

The Mental Health of Children living with deafness: Recommendations for change

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- Jacobs, P. G. (2007). *Neither-Nor: A young Australian's experience of deafness*. Washington DC: Gallaudet University Press



Jacobs, P.G., Brown, P.M., & Paatsch, L. (2012). Social and professional participation of individuals living with deafness: Utilizing the Psychosocial Potential Maximization framework. *Volta Review*, 112(1), 37-62.

Jacobs, P.G. (2010). Psychosocial Potential Maximization: A framework of proactive psychosocial attributes and tactics used by individuals who are deaf. *Volta Review*, 110(1), 5-29.

Jacobs, P.G. (2006). Bypassing the perils of victimisation: A suggested future pathway for Disability Studies. *Review of Disability Studies: An International Journal*, 2(1), 41-57.

Jacobs, P.G. (2003). Beyond hearing: Psychosocial potential maximisation for people who are 'oral' deaf. *Australian Journal of Education of the Deaf*, 9, 39-47.

Jacobs, P.G. (2003). Dignity of risk: Potential maximisation for children with disabilities. *The International Journal for Equity and Innovation in Early Childhood*, 1(1), 18-28.

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aussie deaf kids

www.aussiedeafkids.org.au

“When we have good mental health, we’re in a place of peace and balance with our social, emotional and psychological states. We have found a life that fits our needs for social connection with others. We deal with tragedy and happiness in our lives, and authentically experience all the emotions open to us. A person finds coping strategies and recognizes the connections between thoughts and emotions (and that they work both ways).” Dr John Grohol

<http://psychcentral.com/blog/archives/2008/06/02/what-is-good-mental-health/>



Deafness Foundation

- “All eyes are directed towards technical solutions for dealing with or minimizing the disablement of hearing loss. Parents may forget about the entire, healthy baby with a non-life-threatening condition and concentrate on what is missing or threatening.”

Bosteels, S., Van Hove, G., & Vandebroek, M. (2012). The roller-coaster of experiences: becoming the parent of a deaf child. *Disability and Society*, 27(7), 983-996.

Literature review

- How has the mental health of children living with deafness been measured and interpreted?
- PsycINFO
- PubMed
- CINAHL

Literature review

Search terms

- mental health AND deaf*
- mental health AND hearing impair*
- mental health AND deaf* AND behavior*
- mental health AND deaf* AND children
- emotional health AND deaf*
- psychosocial adjustment AND deaf*
- psychopathology AND deaf*
- socio-emotional AND deaf*
- socioemotional AND deaf*
- behavioral problems AND deaf*
- quality of life AND deaf*
- psychosocial development AND deaf*

Literature review

Inclusion/exclusion criteria

- Original peer-reviewed empirical research
- D/HH participants under 18 years of age
- Specifically investigated mental health
- Published in English
- Between 1997-2012
- No book chapters, book reviews, dissertations, theoretical texts or qualitative studies included

Literature review

Participants included

- Deaf children and/or adolescents
- Their parents
- Their teachers
- Hearing controls

