

Mental Health and Hearing Loss



***Information in this presentation has been developed to outline some basic concepts of mental health and hearing loss, along with strategies on how to provide information and services to clients who have hearing loss.



How do I know what to provide?

As soon as initial contact is made, ask the client directly about his or her communication needs AND preferred mode(s) of communication.

The Illinois Standards of Care for Deaf, Hard of Hearing, Late-Deafened, and DeafBlind People is the policy and procedure manual on how to provide services authored by the Division of Mental Health. These were distributed to each community mental health center and state-operated facility. Copies can be obtained by contacting the Statewide Coordinator for the Deaf and Hard of Hearing.

How do I know if I am talking to a person with hearing loss?

You will not always know. Hearing loss is an invisible condition.

Sometimes a person will choose not disclose this information or may not be aware of a hearing loss.



Common ways to identify a possible hearing loss:



- Asking you often to repeat words/phrases, and/or person is watching your lips closely.
- Responses given may appear to be slow or unrelated to what you say.
- Ask the person to repeat what you just said in order to check to see if effective communication is occurring. Of course, you want to be sensitive when doing as to not embarrass or “out” the person. Refer the person for further evaluation, by an audiologist, if necessary.

Be mindful to allow extra time when services are provided to an individual with hearing loss. Why? It takes time for information to be conveyed in another language or alternate format such as sign language interpretation and/or CART services. Also, it may be necessary to provide additional explanation of complex topics or terms.



Best practice: Check with the person to ask if they are having any difficulties with hearing and understanding speech or interpretation. The person will more than likely appreciate that you are checking in with them and not assuming about effective communication.

What to do when communicating with a person with hearing loss:

- When speaking to the person, ensure that you are facing him/her directly, with nothing is blocking your face or line of sight.
- Do not talk to client with your back turned or while you are walking away.
- Speak in even tone and normal cadence. Do not talk extremely slow or fast.
- Ask client if the volume of your voice is adequate (applies if hard of hearing). Do not shout at client.
- Do not over-emphasize words, by exaggerating their pronunciation.
- A person who relies on speech-reading may struggle with other people's beards/mustache, or accents. Also, avoid "talking with your hands" or putting your hands up to your face while speaking, as this makes communication delivery more difficult.
- Ensure that the room where you conversing is well-lit, with minimal background noise.
- In group settings, ensure that people take turns talking and avoid side conversations. It is even more helpful if the person talking raises his/her hand if the speaker changes from person to person. This assists the person with hearing loss to track who is talking.

It's important to know that several laws apply to providing mental health services to individuals with hearing loss, namely:

- Americans with Disabilities Act
- Civil Rights Act of 1964
- Illinois Human Rights Act
- Illinois Interpreter Act of 2007



Americans with Disabilities Act requires access to **effective communication** for all. This includes the client receiving the service(s), as well as that client's parent, spouse, or companion in applicable situations. Service providers are required to provide "auxiliary aids", also known as reasonable accommodations, to ensure effective communication. Additionally, the service provider is responsible for the scheduling and cost of the reasonable accommodation.

Additionally, Section I and II in the DHS Community Services Agreement references its purpose as to “improve access to culturally competent programs, services, and activities for persons who are Hard of Hearing or Deaf... by ensuring language access by providing language assistance services, including interpreter services at no cost to each customer at key points of contact, in a timely manner.”



sign for “help”

“Reasonable Accommodations” can include:

American Sign Language Interpreter	FM System or Personal Amplifier
Deaf Interpreter	Communication Access RealTime
Tactile signing	Translation (CART)

Sign Language Interpreters

As mentioned, being able to communicate effectively will impact every aspect of mental health treatment. Along with this, hiring a qualified and licensed interpreter is crucial for adequate communication facilitation for those who require this reasonable accommodation in treatment.

What do you need to know?

- For “survival” or basic conversations, it is okay to write notes. However, for treatment, assessment, evaluation settings, it is an ADA requirement to utilize a sign language interpreter when the person’s primary mode of communication is sign language.
- Qualified and licensed sign language interpreters for the mental health setting are required to be at the Advanced and Master’s levels, as indicated on their license. Illinois Deaf and Hard of Hearing Commission regulates interpreter licensure. The statewide interpreter directory can be found at:
<http://www2.illinois.gov/idhhc/Pages/interpreterlicensuredirectory.aspx>
- If the primary mode of communication is not sign language, but communication barriers remain evident, then use as many ways as possible to convey the information (pictures, gestures, role playing, etc.)

For more information on Licensed Interpreters, contact:

Illinois Deaf and Hard of Hearing Commission

528 South 5th Street, Suite 209

Springfield, IL 62701

V: 877-455-3323 * 217-557-4495

VP: 217-303-8010

TTY: 888-261-2698

Fax: 217-557-4492



sign for “interpret”

It is common in mental health settings for concepts to be categorized and characterized with labels. People with hearing loss are no different in being included in this. Person-first language applies, along with being mindful of which descriptions are accepted and which ones are extremely offensive.

<u>Acceptable</u>	<u>Offensive</u>
Deaf people or simply Deaf	Hearing Impaired
Deaf person	The deaf
Person or people with hearing loss	Deaf-Mute
Hard of Hearing people or Hard of Hearing	Mute
Deaf and Hard of Hearing People	Deaf and Dumb
DeafBlind or people who are DeafBlind	Death (you would be surprised how common this is!!)

