


Making the Case



Specialist Mental Health Services for Deaf People in Scotland

 Scottish Council on Deafness

Making the Case for Specialist Mental
Health Services for Deaf People in
Scotland:
With Recommendations for Action

The Scottish Council on Deafness (SCoD) exists to encourage deaf people in Scotland to find their voice and express their views. SCoD is the lead organisation for deaf issues in Scotland, representing 90 organisations working with and on behalf of Deaf Sign Language users, deafened, deafblind and hard of hearing people.

Established in 1927, we are the only co-ordinating body for voluntary and statutory organisations concerned with deafness and deafblindness in Scotland. Working with the Scottish Parliament, Scottish Government, statutory and voluntary organisations, SCoD raises awareness of issues affecting deaf and deafblind people in Scotland. We aim to improve the lives of all deaf and deafblind people in Scotland.

We seek to empower deaf people to take an active role in shaping the issues that affect their lives and work to challenge negative attitudes, raise public awareness of deaf issues and combat discriminatory practice. SCoD campaigns for equal opportunities and improved social inclusion of deaf people, while also supporting the recognition of British Sign Language and development of relevant services. We promote the rights of deaf people in everything we do and encourage best practice throughout Scotland.

Through the provision of information and advice, lobbying and campaigning, SCoD helps to improve the quality of life for deaf people throughout Scotland.

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Aims of the paper

This paper aims to show the gaps in the provision of appropriate mental health services for Deaf, Deafblind and Deafened people in Scotland. The paper uses current legislation to highlight the inequalities that Deaf people face when seeking care, treatment and support for mental health issues. In summary, the paper makes certain recommendations that show what can and should be done to address these inequalities.

Definition of deafness

People who are Deaf have usually been born deaf or have become deaf early in life. Deaf British Sign Language (BSL) users usually see themselves as constituting a linguistic/cultural minority known as the Deaf Community. BSL is the first or only language of Deaf people.

People are Deafblind if they have a severe degree of combined visual and auditory impairment resulting in problems of communication, information and mobility. This could occur when the person is born, through disease/illness or as a result of the ageing process.

People who are Deafened have as their preferred language or only language a spoken language. This may be English, Gaelic, Punjabi or another community language. Deafened people usually have become deaf later in life.

People who are Hard of Hearing have lost some of their hearing capacity but can still hear to some extent, either with or without aids. The person may have lost some of their hearing due to illness, disease, ageing or physical injury.

Scottish Council on Deafness' position

The Scottish Council on Deafness (SCoD) promotes the interests of Deaf people in Scotland, supports their needs and promotes awareness of Deafness.

One in seven of the population has a hearing loss; this means that there are about 750,000 people in Scotland who have a range of hearing loss, from the profoundly Deaf to those who are mildly Deaf. They have different communication needs. There are approximately 6,000 Deaf people whose first or preferred language is British Sign Language (BSL), and approximately 5,000 Deafblind people. A number of Deafblind people will also have BSL as their first or preferred language.

While it is generally known that Deaf people have the same range of mental health problems as hearing people, the incidence of mental illness amongst Deaf people is estimated to be about four times greater than in the general population. It is important to recognise that Deafness may present special problems in the diagnosis and treatment of mental illness; because of poor communication mental illness may go unrecognised in Deaf people or mental impairment may remain undiagnosed.

SCoD is concerned that Deaf people with mental illness should receive the same standards of health promotion, assessment, treatment, care and rehabilitation as hearing people and, therefore, that the health service and local authorities make provision for the special needs of those with hearing loss. There are currently no reliable statistics on the incidence of mental health associated with sensory loss¹.

There is much anecdotal evidence from professionals and service users to suggest that current service provision in Scotland is inadequate. To highlight this point, SCoD member organisations (Appendix A) and other professionals provided 'case studies' that show, in the main, a lack of understanding by mental health services and their staff of the needs of Deaf, Deafblind and Deafened people who have need of these services.

