**SUBMITTING EVIDENCE TO A SCOTTISH PARLIAMENT COMMITTEE**

**DATA PROTECTION FORM**

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| **Name:** | **Lois Drakete:** |
| **Date:** | **10/12/2018** |
| **Organisation: (if required)** | **National Deaf Children’s Society** |
| **Topic of submission:** | **Inquiry into mental health support for young people in Scotland** |
| [x]  **I have read and understood the privacy notice about submitting evidence to a Committee.** [x]  **I am happy for my name, or that of my organisation, to be on the submission, for it to be published on the Scottish Parliament website, mentioned in any Committee report and form part of the public record.**Non-standard submissionsOccasionally, the Committee may agree to accept submissions in a non-standard format. Tick the box below if you would like someone from the clerking team to get in touch with you about submitting anonymously or for your submission to be considered but not published. It is for the Committee to take the final decision on whether you can submit in this way.[ ] I would like to request that my submission be processed in a non-standard way.  |

**Public Petitions Committee**

**Inquiry into mental health support for young people in Scotland**

**Submission from National Deaf Children’s Society**

**Introduction**

The National Deaf Children’s Society is the leading charity dedicated to creating a world without barriers for deaf children and young people. We want to work with Government, local authorities, health bodies as well as our third sector partners to ensure they can effectively support deaf children and their families.

In Scotland we offer a range of services to help ensure deaf children get the support they need. These services include a national child and family support service, a Freephone Helpline, a range of events for parents and young people, access to a technology loan service and support from 10 local deaf children societies across Scotland.

**Context**

* + There are as many as 3850 deaf children in Scotland;
	+ 90% of deaf children have hearing parents with no previous knowledge of deafness;
	+ According to NHS statistics, 40% of deaf children and young people will experience mental ill health compared with 25% of hearing children (NHS, 2004)
	+ Around 80% of deaf learners are educated in mainstream settings where they are often the only deaf young person in the school. Many describe the isolation that can be associated with this;
	+ There is no specialist mental health service for deaf young people in Scotland, despite these services existing elsewhere in the UK

**Deaf children and young people’s experience of mental health**

Deafness itself does not cause mental health problems, however the communication barriers and language delays that deaf children and young people may experience can increase the likelihood of them being affected by ill mental health.

According to NHS statistics, 40% of deaf children and young people will experience mental ill health compared with 25% of hearing children (NHS, 2004). In addition, at our Deaf Learners Conferences earlier this year, bullying and social isolation was identified by deaf young people as one of their challenges.

*“I cover my hearing aids with my hair, don’t like people to see them and make fun”*

90% of deaf children are born to hearing parents, many of whom have no experience of deafness. This lack of shared experience between parent and child can often lead to a sense of isolation in childhood which can continue into adolescence and adult life.

Deaf children have different communication and language needs compared with other children. A lack of appropriate support and experiences in the hearing environment can lead to a delay in the development of communication and language skills in some deaf children. Combined with reduced opportunities for incidental learning, this can impact on a deaf child’s socio-emotional development.

Commissioned research from the University of Edinburgh[[1]](#footnote-1) has illustrated that poor emotional health and wellbeing was often an underlying factor in gaps in numbers of deaf young people attaining to their full potential and achieving positive post-school destinations.

Following the passage of the British Sign Language (Scotland) Act 2015, the need to ensure that British Sign Language (BSL) users have access to the mental health information and services they need has been recognised in the Scottish Government’s first BSL National Plan.

**Specialist workforce**

Many deaf children present with behavioural issues which are linked to the social and emotional developmental delays that can occur due to the challenges they experience growing up in a hearing world. This can lead to issues with emotional literacy and regulation. Emotional literacy can be defined as an ability to recognise, understand, handle and appropriately express our own emotions to those around us. There is considerable evidence that these skills can be delayed in deaf children of hearing parents (Moeller, 2000), related to the impact of deafness on language and cognitive development and on relationship and interactions with parents. For those deaf children who are oral, there can be a hidden lack of language development and the understanding of words. A lack of deaf awareness amongst professionals can mean that they do not pick up on mental ill health indicators and instead relate these to the child’s deafness.

It is necessary, and should be a fundamental right, that deaf children have access to the kind of linguistic and emotional environment that allows them to learn these skills in the form of a specialist model of effective early intervention with a focus on language and communication.

Language is usually acquired through hearing and vision together and so deafness has the potential to delay development. As language provides the building blocks for many skills, these delays can impact more broadly on a child’s life including their emotional and social development. Recent cuts in specialist support, such as Speech and Language Therapists, is something that must be addressed to ensuring deaf children’s wellbeing needs are being met.

**Service provision for deaf children and young people**

We welcomed the establishment of the deaf adult mental health service, hosted by NHS Lothian, in 2011. However, there is currently no such specialist mental health service for deaf children in Scotland and they cannot access specialist interventions until they reach the age of 18. This is despite such services being available and well established in other parts of the UK.

Our research[[2]](#footnote-2) has illustrated that:

* There is a lack of deaf awareness amongst mainstream professionals of the impact of deafness on a child’s emotional well-being, which results in a lack of a clear pathway of support and referral;
* Informal support to promote positive wellbeing is often unavailable or inaccessible to deaf children (e.g. clubs, hobbies and other community-based activities);
* Many children’s counselling services are offered over the phone which is not accessible to deaf children. While these can also provide text relay or messenger, for many of deaf BSL users English is not their first language, or they do not have proficient level to contact these services through email. To ensure full accessibility, this service should also be available in BSL.

