

# **MAKING POSITIVE CONNECTIONS - A TIME BOMB WAITING TO HAPPEN**

**Gordon Chapman, Chief Executive, Deaf Connections**

## **Introduction**

Hello, I am Gordon Chapman and I am the Chief Executive of an organisation called Deaf Connections, based in Glasgow, Scotland. I am a CODA and have worked with the deaf community for over 30 years.

## **Background**

Deaf Connections is the oldest voluntary organisation for Deaf adults in the world. We can trace our origins back to 1822. We provide a wide range of services for Deaf people including Home care for older Deaf people, Communication Support, Sport Development and a number of community programmes including Health improvement. There are approximately 1,000 Deaf sign language users within the Glasgow area. These are our target audience.

Glasgow is Scotland's largest city with a population of 616,000. It is regarded as the sickest city in Europe and has bottom place in the European health leagues. It is against this background that we are trying to overcome many of the inequalities that face Deaf people in relation to health information.

The topic I am going to talk about today has a lot of taboos. Everyone knows about it but nobody ever wants to talk about it. It is suicide.

However I want to share with you an interesting quote. According to Living Works Education, Canada: "Every year more people die by suicide than from all of the armed conflicts around the world"

This paper will describe the findings of a small research study we carried out into suicide within the Deaf community in Glasgow and the positive steps that can be taken to provide support and advice through training deaf people in suicide intervention.

## **Why did we carry out the research?**

In Scotland, two people die from suicide every day. There are more suicides in Scotland than elsewhere in the U.K. but we have no idea how many Deaf people may be involved. The Scottish Government established

the Choose Life strategy and has trained over 6,000 people to help prevent suicides.

We recognised that unless we did something, this strategy was going to be of no help to Deaf people so we decided to send two members of staff for training in Applied Suicide Intervention Skills Training (ASIST).

We built up a good relationship with key members of staff from the Choose Life strategy and together, explored the many complex issues facing Deaf people who may be contemplating suicide. This led to us agreeing to come up with a proposal to undertake a preliminary study of suicide amongst Deaf people.

It is worth remembering that we are not an academic institution. We are a community-based organisation working face to face with members of the Deaf community. We never wanted to undertake a high-level research project. We were aware that this was a small step into an unknown area and the intention was very clear. We wanted to capture what is happening now and record what a small group of Deaf people think of the issue and explore what the Deaf community may need in the future.

I think I should explain very briefly how we undertook the study. We acknowledged that the best way to get information from Deaf people is in a face-to-face interview using sign language. We were very fortunate in being able to appoint a very experienced researcher who has worked within the deaf community for many years and has the critical cultural awareness and communication skills to achieve our goals.

We interviewed a total of 32 Deaf people and conducted interviews with staff in five organisations working with Deaf people

## What did we find?

The findings were both astonishing and frightening.

**Numbers:** In discussing the levels of suicidal risk, it was not the intention to try and pin down numbers. What we wanted was to open up the debate and explore how deaf people perceived the risk and the associated issues. This is what we found:

- Everyone knew of Deaf people who had killed themselves
- Some knew of 2 –3 people, some even more
- Nearly all were aware of Deaf people who had attempted suicide

- 50% of those interviewed said that they had felt seriously suicidal at some time in their lives, particularly when they were young
- One interviewee knew of 6 people who had contemplated suicide within the last year

**Groups at highest risk:** Those interviewed believed that certain groups within the Deaf community would be at even higher risk. They suggested:

- People from ethnic minority groups
- Young people struggling with their sexual identity
- Mothers with unrecognised post natal depression
- Newly deafened adults and their families
- Fathers excluded from their children's lives

**The scale of the problem:**

- Overall, those who took part in the study believed that suicidal risk is higher amongst Deaf people compared to hearing people.
- A few thought the level would be the same but none imagined it would be lower
- There was considerable concern about the mental health of Deaf children and young people
- Deaf people who feel suicidal do so for the same reasons as people in general but these may be exacerbated because of their experience of being Deaf in a hearing world
- There was unanimous agreement that the barriers to accessing services was so widespread that deaf people are severely disadvantaged and are unable to have the same level of support, at the same time, as other groups

**What are the Barriers?**

- Lack of communication and understanding with the General Practitioner
- Mental Health Officers have no additional training in deafness

- Mental Health and Assessment Services do not have the communication skills to undertake assessments
- Lack of specialist mental health provision – Manchester
- Family and friends can be supportive but do not always understand
- Local support groups such as A.A. not accessible due to communication difficulties
- Shortage of specialist counsellors for Deaf people
- Counsellors do not have specialist training in suicide prevention

### **The conclusions:**

It is clear that within the small world of the Deaf community, suicide is more prevalent than within society in general. The fact that everyone knew someone who had either committed suicide or had seriously contemplated suicide is, quite frankly astonishing.

What is even more disturbing for me is that virtually all of those who took part in the study grew up at a time when there was a relatively good support network. They went to specialist schools, had access to specialist social workers. However, half of them had seriously contemplated suicide at some stage of their lives.

In today's changing world, many Deaf children are educated within a mainstream setting, with little or no support from a specialist teacher, when they leave school, there is no specialist social work support, issues of deaf identity are very high, social networks that underpin the deaf community are being eroded. Therefore, you must conclude that the risks of suicide within the Deaf community must be increasing year on year.