In terms of the Disability Discrimination Act 1995, Deaf and Deafblind people are being discriminated against in terms of the provision of mental health services that address their linguistic needs, consequently many Deaf and Deafblind people are being misdiagnosed and/or spending more time in psychiatric care than hearing people.

SCoD began campaigning for access to specialist mental health services² in Scotland for Deaf Sign Language users, Hard of Hearing and Deafblind people's in February 2005, when asked to speak to the Public Petitions Committee at the Scottish Parliament, following the submission of a petition to this effect.

The Scottish Executive's position on mental health services

Lewis Macdonald MSP, the then Deputy Minister for Health and Community Care wrote in the foreword of the document, *Delivering for Mental Health*³:

Improving mental health is a high priority for Scottish Ministers and the NHS in Scotland. In 2003 we enacted ground-breaking mental health legislation that puts rights and treatment at the heart of the mental health system, legislation that has generated interest from countries across the globe who want to learn from what we have done. We are also continuing our internationally recognised work on social inclusion and population mental health. The more that we can do to promote good mental health for all the people of Scotland the better. We want to see people living productive, enjoyable and worthwhile lives with good mental health accompanying good physical health and wellbeing. We can

be proud of what we have already achieved, but there is more to do. In *Delivering for Health*, we said that we would “develop a national Mental Health Delivery Plan by the end of December 2006 and in so doing, accelerate improvements in mental health services.”

The document then lays out the Scottish Executive’s vision for Mental Health Services in Scotland⁴:

“Good mental health is important to everyone living in Scotland. It underpins the Executive's vision for a healthier, more successful Scotland. Mental illness takes away opportunity. We must work to promote health and prevent illness and where illness occurs to treat it or minimise the damage that it causes. This is not just about severe and enduring mental illnesses such as schizophrenia, bi-polar disorder and dementia, but also about a wider range of disorders and illnesses including depression and anxiety. While the focus in this plan is on treating and preventing illness, we also want to continue to promote mental health and wellbeing.

Population and social inclusion approaches are important in reducing the number of people who develop mental illnesses and in addressing inequalities in mental health. The Executive is committed to social justice and is working to address poverty, deprivation, inclusion and exclusion across Scotland. We need to continue to address the stigma still attached to mental illness and ensure that patients, their carers and all who work with them are treated with dignity and respect.

We must ensure that we deliver on our commitments in respect of equality, social inclusion, recovery and rights. Doing this is central to our vision and to the success of the plan.

We have good evidence about what works in the delivery and organisation of care and year on year the treatment available to those suffering from mental illness improves. We also have a better understanding of the importance of other interventions and supports, such as exercise, a good diet, better physical health, good relationships in promoting good mental health and recovery. We must use this evidence effectively to produce better outcomes.

Improve patient and carer experience of mental health services⁵

Commitment 1: We will develop a tool to assess the degree to which organisations and programmes meet our expectations in respect of equality, social inclusion, recovery and rights. The tool will be piloted in 2007 and be in general use by 2010.

Work has already begun on the tool and is being led by the Scottish Recovery Network, drawing on the Recovery-Orientated Practices Index methodology developed in the United States. The key areas the tool will cover are:

- Equality, non-discrimination and respect for diversity
- Social inclusion, particularly in relation to the new duties under sections 25 to 31 of the Mental Health (Care and Treatment) (Scotland) Act 2003
- Recovery, the degree to which services are structured to deliver better outcomes across a range of domains, including employment, housing, education and training opportunities, family and social life
- Rights, in particular the Millan Principles, notably reciprocity, benefit, and participation

In addition, we will work with NHS Education for Scotland and other professional bodies to develop a common set of behavioural expectations for those working in mental health services, which in turn should influence practice and service delivery.

We believe that we can also support change in cultures and behaviours by embedding peer support workers in mental health services. Peer support workers are an example of expert patients, being trained staff who themselves have direct experience of mental illness who are part of the care team.”

