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Mental Health Services For People who are Deaf and Hard of Hearing

2003 Position Statement

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Open Letter to the Mental Health Community and Allied Service Providers

The Board of the National Association of the Deaf (NAD), staff and Mental Health Committee presents its *Position Statement on Mental Health Services for People who are Deaf and Hard of Hearing*.

The purpose of this position statement is to acknowledge and emphasize the importance and need for direct communication, sensitivity to cultural affiliation, and sensitivity to the psychosocial impact of hearing loss in the delivery of mental health, mental retardation, and substance abuse services to people who are deaf, hard of hearing, late deafened, and deafblind in every state throughout the country.

The NAD recommends that individuals with hearing loss be referred to specially trained providers whenever and wherever possible and/or that appropriate support services, guided by consumer choice, be made available, such as sign language interpreters, captioned videotapes, telecommunication devices for the deaf, tele-mental health capability, and closed captioning.

In addition, the NAD encourages organizations to inform their membership about this position paper and incorporate the language used in this position statement wherever possible and appropriate in mental health policy statements on multicultural approaches to care, cross-cultural and cultural care, limited English speaking/signing procedures and guidelines, Olmstead planning, and other kinds of policies, procedures, and standards of care that exist in the mental health field and profession. The population of people with hearing loss should be included, alongside other ethnic and cultural groups, in efforts to eliminate disparities in mental health care.

The NAD has specialized consultants available for referral to assist state and local departments, programs, and professionals with needs assessments and identifying and developing resources to serve this population across the country.

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NAD Position Statement on Mental Health Services for People who are Deaf and Hard of Hearing

People who are deaf or hard of hearing (1) are an underserved cultural and linguistic population within the nation's mental health system. Tragically, normal adjustment, cultural, language and communication issues are often mistaken for developmental delays, mental illness or mental retardation.

Since the mid-1950s, the NAD and the professional community of skilled and experienced providers in various fields serving this population have addressed and advocated for quality mental health services (2) for people who are deaf and hard of hearing. As a result of these efforts, extensive theoretical, policy, and practice literature has developed, including the Americans with Disabilities Act (ADA) and several landmark court cases on mental health and hearing loss, particularly supporting and promulgating appropriate care guidelines for services and the importance of consumer voice.

The NAD recognizes that, for the estimated 28 million individuals who have hearing loss in the United States, mental health services should be provided using cultural and linguistic affirmative approaches. Cultural and cross cultural providers in public and private mental health care service delivery systems are aware that a positive therapeutic process includes facilitating the acceptance of hearing loss as an integral and potentially valued part of the individual and understanding and respecting communication choice and family needs, both nuclear and extended.

Public and private mental health services should be available in all states to serve this population and should be equal in quality and effectiveness to those provided to persons who are able to hear. These services should be provided by culturally and linguistically competent providers using appropriate support services.

The skills of culturally and linguistically competent providers, whether hearing, deaf or hard of hearing include:

Ability to communicate directly with deaf and hard of hearing individuals, frequently requiring fluency in American Sign Language, but may include other modes of signed or visual communication systems used by deaf and hard of hearing people; and

Appropriate use of services and adaptive technology as is best identified and utilized by the consumer and his/her family members, including qualified and certified interpreters, assistive listening devices and real-time captioning services, and;

Intensive and extensive awareness of the cultural and linguistic differences, and psychosocial impact associated with hearing loss.

The skills of cross-culturally trained providers include:

Appropriate use of services and adaptive technology as is best identified and utilized by the consumer and his/her family members, including qualified and certified interpreters, assistive listening devices, and real-time captioning services; and

Awareness of and sensitivity to the cultural and linguistic factors that impact the quality of the delivery of mental health services to this population.

The NAD further recommends that public and private providers work together to develop an array of appropriate and accessible cultural and cross-cultural services, based on the identified and assessed

needs of this population in each state to ensure the provision of culturally and linguistically competent mental health services.

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Recommended State Actions

- Establish an advisory council to the State's department of mental health services including consumers with hearing loss and their family members;
- Establish a position of State Coordinator in the department of mental health services to coordinate and provide technical assistance on appropriate service delivery solely for this population;
- Assess need and establish a statewide and/or regional continuum of public and/or private cultural and cross-cultural mental health services and programs (including professional training) for adults, adolescents and children who are deaf and hard of hearing. This continuum of services shall be integrated and coordinated with the existing service delivery system. This continuum should include separate, specialized services and programs, where needed.
- Report the efforts and results of building this continuum of cultural and cross-cultural services in the annual plan of care to the federal government through state mental health planning councils;
- Recognize, acknowledge, and integrate the cultural, cross-cultural, and linguistic needs of this population in state mental health policy. The access needs of this population should be strongly considered and included in the creation and revision of strategic plans, the submission of block grant applications, and response to legislative mandates, such as Limited English Proficiency, Olmstead planning, and human rights. Culturally sensitive language should be included that directs attention and increases awareness of the need for direct communication and communication facilitation in service delivery for this population.
Encourage the involvement of consumers who are deaf and hard of hearing and their family members through public and private offices of consumer affairs and other consumer and family member community-based organizations in the state.
- Develop a registry of public and privately employed practitioners with expertise working with people who are deaf or hard of hearing to be made available for referral upon consumer request.
- Mandate referral to specialized providers, as appropriate, and coverage (by public, private, managed care, and self-insured health plans) for interpreting services for subscribers and family members who are deaf and hard of hearing.
- Create and/or utilize existing tele-mental health network resources to improve statewide access to services and provide needed technical assistance and consultation.
- Develop and provide professional training resources, such as classes, workshops, conferences and community events to improve the skills and knowledge of cultural and cross cultural professional providers who deliver services to this population. Coordinate these efforts with academic institutions that educate and train human service workers throughout the country.

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This paper is predicated on existing legislation including the ADA, the Rehabilitation Act of 1973, and other federal and state civil rights laws requiring state and local governments, and private providers to ensure access, effective communications and equal opportunities for deaf and hard of hearing individuals.

1. The term "deaf and hard of hearing" is to be interpreted as inclusive of all individuals with hearing loss including those who are late deafened and deaf-blind. [\(back\)](#)

2. The term "mental health services" is to be interpreted as inclusive of the identification, evaluation, diagnosis, and treatment of individuals with mental health care needs, including but not limited to mental illness, mental retardation, and substance abuse. The term include the delivery of mental health care services on an inpatient or outpatient care basis, by counselors, psychologists, psychiatrists, social workers or other mental health care professionals, and delivery in public and private mental health care systems.

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Produced by the NAD Mental Health Committee in coordination with State Directors of Mental Health and NAD staff.

Approved by the NAD Board of Directors, May 3, 2003

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