Strengths and Difficulties Questionnaire

Richard Ogden describes how access to mental health is improved for children and young people by translating the Strengths and Difficulties Questionnaire (SDQ) into BSL

Mental health is a big issue nationally right now. It is constantly in the news, and the reported levels of mental health problems among children and young people are rising.

Rates of mental health problems are even higher in the Deaf community: by some estimates, two or three times higher than among hearing children. Deaf children with mental health problems can access generic Child and Adolescent Mental Health Services (CAMHS) provided by the NHS. But this can be challenging because children whose first language is

British Sign Language (BSL) may not have easy access to an interpreter who has the necessary skills. There has been until recently no validated mental health measure for children and young people in BSL, which has meant that clinicians could not screen Deaf BSL-using children for mental health problems, nor monitor their progress while they were being treated or supported.

The Strengths and Difficulties Questionnaire (SDQ) is commonly used to assess what kinds of problems a child has. It is a self-report questionnaire, initially developed to improve the detection of child psychiatric disorders. There are three versions: one for children and young people, one for parents and one for teachers. The SDQ can also be completed at the beginning and end of treatment to



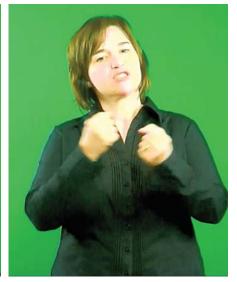


assess how well the treatment has worked. The SDQ is widely used, and has now been translated into over 80 languages, but until recently it was not available in any sign language, meaning that access for Deaf children and parents whose first or preferred language is BSL was very limited. This situation has now changed thanks to the translation of the SDQ into BSL; it is being widely used by Deaf children, and their carers and teachers.

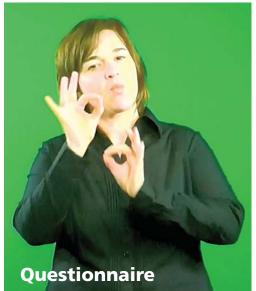
The translation process involved a team of Deaf and hearing professionals working together. Because the SDQ is a clinical tool, the translation process was more complex than it typically is for more everyday things in order to ensure that the translation would be accurate and as reliable as the written English version. First, the English







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version of the SDQ was translated into BSL using a team of bilingual translators. Next, a second team of independent translators translated the BSL version back into English. After that, an expert panel of linguists, translators and health professionals (a mixture of hearing and Deaf people) checked the original English version with the version translated back from BSL to see if they matched. If they did, the BSL version was accepted. If they didn't, the BSL version was revised, and the process repeated until the translation matched, or was effectively close enough. Finally, the BSL version was tested with Deaf young people and Deaf adults. They were asked to comment on whether the language was appropriate, and whether they could understand it.

The translation process brought up lots of interesting cultural and language issues. In English, the questions have just a few words, like "Steals from home, school, or elsewhere". The written English version has no facial expression or intonation: it's just

words on a page. Some changes had to be made for the questions to work in BSL. For example, in the BSL version for 11-17 year olds, YOU has to be added when the question is signed; in the version for parents and teachers, the same question is signed in the third person, S/HE. The signer also has to produce a facial expression: in the case of asking about stealing, it was important not to make the answer 'no' more likely. for example by frowning and expressing disapproval. In other cases, it wasn't clear what the English question meant exactly: for example, one question asks about

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The Strengths and Difficulties Questionnaire is now available in British Sign Language

'sickness', and we had to decide whether this means 'vomiting' or 'feeling unwell': the only way to be sure was to ask clinicians how they use the question.

At the end of this process we evaluated the questionnaire, to check whether the translation was reliable and produced the same results as the English version. It did, so we can be sure that we have a robust translation that works properly for Deaf people.

This was the first time the SDQ has been translated into a sign language. Since

our work, teams in Canada and Norway have translated the SDQ into American Sign Language and Norwegian Sign Language using the same methodology. Currently, 9/10 of the National Deaf CAMHS are using the BSL version of the SDQ. The numbers of people who use it are relatively small, but the impact it has on the Deaf people concerned is big, because it improves their access to mental health care. A similar translation method is being used to translate other diagnostic tests into BSL, as part of a bigger drive to provide Deaf children with good mental health support.

Having a BSL version of the SDQ gives Deaf children and their families better, more suitable access to mental health care. The translation process was also very rigorous. It is being used again to develop other translations: there is one in progress for a test for autism.

The York team has made a video about the translation process, and you can find it on our web page (www.york.ac.uk/sdq), along with leaflets about the translation process, which you are free to download and distribute. You can also follow us on Twitter: @SDQinBSL



Richard Ogden is a professor of linguistics at the University of York. While his primary research interest is in conversation

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analysis and phonetics, he has an interest in sign languages and gesture. He has been part of a wider team involved in translating the SDQ and another diagnostic tool into BSL.

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