

Deaf Children with Mental Health Problems

Professional Development Workshop

Prof Barry Wright - Summer 2013

Mental Health and Deafness in Children

- Higher rates of mental health problems in deaf children (2-3 times)
 - 4% very serious mental health problems
 - 50% teenagers
- (Meadow & Trybus, 1979; Hindley et al, 1994; Hindley 1997; Vostanis et al, 1997a; Van Eldik et al, 2004; Van Gent et al, 2007; Mejstad et al, 2009)
- Why?

Communication

- Parent-child communication poor

59%

(Wallis et al, 2004)

- More mental health problems if
 - Poor parent child communication but also if
 - Poor language development

Family Coping and adjustment

- Hinterma (2006)
- High levels of parental stress – more problems

- Calderon et al (2000)
- Positive family support – less problems

Other physical or neurological problems

More mental health problems if

- Additional neurological problems
- Complex syndromes with physical problems

Van Gent et al, 2007

Socio-emotional developmental delay

- Significantly delayed in deaf children in hearing families (Schick, 2007)

More likely to suffer abuse

- Norway and North America studies (Kvam, 2004)

Peer relationship problems

- Children who are isolated more likely to have
 - depression
 - anxiety
 - low self-esteem
- (Kluwin et al, 2002)

Educational failure

- (Gregory 1995) – 70% left school by 16 (half of these with no qualifications)
 - only 7% had A levels

2-3.5 years behind in Mathematics at 14
(Swanwick et al, 2006)

Educational

- Large differences in support in schools



Work

Finland (Huttenen et al, 2001)
non-syndromal deafness

- 50% out of work compared to 15% national average

Access to Services

- Poor access to services (Beresford, 2009; Greco, 2009)
 - Don't get help until much too late
 - Services may not be able to assess
 - Access to communication may be poor
 - Services may not be able to provide what is needed for example:

Specific presentations of mental illness may be different

Vignette 1: 17 year old boy

- Born profoundly deaf with Deaf father and hearing mother
- BSL first language
- Became socially isolated at Deaf College
- Thought people were trying to poison him
- Described 'voices' but when asked described
 - fleeting images of BSL and lip patterns.
- Knew other people were telling him things
 - Describing him 'he's walking round the table'
 - Saying nasty things 'he' s stupid'

Specific presentations of mental illness may be different

Vignette 2: Mental health problems with repetitive signing

- 17 year old boy with Tourettes
 - BSL
- 12 year old boy with autism
 - Red car red car red car
- 16 year old girl with OCD
 - Signing numbers and handshapes

Specific presentations of mental illness may be different

For example,

- Psychosis
 - Linguistic hallucinations experienced through language centres in the brain
 - Therefore depend on person's experiences
 - Signs
 - Lip patterns
 - Sounds

