

Accessible mental health services

Provision for Deaf people

In mental health services we successfully meet and treat a wide range of adults of working age every year, many of these people will have additional needs beyond their mental health problems including a learning disability, physical health and cultural needs. The aim of this briefing paper is to provide you with information about practical things you need to consider when you are working with a Deaf person who uses British Sign Language (BSL)* as their preferred method of communication.

The aim of this briefing is not to be overly prescriptive but to point practitioners in the right direction allowing them to identify local solutions which enable equality of opportunity for Deaf people using mental health services.

*Note: In March 2003, BSL was recognised by the Government as a language in its own right. BSL is a visual-gestural language, with its own grammar and principles, which are completely different from the grammatical structure of English. (www.signature.org.uk)

What do we mean by deaf or Deaf?

When we refer to the term deaf or Deaf it is very easy to be confused about what these terms actually mean. Very briefly, the term 'deaf' is an umbrella term used to describe all people who have some level of hearing loss, this would include people like our grandparents or older relatives who are 'hard of hearing' as a result of their age all the way through to those people who have been profoundly deaf from birth.

This briefing paper focuses on the needs of a particular group of deaf people those who use British Sign Language (BSL) as their first or preferred language, typically these people would describe themselves as being Deaf, using a capital 'D' to differentiate them from other groups of deaf people to highlight their Deaf identity and culture.

In comparison to the numbers of people in this country who can be described as 'hard of hearing', the numbers of Deaf people in this country today are relatively small. SignHealth, a healthcare charity specifically for deaf people, estimates that there are between 50,000 – 75,000 Deaf people living in the UK today most of whom have been born to hearing parents.

It is likely that many mental health practitioners during their careers will never have the opportunity to work with a Deaf person. The relatively small numbers of Deaf people living in the UK makes it all the more difficult for those practitioners who are required at some time to work with a Deaf service user, as in these instances there are often no colleagues to turn to for support and advice. We should not forget however, that some of the skills and experience developed by a practitioner as a result of working with someone whose first language is BSL are easily transferrable to other groups of people for whom English is not their first language.

Equalities and Personalisation

In April 2011 the public sector equality duty will be implemented, as part of the Equalities act 2010. Under the new equalities legislation there are a number of protected characteristics including disability, which takes account of those people with a hearing impairment which has a substantial impact on their day to day life. It is our duty as service providers to ensure that we do not treat disabled people any

less favourably than we would non-disabled people and make relevant reasonable adjustments to enable equality of opportunity and outcome.

The most recent documents published by the Government about the future direction of Adult social care and the NHS are underpinned by the concept of personalisation, this is not simply about providing people with personal budgets it is far-reaching in its aim to ensure services are much more person-centred and that the balance of power between professionals and those people using services is redressed. It is anticipated that the change in culture within health and social care will lead to a much greater focus on individual outcomes rather than activity targets and individual's will have far greater control over the care process and be assisted to make their own informed decisions and choices about their care and support needs.

Communication – getting it right

It is important when commencing your work with a Deaf patient, to clarify at the earliest possible opportunity the person's preferred method of communication. In an ideal scenario you should find that a person's communication requirements are captured in their patient record or detailed in the referral letter. If this information is not immediately at hand, you may decide to speak to a carer, a member of an individual's support network or make contact with a previous provider to determine communication requirements. Certainly on occasions it has been known for practitioners to have used a pen and paper or clear lip pattern with their patient in the first instance to determine the best and preferred method of communication. If there are no details on the patient's health (or social care) records about their communication needs, it is good practice to add relevant details in consultation with your patient whenever possible. Never be fearful of asking for advice, if you get it wrong the first time, you will always learn a lesson from early mistakes and don't forget most Deaf people will already have developed effective communication strategies which they will be happy to share with you. It's also important to remember that just because someone is Deaf it doesn't mean that they receive an inferior quality in comparison to other people using the service.

Making certain that you know how to have effective two-way communication with your patient from the beginning will ensure that the individual can participate fully in making decisions about their care and support and that the best possible outcomes are achieved.

Written communications may also be an issue for Deaf people as English is not their first language. If you are also relying on written communication it is important to ascertain as early as possible if this type of communication is acceptable, as with other people whose first language is not English written information describing complicated medical terms and complex information can be very difficult, if not impossible to follow. Using plain language in assessments and care plans, excluding complicated terms or jargon ensures written communication is potentially more accessible to everyone not just Deaf people.

