

The mental health and wellbeing of deaf children

Mhari Greenwood provides an overview of her presentation shared at the BATOD Scotland event

Improving mental health and wellbeing for all is a priority for the Scottish Government. This is evidenced through the publication of the Mental Health Strategy for 2017-2027. The ambitions of the Scottish Government include a number of aims targeting the mental health and wellbeing of children and young people and includes prevention and early intervention as well as actions to support children and young people with mental health issues and their families. Good health and wellbeing has been identified as being central to effective learning (Education Scotland, 2009). In Scottish education, the definition of health and wellbeing within the Curriculum for Excellence adopts a holistic, whole child approach taking into account physical, mental and emotional health and wellbeing. Importantly it defines health and wellbeing as being more than just the absence of illness or not participating in unhealthy behaviours. There are no official statistics regarding the mental health and wellbeing of deaf children and young people in Scotland or indeed within the wider UK. Research on deaf adults' mental health and wellbeing is limited. That which exists suggests that 40% of deaf people experience mental health problems compared to 25% of the general population (Department of Health, 2005).

Research looking at the risk factors for the development of mental health issues has identified several factors at the level of the child, family, school and community that can have an impact on children and young people. A complex array of additional factors can also be present for deaf children (Calderon and Greenberg, 2000). Additional factors that can be present for deaf children include having an effective mode of communication, development of emotional awareness and control, impulse control and problem solving skills, and self-esteem and self-efficacy. Additional factors within the family and wider school and community environment can include parental adaptation to deafness, impact of deafness on the family and family coping skills, parental hearing status, mode of communication used and proficiency, type of school resources, social and emotional isolation, and access to community based activities and clubs.

Consequently, as well as the health and wellbeing supports available to all children, deaf children require additional supports to promote their health and wellbeing. Since the majority of deaf children are born to hearing parents access to support in the early years is vital to develop parent confidence and coping skills. Enabling parents to develop an effective mode of communication and form a secure attachment relationship with their child in the early years is important as we know that having good communication skills and a secure attachment base are both protective factors for future positive mental health and wellbeing. Having an effective mode of

communication also means that children are able to learn the rules and expectations around social behaviour, as sociability is another protective factor. A knowledge and understanding of their own and others emotions contributes to positive mental health and wellbeing, therefore explicit teaching of emotional literacy and social skills, opportunities to use problem solving skills and encouraging conversations regarding thoughts and feelings will help children to be able to express themselves and seek support if required. Another factor that impacts on positive mental health and wellbeing is having a sense of belonging, therefore having a sense of deaf identity and belonging to a community will have a positive impact on the mental health and wellbeing of deaf children. A wide support network and positive relationships with others is also a protective factor for mental health and wellbeing, therefore being around deaf adults can provide deaf children with positive role models as well as others who can support them. Deaf children also need opportunities to develop peer relationships and social networks of support within their community. Finally, experiencing success and achievement is also a protective factor for positive mental health and wellbeing. Both within and out with school it is therefore important deaf children are given opportunities to be successful and achieve their best.

There is little research on the mental health and wellbeing of deaf children compared to the wider population, and that which exists is often limited and does not seek the views of pupils. Further research in this area is required to explore the unique needs of deaf children and identify evidenced based practice to support the mental health and wellbeing of deaf children.



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