community support on phone TTY: 9657 8130;
Voice: 9657 8111,

Mental Health Resources

A range of printed information, video resources, community education and project management is available. Contact Manager Aged Services & Mental Health on TTY: 9657 8130; Voice: 9657 8111;
Email: kchapman@vicdeaf.com.au

H.E.A.R. (Hearing, Education and Aural Rehabilitation)

Provides hearing assessments and hearing aids, individual rehabilitation, tinnitus counselling and courses on managing hearing loss. A range of assistive devices is also available. H.E.A.R. also provides staff training for organisations working with deaf and hard of hearing people as well as Auslan training/classes.

TTY: 9657 8152; Voice: 9657 8199; Fax: 9657 8151

VSDC Services for Deaf Children

Provides a range of services to meet the needs of deaf children, young people and their families who reside in Victoria. Services are provided directly as well as staff being available in a consultancy role. Services provided include: accommodation, case management, education support, independent living skills program, information, consultancy and recreation. VSDC's case management staff deals with a range of complex issues including mental health issues involving deaf children.

Contact Director of Services TTY: 9510 7143; Voice: 9510 9961; 1800 645 916, Email: vscd597@comcen.com.au

Organisations which Assist with Technology

Australian Caption Centre

Provides information about accessing television subtitles and program availability. Provides support about captioning videos.

TTY: (03) 9696 1996; Voice: (03) 9696 1996;
Email: accmelb@auscap.com.au

Australian Communication Exchange

Provides information about TTYs and Australia wide assistance and training in TTY use.

TTY 1800 629 863; Voice: 1800 652 201,

National TTY Relay Service

Relays calls between deaf, hard of hearing and speech impaired people and the wider community.

Phone 13 3677 (TTY, voice, modem) or Voice 1800 652 201,
TTY: 1800 629 863 information

Telstra Disability Service Centres

Provide information about rental of TTYs to eligible individuals

TTY: 1800 808 981; Voice: 1800 068 424,

Word of Mouth Technology P/L

Provides a consultancy service to business and organisations requiring advice on access issues for deaf and hard of hearing people. The company also sells products and repairs a range of products to assist communication.

TTY: 9729 9969; Voice: 9729 9974; Fax: 9729 8863

Appendix 1 – Hearing and Communication Checklist

This checklist may be useful to Mental Health Services in assessing the hearing capacity of clients. The first section should be completed with the client, the second section records the workers observations of the person.

At Intake

1 **Do you experience hearing problems?**
Yes
No

2 **What level of hearing loss do you experience?**
Mild
Moderate
Severe
Profound

3 **Have you ever had a hearing test?**
Yes
No

4 **Onset (when did you become deaf or hard of hearing?)**
Prelingually
In childhood
In early adulthood
In late adulthood

5 **What is your preferred method of communication?**
Spoken language (including lip-reading)
Sign language
Written language
Gesture

6 **Do you use hearing aids?**
None
One
Two

7 **Do you use assistive listening devices?**
Type(s)

___

___

___

___

Post Intake

8 When speaking with one person in a quiet setting, the client appears to hear:

With no difficulty
With some difficulty
With much difficulty
Unable to hear

9 When speaking in a group conversation, the client appears to hear:

With no difficulty
With some difficulty
With much difficulty
Unable to hear

10 Client's communication is assisted by:

Repetition	yes	no
Slower speech	yes	no
Louder speech	yes	no
Lip-reading	yes	no
Gestures	yes	no
Writing	yes	no

Other (specify)

____

____

____

____

11 The client's levels of communication ability

Uses simple, concrete language
Understands simple concrete language
Uses complex language
Understands complex language

(Adapted from Hearing Loss and Dementia Resource Manual – Vicdeaf 1997)

Appendix 2
Technologies to Assist People Who are Hard of Hearing

Types of Hearing Aids

Behind-the-ear hearing aids consist of an ear mould that fits into the ear, connected via acrylic tubing to a small plastic casing containing the components. These hearing aids may have a 'T' switch that enables the wearer to hear the TV, phone or speakers at meetings without background noise, when used with special devices or an audio loop.

In-the-ear hearing aids consist of a hard plastic shell that contains all the electronic components. The aid sits in the outer ear and the ear canal. A 'T' switch may be fitted.

In-the-canal hearing aids are smaller version of the in-the-ear hearing aid. The aid sits in the ear canal and may extend partly into the outer ear. It is rarely fitted with a 'T' switch.

Body-worn hearing aids have the electronic parts in a small box that can be worn in the pocket. A wire connects the box to a small speaker that clips onto the ear mould.

Cochlear implant is a device that provides useful hearing sensations and improved communication ability for people with severe to profound sensorineural hearing loss. The device provides partial hearing only and does not return the hearing to normal or 'cure' deafness.

Assistive Listening Systems

Infrared (IR) System

These systems use harmless, invisible light beams. Transmitters can be connected to existing sound systems and relay sound to transmitters located at various points in the listening area. The listener wears a receiver, of varying types.