Preventative strategies and approaches as well as specialist outreach at the earliest opportunity by primary services is vital to ensuring the mental health of those individuals does not subsequently deteriorate to crisis point.

**Early intervention and prevention**

A range of community based, early intervention activity is also required. For example, we offer teachers and practitioners a range of resources and training opportunities to help better support deaf learners. Included in this is our Healthy Minds training programme which aims to encourage young deaf people to use positive strategies for managing their deafness and develop their self-esteem and confidence. **We recommend that more opportunities are provided for deaf young people to access specialist emotional health and wellbeing interventions such as these.**

The promotion of positive mental health and emotional well-being is important for deaf children not least due to the higher risk they face of developing mental health difficulties. This should be recognised and addressed as early as possible by mainstream and specialist professionals in contact with deaf children.

The emotional wellbeing of a child is strongly influenced by a number of factors, including the degree of deafness, the presence of additional support needs and the quality of their communication and relationships at home and in school.

*Positive Mental Health within the family*

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 with little or no experience of deafness. Parents need access to immediate support and impartial information about deafness following identification of their child, including the impact on the emotional health and wellbeing of the child and family as a whole.

*Communication within the family*

Deaf children have different communication and language needs from hearing children and, consequently, the development of these skills in some deaf children can be delayed significantly. This can impact on a deaf child’s interpersonal and social skills. Family and carers must be able to communicate with their child from the point of identification of deafness and have access to impartial advice on communication options, support and resources to ensure their child’s positive development of emotional literacy and acquisition of a healthy theory of mind as a foundation for future mental wellbeing.

*Positive self-identity*

Deaf children need to be aware of their deafness and be empowered, confident and capable of dealing with the challenges it poses. Regular opportunities to meet with other deaf children and older deaf role models can help to develop this positive self-identity.

**Developing peer support and mentoring opportunities for deaf young people is an important way to promote positive wellbeing.** This is an area where third sector organisations and schools could work more closely together to support young people and help explore their deaf identity and offer young people a rare opportunity to develop a deaf peer group. This is particularly valuable given that many experience a level of social isolation within their own schools and communities where they may be the only deaf young person.

There needs to be a collaborative approach to mental health in Scotland which needs to connect with all services, particularly education, social care and community services in line with the Getting It Right For Every Child (GIRFEC) agenda. The involvement of community based services will be vital for children with ASN to combat social isolation and increase communication, participation and engagement.

Preventative measures should be at the focus of any strategy and we believe that **mental health training should be offered to those working with deaf children** in health, education and social care settings to address issues of mental health as early as possible and minimise progression into adulthood. This will support the achievement of the principles of the Curriculum for Excellence by supporting deaf young people to become confident individuals and effective contributors to Scottish society.

We want to see **a full** **Deaf Child and Adolescent Mental Health Service (DCAMHS) operating** **across Scotland**, with specialist support services also available in school and community settings.

Deaf children and their families require meaningful access to the full **‘four-tier’ spectrum of mental health provision**, ranging from early support to specialist expert services. There is a National Deaf CAMHS service elsewhere in the UK funded by NHS England. This service can take referrals from Scotland but requires the young person to travel out with Scotland to receive specialist care. To date the service has taken a very small number of referrals from Scotland which indicates latent demand here.

A specialist DCAMHS would provide invaluable outreach initiatives and direct clinical support to deaf children. This service would also compliment the work of the deaf adult mental health service. **We recommend the Scottish Government build on the successful Stage 1 National Services Division application for this service with a view to local piloting or national commissioning.** We would welcome the opportunity to further discuss this proposal with the Committee.

**Data:**

There is a need to ensure Scotland has a robust system of data collection in place in terms of numbers and needs of children and young people with additional support needs. We understand that it is not necessarily recorded that a child is deaf on the data systems used by CAMHS. This means that reporting on the number of deaf children accessing these services, and their outcomes, is challenging without auditing case notes. Improved data collection and sharing of information is critical to delivering an effective mental health service and ensuring the needs of Additional Support Needs children are being met.

**Bullying and isolation:**

Bullying is a key issue for many disabled children and young people and connects to the social stigma that continues to be attached to disability. Bullying was highlighted as a challenge for deaf young people who attended our Deaf Learners Conferences earlier this year. Feedback from young people included a lack of understanding of deafness and deaf awareness from their peers, resulting in the deaf young people struggling to make friendships.

**Participation**

We believe further action is required in terms of recognising and realising the link between mental and physical health for children and young people. Increasing the availability of inclusive activities in sport for children with ASN is vital in ensuring their participation rights are being met and promoting wellbeing. The availability of high quality training opportunities for sports coaches is key to ensuring activities are inclusive and **we recommend that the Scottish Government commit to ensuring teachers and coaches have access to training on the specific needs of children with ASN.** This is of particular importance where low incidence needs such as childhood deafness are concerned.

We have worked with a range of sports clubs and organisations to embed our Deaf-Friendly Standards. The standards are about making clubs and organisations activities deaf friendly and fully accessible to deaf children. One specific example running in Scotland is the Deaf Friendly Swimming Project which supports swimming teachers and coaches to ensure deaf young people are fully included in swimming activities.

1. Fordyce, F, Riddell, S, O’Neill, R & Weedon, E., 2013, Post School Transitions of People who are Deaf or Hard of Hearing. [↑](#footnote-ref-1)
2. [Campaign report: Mental Health Services for Deaf Children; National Deaf Children’s Society, January 2013](http://www.ndcs.org.uk/document.rm?id=11441) [↑](#footnote-ref-2)