Literature review

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Literature review

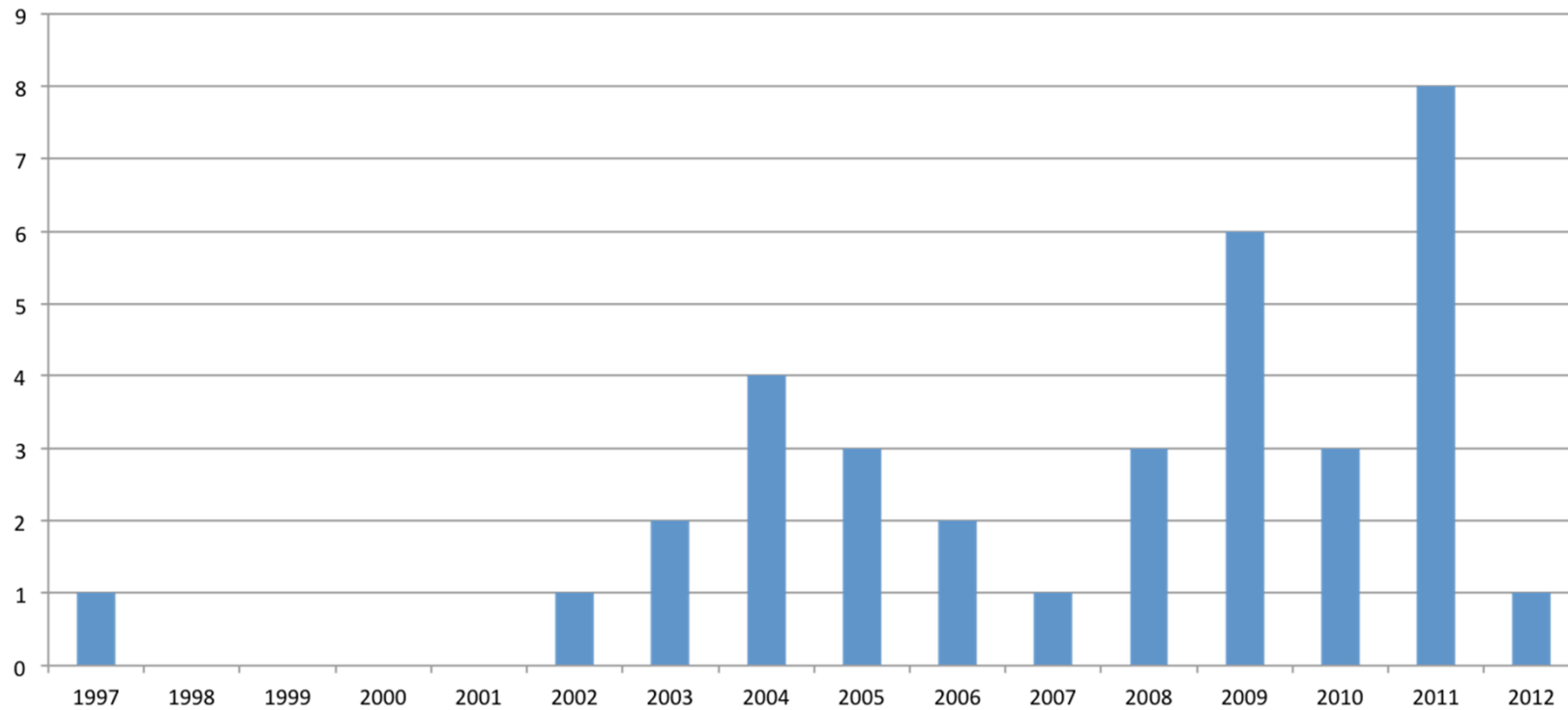
Limitations

- Heterogeneity of test instruments and study design
- Ambiguous semantics

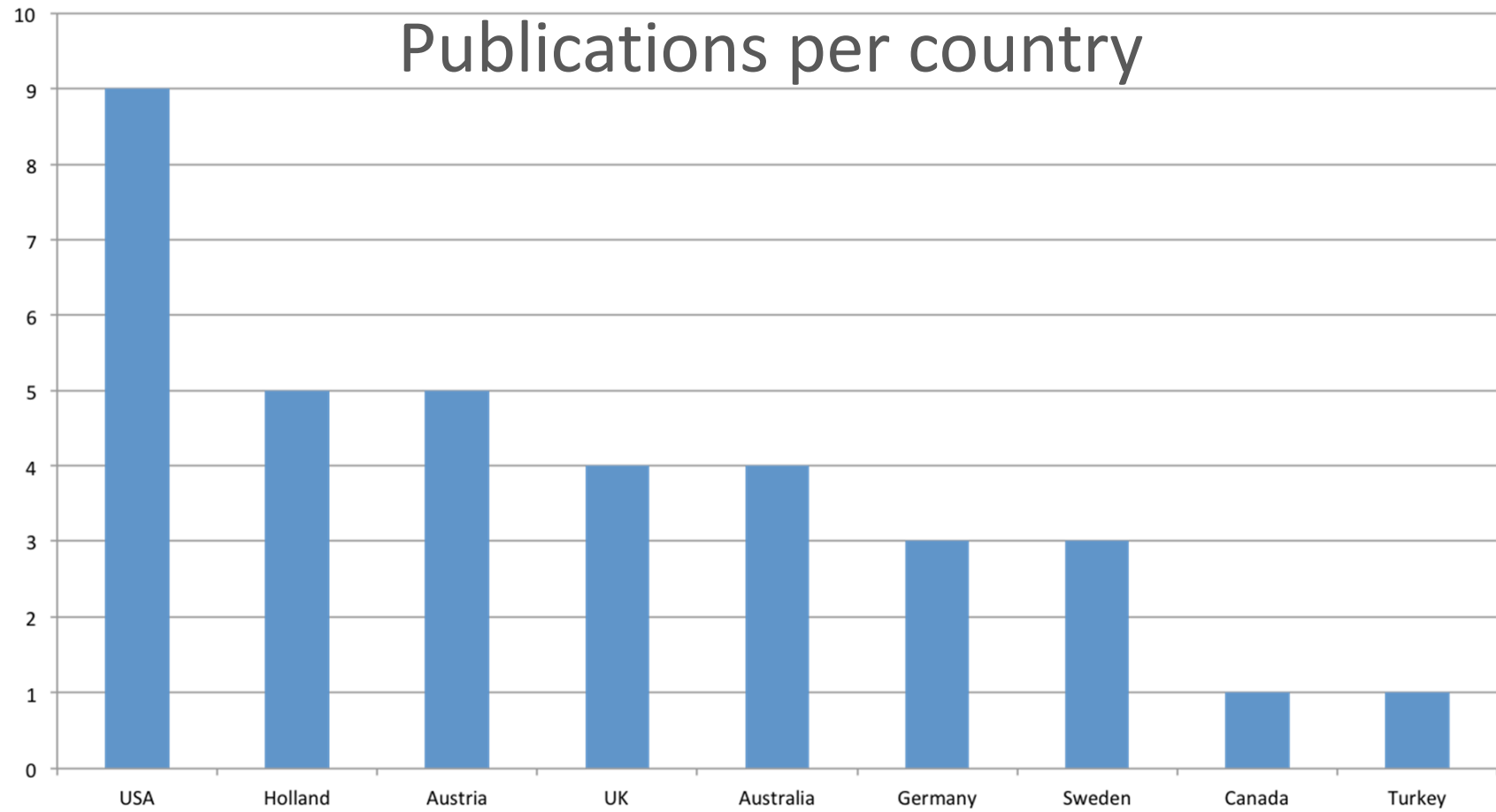
Findings therefore presented in thematic categories

Results

Number of studies published per year



Results



Literature review

Australian articles

- Cornes, A., Rohan, M. J., Napier, J., & Rey, J. M. (2006). Reading the signs: impact of signed versus written questionnaire on the prevalence of psychopathology among deaf adolescents. *Australian & New Zealand Journal of Psychiatry, 40*(8), 665-73.
- Hogan, A., Shipley, M., Strazdins, L., Purcell, A., & Baker, E. (2011). Communication and behavioural disorders among children with hearing loss increases risk of mental health disorders. *Australian and New Zealand Journal of Public Health, 35*(4), 377-383.
- Remine, M. D., & Brown, P. M. (2010). Comparison of the prevalence of mental health problems in deaf and hearing children and adolescents in Australia. *Australian and New Zealand Journal of Psychiatry, 44*(4), 351-357.
- Wake, M., Hughes, E. K., Collins, C. M., & Poulakis, Z. (2004). Parent-reported health-related quality of life in children with congenital hearing loss: a population study. *Ambulatory Pediatrics, 4*(5), 411-417.

Results

Commonly used test instruments

- Strength and Difficulty Questionnaire (SDQ)
- The Child Behaviour Checklist (CBCL)
- Youth Self Report (YSR)

Findings

Studies reporting higher prevalence of mental health problems in deaf children

- Sixteen (46%) reported higher prevalence of emotional and behavioural problems in deaf children and adolescents compared with population samples with deafness or according to norms based scores.

Findings

Studies reporting higher prevalence of mental health problems in deaf children

Emotional-related problems

Cornes et al (2006); Fellingner, et al (2008); Hogan et al (2011)

- **Depression** Theunissen et al (2011)
- **Hyperactivity**
Fellinger, Holzinger, Sattel, et al (2009); Hintermair (2007)
- **Inattention** Fellinger, Holzinger, Sattel, et al (2009)
- **Excessive anxiety** Keilmann, Limberger & Mann (2007)

Findings

Studies reporting higher prevalence of mental health problems in deaf children

Behavioural problems

- Poor conduct

Fellinger, et al (2008); Fellinger, Holzinger, Sattel, et al (2009)

- Social dysfunction Vostanis et al (1997)

- Poor quality peer relationships

Fellinger, et al (2008); Hintermair (2007); Keilmann, et al (2007)