### **Are we unique?**

The findings worried us so much that we decided we needed to see if they were typical amongst other Deaf communities. Here we came up against another barrier. There is virtually nothing written about this issue. What we did find was that SIGN, a U.K. national charity that works in the field of mental health and deafness, were undertaking an international literature review in collaboration with the Centre for Suicide Prevention at the University of Manchester.

Their findings were not unexpected but nevertheless depressing. I quote from their findings:

"The paucity of search results prompted the decision to broaden the scope of the review beyond suicidal behaviour in the deaf. Searches were performed for literature concerning suicidal behaviour in those with other sensory impairments, specifically blindness. Also, with depression a known risk factor for suicidal behaviour, searches were performed for literature concerning deafness and depression, to try and locate papers containing information relevant to suicide."

*What they found was the following:*

- *3 papers identified on the issue of deafness and suicide*
- *1 paper identified on the issue of blindness and suicide*
- *4 papers identified on the issue of tinnitus and suicide*
- *5 papers identified on the issue of deafness and depression*

When we read their report, we realised that we really were alone. There was nobody out there to tell us if the evidence we had uncovered was typical or peculiar to us. The report however confirms our suspicions about high suicide rates amongst Deaf people compared to hearing people.

"From the literature it seems that suicide rates among the deaf and hearing impaired are higher than in the general population. This has direct implications for clinicians, particularly those in regular contact with deaf and hearing impaired individuals."

They go on to raise a very good question:

"...Of more concern might be why more clinicians do not come into contact with those from the deaf community."

### ***What is the next Step?***

Having completed the study, we published the report and got a lot of interesting feedback. Some was hostile, accusing us of scaremongering and accusing us of making statements without any facts to back it up. The response we got from members of the Deaf community was different. They praised us for bringing the subject into the open.

We have decided that there must be more research into this matter. We have raised this with a national organisation and we are working together to put together a proposal to carry out a wider study into suicide within

the Deaf community across the whole of Scotland. Hopefully, if we get funding, this will be completed within the next 2 –3 years. In time for the next WFD Congress!

### **Suicide Intervention Skills Training:**

As I said earlier, the study came about because we had taken the strategic decision to train two Deaf staff on the Applied Suicide Intervention Skills Training (ASIST). I would like now to concentrate on this because I believe that this is how we can make a real impact on working with deaf people who might be thinking about suicide.

Designed by Living Works, a Canadian based organisation, ASIST is the most widely used suicide intervention skills training in the world with over 500,000 caregivers. It points out that anyone confronted with someone considering suicide tend to deny, avoid or even stigmatize and punish the person who is at risk. This is what society has traditionally done and evidence indicates that unprepared caregivers continue this dangerous tradition.

They argue that training is required to turn denial, avoidance and stigmatization into vigilance, understanding and help. They believe that suicide can be prevented with the help of prepared caregivers.

For someone to learn first aid intervention skill they must attend a two-day intensive, interactive and practice-dominated course designed to help caregivers recognise risk and learn how to intervene to prevent the immediate risk of suicide.

There are five learning modules:

1. Preparing
2. Connecting
3. Understanding
4. Assisting
5. Networking

No allowance was made for the Deaf trainees or their interpreters during the training. To become a caregiver, you must go through all the modules along with the rest of the group. Practical problems arose right from the beginning. What is the sign for "Suicide"? Everyone has their own favourite but care had to be given to make sure the signs were used in context. For example, the sign for someone slitting their wrists may be totally wrong if someone attempted suicide by taking an overdose of drugs.

Despite the demands on everyone taking part, they successfully completed the course. They later undertook a three-day course to become trainers in the ASIST method. Since completing this course, they have trained a further twenty Deaf and hard of hearing people in suicide intervention skills and soon we hope to train another two people as

trainers in order to cascade the training across the whole of the Deaf community in Scotland.

### **Conclusion:**

The key point I want to make is that if we care about the needs of Deaf people and are concerned about their mental health and well being, then it is up to us to do something about it. Governments come up with ideas and initiatives all the time but time and time again, they miss the Deaf community. However, we cannot just sit at the side and complain that life is not fair. We know that life is not fair for Deaf people but if we try hard enough, we can do something about it. You may also be surprised at the positive responses you get when you say to people, "can I have a go?"

It is not easy at first but if you persevere, people start to take notice and eventually they will recognise their weaknesses and come to you for guidance and advice. For example, when the Scottish Government's health department developed a resource pack to encourage people to train as mental health first aiders, they recognised that Deaf people would not be able to make use of it because of the written language. They came to us because they knew we had the expertise and the experience in this area and asked us to make a signed language version. We know that all future initiatives will be Deaf accessible and this comes from building a reputation and relationship with key influential players at both local and national level.

It is our philosophy that all our work starts at the grass roots and not from the top; we are driven by the needs of our Deaf community. We took the initiative to train Deaf people in suicide intervention because we knew nobody else would do it. We didn't know if it would work but it has and I believe we have made an impact on Deaf people's lives in our area. I would urge each of you to think about how you could establish a suicide intervention programme for Deaf people in your area when you go home. You can do it!