Frequency Modulation (FM) Systems

Sound through a microphone of PA is fed into a FM transmitter. Listeners have a personal FM receiver and earphones to pick up the signal. Systems have excellent sound quality and can be completely portable, with a 30-metre range

Induction Audio Loop Systems

A loop of insulated wire circling the listening area receives an electrical impulse from an amplifier in a microphone. The sound is received by a telecoil (T switch) worn by the listener.

Appendix 3 – Definitions

Auslan

The native sign language of the Deaf community in Australia is called Auslan. Auslan is a distinct language within itself, separate from English, with its own grammatical pattern and structured syntax. It is a visual language, which uses space through sign location and direction. Auslan is one of the defining characteristics of the Deaf community. As with other language minorities, it plays a crucial role in binding the community together.

Subtitles for TV

Television with built in closed Teletext allows deaf people to access supertext subtitles currently broadcast on some programs. This allows deaf people to read dialogue directly from the screen.

Conductive Hearing Loss

Is caused by damage to the middle or outer ear. The person has decreased volume hearing ability, which can be addressed by increasing volume of sound utilising increased voice modulation or devices.

Cued speech

Cued speech is associated with oral/aural methods of communication. It is used to facilitate language reception and is a visual supplement to lip-reading. It utilises a series of hand positions to indicate the phonetic sounds between different consonants and vowels.

deaf

In this report, the word 'deaf' is intended to encompass all people who are deaf or hard of hearing, regardless of their identity with the Deaf community and their method of communication using either sign language or oral communication.

Deaf

The use of capital 'D' indicates identification with the culture and language of the Deaf community.

Finger spelling

Twenty-six individual and distinct hand-shapes are used to represent the letters of the alphabet, which allows words to be literally spelt out.

Hard of hearing

Hard of hearing is used to indicate any hearing condition which affects communication for people who use verbal language.

National TTY Relay Service

This service relays telephone calls between deaf, hard of hearing and speech impaired people and the wider community.

Oral

Refers to deaf people who use speech and lip-reading as their primary means of communication.

Prelingual deafness

Profound: The person cannot hear spoken language and the degree of hearing loss is so severe it radically impacts upon the normal acquisition of speech and language. This person's primary language is usually although not exclusively, sign language and they will have limited access to, or fluency in spoken language.

Partial: The person has some hearing ability and may be able to access speech with varying degrees of skill and ability.

Post-lingual deafness

Refers to those people who become deaf after developing spoken language. People in this category are more likely to use speech and lip-reading as their main methods of communication

Sensorineural hearing loss

Occurs when the hair cells lining the cochlear are damaged. Both the clarity of sound and volume of sound are affected. Increasing the volume alone will not increase hearing ability.

Signed English

A manual representation of English utilising English grammatical structures. Signed English is a visual code and as such it is not a language. Many Signed English signs have been borrowed from Auslan and other sign languages and/or artificially contrived.

Tinnitus

is the term used for noises that are heard 'in the ears' or 'in the head'– buzzing, ringing, whistling, hissing, pulsing and other sounds–which do not come from an external source. Tinnitus is not a disease. It is a symptom of a malfunction in the auditory system. Approximately 20 per cent of the population experience Tinnitus. For some it is just a nuisance; for others it is a stressful, life-altering condition. For many it will affect their capacity to hear over the noises in their ears.

There are other conditions which may affect the person's ability to communicate socially such as Meniere's Disease.

TTY

A telephone-typewriter (TTY) is an electronic teleprinter machine. A TTY makes it possible for the user to communicate via the telephone network and allows them to exchange printed messages.

Ushers Syndrome

A genetic condition, which causes hearing loss from birth and progressive vision loss due to degeneration of the retina.

Bibliography

This bibliography includes publications used in the development of this document and recommended reading for those who would like to increase their information or knowledge about Mental Health service provision to deaf and hard of hearing people. Many of these articles are available directly from VicDeaf.

Baker, C. and Cockley, D. (1980) What is the Deaf Community, in *American Sign Language: a teacher's resource text on grammar and culture,* T.J. Publishers Inc, USA.

Briffa, D., (1999) Deaf and Mentally Ill: Are Their Needs Being Met? *Australian Psychiatry*, 7:1, 710

Burdekin Report. (1993), *Human Rights and Mental Illness. Report of the National Inquiry into Rights of People with Mental Illness – Vol. 11*, Human Rights and Equal Opportunity Commission, Australian Government Printing Service: Canberra

Chapman, K. (1994) Being Deaf is about access to communication *New Paradigm*, June 1994: 6-7.

