

Mental Health Services

TS
Tip Sheet

Overview

Deaf individuals experience the same mental health concerns as their hearing peers and, as such, seek out the same services to address those concerns. However, unlike hearing individuals, deaf people do not always find equitable access to mental health services.

Do deaf individuals experience a greater number of mental health risks?

Studies show that deaf individuals are subject to a greater number of mental health risk factors than their hearing peers.¹ These risk factors occur as a result of the following:

- 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 resulting issues may manifest by adolescence. In fact, several studies have shown a marked increase in the rate of social-emotional problems among deaf youth when compared to their hearing peers.¹

What is the ideal counseling scenario for a deaf individual?

The most effective counseling scenario includes a qualified mental health counselor who is fluent in sign language and who understands the unique needs of deaf individuals. 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 with a deaf individual who is a licensed therapist is available to those seeking this type of psychological service when it is not available locally.

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

In many situations, providing an interpreter can provide access for deaf individuals. However, the mental health setting places unique demands on the interpreter, and several factors can influence the success of therapeutic work, including the introduction of a third party (the interpreter) to the therapeutic relationship and issues of deaf/hearing trust.



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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 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 deaf individuals?

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

For psychological tests and mental health assessments, what does the evaluator need to consider with deaf individuals?

Psychological tests and other mental health assessments are not normed for deaf individuals, 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.

Deaf individuals are at a higher risk of engaging in self-harm behavior, facing substance abuse issues, and experiencing sexual abuse.¹

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

Related Resource

Test Equity Summit Publications: www.nationaldeafcenter.org/testpublications

Additional resources on this subject may be available at www.nationaldeafcenter.org/resources.

References

¹ National Deaf Center on Postsecondary Outcomes. (2017). *Mental health care for DHH individuals: Needs, risk factors, and access to treatment*. Retrieved from <https://www.nationaldeafcenter.org/mental-health-research>

² Glickman, N. & Pollard, R. Q (2012). Deaf mental health research: Where we've been and where we hope to go. In N. Glickman (Ed). *Deaf mental health care* (pp. 358–383). New York, NY: Rutledge.