In 2006, the Scottish Executive published *Community Care and Mental Health Services for Adults with Sensory Impairment in Scotland*⁶. In Chapter 4 of this report, it states:

“Key Findings

In general, there appears to be limited documentary evidence regarding the mental health needs of adults with visual impairments and those experiencing dual sensory loss. In contrast, much has been written about the mental health needs of hearing impaired adults. Research has consistently found deaf people to be at a higher risk of mental illness than the general population. Estimates suggest that 40% of the hearing impaired population and 50% of the profoundly Deaf (BSL using) community may experience mental health difficulties at some time in their lives. This ranges from mild depression to psychosis.

[and]

4.3 Unlike the mental health needs of blind adults, much research has been conducted to investigate the mental health needs of people with a hearing impairment, and has consistently found deaf people to be at a higher risk of mental illness than the general population.

4.4 There is a wealth of literature covering the prevalence of various types of mental health problems among deaf people, the difficulties of diagnosis, and the varying needs of congenitally deaf people compared to those who acquire deafness in later

life. Again, the literature focuses on the impact of social exclusion on deaf people in relation to mental health.”

The LINK Centre for Deafened People and the University of Greenwich carried out a research project called ‘Hidden Lives: The psychological and social impact of becoming deafened in adult life⁷.’ The report found that becoming deafened in adult life has a severe impact on the person’s emotional and mental wellbeing and health and that of their partners and close family members. The research found the rates of depression in deafened adults was almost five times that of the national average and severe anxiety levels were nearly two and a half times higher. Hearing partners of deafened people have rates of depression over four times higher than the national average and their rates of anxiety are over one and a half times higher. The report recommended that there should be appropriate support put in place for all newly deafened people and their close family.

Most of the research quoted has taken place in places other than Scotland, and although many of the conclusions can be seen in a general sense to apply to Deaf people in Scotland, there is a great need for research to be carried out that accurately reflects the needs of Deaf people with mental health issues and problems in Scotland, in both urban and rural settings.

Legislative Reform

The Mental Health (Care and Treatment) (Scotland) Act 2003 (The Act) was the most comprehensive reform of mental health legislation to take place in Scotland for more than 40 years.

The main purpose of the 2003 Act is to reflect a move away from treating people who have a mental disorder solely in psychiatric hospitals and only for their mental health disorder. The Act reflects the increased awareness of the rights of people with a mental disorder to be involved in their care and treatment. The primary objective of The Act is to ensure that effective care and treatment is provided to the people that need it at the time they need it.

The main **Principles of the Act** are based on the recommendations made by the Millan Committee and all prescribed professionals⁸ must apply the Principles when carrying out any function under The Act.

The Principles of the Act⁹ are:

1. Non-discrimination – People with a mental disorder should, wherever possible, retain the same rights and entitlements as those with other health needs.

2. Equality – All powers under the Act should be exercised without any direct or indirect discrimination on the grounds of physical disability, age, gender, sexual orientation, language, religion, or national, ethnic or social origin.
3. Respect for diversity – Service users should receive care, treatment and support in a manner that accords respect for their individual qualities, abilities and diverse backgrounds and properly takes into account their age, gender, sexual orientation, ethnic group, and social, cultural and religious background.
4. Reciprocity – Where society imposes an obligation on an individual to comply with a programme of treatment of care, it imposes a parallel obligation on the health and social care authorities to provide safe and appropriate services, including ongoing care following discharge from compulsion.
5. Informal Care – Wherever possible, care, treatment and support should be provided to people with mental disorder without the use of compulsory powers.
6. Participation – Service users should be fully involved, so far as they are able to be, in all aspects of their assessment, care, treatment and support. Their past and present wishes should be taken into account. They should be provided with all the information and support necessary to enable them to participate fully. Information should be provided in a way that makes it most likely to be understood.
7. Respect for carers – Those providing care to service users on an informal basis should receive respect for their role and experience, receive appropriate information and advice, and have their views and needs taken into account.
8. Least restrictive alternative – Service users should be provided with any necessary care, treatment and support both in the least restrictive manner and environment compatible with the delivery of safe and effective care, taking account where appropriate of the safety of others.
9. Benefit – Any intervention under the Act should be likely to produce for the service user a benefit that cannot reasonably be achieved other than by the intervention.
10. Child welfare – The welfare of a child with mental disorder should be paramount in any interventions imposed in a child under the Act.

