

Response to

Service Framework for Mental Health and Wellbeing 2018-2021

May 2018

Introduction:

The National Deaf Children's Society (NDCS) is the national charity dedicated to creating a world without barriers for deaf children and young people. We represent the interests and campaign for the rights of all deaf children and young people from birth until they reach independence. NDCS supports the deaf child through the family as well as directly supporting deaf children and young people. We estimate that there are approximately 1,500 deaf children and young people in Northern Ireland.

We have a dedicated team based in Belfast led by Angela Bonomy, Director for Scotland & Northern Ireland. NDCS provides a Family Support Service across the country, training sessions for families on topics such as:- early years, communication, learning about deafness, starting school- education rights & responsibilities, technology and Family Sign Language courses. We also campaign to drive up the standards of services for deaf children and their families and undertake research to inform the sector. In addition, we provide training and resources for professionals working with deaf children with an aim to supporting children to achieve their potential.

Comments:

The National Deaf Children's Society (NDCS) welcomes the review and relaunch of the Service Framework for Mental Health and Wellbeing.

We agree with the statements set out at the beginning of the consultation questionnaire:

- "The standards covered by the service framework are important for those with Mental Health Needs" and
- "Overall this framework will provide an opportunity to help set priorities for commissioning services for Mental Health and wellbeing".

We welcome the evident efforts that have been made to use a co-production model in revising the Service Framework; to ensure that proposals are firmly evidence-based and relate to both local and UK-wide standards and pathways; and that clear processes and measures are in place to measure the impact of the Framework and the outcomes for individuals and families.

We are not completing the full questionnaire because we are a children's organisation, and are therefore conscious that our contribution to the full range of the Service Framework, which covers adult mental health services, would not be appropriate. However, we wish to draw attention to a number of points relating to Standard 1.

SS1:1 I can access Mental Health Services when I need them

The links between Adult Services and CAMHS do not appear to us to be drawn clearly enough. Being deaf in a hearing world can leave deaf children vulnerable to developmental delays, behavioural difficulties and lower achievement academically. Emotional distress caused by bullying, feelings of isolation, and lack of support contribute to a greater risk of developing mental health issues among deaf children and young people.

Evidence suggests at any given time 50.3% of deaf children will experience some mental health problems, and 3.4% will require highly specialist services¹. However the number of deaf children and young people accessing services in Northern Ireland is less than would be expected given the number of deaf children in the population.

Therefore, for deaf children and young people, we can be far from certain that "I can access Mental Health Services when I need them". It is therefore important that deaf young people are able to access specialist provision once they become eighteen, planning should be put in place for this transition.

Transition between child and adult services are always a cause of anxiety for disabled children and their families, deaf children included. Differences in access thresholds between CAMHS and Adult Services cause uncertainty and confusion. The standard of service is also significantly different, with deaf young people having to wait till adulthood to access the full spectrum of support from a specialist. The recently published document 'Working Together: A Pathway for Children and Young People through CAMHS' includes a section on transition to adult services for those children who are identified as needing ongoing care and support, which promises a 6 month preparation period, and appropriate sharing of information. We would like to see a parallel recognition within Standard 1 (SS1:1 I can access Mental Health Services when I need them) of the need to support transition for young people coming through CAMHS.

SS1:2 (I receive appropriate information about what happens next when I am referred to Mental Health Services)

Our experience is that the use of specialist communication support strategies within medical, social and academic services is often below acceptable levels, this can lead to further isolation from the very systems deaf children and young people should be able to rely on for help.

We would like to see a more specific commitment in SS1:2 (I receive appropriate information about what happens next when I am referred to Mental Health Services) to ensure appropriate, accessible information and communication support where needed. The current Service Indicators, (S.S1.2(a) – All Mental Health Services (in-patient, community and specialist) provide appropriate information about the service using an Appointment Letter which includes 'Making the Most Of Your Appointment'; and SS1.2(b) All Mental Health Services will provide a copy of 'Your Guide to Mental Health Services' at first appointment) refer only to standard letters and standard leaflets, and therefore offer no reassurance on this issue.

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¹ Hindley, P (2004) Promoting social and emotional skills in deaf children: avoiding deficits that lead to problems. BATOD Magazine, Jan 2004