

Mental health in deaf children and young people

Holly Greer outlines the summary of Mental Health provision in Northern Ireland

There are approximately 1600 deaf children and young people in Northern Ireland, according to NDCS. Evidence suggests that at any given time 50.3% of deaf children will experience some mental health problems, and 3.4% will require highly specialist services.¹

Deaf children, like any child in Northern Ireland, have the right to access CAMH (Child and Adolescent Mental Health) services at the appropriate level. However, the number of deaf children and young people accessing services is consistently less than expected given the numbers (we would expect to see approximately 50 children per year).

In a brief survey of the 5 Health and Social Care trusts in NI in 2016, it appeared that there were no deaf children seen in or referred to CAMHS, and practitioners had trouble remembering any involvement with a deaf child or family.

As a member of the Northern Ireland division of the Royal College of Psychiatrists CAMHS faculty, I was asked to join Dr Margaret Du Feu in raising awareness of mental health issues in these children due to my background of training in children's mental health and intellectual disability, with wide experience of the varied and complex issues around disability and sensory problems. Dr Du Feu retired from work in NI in early 2017 and has been instrumental in setting up mental health services for deaf people across the UK and Ireland.

A specialist working group under the CAMHS faculty NI has been meeting quarterly for the past two years to address the mental health needs of deaf children. It has membership from education, social work, audiology, the cochlear implant service, CAMHS representation from each trust area, Jordanstown School, SLT and charitable organisations such as NDCS and Action Deaf Youth. We are working on referral pathways for children in each area, raising awareness and offering information to those who come into contact with young people who might need to access CAMHS.

Unfortunately, given that Northern Ireland has had no government in place, we have no one to approach for funding allocation/redistribution at present, and have to develop creative ways to promote and deliver a service for these vulnerable young people.

I have been encouraging referrals to come directly to myself to build up my experience, and to assess and signpost children and their families to the most appropriate service. My HSC trust have been flexible in allowing time in my job plan to see children from any trust

area, at least in the first instance. I avail of peer support and advice from the National Deaf CAMHS Service consultants in England.

Eight referrals were received and assessed in 2017, twelve referrals received and assessed in 2018, and fourteen referrals so far this year – a big improvement on zero, but not quite the 50 that should be expected! We have a virtual team across the five HSC trusts to improve communication and signposting, and to make sure that none of these young people get passed or lost between services.

Feedback from parents and children has been very positive. Those who have been referred through have been so glad to be able to meet with someone who understands the difficulties that their child presents with, and often say they have been trying to access help for a long time. Professionals involved with the child are happy to have one point of access to refer to, and can trust that the clinicians seeing the child have specialist interest in, and experience working with, deaf children.

The Health and Social Care Board and the Public Health Agency, along with a number of MLAs, have started to take an interest in the service and the support pathways for deaf children that need to exist in each trust area. As mainstream schooling becomes more frequent for these children, there are problems with isolation, loneliness and lack of similar peer contact, especially outside of Belfast.

You will all come into contact with a number of deaf children on a daily basis and I urge you if you see a change or something unusual in the child you are supporting – such as loss of confidence or interest, lack of appetite, sleep problems, tearfulness or fall off in school work – seek help promptly in an effort to access early intervention to assess, manage and support any possible emerging emotional wellbeing or mental health problems. ■



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Reference

- 1 Hindley P (2004). *Promoting social and emotional skills in deaf children: avoiding deficits that lead to problems.* BATOD Magazine, Jan 2004.

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