Deaf Youth

Intervening early, Intervening well

Deaf people often need to work much harder to achieve the same outcome.

www.asphyxia.com.au
Background

• Deaf Culture/ language/ customs

• Trends in Deaf “politics”

• Most Deaf children born to hearing families who are not fluent in Auslan

• Cochlear implants do not restore “normal” hearing

• Only about 30% of speech can be detected lip reading
Lipreading is not about 'reading' the shape of the lips. It's about getting every 5th word or so and guessing the rest through context, facial expression, and body language. It's very tiring.
# Developmental pathway

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Vignette 1.

17 yo girl referred for DSH.
Congenital deafness due to rubella
Father Vietnam veteran PTSD no signing
Mo some Auslan & home signs
CSA by a Deaf peer (delayed disclosure) - School refusal
Parents insisted on cochlear implant – not used
Little interaction with hearing peers, few Deaf friends
Further social exclusion on leaving school – never employed
Epidemiology

- Increased rates of mental illness especially high prevalence disorders
- Vulnerable to abuse
- Higher risk if poor language acquisition
- Higher risk in hearing families if inadequate communication
- Developmental delays esp. Theory of Mind
- Identity issues – Deaf identity
- Self esteem
- Acquisition of coping strategies
Mental health assessment

• Level 3 interpreter – use of interpreter / need to calibrate/ choice / brief & debrief
• Understanding Auslan visual language issues in chronology/ communicating emotions of others via expression/ use of touch
• Auslan not a written language – challenge to assess FTD
• Specific questions versus leading questions. Clarify, Clarify, Clarify
• Use of visual aids
• Delay disclosure
• Limited validated tools: (www.psychtesting.org.uk)
Vignette 2: Delayed diagnosis

• 17yo Deaf girl attempted murder charge
• History of being seen at CYMHS
• At main stream school with a Deaf unit
• Family no Auslan + stress
• Insidious onset of psychosis
• Sleep over with Deaf friend when became acutely psychotic
• High secure, Residential rehabilitation
Mental Health Treatment

- Therapeutic alliance when there is a triad
- Need for adaptation and validation of therapies e.g. DBT
- Narrative therapy – culturally congruent
- Over / under diagnosed and treated (error in calibration)
- Lack of specialist teams
- Upskilling mental health workforce (website + MHFA)
- Referral to specialist teams (CL approach) use of teleconferencing
Primary & secondary prevention

• Complete communication approach
• Support for parents & siblings
• Compensating at key developmental phase especially peer relationships in adolescents
• Informed education department
• https://www.safedeafkids.org.au/
Key learning points

• Deaf culture – consider cultural consultation/ training (online module)
• Auslan a complete language & English 2\textsuperscript{nd} language for most Deaf
• Use level 3 NAARTI accredited interpreters
• Avoid non standardise instruments
• Oral Deaf may still have very compromised hearing & still need an interpreter
• Delay in obtaining adequate history likely to need multiple assessments
References/ resources

• Brown M., Cornes A. Mental Health of Deaf and Hard of Hearing Adolescents: what students say. Deaf studies and education, 2015, 75-81


