

[Post-legislative scrutiny of the Mental Health \(Wales\) Measure 2010](#)

Evidence from National Deaf Children's Society – MHM 03

NDCS Cymru response to the National Assembly for Wales's Health and Social Care Committee's post-legislative scrutiny of the Mental Health (Wales) Measure 2010.

About Us

1.1. The National Deaf Children's Society (NDCS) Cymru is the national charity dedicated to creating a world without barriers for deaf children and young people. We represent the interests and campaign for the rights of deaf children and their families. **Please note** that in referring to "deaf" we refer to all levels of hearing loss, including mild, moderate, severe, profound, and temporary hearing loss.

1.2. NDCS Cymru welcomes the opportunity to contribute to the Health and Social Care Committee's scrutiny of the Mental Health (Wales) Measure 2010. Being deaf in a hearing orientated society can present a number of challenges. As a result, research demonstrates that deaf children are 60% more likely to experience mental health problems than other children.¹ Generic Child and Adolescent Mental Health Services (CAMHS) should have a good understanding of childhood deafness and be accessible to deaf children. However, research has indicated that generic CAMHS lack the expertise and skills in deafness to fully and effectively support and communicate directly with deaf children².

1.3. We will respond to questions relevant to our area of interest and expertise.

2.0. Response

2.1. *Do primary mental health services now provide better and earlier access to assessment and treatment for people of all ages? Are there any barriers to achieving this?*

Deaf awareness amongst health professionals is still an issue that needs to be addressed. Often the GP is the first point of contact for a child or young person with mental health issues. If that child is also deaf it can be difficult for him or her to explain what is troubling them if that GP is not deaf aware. NDCS's Youth Advisory Board has produced the My Life, My Health resource pack for deaf young people and their parents,

¹ Department of Health and National Institute of Mental Health (2005). *Towards Equity and Access*.

² Beresford, B., Greco, V., Clarke, S., and Sutherland, H. (2008) An evaluation of specialist mental health services for deaf children, Research Works, 2008-02, Social Policy Research Unit, University of York, York.

which includes a leaflet for health professionals on supporting deaf young people at the GP surgery.³ NDCS Cymru has sent copies of this leaflet, in Welsh and English, to every GP practice in Wales. We would also wish to highlight the Healthy Minds Resource produced by NDCS, which focuses on helping young deaf people to develop a positive sense of self and emotional health and wellbeing.⁴

2.2. What has been the impact of the Measure on outcomes for people using primary mental health services?

The Welsh Government's 2010 action plan entitled *Breaking the Barriers: Meeting the Challenges Better Support for Children and Young People with Emotional Well-being and Mental Health Needs - An Action Plan for Wales* required the establishment of a specialist care pathway for deaf children and young people.

“Access to services and expertise for deaf children to be improved. Benchmarking of services is taking place and scoping of need is being conducted. Care Pathways will be developed by December 2010.”⁵

In the four years since this commitment to provide a specialist pathway for deaf children there has been very little progress, in NDCS Cymru's view. NDCS Cymru's Director, Jayne Dulson, has been in regular contact with Welsh Government Health Ministers and officials during this period. **As of September 2014 not one of the services has clearly identified a mental health care pathway for deaf children in Wales. We believe that this situation is wholly inadequate and we are continuing to lobby the Welsh Government to address this matter.**

2.3. What has been the impact of the Measure on care planning and support for people in secondary mental health services?

NDCS Cymru has identified examples where the mental health needs of deaf children and young people have not been met. For instance, we have recently been involved with the case of a profoundly deaf seven year old boy who was displaying extreme behavioural issues. The child's stepmother contacted NDCS as she felt the child's social worker was not helpful and didn't acknowledge the specific needs of a deaf child. NDCS' specialist in this area, who was formerly a social worker for deaf children, identified the case as one that should be referred to Deaf CAMHS. The child's social worker refused this suggestion as she felt it would be “labelling” the child. Had this child been living in England NDCS could have made a direct referral to Deaf CAMHS. In Wales a deaf child has to be referred to local CAMHS initially. If a referral to specialist Deaf CAMHS is recommended the local CAMHS must seek approval from the Welsh Government to fund an out of country referral. This case study outlines the issue of social workers failing to identify the needs of deaf children and the problems faced by children who need to access specialised Deaf CAMHS.

