Mental health in deaf community



Mental health refers to the diseases and disorders of the brain. There is a social stigma attached to mental health as people might feel embarrassed, frightened or ashamed of their state of mind. Further problems are due to the lack of community understanding towards mental illness. Deaf people pose a vulnerable group which account for mental illnesses. Data regarding the prevalence of mental illness in deaf people is at odds with each other. Some research implies that mental illness is found at a greater proportion in deaf people as compared with the general population.

Other research concludes that the incidence of mental illness is more due to communication problems and misdiagnosis of behavior and disorders. This paper studies the incidence of mental illnesses in deaf people. It analyzes the obstacles which deaf people face during mental health examination. It looks at the problem of misdiagnosis and communication problems. Finally it makes recommendations which can overcome these problems. Social problems Mental illness carries a strong social stigma for deaf people which might lead to isolation from the deaf community.

Deaf people are highly vulnerable for accessing mental health services. Health service providers are often ignorant of the issues of deaf culture. This can often lead to misdiagnosis, increased stay in hospitals and risk of relapse. The deaf community also is hindered by the lack of awareness and understanding towards mental health problems. Deaf people with mental illnesses attempt to hide their problem which cause communication and behavioral problems. People frequently make judgments about deaf people with mental illnesses as being stupid, rude or lacking any personality.

The United States has an estimated twenty million people with hearing impairments. An estimated ten percent of these people are deaf (Read). Deaf people in the United States have to overcome formidable obstacles to function and work in a world which is designed for those who can hear. Communicating in a world designed for people who can hear can cause problems for people with hearing impairments. Stigma and prejudice form a major problem for deaf people who can lead to stress, anxiety, depression and even suicidal tendencies.

Some members of the deaf community also suffer from severe mental illnesses like bipolar disorder. Research conducted by Dr. Steinberg found out that more than fifty percent of deaf people do not have access to mental health services (Read). Participants in the study found out that the lack of qualified interpreters can shape the views of a deaf individual towards mental health. Communication problems pose the most significant barrier for deaf people. Hearing loss is an obstacle for vocabulary which leads to poor language skills in deaf people.

Deaf people face problems during lip reading and can only read a small portion of speech. Grammar is another problem as translations from languages like English to sign language can also make communication difficult for deaf people. Translating specific phrases and idioms is also difficult for deaf people. Deaf people also have different ways of expressing their feelings and desires as compared with normal people. This can often result in misdiagnosis of deaf people as certain behavior is labeled as symptoms of psychotic behavior.

Deaf people also have a deep fear of mental health institutions because they feel that there will be communication barriers with the staff. Communication problems Deaf people are dependant on gestures and body language for communication. Some behavior displayed by them is a sign of communication rather than being in an agitated state. The translation process of English to sign language can lead to confusion and fragmentation to a mental health professional that is not part of the deaf community. Deaf people with psychosis can display disorders of thought form or thought content.

These disorders can include flight of ideas, incoherence and fragmentation. Some deaf people might be experiencing hallucinations which is possible even though they are deaf since birth. Misdiagnosis of cases There have been numerous documented cases in the United States of deaf people being misdiagnosed. Alberto Valdez was a deaf child who was diagnosed as being suffering from mental illnesses in 1959. Despite the fact that records showed his superior intelligence, he was confined to a psychiatric unit where he suffered abuse for thirty years.

It was only after legislation and action by deaf advocates and legislators began an investigation of Alberto's case (Koenig). The government initiated a committee to investigate the condition of deaf people inside mental health institutions. Alberto would eventually make a remarkable rehabilitation (Koenig). There are many cases inside the United States which have found that deaf people have been institutionalized and suffered at the hands of administration and staff. The major problem has been the lack of identifying hearing disabilities.

Sometimes the bizarre behavior of deaf people is considered by hospitals and mental health providers as being symptoms of psychosis. Language remains the main difference in assessing the mental health status of deaf people. A mental health professional must have knowledge of sign language's normal and abnormal form. The meaning must be fully understood. An effective mental state examination can only occur by using observations made during the assessment interview. The degree of congruence between emotions and behaviors can only be achieved by observing the form of thought.

The assessor must also be aware that deaf people use forms of sign language which might refer to aspects of their mental health. Another way to overcome communication difficulties can be to use family members or caregivers to assist the deaf person during a medical assessment.

Recommendations The social issues faced by deaf people while seeking mental health diagnosis can be addressed if they are provided with information they can use. They should have access to easy information about mental health and different options for care and treatment.

The environment for providing services must be appropriate for deaf people. This can include placing flashing fire alarms, visual alerts, pages and remote door entry systems which can assist deaf people. Health information should be accessible for deaf people. Primary care organizations should include health promotion programs that can prevent mental health in deaf people. These programs must be designed in coordination with deaf advocacy organizations. Trained workers who work with deaf people must have awareness and skills to work with the whole range of communication needs.

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If any such worker is not available, a specialist worker should be brought in. Qualified language professionals might also be needed to address the issues of mental health in the deaf community. Deaf people have the right to independent advocacy in mental health services and social care. One way to address this issue is that hearing impaired people can be encouraged to consider careers in the mental health field (Mueller). This would reduce the gaps in communication and language which are often faced by deaf people during mental health examinations.

Research and effort is also required which can bridge the language barriers which can make it difficult to communicate. Conclusions Society has created many myths about mental illness and deaf people. Research conducted in recent years however tends to give the thinking that the prevalence of mental illnesses is much more than it is believed. Posttraumatic stress disorder is the most prevalent mental illness found in deaf people. Emotional, behavioral or developmental disorders are more prevalent in deaf people. Deaf people are at more risk of inflicting injuries to themselves.

Mental health professionals inside the United States are not trained to meet the special needs of deaf patients with mental illnesses. Misdiagnosis remains a serious problem in the United States health care system. Deaf people do not have access to private mental health services. Service providers are often unwilling to provide translators for the treatment of deaf people. Communication problems between the mental health professional and deaf person further hinder the access to such services. The United States does not special units which can provide adequate services for deaf people with mental illnesses (Mueller).

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Mental health professionals require the knowledge and training of sign language in order to effectively communicate with deaf patients. Providing an effective communication method would help reduce the problems. It will also remove the adversities and difficulties which deaf people face when recovering from mental illness. A strong understanding of the issues faced by deaf people would help in effectively diagnosing and planning for deaf people with mental illnesses. Further need is for a stronger understanding and interpretation of deaf culture, language and values.