- Tourettes
 - “Vocal” tics are linguistic and may present as signs

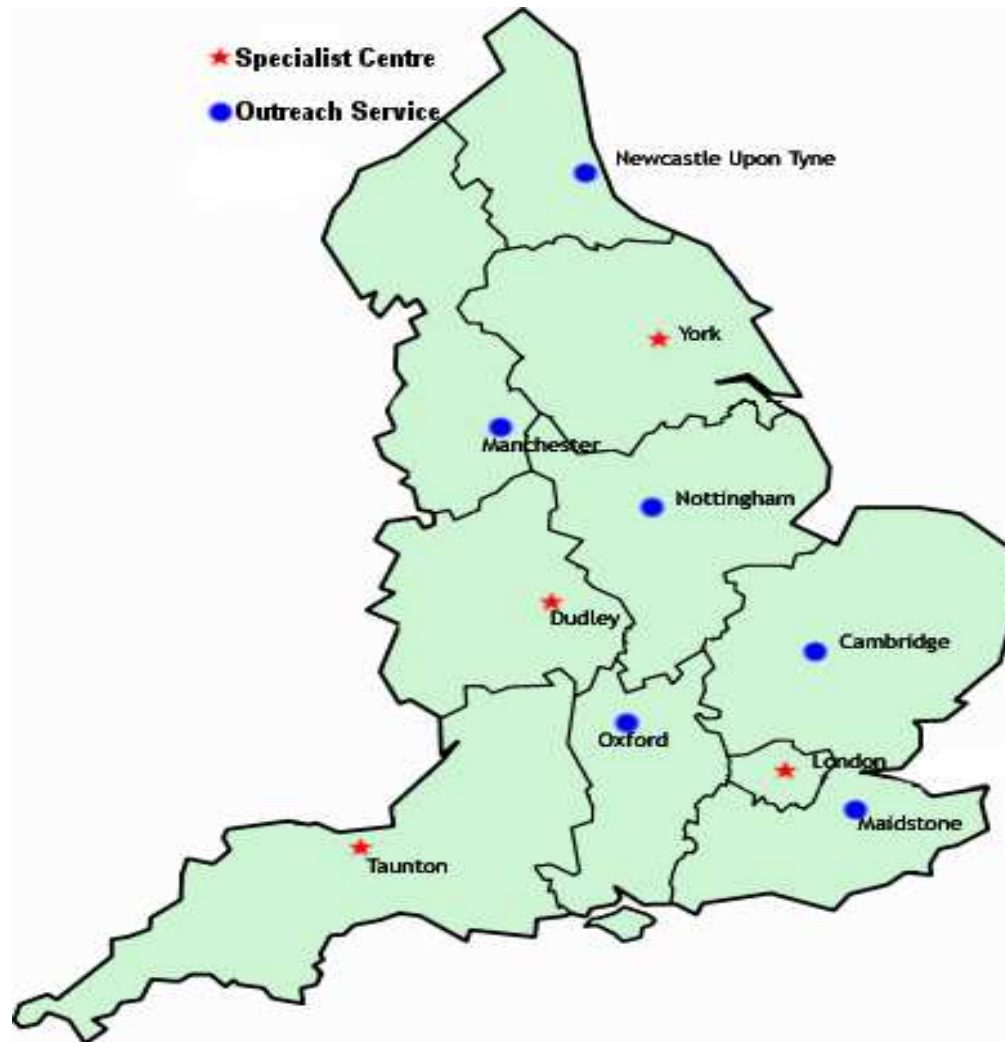
Deaf Children, Young People and Family Service

- Funding for pilot project from 2004
- Pilots based in
 - South (London)
 - Midlands (Dudley)
 - North (York)
- Evaluated positively by
- Social Policy Research Unit (York University)
 - 80% families reported good outcomes
 - 80% said they would recommend to other users
- Full national service went live in October 2009

What is the National Deaf CAMHS in England?

- National mental health service for deaf children and young people
- aged 0-18
- Funded by National Commissioning Group (NCG)
 - now called NHS England (NHS Commissioning Board)

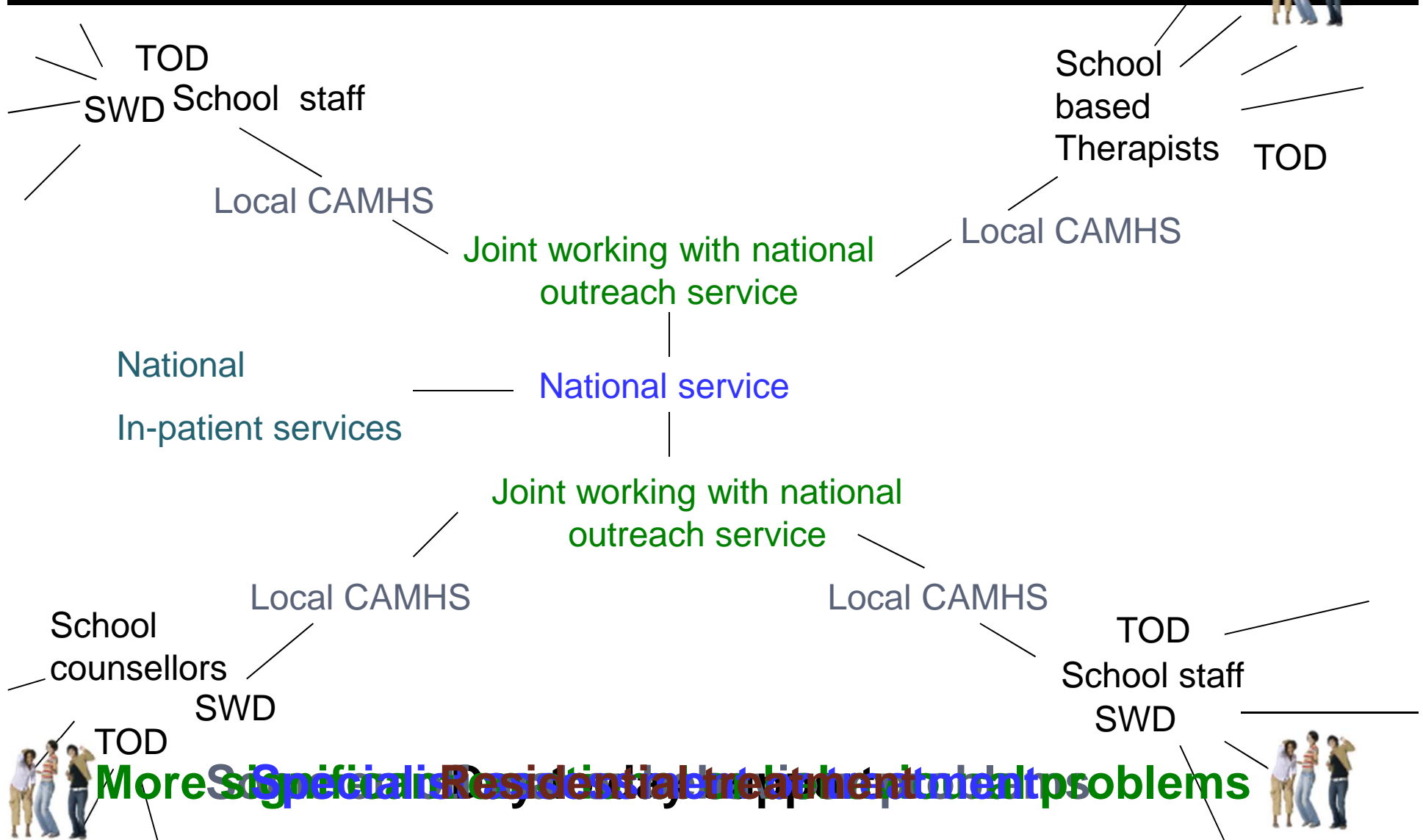
The service map



Who works in the service?

- Clinical Child Psychologists
 - Deaf Family support workers, Deaf Advisors and CAMHS Support Workers
 - Community Child Mental Health Nurses
 - Child and Adolescent Psychiatrists
 - Occupational Therapists (for child mental health)
 - BSL Interpreters
 - Social work practitioners
 - Language Therapists
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- Teachers of the Deaf (in-patient service in London)
 - Care assistants (in-patient service in London)

CARE PATHWAYS



WHAT DO WE SEE REGULARLY?

- Assessments and care planning
 - Autism spectrum assessments
 - Depression and low mood
 - Significant anxiety problems
 - Psychosis and unusual experiences
 - Complex family issues
 - Complex communication issues
 - Significant developmental problems
 - Serious behaviour problems (often in care or with multiple school moves)

WHAT ARE WE DOING TO HELP?

- Supporting parents
 - Parenting
 - Communication
 - Socio emotional development
- Family therapy
- Individual work
 - Cognitive behaviour therapy
 - Deaf identity
 - Problem solving work
 - Solution focused work

WHAT ARE WE DOING TO HELP?

- Work with teachers and carers
- Work with other professionals and services involved
- Deaf awareness
- Advocacy
- Group work
- Visual therapies
 - In my shoes
 - Social stories

WHAT ARE WE DOING TO HELP?

Advocacy

Make sure the children don't get lost between services

- Accessibility
- Care pathways
- Work well with existing child mental health services
- Work well with other professionals

TEAM AROUND THE CHILD

- Assess with others
 - Use family expertise
 - Work closely with teachers of the deaf, school staff, paediatricians, educational psychologists
 - Close working with third sector (e.g. National Deaf Children's Society)
- Plan interventions with others
 - Empower parents and carers
 - Avoid children falling into the gaps

TEAM AROUND THE CHILD

- Real and meaningful relationships with families from key professionals and staff
- Each person understands their role and how they work with others
- For example,
 - Parents
 - Siblings
 - Teacher
 - Teacher of the Deaf
 - Communication Support Worker in school
 - Social Worker
 - Learning Disability nurse
 - Clinical Psychologist (NDCAMHS)
 - Family Support Worker (NDCAMHS)

TEAM AROUND THE CHILD

- Training and Career pathways
 - Northumbria University
 - Agenda for Change
 - Quality Improvement Schemes
 - Interpreter training
- Research to improve what we do



Discussion