

# Need for culturally sensitive treatment for deaf patients with psychiatric disorders

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Members of the Deaf community who suffer from mental health problems need culturally sensitive treatment to avoid misdiagnosis and inappropriate treatment, according to a report in the March [\*Journal of Psychiatric Practice\*](#).

"[Deaf individuals](#) comprise a cultural and linguistic minority group within the United States, and culturally and linguistically appropriate psychiatric treatment must reflect these differences," according to Sarah A. Landsberger, PhD, and coauthors of the Indiana University School of Medicine, Indianapolis. With the goal of providing guidance for hearing psychiatrists, the authors review the limited research literature on [mental health care](#) for deaf patients.

## Providing Mental Health Care for Deaf Patients—Interpreters Needed!

Approximately 1.2 million American are functionally deaf—that is, they are unable to understand [vocal communication](#) even with hearing aids. Many deaf individuals identify culturally with the Deaf community and culture, in which deafness is not viewed as an impairment but rather as a locus of pride and identity.

When deaf patients require [mental health services](#), the first major challenge is finding a means to communicate with the patient in order to elicit symptoms. Many deaf individuals use American Sign Language

(ASL)—a manual language with its own grammar, syntax, and vocabulary.

"Ideally, clinicians most suited to working with the Deaf population are those who are fluent in ASL, have had significant exposure to the Deaf community, and understand Deaf cultural values," Dr Landsberger and coauthors write. Unfortunately, few providers meet these criteria.

For patients who are fluent in ASL, nonsigning clinicians will need to employ a certified interpreter with specialized training in [mental health](#) interpretation. Finding such interpreters can be difficult, however. Dr Landsberger and colleagues call for specialized mental health training for ASL interpreters who work in psychiatric settings.

## **Challenges in Communication, Diagnosis and Treatment**

Unfortunately, some deaf individuals have never had adequate exposure to or training in ASL or other communication systems used by the Deaf population. They may have serious language deficits, communicating mainly by gestures and mime. For these patients, the doctor may need to employ both a certified deaf interpreter—who is trained to help gather the intended message and put it into grammatically correct ASL—as well as an ASL interpreter.

Correct diagnosis is another challenge. Evaluating for psychotic disorders, such as schizophrenia, in deaf patients can be especially difficult. A key question is whether the person has experienced hallucinations—especially auditory hallucinations (hearing voices). But how does one explain the concept of hearing voices to someone who has been deaf from birth?

Another common symptom of psychosis is disorganized thoughts, which are usually diagnosed based on disorganized speech. Psychiatrists evaluating deaf patients need to be cautious to avoid misinterpreting language deficits as a symptom of psychosis.

Effectively providing "talk" therapy—that is, different types of psychotherapy—to deaf patients poses obvious challenges. The authors discuss ways of adapting psychotherapy to be more effective for deaf patients and how the presence of an interpreter may affect the doctor-patient therapeutic relationship.

"As with any cultural minority, providers should seek specific training and education to become culturally competent providers to deaf people," Dr Landsberger and coauthors write. "At a minimum, clinicians who have large numbers of deaf patients in their caseloads should be knowledgeable about Deaf culture and become fluent in sign language." They conclude by calling for more research concerning mental health care for the [deaf](#).

Provided by Wolters Kluwer Health

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