- School problems

Brunnberg, et al (2008a); (2008b)

- Substance usage Brunnberg, et al (2008a)

Findings

Studies reporting higher prevalence of mental health problems in deaf children

- Emotional and behavioural problems were 2.6 times more likely in deaf child and adolescent samples - [van Eldik \(2005\)](#) & [van Eldik et al \(2004\)](#)
- 42.6% of 54 deaf adolescents had clinically significant emotional and behavioural problems - [Cornes et al \(2006\)](#)
- Significantly poorer on measures of quality of life than normative sample - [Wake et al \(2004\)](#) and [Huber \(2005\)](#)

Findings

Studies reporting higher prevalence of mental health problems in deaf children

- Eight (23%) reported no significant differences between deaf and hearing children on ratings of mental health and quality of life

de Wolf et al (2011); Huber & Kipman (2011); Khan et al (2005); Mejstad et al (2009); Remine & Brown (2010); Vogel-Walcutt et al (2011)

Findings

Language and mental health

- Poor parent-child communication = increased mental health problems - [van Eldik et al \(2004\)](#)
- Fluent and accurate child/parent communication – whether signed or spoken – assists mental well-being and quality of life [Wallis et al \(2004\)](#), [Kushalnagar et al \(2011\)](#)

Findings

Language and mental health

- Behavioural problems less likely with average or above average language abilities

Hogan et al (2011), Stevenson et al (2010), and Vostanis et al (1997)

Findings

Cochlear implants and mental health

- 6 studies
- Normal hearing children vs children with CI –
 - better emotion-regulation strategies
 - Better social competencies
 - Fewer externalising behaviours
- Better language skills = better social competence for both groups

Wiefferink et al (2012)

Findings

Cochlear implants and mental health

- Improved positive internalised and behavioural outcomes after implantation
- Psychopathology not correlated with age of implantation

[Edwards et al \(2006\)](#)

[Huber and Kipman \(2011\) and Pulsifer et al \(2003\)](#)

Findings

School placement and mental health

- Six studies
- Fewer depressive symptoms
 - Mainstream school placement
 - Spoken language only

Fellinger et al (2009); Huber & Kipman (2011); Keilmann et al (2007); Mejstad et al (2009); Theunissen et al (2011); van Eldik (2005)

Findings

School placement and mental health

Specialist or segregated school settings

- Poorer self image

Keilmann et al (2007); Mejstad et al (2009)

- Externalizing and internalizing problems

van Eldik (2005)

- Peer rejection and pro-social problems

Fellinger et al (2009); Huber & Kipman (2011)

- Impaired language skills

Fellinger et al (2009)

Findings

Social participation and mental health

Social participation – an individual's inclusion and active engagement with family, friends and at school

- Satisfying classroom participation = improved quality of life and social contact with peers

[Hintermair \(2010\)](#)

Findings

Social participation and mental health

- Less life satisfaction, especially with peer relationship and social support

[Gilman et al \(2004\)](#)

- Lower intelligence = more problems with socialisation, thought and attention

[van Eldik et al \(2004\)](#)

Findings

Other factors and mental health

- No correlation between degree of deafness and psychopathology

Fellinger et al (2009); Fellinger et al (2008); Hintermair (2010); Kushalnagar et al (2011); Theunissen et al (2011); Wake et al (2004)

- Contrary finding –

Polat (2003)

- Additional disabilities = higher prevalence of psychosocial difficulties

Hintermair (2007); Polat (2003)

Findings

Psychiatric care services catering the needs of deaf children

[Coll et al \(2009\)](#); [van Gent et al \(2012\)](#); [Willis & Vernon \(2002\)](#).

- Environmental stressors

- One parent families (38.6% versus 25.8%)
- Lower parental education level (44.2% versus 31.1%)

Findings

Psychiatric care services catering the needs of deaf children

- Internal stressors

- Pervasive developmental disorders (23.7% versus 12.3%)
- Intellectual disability (20.3% versus 3.9%)

Findings

Psychiatric care services catering the needs of deaf children

- ALL children admitted at age 12 years or younger – confirmed indication of sexual abuse
- 85% of deaf adolescents – strong or confirmed indications of sexual abuse

Willis and Vernon (2002)

Observe, Understand, and Respond.

The O.U.R. Children's Safety Project

- <http://www.handsandvoices.org/resources/OUR/index.htm>

Reframing... Cornes et al (2006)

- 42% - psychopathology evident

- 58% - healthy personalities

- i.e. majority achieving population norms

Hintermair (2006)

- Need for “capabilities-resources” perspective
- Focus on what deaf people CAN do – their strengths and capabilities

Martin Seligman (1998)

- Need for strengths based research into psychosocial attributes and tactics for coping with day-to-day life

Strengths-based psychosocial attributes

1. Personal attributes and character

2. Influence of parents

3. Support of teachers of the deaf

4. Skill in language, communication and reading.

Powers (2011); Luckner et al (2001)

- Majority had developed psychosocial strategies to negotiate deafness-related social difficulties.

Bain et al (2004)

Psychosocial skills -

- Language competence
- Practised social exposure to numerous social circumstances and many people
- Adaptation requires skill
- Skill is mastered through making and correcting mistakes
- Maximising potential is a process of continual skill development and execution.

- Tacit knowledge - “know-how” – as opposed to “know-what” (facts), “know-why” (science), or “know-who” (networking)

- Tacit knowledge – an individual’s knowledge of tactics to perform specialised everyday social, educational and professional tasks
- Deafness-specific tacit knowledge - the individual’s use of specialised proactive strategies to identify, circumvent, or master deafness-related psychosocial challenges

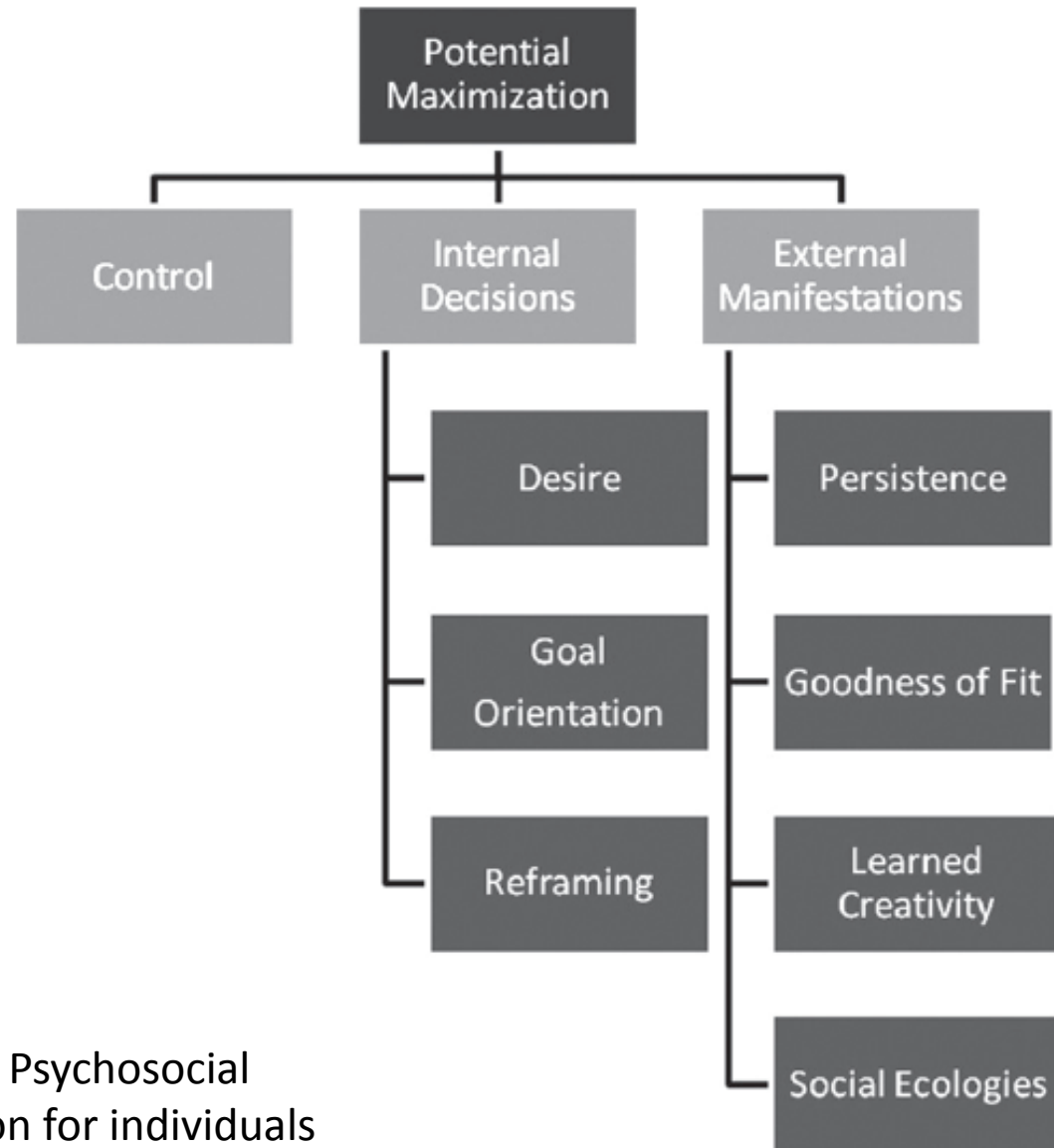
Deaf individuals need to master two sets of tacit knowledge