The Act also introduced a number of **safeguards**:

- i. Advance Statement;
- ii. Named Persons;

- iii. The right to access Independent Advocacy;
- iv. The Mental Health Tribunal of Scotland;
- v. An Appeals system; and
- vi. Additional Powers for the Mental Welfare Commission.

Treatment for a mental disorder:

“Medical treatment” means treatment for mental disorder; and for this purpose “treatment” includes- nursing; care; psychological intervention; habilitation (including education, and training in work, social and independent living skills); and rehabilitation. ¹⁰

The Human Rights Act 1998

There is a duty placed on public authorities¹¹ – health board, local authorities and “any person certain of whose functions are functions of a public nature”¹² – to ensure that they do not act in any way that is incompatible with a Convention right. The Human Rights Act 1998 is directed by the European Convention of Human Rights 1950.

A person who claims that a public authority has acted (or proposes to act) in a way which is made unlawful by the above (section 6 (1)) may:

- (a) Bring proceedings against the authority under this Act in the appropriate court or tribunal, or
- (b) Rely on the Convention right or rights concerned in any legal proceedings, but only if he is (or would be) a victim of the unlawful act¹³.

Several articles in the Human Rights Act can apply to a person who is Deaf and also has a mental health issue.

Article 3 – Prohibition of Torture

No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

In Article 3, the pertinent point is no-one shall be subject to degrading treatment or punishment. A Deaf person who receives an injection without anyone telling them why or has bloods taken with no explanation is subject to degrading treatment. Using a child to explain a parent’s symptoms, for example lack of inhibition, when an interpreter has not been available is degrading for both the child and the parent.

Brian* was admitted to hospital with mental health problems. Brian is a Deafened adult who can speak but is no longer able to hear what people are saying to him. The staff in the ward did not believe he was Deaf so would not communicate by writing notes to him. The staff would not allow a Notetaker to be present at meetings. On application to the MHT, it was agreed that Brian should have access to a Notetaker, but staff remained sceptical about Brian's level of deafness and showed this with a "public display of eye rolling and other similar behaviours" that expressed disbelief of the fact that Brian is deafened. This behaviour was observed at the Tribunal by Brian, his partner and his independent advocate.

Janice* is Deafblind and was admitted to a mainstream psychiatric hospital* for a week as a voluntary patient having self-harmed. Following discharge, Janice self harmed again, and was referred to the same psychiatric hospital for care and treatment. On the second occasion, the hospital would not admit her as "it would create a precedent and encourage self-harm on a regular basis". It was up to Janice's guide/communicator to provide support and care on this occasion. Although it may have been the correct clinical decision not to admit Janice to hospital, there were no support or care services provided for her in the community, nor was her guide/communicator given any information about where she could access support for Janice. Janice herself had not received any information about support on her discharge from hospital. Janice felt she was being punished for being Deafblind and for self-harming.

Tony* who is Deafblind and who self harmed spent six weeks in a specialist mental health unit for Deaf/Deafblind people – the John Denmark Unit in Prestwich, Manchester. His experience was therapeutic and of benefit, and led to a better understanding by community support staff of his issues when he returned to Scotland.

Article 5 – The right to liberty and security:

1. Everyone has the right to liberty and security of person.
2. Everyone who is arrested shall be informed promptly, in a language he understands, of the reasons for his arrest and of any charge against him.

Article 5, point 2 is pertinent, in that someone who is arrested has more rights than a Deaf person who may be taken into hospital on an emergency detention certificate.

