17th June 2022

The following is the submission from Deaf Aotearoa on the Mental Health and Addiction System and Service Framework 2022–2032 Core Concepts.

Via email to: mhaengagement@health.govt.nz

Deaf Aotearoa

Deaf Aotearoa is the government recognised Disabled People's Organisation (DPO) representing the voice of Deaf New Zealanders. Deaf Aotearoa works closely with Deaf communities, government agencies and other organisations to increase awareness, promote NZSL and realise the rights of Deaf people. Deaf Aotearoa's Executive Board is comprised of nine Deaf people, elected by and from its 2,500 members.

Deaf Aotearoa is the national advocacy and service provider organisation for Deaf people. We engage with local Deaf people and communities from our 14 offices across New Zealand from which we provide support and services to Deaf people and their families in New Zealand Sign Language (NZSL).

Deaf Aotearoa's services include the First Signs service supporting families of deaf children from birth to 5 years; youth; employment; needs assessment; information services and sign language interpreting services through our national interpreting service iSign. Deaf Aotearoa coordinates NZSL Week each year to celebrate Deaf culture and one of Aotearoa's three official languages.

Deaf Aotearoa's **Mission** is:

Deaf Aotearoa is an advocate for positive change supporting the Deafhood journey of identity and culture

Deaf Aotearoa's **Values** are:

NZSL and Deaf culture are our mana
People are at the centre of everything we do
We communicate and collaborate with the Deaf community
We embrace diversity.

These Values drive Deaf Aotearoa to ensure Deaf people access education and information; engage with and participate successfully in society; represent themselves and their community effectively; and are employed and contribute to the economy of New Zealand.

Deaf Aotearoa is the New Zealand country representative to the World Federation of the Deaf which has 133 country members representing approximately 70 million Deaf people worldwide.

Overview of Deaf Mental Health

The Deaf community is around 4,500 Deaf people for whom New Zealand Sign Language (NZSL) is their first, preferred or native language. These people were likely born deaf or lost their hearing soon afterwards. It's likely they have faced barriers in accessing education, employment, health services and information for much of their lives.

Many Deaf people experience mental distress from an early age, perhaps from birth when born to hearing parents who cannot communicate with their deaf child. The incidence of mental distress within the Deaf community is thought to be approximately double that of the general population.

Mainstream mental health services, generally speaking, aren't set up to cater for the needs of Deaf people. Very few have Deaf staff and even fewer have staff who are fluent in NZSL. Whilst diagnosis, provision of services and ongoing support via a skilled NZSL interpreter may be successful in some cases, to ensure the most effective diagnosis, care and support, clinicians and other practitioners that are fluent in NZSL and possess a deep understanding of Deaf culture are required.

The Deaf mental health workforce has remained static for the past two decades, at least. A small number of qualified Deaf counsellors exist, along with a small number of Deaf support workers with relevant qualifications.

One negative impact of a small number of professionals working with disproportionately high number of clients is the risk of burnout on the professional.

NZSL interpreters with skills and experience and relevant training in mental health situations work in the community and in the health system. However, their number has not increased significantly in some time. Often, Deaf people have a short list of their preferred interpreters. These interpreters will be those that the Deaf person has worked with previously, and have relevant knowledge and experience.

The Deaf Way report, published in 2010, made several observations that remain true today:

Nearly 10% of the Deaf population were positioned at the chronic and severe end of the mental illness spectrum (as compared to 3% in the mainstream population).

The Deaf community has a high risk of mental illness, a high need for mental health services and a perception of current mental health services, including substance abuse services, as being inaccessible.

Mental health and counselling services are inadequate to meet need and require significant improvement.

There are five Deaf mental health support workers currently employed by Richmond Fellowship in Auckland/ Northland, Hamilton and Wellington. The lack of specialist psychiatric professionals and support workers was frequently commented on by review participants.

Thirty social workers, 26 community mental health workers, 15 intensive mental health staff for residential support, four inpatient beds and 15 community residential beds were thought to be needed.

Community mental health team staff felt they had inadequate knowledge, skills and resources to provide care for Deaf people with severe mental illness. Generic services need at least basic training in Deaf awareness and Sign Language as a minimum requirement (although such minimal skill level is inadequate to deliver services effectively).

Multiple approaches to provision

Deaf Aotearoa supports the Enabling Good Lives principles, and the fundamental rights of Deaf people to choose the service provider they are most comfortable with. We support the Twin Track Approach as outlined in the NZ Disability Strategy 2016-2026:

A twin-track approach is about making sure mainstream services and supports are inclusive of, and accessible to, us and that services and supports that are specific to us as disabled people are also available.

This approach is not about having to choose between the specific or mainstream option; rather it is about having the right access to the right high-quality support or service, at the right time and in the right place.

Our experience tells us that some Deaf people wish to access specialist Deaf- or disability-focussed mental health services, whilst others prefer to access mainstream or generalist mental health services. In a small community such as the Deaf community, many people work and socialise with similar groups of people, which increases the likelihood of Deaf people's mental distress becoming known throughout the community.

This can have the effect of dissuading Deaf people from accessing specialist Deaf services, hence the need for the development of the NZSL and Deaf culture knowledge of mainstream services, and those providing services for other populations including Māori, Rainbow, Youth and Pasifika.

Māori Deaf

Māori are overrepresented within the Deaf community. Data from the National Audiology Centre in 2002 showed that 49% of the children identified as Deaf or hard of hearing / hearing impaired were Māori.

"47.3 percent of students that Resource Teachers of the Deaf working with are Māori." NZSL@School Report 2015

"Those of Māori ethnicity are over-represented in the Database, comprising 34% of notifications and 26% of the population overall." Deafness Notification Data Report 2020

Māori health services needs to be inclusive of and accessible to Māori Deaf, including the establishment of strategy, service development, and the development of their workforce to be responsive to the bicultural needs of Māori Deaf.

We advise that further consultation is required with the Māori Deaf community and Deaf mental health experts to ensure the Māori Deaf voice is included in the design of mental health services for Māori Deaf.

Data collection and analysis

Presently, the collection of data and evidence is not sufficient to meet the intention of Article 31 of the UNCRPD. Collection of data on the Deaf community and its sub-groups is essential to formulate most effective policies and the establishment of appropriate Deaf Mental Health services. The data sets need to incorporate Deaf people's cultural, language and identity needs. Without this data, Mental Health services will not be able to assess whether they are meeting their Deaf clientele's needs.

Summary

Deaf Aotearoa's Executive Board and staff include several Deaf people who have first-hand knowledge of the impacts of mental health and addictions in the Deaf community, and we would welcome a meeting to discuss this paper, and any future proposed developments for Deaf mental health services and their personal experiences in person.

Additionally, we recommend ongoing meaningful engagement with the Deaf community, Ko Taku Reo, Coalition of Deaf Mental Health Professionals, service providers and support groups.

Nga mihi

Joanne Klaver
President
Deaf Aotearoa

Recommended reading

Perceptions of Māori Deaf Identity in New Zealand

Deaf Way report

Psychiatric care and care of Deaf and disabled people