

# Mental health: update from Scotland

Dr Deborah Innes provides a summary of her presentation shared at BATOD Scotland's event

I was delighted to present at the May BATOD conference with my Advanced Nursing Practitioner colleague Debbie O'Reilly. I am a general adult Psychiatrist which means I am a qualified medical doctor who has undertaken specialist training in adult mental health disorders. I have a special interest in Mental Health and Deafness.

Working in Mental Health and Deafness, means working across specialities, conditions, and regions; our speciality is communication. Within the Scottish Mental Health Service for Deaf People, we see adults who are Deaf, have acquired hearing impairment or dual sensory impairment. If the adult cannot access local, generic services due to communication issues caused by deafness then they are appropriate for our service.

Many studies have shown that around 40% of deaf people experience some form of mental distress in their lifetime compared to around 25% of the general population. These tend to be disorders such as anxiety and depression, co-morbid disorders, and adjustment disorders linked to past experiences. Deaf adults seem to suffer the same rates of severe and enduring mental health problems. However, deaf people who identify with the Deaf community and are proud of their Deaf identity experience fewer psychological problems than those who have a negative attitude towards their deafness.

The increase in mental disorders is due to the particular pressures that deaf people face including social exclusion and isolation, difficulties in relationships, difficulties securing and maintaining employment, lack of access to information, low self esteem, communication barriers and 'breaking the ice' when meeting new people, and a higher alcohol and drug use.

There are complications around assessment and diagnoses of mental health conditions, particularly when assessing BSL users. These include cultural behaviours eg touching and posturing which can be misunderstood as mania or psychosis; language use eg in descriptions when role shift can mimic responding to hallucinations; the use of assessment tools which are based on English and cannot be directly translated into BSL; and the use of BSL Interpreters who are not trained to work in mental health.

There are currently three Deaf adult inpatient units which cover the UK; London, Birmingham and Manchester. There are community services based in London, Birmingham, Manchester, North East, South Yorkshire, Nottinghamshire, Bristol, Northern Ireland, Scotland, Republic of Ireland and a developing service in Wales. There are community Deaf Child and Adolescent Mental Health Services (CAMHS) for North, South and Central England and an inpatient CAMHS unit in London. There are no Deaf CAMHS for Scotland, Wales or Ireland. There are also forensic Deaf services across the UK.

Adverse Childhood Experiences (ACEs) have been recognized for some time, as it is known that childhood adversity can create harmful levels of stress which impact healthy brain development and can result in long-term effects on learning, behaviour and health. ACEs are associated with a range of poorer health and social outcomes in adulthood and these risks increase with the number of ACEs. If a person has had four or more ACEs they are more likely as an adult to be a high-risk drinker, used crack cocaine or heroin and have an increased risk of heart disease, respiratory disease and diabetes. The chances of being a victim of violence, committing violence or having spent time in prison increases by 15 to 20%.

There are ten recognised ACEs, see table below.

ABUSE	NEGLECT	HOUSEHOLD ADVERSITY
Physical	Emotional	Alcohol/drug use
Sexual	Physical	Mental Health Problems
Verbal		Domestic violence
		Adults who have spent time in prison
		Parents separated

What about deafness, whether in the child or family? As mentioned earlier deaf adults have a higher incidence of alcohol and drug use, mental health problems and relationship difficulties, and the deaf child in a hearing family may experience emotional neglect if there is communication breakdown.

Of the myriad treatments available to people for mental health disorders many are psychological or so called 'talking therapies'. We use Cognitive Behavioural Therapy, Anger management and Mindfulness with our service users but alter techniques to a visual format eg using glitter bottles to demonstrate falling thoughts, colouring in, stress balls, and using other senses such as touch, smell and sight.

Mental health treatment overall is moving towards trauma informed care and recovery. Talking treatments take into account the whole person, including past experiences and the impact this may have had on their mental health. The aim is to help to build resilience and empower people, including young deaf people, to understand how they feel and how they can regain a sense of control over their lives.



*Dr Deborah Innes is a general adult Psychiatrist with the Scottish Mental Health Service for Deaf People.*

## BATOD Magazine

This article was published in the November 2019 issue.

© BATOD 2019

**BATOD**  
British Association of  
Teachers of the Deaf

MAGAZINE • Nov 2019 • ISSN 1336-0799 • [www.batod.org.uk](http://www.batod.org.uk)

### Complex needs



**Looking beyond the audiogram**  
**Are you READY?**  
**Call for contributions to the BATOD National Conference**

*Join BATOD to get THE Magazine for professionals working with deaf children*