Peter* is a Deaf sign language user and was admitted to a psychiatric hospital under the Mental Health (Care and Treatment) (Scotland) Act 2003. All communication was done through writing notes, as an interpreter was not provided. Peter did not understand why he was in hospital, and it took several days for the psychiatrist to meet Peter with an

* Name changed to protect the person's identity.

* Geographical details excluded to further protect the person's identity.

interpreter present. This is not being informed promptly, as would have happened if Peter had been arrested and charged with a crime. While it is recognised that it is often difficult to book an interpreter at short notice due to the fact that there is a shortage of interpreters in Scotland, and this will be the case even when someone is arrested, a Deaf sign language user with a mental disorder who is admitted to hospital under the Mental Health Act and is unwell should not have to wait several days to find out why they are in hospital. It is not acceptable for a person whose first language is BSL to have to rely on staff members writing notes to him. Therefore, Article 5 has been breached as well as Article 3.

Article 6 – The right to a fair trial:

3. Everyone charged with a criminal offence has the following **minimum** rights –
 - To be informed promptly, in a language which he understands and in detail, of the nature and cause of the accusation against him;
 - To have adequate time and facilities for the preparation of his defence;
 - To have the free assistance of an interpreter if he cannot understand or speak the language of the court.

Time factor for attending MHT and access to communication support, for example, BSL/English interpreters or a guide/communicator – if the MHO is applying for a detention order under the Mental Health (Care and Treatment) (Scotland) Act 2003, the paper work is sent in to the MHTS, who then inform the patient, their Named Person, carer, pertinent Health professionals and relevant people who share an interest in the person's care and welfare. The MHO is responsible for booking communication support for the patient attending the Tribunal hearing. If the patient has a solicitor, then it is the solicitor who is responsible for booking communication support. The "turn around" time for gathering information, explaining what is happening and attending the Tribunal may be as short a timescale as 4 days. This may not be enough time to book communication support for all meetings; therefore the Deaf/Deafblind person will not have adequate time to prepare for the Tribunal hearing. This means that people charged with a criminal offence have more rights than a Deaf person who is mentally unwell.

"In circumstances where it is impractical for the MHO to interview the patient...the MHO must record steps taken with a view to complying with the duties and before the expiry of 7 days beginning with the day the MHO was consulted give a copy of that record to the Approved Medical Practitioner...There are only a small number of circumstances in which the MHO might consider consenting to the granting of the certificate without, at the very least, having been in the physical presence of the patient. Circumstances – where communication difficulties with the patient cannot be overcome speedily."¹⁴

Article 8 – The right to respect for private and family life -

1. Everyone has the right to respect for his private and family life, his home and his correspondence.

2. There shall be no interference by a public authority with the exercise of this right except in accordance with the law.

This right could be breached where a member of the Deaf person's extended family is used as an interpreter, without the express consent of the person. Or if a person agrees to go to a specialist unit in England for assessment and they are detained as a patient, then the person may be deprived of their right to their family life due to the cost of travel and overnight accommodation that family members will have to cover in order to visit the patient. This would be in accordance with the law, although not the law as it is in Scotland as Mental Health law in England is different to the Mental Health (Care and Treatment) (Scotland) Act 2003. Would the Deaf person have any right to challenge a detention under English legislation when their home is in Scotland and ask that the Mental Health (Care and Treatment) (Scotland) Act 2003 applies, with its rights and safeguards?