³ <http://youngpeople.ndcsbuzz.org.uk/go.php?structureID=cooltopics&ref=N52E7DEE1E81B4>

⁴ http://www.ndcs.org.uk/family_support/positive_parenting_families/emotional_health_and_wellbeing/healthy_minds.html

⁵ <http://wales.gov.uk/topics/health/publications/health/guidance/actionplan/?lang=en> (page 24, para 10)

2.4. What impact has the Measure had on access to mental health services for particular groups, for example, children and young people, older people, 'hard to reach' groups?

The situation for deaf children and young people accessing mental health services in Wales is totally inadequate. Despite a commitment in 2010 to provide a specialist care pathway for deaf children and young people, the Welsh Government has failed to ensure that the Local Health Boards fulfil this commitment.

2.5. The lack of deaf awareness in CAMHS is shocking and in some cases could be detrimental to the child's wellbeing.

We were recently informed of a case where a deaf child waited 9 months for an appointment with CAMHS after referral by the GP. The child was experiencing anxiety issues and panic attacks. During the appointment the parent explained that the child was deaf and had forgotten to put in his hearing aids that morning. The response from the psychiatrist showed an astonishing lack of deaf awareness. The psychiatrist said to the parent, "What do you expect me to do then? I can't sign". The parent explained that the 12 year old child could manage well with lipreading if the psychiatrist faced the child. The psychiatrist continued the consultation addressing only the parent and not engaging with the deaf child. All questions were asked through the parent even though the child could answer if addressed directly. The parent repeated several times during the consultation that the child could answer himself. No attempt was made during the consultation to explore whether there was a connection between the anxiety attacks and the deafness.

Towards the end of the consultation the psychiatrist said that the only option available was to offer leaflets on dealing with anxiety and panic attacks because, as she explained to the parent, "Normally I would explain about coping techniques but that is pointless here because he can't hear". The parent insisted that leaflets were not enough and explained again that the child would understand if the psychiatrist addressed him directly and spoke clearly. If there was anything he didn't understand he would turn to his parent for an explanation. The consultation ended with the child and parent feeling very dissatisfied and the child experiencing an unsatisfactory consultation because of his deafness.

This case clearly illustrates the pressing need for health professionals in CAMHS to have deaf awareness training and to have a basic understanding of the needs of deaf children accessing CAMHS.

2.6. Professionals working in generic CAMHS should be aware of specialist CAMHS for deaf children and refer as quickly as possible, as appropriate. **We wish to see a named individual in each CAMHS service that is responsible for the needs of deaf children.**

We also believe that specialist CAMHS for deaf children should:

- a) Identify the most effective interventions for deaf children and disseminate this knowledge nationally.
- b) Develop partnerships locally, regionally and nationally with other agencies that work with deaf children, across health, social care and education.
- c) Have the necessary expertise to promote deaf friendly strategies for lifelong skills.
- d) Advise on appropriate care pathways for the minority of deaf children requiring inpatient assessment and treatment.
- e) Work closely with adult mental health services, where necessary, to ensure a smooth transition of care arrangements into adulthood with continuation of coverage and tailored support.

2.7. To what extent has the Measure helped to raise the profile of mental health issues within health services and the development of services that are more sensitive to the needs of people with mental health problems?

NDCS Cymru believes that there is profound lack of awareness of the mental health issues facing deaf children and young people. Deaf children and young people are 60% more likely to experience mental health problems than other children. Over 90% of deaf children in Wales attend mainstream school. In these mainstream schools the School Nursing Service and the School Based Counselling Service act as a conduit to improve appropriate access to CAMHS. It is imperative that these mainstream services are accessible to deaf pupils. We would, therefore, urge that health professionals, school counsellors and nurses receive basic deaf awareness training. NDCS Cymru was commissioned by the Welsh Government to produce a resource for schools on counselling deaf children, which should be available through the WG Education Department.

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