

Summing Up

Liz Scott Gibson, Deaf Action

Thank you. I have the graveyard slot; for those still here - thank you for staying. The theme of this conference was 'Great Expectations'. So, you see before you not Liz Scott Gibson of Deaf Action but rather Miss Havisham from Great Expectations, for I am standing here feeling slightly mad. Indeed, Miss Havisham was almost tipped over the edge when the things she wanted and dreamed of never happened! As Lilian has just indicated, we have been hoping and trying for over 25 years to get specialist mental health services for people who are deaf – an immensely frustrating process. The important thing for me, and us, to remember is over 200 people came to this conference, so it is clearly something that has enormous significance for a huge number of people.

To try to sum up: the conference was ably co-chaired by Professor McKenna, and Lilian Lawson, and in opening, Geoff Huggins from the Scottish Executive set the scene in terms of legislation and underpinning principles. Whilst he recognised the need for people who are deaf to have access to all services, he went on to highlight the difficult issues of sustainability and quality of service delivery when one was referring to low incidence need. However, I was heartened to hear him say that in some of the work supported by the Scottish Executive, they realised they had made assumptions and mistakes and had gone back and learned from them. He also said "we need to be informed by you" so I am hoping that they have been informed by us today. We heard from David Barber from Finland, who outlined the Finnish solution to having few trained specialists in this area, and how this might be solved by remote video counselling. David informed us that once a service had been established, then demand for it shot through the roof, and gave us figures of 600-800 clients being seen in a year. The population of Finland is the same as that of Scotland, so it certainly makes you think. He also highlighted one of the issues they identified from their project as the need for support for parenthood. This I think is something we haven't covered much today. We recognise there is a significant need out there for support for parents and children, but regrettably there were only 2 people from education services who attended this conference. It is a huge area of need which we have to pay attention to. David's presentation also highlighted, and this has also been a common theme in the various workshops, how important it is to work with and consult deaf people.

Dr Margaret Du Feu's paper on developments in Ireland was an inspiration; it showed how you can go to a place with no services and set up something that actually works, and statistics supported the view that once you have services then the demand is undoubtedly there. Dr Brendan Monteiro's paper showed us the long and winding pathways to

good forensic patient care services, not to mention the unknown unknowns. I am hoping by the end of today we don't have too many unknown unknowns!

The speakers this afternoon spoke passionately on the mental health issues faced by Deafblind people and those with an acquired hearing loss, as well as the potential for suicide within the sign language using community. There is no doubt we have been both stimulated and challenged in many respects during this conference.

For me, from all the papers today we were left with a few main points:

- we see specialist consultants are essential
- we must have services for children and young people (52 out of 68 people seen by Dr Du Feu probably needed mental health services as children)
- we have seen that there is a need for direct language provision for sign language users where possible
- if sign language interpreters are to be used, they have to be specially trained and supported.
- we need to work with deaf people in the deaf community to make them aware of services
- Finally, in response to the question raised - will we need a specialist in-patient unit? I think my view on that is there will always be a need for a unit for deaf people with special needs who need to have access to a consistent therapeutic language environment. We cannot ignore the linguistic and human rights of people who are deaf.

I am going to share some information about Lothian NHS, which covers the area I work in, in Edinburgh. Thanks to support from my NHS colleagues Lesley Boyd and Dick Fitzpatrick, Lothian is about to appoint a Community Psychiatric Nurse and Occupational Therapist, who will be based with us in Deaf Action, working in our social care team. We hope that is a good start. Thanks to them for saving my sanity!

My final words to Lilian: Geoff said this morning that mental health services in Scotland were the cutting edge throughout Europe. I would have to say for people who are Deaf, Deafblind, deafened or hard of hearing they are not cutting edge. I hope before I'm long gone I can stand here and say they are the envy of Europe.