

# Mental health problems twice as prevalent in deaf people

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A Review in this week's *Lancet* says that mental health problems are about twice as prevalent in deaf people compared with the general population, and also reports disparities in access to and quality of mental health care for deaf people. The Review is by Dr Johannes Fellingner, Health Centre for the Deaf at the Hospital of St John of God, Linz, Austria, and Medical University, Vienna, Austria, and colleagues.

Deafness is a heterogeneous condition with far-reaching effects on social, emotional, and cognitive development. Hearing loss affects around 15-26% of the world's population, with the highest prevalence in the poorest countries. Around 7 per 10000 people are severely or profoundly deaf, with onset before language development. In the UK, some 70,000 people are profoundly deaf. Most regard themselves as members of a cultural minority, the Deaf community, based on the use of [sign language](#).

Studies from the USA have shown that roughly one in four deaf students have other disabilities. These include learning difficulties (9%), [developmental delay](#) (5%), specific learning difficulties (8%), visual impairment (4%), and autism (2%).

The Review finds that deaf children who cannot make themselves understood within their family are four times more likely to be affected by [mental health disorders](#) than are those from families who successfully communicate. They are also more likely to be victims of maltreatment at school. A study of deaf young Norwegian people showed that deaf boys

were three times as likely, and deaf girls twice as likely to report sexual abuse compared with hearing controls.

Deaf patients report fear, mistrust, and frustration in health-care services. Not only are there communication barriers in clinical situations, but also reported are limitations in deaf patients' access to health information.

The authors point to two documents that have the potential to reduce inequities in access to mental health care and to improve the quality of services. First, the UN Convention on the Rights of Persons with Disabilities has already been ratified by several countries and documents the positive value of sign language. Second, the UK Government document [Mental health and deafness](#)—towards equity and access provides guidelines for best practice. These include making eye-contact with the patient, adding visual elements to the explanation, ensuring the patient has a good view of your face, and avoiding simultaneous comments during examination: explain first what you are about to examine, examine the patient, then explain what you have found, each as a separate step.

The authors conclude: "Improved access to health and [mental health care](#) can be achieved by provision of specialist services with professionals trained to directly communicate with [deaf people](#) and with sign-language interpreters."

In a linked Comment, Dr Andrew Alexander, Royal United Hospital, Bath, UK; Dr Paddy Ladd, Centre for Deaf Studies, University of Bristol, UK, and Steve Powell, SignHealth, Beaconsfield, UK, point out that within the health-care setting for deaf people, lip-reading is not reliable, writing notes is inadequate, and British Sign Language (BSL) interpreters are scarce. They say: "Patients from the Deaf community have the same need for good communication and safe care as everyone

else. Clinicians have a responsibility to recognise that communication is a two-way process, and that they need assistance to communicate with this group of patients. So what should you do when you meet your next patient from the Deaf community? Putting yourself in their shoes and asking them how best to communicate would be a good start."

The Comment is translated into British Sign Language and will be available for viewing when the embargo lifts.

And a *Lancet* Editorial concludes: "The poor state of communication between the UK Government and medical professionals and patients must be addressed. Deaf patients face the prospect of a fragmented health service under the current Health and Social Care Bill. Fragmented services cause poor communication between agencies, and poor communication damages patient care. If this government continues to ignore the warnings, a Deaf Clinical Network of the kind proposed by SignHealth will be more important than ever. Deaf people have long been denied the services they need. The Lancet looks forward to publishing more on the wellbeing of deaf people in future, and hopes to contribute to a new era of better communication and access to [health care](#)."

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