

CRISIS: Lack of Accessible Mental Health Services for People with Hearing Loss

Our Position: Equitable Mental Health (MH) / Substance Use (SU) disorder intervention for people with hearing loss necessitates providers who understand this population's life issues and communication assistance needs.

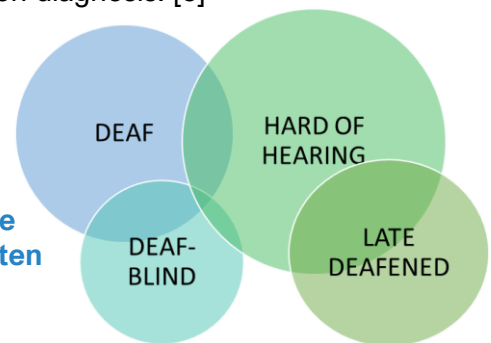
BACKGROUND

- ❖ People with hearing loss may be Hard-of-Hearing, Deaf, Late-Deafened, or Deaf-Blind. [1]
- ❖ **People with hearing loss continue to be a marginalized and underserved population. They have always been at higher risk of developing serious MH/SU problems, due to potential for delayed language development and social isolation.** [2]
- ❖ 24% of people with hearing loss vs. 17% hearing people have a lifetime Anxiety Disorder diagnosis and 24% vs. 16% hearing have a lifetime Depression diagnosis. [3]

CURRENT STATUS

Lack of providers

- ❖ **Wisconsin has a serious lack of MH /SU disorder service providers who can offer accessible services that address the experiential and linguistic needs for the wide range of persons with hearing loss. There are less than ten individuals in the state with some appropriate skills, and even then, most work within a restricted setting.**
- ❖ Wisconsin has been unable to increase the number of MH/SU disorder providers capable of working with this population because:
 - there is a lack of affordable access to supervision for graduate students who require communication/interpreting services.
 - providers are often forced to shoulder the cost of providing communication / interpreting services which results in a negative income.
- ❖ Compared to neighboring Midwest states, Wisconsin has an embarrassing lack of MH/SU disorder services across the spectrum of age groups, type of providers, and settings. [4]



Inequities in outcomes for clients

- ❖ **There are no statewide guidelines or evidence-based standards of care for treatment of persons with hearing loss and MH/SU disorder concerns.**
- ❖ Lack of experiential awareness as well as cultural and linguistic competency by providers can result in inappropriate diagnosis and treatment, inappropriate interpretation of psychological testing, inappropriate legal decisions about competency or ability to parent, and inappropriate placement in mental health facilities or incarceration. [5]

Inadequate funding for communication assistance access

- ❖ **Full access to communication requires broad resources such as, sign language interpreters, real time captioning, tactile accommodations, and technical or other adaptations to meet client communication needs.**
- ❖ The Americans with Disabilities Act requires private providers to absorb the cost of communication access. This can create an undue burden and a disincentive to treat. [6]

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WHY IS THIS IMPORTANT?

- ❖ **Persons with hearing loss have a fundamental right to fully participate in society at all age, social, racial, and financial levels.**
- ❖ Use of interpreters /language translators is not the best practice for providing MH/SU disorder services for persons with hearing loss as the presence of a third party creates a risk for loss of confidentiality, increased stigma, and serious miscommunication between provider and client.
- ❖ Untreated MH/SU disorders result in higher risk of further traumas, including poverty, unemployment, housing instability, social isolation, and incarceration. [7]

RECOMMENDATIONS

Create statewide coordination of services

- ❖ **Create and fund a statewide office with responsibility for coordinating, training, and supporting MH /SU disorder service delivery for people with hearing loss in all state and county settings (outpatient, inpatient, crisis and emergency detention settings, schools, prisons).**
- ❖ Develop evidence-based guidelines for clinicians working with people with hearing loss and MH/SU disorders.

Build provider capacity

- ❖ **Provide educational resources and training to all MH/SU disorder providers related to the communication needs of people with hearing loss as well as the cultural and experiential effects of hearing loss.**
- ❖ Fund full communication access needs for graduates who are specializing in mental healthcare for people with hearing loss and who require supervised hours for licensure.
- ❖ Recruit hospitals and clinics to provide supervision towards licensure for students who wish to work with this population.

IMPACT

Hearing loss has a spiraling lifelong effect on individuals, with negative consequences for fair access to housing, employment, and educational opportunities. Limited communication curtails full language development and human interaction, resulting in isolation. Social isolation, an increasingly recognized issue for elderly people, may lead to psychological issues of depression, anxiety, and low self-esteem. Hearing loss can affect children's ability to learn and cope, which can result in life-long negative consequences.

There is serious personal, family, financial and societal loss when essential communication and cultural barriers are not addressed in the treatment of MH/SU disorders in persons with hearing loss.

We cannot afford to continue to ignore the impact of inadequate mental health intervention for prevention, treatment, and aftercare for persons with hearing loss.

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