1. deafness-specific skills plus

2. skills unrelated to deafness that are expected of same age peers

If deafness-specific tacit knowledge is neither practised, learned nor executed, adaptation will be minimal.

- Deafness-specific tacit knowledge is learned
- Many years of deliberate practice leads to expert performance in the form of attaining, maintaining, and sustaining quality of life.



Jacobs' framework of Psychosocial Potential Maximisation for individuals who are deaf (Jacobs,2010; adapted from Reiff et al [1995])

- Control – controlling one's destiny through self-mastery of thinking strategies and social skills

Internal decisions

- Desire – putting motivation into action
- Goal orientation – purposeful planning and pursuit of short- and long-term goals
- Reframing – purposefully challenging negative thought processes to create proactive behavioural outcomes

External manifestations

- Persistence - proactively dealing with immediate or long-term adversity typically experienced by people with disability
- Goodness of Fit - choosing social environments that suit personal strengths and/or avoiding or minimising entry into settings where success is unlikely.

External manifestations (cont)

- Learned creativity – use of various learned disability-specific compensatory strategies, techniques and methods
- Social ecologies – social networks – in socioeconomic, ethnic and cultural contexts.

Potential Maximisation articles by Paul Jacobs

- <http://www.aussiedeafkids.org.au/potential-maximisation.html>

- Available online next week

Goal orientation

The Complexity of Ordering a Sandwich

Goal orientation

The Complexity of Ordering a Sandwich

- 12 steps of ordering a sandwich at Subway

The complexity of ordering a sandwich

- Server: What type of bread? → You: Pick your bread
- Server: What size bread? → You: Pick size
- Server: What type of meat → You: Pick type of meat
- Server: What type of cheese? → You: Pick type of cheese
- Server: Toasted? → You: Yes/No
- Server: What type of topping? → You: Pick topping
- Server: Salt and pepper? → You: Yes/No
- Server: What type of sauce? → You: Pick a sauce
- Server: Combo meal? → You: Yes or no
- Server: Eat here or go? → You: State your preference

- Goal orientation requires pre-preparedness and following step-by-step processes.
- Exercises for parents to assist their child
- Working “with” the child rather than “for” the child

- Efficient learning is impossible and improvement minimal – even for highly motivated individuals - without adequate tuition or feedback.
- Acquisition of expert knowledge requires
 - Explicit instructions
 - Supervision
 - Corrective feedback

- Individual instruction is superior to curricula training and training in groups

Families

- Need to recognize the importance of supporting families, and mothers in particular, if we are to improve outcomes of their child.

Adaptive capacity – Prof Anthony Hogan

Based on social indicators of well-being

- Income
 - Education
 - Health
 - Personal ratings of quality of life and satisfaction
-
- The amount of social and emotional “Petrol” left in life’s tank

- Practical and emotional support - no change in parental stress
- Perceived parenting competence – reduced parent stress

Sarimski, K., Hintermair, M., & Lang, M. (2013). Parent stress and satisfaction with early intervention services for children with disabilities – a longitudinal study from Germany. *European Journal of Special Needs*.

- Moeller, M. P., Carr, G., Seaver, L., Stredler Brown, A., & Holzinger, D. (In press). Best Practices in Family Centered Early Intervention for Children who are Deaf or Hard of Hearing: An International Consensus Statement. *Journal of Deaf Studies and Deaf Education*.

Thank you!

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