

UCSF Center on Deafness

Preparing for Deaf Patients in a Mental Health Crisis Unit

A DEAF PATIENT, HOW LIKELY?

More than 8% of the general population has a hearing loss, and almost 1% of the population is deaf. The prevalence of mental illness among deaf people is at least as high as in the population at large. Working in a mental health crisis unit, you are quite likely to encounter a deaf patient.

HOW DO YOU RECOGNIZE DEAFNESS?

Usually, deaf people will want you to know that they cannot hear. If they do not tell you verbally, they may try to alert you by pointing to their ears and shaking their heads or writing a note. You might also suspect deafness if the person's speech is impaired or unusually loud or soft, if the person responds inappropriately to speech or to noise, or fails to respond at all. If you are in doubt, you may want to ask. Just write "deaf?" or "hard-of-hearing?" or simply point to your ears and look quizzical.

HOW DO YOU GET READY?

When a deaf person comes to your center in an agitated, disoriented, or maybe violent state, you will need your full energy to deal with the problems at hand. You will not want to spend time orienting yourself to deafness or locating community resources. Therefore, we suggest that you start your preparations now.

- 1. Locate Community Resources that provides services for deaf and hard of hearing individuals.** You can use these resources for referrals, consultation, and collaborations.
- 2. Plan for additional costs.** Interpreters are professionals: they are paid for their time. If your center receives public funds, it is obligated by law to provide whatever is needed to serve people with disabilities. Develop a strategy for locating and authorizing sign language interpreters.
- 3. Obtain appropriate equipment.** Some deaf people use a third person to enable them to make telephone contact. Others use the telephone independently, through special equipment. Many deaf people own or have access to a

Teletype Device for the Deaf (known as a TDD or, formerly, as a TTY), a machine which enables the user to send typed messages back and forth, through telephone lines, with a person using a compatible machine. If you are interested in making your service truly accessible to deaf and hard of hearing people, you would want to obtain a TDD and an amplified phone system, arrange for your staff to learn how to use it, develop a plan for a patient to have access to the TTY or an amplified phone, and then publicize its availability both in the phone directory and on the crisis unit so that patients can request needed equipments.

- 3. Prepare to spend extra time.** Communicating with a deaf or hard of hearing person takes times. Each intervention will take longer than usual. This fact needs to be considered when planning schedules and evaluations.

WHEN THE PATIENT WALKS IN...

Some mental health professionals feel somewhat at a loss when they first encounter a person who cannot respond to verbal communication. In fact, techniques for assessing and treating mental illness are much the same for deaf patients as they are for others. The principal differences are in the areas of giving and receiving information.

- 1. Observe.** As always, the person's body language will tell you a great deal about his or her mental condition, and will help you assess the level of urgency of the problem. **Caution:** Deaf people depend upon gestures and body language to communicate. Behavior which appears overly animated may reflect an urgent desire to communicate rather than agitation.
- 2. Communicate as directly as possible.** Address the patient and seek as much information as possible directly from him or her. Maintain eye-contact with the deaf person, even when an interpreter is translating for you. In an acute emergency, of course, you may need to use information from third parties.

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3. Find a communication system.

- a. Deaf and hard of hearing people communicate in a variety of ways:
- speech and lipreading
 - writing
 - manual English (a visual system for expressing English)
 - American Sign Language (a visual language different from English in grammar, structure, and syntax)
 - other sign languages (Sign language is not universal; each spoken language has its own form of sign language)
 - gestures - perhaps a system developed within a family or small community

You might keep the following questions in mind as you observe:

- Does he or she attempt to speak?
- Can you understand the speech?
- Does the person gesture? Do the gestures seem readily understandable, or might they be part of a manual language?
- Does the person write? Can you understand the language?

b. Ask the person directly (probably by writing) about his or her communication preferences. A deaf person will be reassured to learn that you are comfortable discussing the impact of deafness directly. Your questions should be simple and direct. Some examples:

- Would you like me to write?
- Do you use sign language?
- Would you like a sign language interpreter?

And if appropriate:

- I am having trouble understanding you. Would you please write for me?

c. If you and the patient can establish at least a rudimentary way of understanding one another, proceed with the emergency aspect of your mental health assessment.

