pn2 Research Brief

Mental health care for DHH individuals: Needs, risk factors, and access to treatment

Mental health care for DHH individuals.

The National Association of the Deaf (NAD) describes mental health care of deaf or hard-of-hearing (DHH) individuals as the identification, evaluation, diagnosis, and treatment of DHH individuals, who have cognitive, emotional, behavioral, or psychosocial needs by counselors, psychologists, psychiatrists, social workers, and other mental health care professionals.[17]

Rates of prevalence of mental health concerns.

Incidence rates of specific mental illnesses in adult deaf populations are extremely limited, if not all together absent. Estimates of deaf mental health concerns are based on rates of mental illness known for the general population.

- In 1996, 40,000 deaf and two million hard-of-hearing individuals in the US had some form of severe mental illness.[18]

"Studies on deaf mental health concerns are few and narrow in scope, in large part because of a lack of researchers in both deafness and mental health research" [7]

What mental health issues do DHH individuals face?

Although many DHH individuals lead healthy lives, some DHH individuals experience mental health concerns.[17] Common referrals for psychotherapy, also known as talk therapy or individual counseling, include:

- Clinical depression or overwhelming sadness, grief, and loss
- Anxiety, panic attacks, stress management
- Sexual identity issues and/or Deaf identity issues

Some DHH individuals do experience more serious mental disorders, including:

- Schizophrenia
- Bipolar disorder
- Serious substance abuse

DHH individuals may also seek out couples or family counseling for:

- Relationship or family conflicts
- Family trauma related to domestic violence

Risk factors for mental health concerns in deaf or hard-of-hearing populations.

DHH groups are subjected to a significantly greater number of mental health risks than their hearing counterparts. Risk factors faced by DHH groups include but are not limited to:

- Early or pervasive *lack of communication access* with family members and in general.
- A lack of access to necessary *physical and mental health treatment services*.[17]
- In 1996, it was estimated that *less than 2%* of deaf individuals in need of mental health treatment received it. It is speculated that even fewer deaf individuals from ethnic minority groups receive appropriate services.[18]

Many of the above risk factors occur in early childhood. Several studies have shown marked differences in the rates of social-emotional problems experienced by DHH youth as compared to hearing peers.

- Studies show rates of social-emotional difficulties as high as two to three times as that of hearing peers.[4, 5, 11]
- Other studies report that deaf children and adults are three to five times more likely to have a serious emotional disturbance than their hearing peers.[19]
- Some findings reveal that the rate of internalizing mental health disorders (such as depression or anxiety) does not differ between hearing and deaf populations, but that the rate of certain personality disorders and childhood behavior problems are three to six times more prevalent for DHH individuals.[16]

Issues impacting access to mental health services for DHH individuals.

Several significant factors contribute to a lack of accessibility of mental health treatment and services for DHH populations:

- Interventions, techniques, and services that work for hearing clients are not equally effective for deaf clients.[3]
- Standardized tests and mental health measures designed for hearing people are often invalid when used with deaf individuals.[5]
- There is a shortage of psychologists and other mental health professionals who have the training and experience to assess DHH individuals.[14]
- A 2008 national survey found that 10.7% of practicing school psychologists were fluent in a language other than English, and less than 1% of practicing school psychologists reported ASL fluency in US school systems.[2]
- Introducing an interpreter to the assessment process can create relational complications in therapy between the client and practitioner. Furthermore, the use of underqualified interpreters can lead to diagnostic errors during assessment.[20]

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