NZ Deaf Mental Health
Geoff Bridgman and Cat Sainsbury

“A risk to life”

Service users response to the lack of an out of hours service (2012)
What happened when Deaf people visited a health or welfare service in 1998

- Alternative health service: Better
- Hospital physical health service: Better
- Maori health service: Better
- Social worker: Better
- Interpreter or communicator: Better
- Visiting nurse: Better
- GP or Doctor[1]: Better
- Counsellor (include psychotherapists): Better
- Accommodation or housing service: No difference
- Employment or occupational service: No difference
- Psychologist: No difference
- Community mental health service: No difference
- Hospital/residential MH service: Better
- Psychiatrist: Better

worse  no difference  better
1998 survey shows high Deaf use of mental health services

- Private mental health therapy: 11%
- Community mental health service: 6%
- Mental hospital or residential service: 3%
- No mental health service: 80%
Many Deaf people wanting mental health support in 1998

- No mental health support wanted: 56%
- Mental health support wanted now: 44%
Why is specialist mental health care so important for Deaf?

- Mental illness in the Deaf community
- Current gaps in service
- Lack of awareness
  – within mental health sector
  – within Deaf community
Limitations of mainstream services

- Recent study data
- Interpreting & communication issues
- Misdiagnosis and inappropriate care
- Cultural mis-match
- How did past/current DMHS fit in to this picture?
What can we do about it?

The Coalition of Deaf Mental Health Professionals (CDMHP)

A group of Deaf and hearing (50/50) with experience in Deaf:

• Clinicians
• Researchers
• Practitioners
• Managers
• DANZ staff
• Specialist interpreting services
What’s our objective?
The development of Deaf Mental Health services that are;

• Culturally driven
• NZSL signing
• Nationally coordinated
• Cross-sectoral
• 50% Deaf staffed
How?

• Draw upon local & international research, DMH service delivery, and data.
• Align our campaign with the national mental health agenda
• Illustrate how the key components of our service model translate into effective and sustainable services (handout)
Challenges

• Lack of recognition, awareness and understanding of Deaf cultural needs
• Government funding and priorities
• MOH does not collect data on Deaf
• Lack of recent research
• DMHS are very vulnerable
• Limited pool of specialists
Priorities for 2013

• Develop practice sub-group
• Develop website
• Establish links with other organisations
• DANZ workshops – mental health sector
• Connecting with the Deaf Community
• Research; where are Deaf/ what are their needs?
• Continue dialogue with funders/planners
Questions

• Do we need Deaf mental health services?
• What stops Deaf people getting help?
• How can the Deaf Community give its support?
Action

• How would you like to stay connected to this project (handout)?
• Collecting client stories