Chapman, K. (1999) Deaf Awareness: improving mental health service delivery *New Paradigm*, June 1999: 8-11

Chapman, K. (Ed) (1996) *Mental Health and the Deaf community workshop Report (1),* Vicdeaf: Melbourne Australia

Chapman, K. (Ed) (1997) *Mental Health and the Deaf community Workshop Report (2),* Vicdeaf: Melbourne Australia

Chapman, K. (2000) Serve the Person Not the System *Access Journal DEAC* April/May 2000: 20-23

Carmen, R., (1983). *Positive solutions to Hearing Loss*. Englewood Cliffs: Prentice Hall

Chess, S., Korn, S.J., & Fernandez, P. (1971) *Psychiatric Disorders of Children With Congenital Rubella*. New York: Brunner/Mazel

Chess, S. & Fernandez, P. (1980) Impulsivity in rubella deaf children: A longitudinal study. *American Annals of the Deaf*, 125:505-509

Cornforth, A. (1972), Disturbed and deaf. *Nursing Times*, 68:139-41

Crocker, T. and Rissel, C.,(1998) Knowledge of and attitudes to the health outcomes approach among community mental health professionals. *Australian Health Review*, 21,4:111-26

Deaf Society of NSW (1989) *Project Knock Knock: A Profile of the Deaf community of NSW*. Parramatta, NSW

Denmark, J. (1994) *Deafness and Mental Health*. London: Kingsley

Dolnick, E. (1993) Deafness as Culture. *The Atlantic Monthly*, 272(3):37-53

Duncan, J., Porter, B., & Sheehan, M. (1997), *Hearing Loss and Dementia Resource Manual*, Vicdeaf, Melbourne Australia.

Dwyer, C. (1994), *Mental Health Services and Support Networks for Deaf People: Are They Adequate?* Vicdeaf/Victorian Council of Deaf People: Melbourne

Evans, J.W. (1987) The treatment of emotional problems associated with hearing impairment in childhood and adolescence. In B.W.Heller, L.M.Flohr and L.S.Zegans (Eds), *Expanding horizons: Psychosocial interventions with sensorially-disabled persons*. New York: Grune and Stratton

Evans, J.W., Elliott, H. (1981) Screening Criteria for the Diagnosis of Schizophrenia in Deaf Patients. *Arch General Psychiatry*,

Glickman, N.S., Zitter, S.M. (1989) On Establishing a Culturally Affirmative Psychiatric Inpatient Program For Deaf People. *Journal of the American Deafness and Rehabilitation Association*.

Glickman, NS; Harvey, MA (Eds) *Culturally Affirmative Psychotherapy With Deaf Persons* Lawrence Erlbaum & Associates

Rope, Brian (1998), Hearing Impairment – The Most Common of Disabilities, *Deafness Forum of Australia*, 19, 3-4

Johnston, T. (1989) *Auslan Dictionary. A Dictionary of the Sign Language of the Australian Deaf Community*. Deafness Resources Australia Ltd. NSW

Hindley P.; Kitson, N. (2000) *Mental Health & Deafness* Whurr Publishers Ltd: London

Leigh, I.W., Corbett, C.A., Gutman, V., Morere, D.A. (1996) Providing psychological Services to Deaf individuals: A Response to New Perceptions of diversity. *Professional Psychology Research and Practice*, 27(4): 364-371

Lewis, J.E., Stephens, S.D.G. &McKenna, L., (1994) Tinnitus and Suicide, *Clinical Otolaryngol*, 19, 50-54

Myers, R., (Ed) (1995) Standards of Care For The Delivery of Mental Health Services To Deaf and Hard of Hearing Persons, NAD: Silver Spring, MD

Orlans, H., (Ed) (1985). *Adjustment to adult Hearing Loss*. San Diego Cal.: College Hill

Orlans, H., (1987). Sociable and solitary responses to adult hearing loss. In J. G. Kyle (ed) *Adjustment to Acquired Hearing Loss: Analysis, change and Learning.* Bristol: Centre for Deaf Studies

Robertson, M., (1999), Counselling clients with acquired hearing impairments: Towards improved understanding and communication, *International Journal for the Advancement of Counselling*, 21:1, 1-12.

Steinberg,A. (1991) Issues in Providing Mental Health Services to Hearing Impaired Persons. *Hospital and Community Psychiatry*, 42(4): 380-389

Steinberg, A.G., Sullivan,V.J., & Loew, R.C. (1998) Cultural and Linguistic Barriers to Mental Health Service Access: The Deaf Consumer's Perspective. *American Journal of Psychiatry*, 155:7, 982-4

Simmons, M. K., Rosenbaum, M.S., & Sheridan, K.M. (1996) Counselling your client with hearing loss. *Journal of Mental Health Counselling* 18 (1): 80-88

Victorian Government Department of Human Services (1996) *General Adult Community Mental Health Services. Guidelines for Service Provision*

Victorian Government Department of Human Services (1998) *Victoria's Mental Health Service. The Framework for Service Delivery. Better Outcomes Through Area Mental Health Services*

Victorian Government Department of Human Services (1998) *Victoria's Mental Health Service. The Framework for Service Delivery. Child and Adolescent Services*

Victorian Government Department of Human Services (1998) *Victoria's Mental Health Service. The Framework for Service Delivery. Aged Persons Services*

Wax, T. (1990) Deaf Community Leaders as Liaisons Between Mental Health and Deaf Cultures. *Journal of the American Deafness and Rehabilitation Association*, 24(2): 33-40