PROVIDING SERVICES FOR A PATIENT WHO IS CULTURALLY DEAF

A culturally deaf person:

- Has been deaf since birth or in very early childhood.
- Generally communicates most fluently and comfortably in American Sign Language, or the sign language of his or her native country
- Generally has primary associations with the deaf community (school, spouse, close friends, social or religious affiliations).

If the patient is culturally deaf...

1. Adapt your mental status examination.

English is at best, a second language for a culturally deaf person. When one puts sign language into written form, the result can appear fragmented, concrete, or confused. Distinguishing language limitations from confusion or thought disturbance is a complex clinical challenge, requiring special care and a professional who has had experience with deaf people.

You cannot assume that your English communications, no matter how simple and straightforward they seem, have been fully understood. Inappropriate responses to questions must be interpreted cautiously. It is advisable to ask the deaf person to repeat any questions you ask. If the question has been misunderstood, it is better to phrase it in a different way than to repeat it.

Deafness interferes with the acquisition of information, as well as language. Lack of familiarity with fairly commonplace things or procedures may be related to the impact of

deafness rather than any limitations of intelligence.

Intelligence testing is a very specialized process with this population. A few subtests have norms for deaf people. Most instruments assume a level of information and language skill which a culturally deaf person is unlikely to possess.

Interpretation of proverbs is greatly affected by a deaf person's language limitations, and lack of exposure to English idioms.

Understanding the feelings of a person from a different culture presents special challenges. A deaf patient may feel that the cultural and linguistic environment of the clinic is unfamiliar, which may create or heighten anxiety.

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2. Request a professional interpreter.

An interpreter will enable you to communicate effectively, and to distinguish accurately between the effects of deafness and symptoms of mental illness. An interpreter for the deaf is professionally trained to facilitate communication between a hearing and a deaf person. He or she can give you information about the patient's language skill, and should let you know whether or not a specific communication has been understood. The interpreter is NOT a mental health professional, and will not give opinions about the person's state of mind. The interpreter will keep all information received during your work strictly confidential.

3. Consider consultation with a specialist.

Understanding the impact of deafness on the history and functioning of a mentally ill person is a very complex matter. If there are mental health professionals in your community who are experienced in working with deaf people, it is

appropriate for you to request consultation and, perhaps, direct assistance from them.

4. If you absolutely must use a family member or friend to interpret, remember that information may be colored by:

- error or bias on the part of the relative
- distortion by the patient because of the presence of an involved third party

Therefore, this approach should be used in extreme emergencies, and for limited purposes only.

PROVIDING SERVICES FOR PERSONS WITH HEARING LOSS:

Deafened adults: People who lost their hearing after establishing an identity as hearing adults (usually after the age of 19).

Oral deaf children/adults: People who were born deaf but who have always communicated through speech and lipreading. These people associate primarily with the hearing community, but their language and experience has been affected by lifelong deafness.

Hard of hearing children/adults: People who, at any time in their lives, developed a hearing loss which interferes with communication, but who can still receive some components of speech through hearing.

If your patient has a hearing loss: Although each of these groups have characteristics of its own, the following techniques are applicable to all of them.

1. Choose a quiet, well-lit area for your interview.
2. Since the person relies on visual information:
 - Do not speak or gesture until you are clearly within the person's sight line.
 - Speak naturally (do not shout or exaggerate your lip movements). Do speak a little more slowly and clearly than usual.

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- Check in with the person to be sure what you are saying is clear and avoid long explanations without check-ins.
- Ask the person to repeat information you have given to be sure it is being understood. Often people with hearing loss will nod even when they are not understanding.
- Be sure that your face is not obscured (Do not place your hand or papers in front of your face).
- If the person does not understand, rephrase your statement; do not repeat the same words.
- If necessary, write a few key words as you talk, to alert the person to the topic at hand.

3. Lipreading, even under the best circumstances, is challenging. It requires close attention, concentration, memory, and an ability to guess at a whole from a fragment. About 30% of what is said can be lipread. If you patient is experiencing acute anxiety, agitation, or other mental problems, his/her lipreading ability will be reduced and you may need to compensate by supplying more information in writing.

3. If this person has become deaf recently, his or her feelings about deafness and ways of coping with it are likely to be significant mental health issues.

Conclusion:

When deaf and hard of hearing persons become mentally ill or are in crisis, they need and are entitled to your services. We hope this introductory information will provide you with some ideas and tools to use for your facility.

For more information: