

## Emotional well-being and mental health of deaf children and young people position statement

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## 1. Summary

- 1.1. The National Deaf Children's Society aims to promote the emotional wellbeing and positive mental health of deaf children and young people with a focus on early intervention, and to encourage the development of effective services to meet the needs of deaf children experiencing mental health difficulties where they arise.
- 1.2. The National Deaf Children's Society expects national governments, government departments and agencies, local authorities and health services to:
  - a) Promote the positive mental health and wellbeing of deaf children and young people (see section 2 below).
  - b) Ensure deaf children and young people have access to mental health services that have the understanding, knowledge and skills to meet the needs of deaf children and young people (see section 3 below).
  - c) Ensure deaf children and young people and their families are fully involved in the support they receive and the development of services (see section 4 below).
  - d) Improve the information and data that is available on the mental health and emotional wellbeing of deaf children and to ensure the development of services and policies are properly informed and outcomes are monitored.

### **Deaf children and emotional well-being**

- 1.3. A deaf child with good mental health and emotional well-being:
  - a) feels good about themselves
  - b) has an appropriate level of independence and feels able to influence the world around them
  - c) has positive and warm relationships with others
  - d) is resilient and able to bounce back from setbacks and move on from negative experiences
  - e) has the language and communication skills to be able to express and understand their emotions
  - f) acknowledges their deafness and is confident in dealing with any challenges they may face
  - g) never apologises for being deaf

## 2. Promoting positive mental health and emotional well-being

- 2.1. Good emotional health and well-being is important for all deaf children, not just those at risk of developing difficulties. Early, effective intervention can reduce the risk of future mental health problems, especially where carried out early in life.
- 2.2. The National Deaf Children's Society believes that in order to meet the needs of deaf children and their families a range of services are required. The delivery of these services needs to be structured, comprehensive, begin with a positive approach at the point of diagnosis and offer support for the child and family throughout childhood and through the transition to adulthood. These services should include:

- a) **Early support:** Parents and the wider family are crucial in the promotion of positive mental health for deaf children. However, 90% of deaf children are born to hearing parents who have little or no experience of deafness. Parents therefore need access to immediate support and impartial information about deafness following diagnosis of their child. Parents should be enabled to be key partners and empowered to make informed choices over how they can best support their child. Parent to parent support is vital and can be encouraged through, for example, family weekends and local groups.
- b) **Communication within the family:** Deaf children will have different communication and language needs from hearing children, consequently the development of communication and language skills in some deaf children can be delayed significantly. This can impact on a deaf child's interpersonal and social skills.

To ensure that parents are able to communicate with their child from the point of diagnosis, they need access to:

- impartial information and advice on communication options
- access to support, resources and training on effective communication

Training on communication should also be available for siblings and the wider family so that deaf children can be fully integrated into family life.

- c) **Developing a positive self identity as a deaf person:** Deaf children need to be aware of their deafness and empowered, confident and capable of dealing with the challenges it imposes. Regular opportunities to meet with other deaf children and deaf adult role models can help to develop this positive self identity. Deaf children should have the opportunity to develop strategies that explore emotional well-being and deafness, allow deaf children to develop a can-do attitude and manage the impact of deafness without feeling the need to apologise for it. Our Healthy Minds resource is an example of how this can be achieved.

2.3. All services, including programmes delivered in mainstream settings, should include the promotion and maintenance of good mental health as a key objective. This may include, for example, school counselling services. It may also include peer support schemes, such as the National Deaf Children's Society Helping Hands project that enables schools to train deaf buddies to support other deaf children within school or across other mainstream schools where access to a deaf peer group is limited.

2.4 National guidance on adapting any curricula on personal and social development to meet the specific and unique needs of deaf children must be in place to support teachers working with deaf children. We believe the Government has a responsibility to provide this guidance to help ensure that teaching practices are inclusive and maximise the active participation of deaf children.

### 3. Access to mental health services

- 3.1. To develop and maintain good mental health and emotional well-being, and to deal with any difficulties that arise, deaf children and their families require access to the full 'four-tier' spectrum of mental health provision<sup>1</sup>, ranging from early support at a primary level to specialist expert services.
- 3.2. All services for children including health, education and social care, should be accessible to deaf children and their families. This means that there should be a clear pathway of support for each deaf child covering referral, identification, assessment and support, with all professionals being able to identify mental health problems in deaf children and having knowledge of which specialised services to refer to and how to make referral.
- 3.3 All key professionals, including GPs and social workers, should have a basic awareness of the communication needs of deaf children. Support should be provided quickly, sensitively and without the need for multiple assessments by different professionals.
- 3.4 If problems become critical a deaf child may require access to child and adolescent mental health services (CAMHS). Generic CAMHS should have a good understanding of childhood deafness and be accessible to deaf children. However, research has indicated that generic CAMHS lack the expertise and skills in deafness to fully and effectively support and communicate directly with deaf children<sup>2</sup>. It is also apparent that many deaf children across the UK experience an unacceptably wide variation in their access to provision.
- 3.5 To ensure that sufficient expertise in deafness is developed and maintained, a number of specialist CAMHS for deaf children should be made available across the UK, with the ability to provide outreach services and advice that covers all generic CAMHS across the UK. This will require national and local health commissioners to work together and commission support that meets the needs of deaf children from across the UK in the most effective and appropriate way. Consultation with parents and deaf children should be undertaken to ensure this meets the needs of deaf children locally.
- 3.6 Specialist CAMHS for deaf children should also:
  - a) Work closely with adult mental health services, where necessary, to ensure a smooth transition of care arrangements into adulthood with continuation of coverage and tailored support. Advise on appropriate care pathways for the minority of deaf children requiring inpatient assessment and treatment.
  - b) Identify the most effective interventions for deaf children and disseminate this knowledge nationally.
  - c) Develop partnerships locally, regionally and nationally with other agencies that work with deaf children, across health, social care and education.

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<sup>1</sup> Tier one refers to services which identify mental health problems early and offer general advice. This includes GPs, teachers and residential social workers. Tier two refers to services provided by specialised professionals who provide outreach services and assessments. This includes educational psychologists or paediatricians. Tier three refers to services to address more complex disorders delivered by a multi-disciplinary team or service working in a community clinic or outpatient service. This includes child and adolescent psychologists and therapists. Tier four refers to services for children and adolescents at severe risk. This includes specialised outpatient teams and inpatient units.

<sup>2</sup> Beresford, B., Greco, V., Clarke, S., and Sutherland, H. (2008) An evaluation of specialist mental health services for deaf children, Research Works, 2008-02, Social Policy Research Unit, University of York, York.

- d) Have the necessary expertise to promote deaf friendly strategies for lifelong skills.
- 3.7. Professionals working in generic CAMHS should be aware of specialist CAMHS for deaf children and appropriately refer as quickly as possible.

#### **4. Involving deaf children and young people**

- 4.1. Deaf children and young people are the experts on their own feelings and emotions and should have the opportunity to talk about these in a safe and supportive environment without fear of judgement or ridicule. Deaf children, young people and their families should be fully included and involved in all discussions about any support they may need and their views and opinions actively sought. An independent advocate should be made available as an option to any deaf child who may benefit from one.
- 4.2. Professionals must be aware of the communication needs of any deaf child or young person and ensure appropriate support is in place. For example, for deaf children who communicate in sign language interpreters must be made available during any engagement with the child. Relying on family members to provide communication support is not appropriate in most cases, nor is using a different interpreter at each intervention. Sign language interpreters should have knowledge of and sensitivity to mental health difficulties. Specialist CAMHS for deaf children should have available an adequate number of staff proficient in sign language.
- 4.3. Similar considerations apply to deaf children who are not sign language users but still need appropriate communicate support.
- 4.4. Deaf children should also be provided with opportunities to participate in local and national decision-making on mental health and emotional well-being and have a say in the provision they receive.

#### **5. Background**

- 5.1. There is a lack of reliable government data on the prevalence of mental health problems in deaf children in UK. Historical data, cited in government research<sup>3</sup>, suggests that over 40% of deaf children experience mental health problems compared to over 25% of hearing children.
- 5.2. The National Deaf Children's Society believes that deaf children experience a higher risk of psychological, behavioural and emotional problems. However, deafness in itself is not a risk factor for increased mental health difficulties: it is the consequence of being deaf in a hearing-orientated world where the ability to hear is considered a necessity to function in everyday life; particularly in terms of communication.
- 5.3. Environmental factors associated with deafness contribute to the increased risk of mental health difficulties for deaf children and young people. The most common factors are the lack of access to language and communication, fewer opportunities for deaf children to meet deaf peers, isolation within mainstream settings, lack of support to understand their own deaf identify, bullying, discrimination and a general lack of knowledge of deafness within society.

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<sup>3</sup> NHS. (2005) Mental health and deafness: Towards Equity and Deafness. Department of Health.

- 5.4. These environmental factors have a significant impact on deaf children and mean that frequently they experience unfamiliar language and communication structures, reduced opportunities for fluent two-way interaction, limited access to incidental learning, a partial understanding of what is happening around them and difficulties in forming and maintaining relationships with others, including within their family. These difficulties can be compounded for deaf children with further complex needs.
- 5.5. We work to mitigate these environmental factors, believing that early intervention and support will be most effective in developing good mental health and emotional well-being. We also campaign for appropriate and timely support to be available for deaf children with mental health difficulties<sup>3</sup>.