Deaf Community, Culture, and Other Dynamics Relating to Hearing Loss

Individuals who have hearing loss may share this commonality, but exhibit a variety of characteristics. This also shapes their identity and how they view themselves and the world around them. These characteristics can include when their hearing loss was discovered, where they were raised, where they were educated, their preferences with assistive technology, language preferences, and their ethnic background.



Examples relating to language preferences, assistive technology, and reasonable accommodations:

- Person who relies on hearing aids and speech-reading for communication, but does not sign.
- Person who utilizes a cochlear implant for communication, but does not sign.
- Person who utilizes a cochlear implant for communication, and signs and identifies with Deaf Culture.
- Person who utilizes American Sign Language, identifies with Deaf Culture and the Deaf Community.
- Person who utilizes Communication Access RealTime Translation (CART services) during meetings and presentations, but also utilizes American Sign Language.
- Person who utilizes American Sign Language through tactile signing due to their visual impairment.



Deaf Culture encompasses a shared language and culture that is rich in tradition, history, and customs. People who identify with Deaf Culture, do not view their lack of hearing as a medical problem, a disability, or a deficit. Additionally, they do not feel as though they need to be cured, and do not want to be “cured”. Unfortunately, this is also an extensive history of victimization with trauma and abuse of people with hearing loss where the intentions were to “fix” them.

The Deaf Community is best described as a close-knit, tightly guarded community. Imagine the pros and cons of living in a small, rural community. The same can apply to this community.

- Confidentiality and mistrust can be an issue. This can also carry over into client and interpreter relationships(s) where the client may not trust a particular interpreter for keeping information confidential, both factual or perceived.
- Dual relationships and “overlapping” of relationship can be sticky and unavoidable.

95% of deaf children are born to hearing families. Family dynamics are significant in relation to whether family members are able to communicate fluently with the family member who has a hearing loss. It is common for families to lack the ability to do so, resulting in the person with hearing loss feeling isolated. Conversely, it is common for a dependency of this person to be fostered by the family due to the inability to effectively communicate and interact with each other. For example, the person with hearing loss may not know about historical information relating to family health history. He/She may feel a closer bond to a friend who has a hearing loss than his/her biological family members due to the ability to communicate.



Not being culturally and linguistically competent when working with individuals who identify with a specific culture different than your own can lead to inaccurate assessments, misdiagnosis, ineffective interventions, etc. This is no different when working with an individual with a hearing loss.



Some items to consider for
assessment and interventions:

- Preferred mode of communication and/or assistive technology
- When was hearing loss discovered?
- Family Make-up: hearing or deaf; who is able to communicate fluently with individual?
- When was first contact with children or adults with hearing loss?
- Does individual identify with Deaf Culture?
- Where was individual raised? (rural vs. urban area; prominent Deaf community?)
- Where did individual attend school? (Mainstream vs. Residential school)

Mental Health

The challenges of isolation, mistrust, and stigma that a person with mental illness can struggle with can be present for a person with hearing loss. Unfortunately, he/she may feel it as a “double dose” with these challenges coming from both the Deaf community and Hearing society.

It has been estimated that deaf children are 2-3 more likely to experience physical and sexual abuse than their hearing peers.

There is no more prevalence of biological mental illness such as Schizophrenia, Bipolar Disorder, etc. for people with hearing loss. However, individuals with hearing loss are more likely to develop personality and/or adjustment disorders. Additionally, they are less likely to be appropriately assessed, diagnosed, and/or treated than hearing peers.

Ability to communicate in their native language is critical aspect of being able to serve these populations. A person who experiences language dysfluency (inability to communicate effectively) can struggle with sharing their experiences, and also struggle with knowing how to be an active participant in their treatment and recovery.

**Common presenting behavioral,
emotional, and social matters**

- May show limited independent living skills
- 40-50% of people with hearing loss also have other conditions (cerebral palsy, vision impairment, developmental disabilities, autism, etc)
- Some reactions to stress or frustration can be perceived as extreme reactions. In some instances, it is due to ineffective communication being present. (For example, a client demonstrating severe agitation and distress, when it is discovered that the client's frustration is rooted from lack of adequate reasonable accommodations being provided by an agency after repeated requests.)
- Problems can present as complex and multiplicative, not summative.



sign for "support"

This information is designed to be used as a guide when working with individuals who have hearing loss. As with all mental health services, an individualized approach is best. When working with anyone where there are specific cultural and linguistic nuances that are different than your own, it is critical to be aware of available of technical assistance and support. The office of the Statewide Coordinator for the Deaf, Hard of Hearing, and DeafBlind provides technical assistance and support to agencies and their staff relating to mental health and hearing loss. For more information, contact the Statewide Coordinator for the Deaf, Hard of Hearing, and DeafBlind:

901 Southwind Road
Springfield, IL 62703
217-786-0023 Voice
217-786-0024 Fax
217-303-5807 Video Phone

Sources used in the development of this document:

Department of Human Services, Office of Mental Health, Statewide Deaf and Hard of Hearing Services. *Strategic Plan for Mental Health and Deafness: Building Towards Linguistic and Cultural Competency*.

Critchfield, Barry. 2002. *Meeting the Mental Health Needs of Persons who are Deaf*.

Glickman, Neil S. *Deaf Mental Health Care*. 2013.

Report on the 2008 Deaf Expert Meeting. Bringing Mental Health Care for Deaf and Hard of Hearing Populations into the 21st Century. 2008

Department of Human Services, Office of Mental Health, Bureau of Chicago Network Operations. *Illinois Deaf Services 2000*. 2000.