Mobile phone technology and the internet may also provide effective methods of communication with Deaf patients for example, agreeing that you will text them on their mobile phone to arrange their next appointment. There are also some Deaf people who use Fax machines a method of communication.

Accessing a British sign language interpreter

There are a number of ways to find a qualified sign language interpreter, either through organisations in your local area or from national organisations providing

interpreting services. It is essential for you and other members of your team to know where to find and how to book these services. Don't forget there maybe times when you are on annual leave or away from the office when another member of the team (including administrative staff) maybe required to have contact with the individual on your behalf, the more information they have about the individual's communication needs and how these needs should be met the easier it will be for your patient.

How interpreting services are booked and paid for will vary from organisation to organisation, some have access to generic interpreting services and they will take responsibility for booking and paying for your interpreter, in other organisations you will be expected to book your own interpreter and the money to pay for the service will come from your team budget.

It is imperative to plan ahead as much as possible when booking an interpreter, it is seldom possible to have an interpreter to hand immediately therefore thinking ahead to appointments, ward rounds and home visits etc. is crucial if you are going to ensure that every contact you have with your patient is fully accessible to them.

In most instances it would be considered wholly inappropriate to expect someone close to the individual patient e.g. a carer, partner, son or daughter to act as an interpreter.

There are also a number of key principles that should be followed when working with an interpreter these are detailed in the RNID link below;

http://www.rnid.org.uk/VirtualContent/84927/Working_with_a_BSL_English_interpreter_January_2011.pdf

Assessment

Unless you yourself are proficient in BSL, the assessment process is likely to take longer given your need to rely on the use of an interpreter.

While conducting an assessment of your patient's mental health you may find it necessary to liaise with the local adult social care sensory services team, to obtain a specialist social care assessment and to obtain advice and support to ensure that the individual's cultural and communication needs are understood in the context of any mental health issues.

On occasions it may also be necessary to consider input from specialist NHS provision for Deaf people, it is important that you are aware of the national and regional provision and the types of interventions available. A factsheet published by SignHealth provides information about the specialist mental health services for people who use sign language.

<http://www.signhealth.org.uk/documents/DeafMentalHealthFactsheet.pdf>

Treatment and interventions

The factsheet published by SignHealth provides information about the types of services and interventions offered by specialist providers. If considering local interventions as a result of an assessment e.g. talking therapies, it is important to determine that the individual will not be disadvantaged by what is on offer locally and that their communication needs will be fully met. There maybe times where groupwork, or interventions which require a therapist who has little or no experience of working with Deaf patients, alongside an interpreter, are not appropriate and that more specialist provision should be considered. Don't forget local sensory services teams and/or regional and national specialist NHS services will be more than happy to offer advice and support. It is also important to communicate with local

commissioners as soon as possible if it looks likely that specialist provision maybe required and local protocols should always be followed.

Regular communication reviews

At regular stages during your involvement with your patient you should review how well things are going in terms of your communication with one another and if there are any changes required to make things work better. You may decide to link this to the CPA process.

Learning and Development

Undoubtedly any practitioner working with a Deaf patient will learn a huge amount about the importance of effective communication, Deaf culture and ways of ensuring that practice is non-discriminatory, having the opportunity to share this learning with team members is a very worthwhile exercise. Commissioning deaf awareness training for staff teams is another vital way of enabling staff to learn more about the specific needs of Deaf people and how to ensure that communication needs are met throughout the care pathway.

Useful links -

www.deafcouncil.org.uk - Uk council on deafness works with and for deaf organisations in the UK by providing information, advice and support and by representing the views of the sector to government and policy makers.

www.equalityhumanrights.com - Equalities and human rights commission contains details and practical tools which provide further information about the new Equalities legislation.

www.rnid.org.uk - RNID Action for hearing loss, contains a range of information and advice relating to deaf issues

www.scie.org.uk – Social care institute for excellence identifies and spreads good practice to the diverse social care workforce, this includes personalisation.

www.signature.org.uk - The examination and registration body for BSL interpreters

www.signhealth.org.uk - Signhealth a healthcare charity working for deaf people includes details of the mental health charter for deaf people

A vision for adult social care: Capable communities and active citizens (Social Care Policy, Department of Health) 16 November 2010.

Equity and excellence: Liberating the NHS (Department of Health) 12 July 2010