Although the regulations are in compliance with point 2 above, if the Deaf person does not have the necessary linguistic support to interact with staff and other patients, then it will be extremely isolating for the Deaf person at a time when they are particularly vulnerable if the regulations are applied. In the case of correspondence, where the person has been detained under the MHCTS Act 2003 and is designated a "specified person"¹⁵, access to sending and receiving mail can be restricted, which can be detrimental to the person's ability to maintain contact with family and friends. A person's telephone access may be restricted.¹⁶ The public telephone system is not included in this regulation, but how many Deaf people who are detained under the MHCTS Act 2003 have access to a public text phone? This will impact on a Deaf person's ability to communicate with family/friends if the only access to a telephone is through a text phone in the ward. Mobile phone use is not prohibited by these regulations, but can be prohibited under section 290 of the Act.¹⁷

Article 14 – The prohibition of discrimination –

The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

The examples given above show how this Article is not being adhered to as Deaf people are being discriminated against due to their linguistic abilities and the lack of psychiatric professionals in Scotland who have the necessary language skills to communicate on a one-to-one basis with Deaf people who are being assessed regarding their mental wellbeing and those who are mentally unwell.

Disability Discrimination Act 1995¹⁸

Section 19 -

(1) It is unlawful for a provider of services to discriminate against a disabled person-

- (a) in refusing to provide, or deliberately not providing, to the disabled person any service which he provides, or is prepared to provide, to members of the public;
- (b) in failing to comply with any duty imposed on him by section 21 in circumstances in which the effect of that failure is to make it impossible or unreasonably difficult for the disabled person to make use of any such service;
- (c) in the standard of service which he provides to the disabled person or the manner in which he provides it to him; or
- (d) in the terms on which he provides a service to the disabled person.

(2) For the purposes of this section and sections 20 and 21-

- (a) the provision of services includes the provision of any goods or facilities;
- (b) a person is "a provider of services" if he is concerned with the provision, in the United Kingdom, of services to the public or to a section of the public; and
- (c) it is irrelevant whether a service is provided on payment or without payment.

(3) The following are examples of services to which this section and sections 20 and 21 apply-

- (a) access to and use of any place which members of the public are permitted to enter;
- (b) access to and use of means of communication;
- (c) access to and use of information services;
- (f) facilities for entertainment, recreation or refreshment;
- (h) the services of any profession or trade, or any local or other public authority.

Section 20 –

(1) For the purposes of section 19, a provider of services discriminates against a disabled person if-

- (a) for a reason which relates to the disabled person's disability, he treats him less favourably than he treats or would treat others to whom that reason does not or would not apply; and

- (b) he cannot show that the treatment in question is justified.
- (2) For the purposes of section 19, a provider of services also discriminates against a disabled person if-
- (a) he fails to comply with a section 21 duty imposed on him in relation to the disabled person; and
 - (b) he cannot show that his failure to comply with that duty is justified.
- (3) For the purposes of this section, treatment is justified only if-
- (a) in the opinion of the provider of services, one or more of the conditions mentioned in subsection (4) are satisfied; and
 - (b) it is reasonable, in all the circumstances of the case, for him to hold that opinion.
- (4) The conditions are that-
- (a) in any case, the treatment is necessary in order not to endanger the health or safety of any person (which may include that of the disabled person);
 - (b) in any case, the disabled person is incapable of entering into an enforceable agreement, or of giving an informed consent, and for that reason the treatment is reasonable in that case;
 - (c) in a case falling within section 19(1)(a), the treatment is necessary because the provider of services would otherwise be unable to provide the service to members of the public;
 - (d) in a case falling within section 19(1)(c) or (d), the treatment is necessary in order for the provider of services to be able to provide the service to the disabled person or to other members of the public;
 - (e) in a case falling within section 19(1)(d), the difference in the terms on which the service is provided to the disabled person and those on which it is provided to other members of the public reflects the greater cost to the provider of services in providing the service to the disabled person.
- (5) Any increase in the cost of providing a service to a disabled person which results from compliance by a provider of services with a section 21 duty shall be disregarded for the purposes of subsection (4)(e).

Section 21 –

- (1) Where a provider of services has a practice, policy or procedure which makes it impossible or unreasonably difficult for disabled persons to make use of a service which he provides, or is prepared to provide, to other members of the public, it is his duty to

take such steps as it is reasonable, in all the circumstances of the case, for him to have to take in order to change that practice, policy or procedure so that it no longer has that effect.

- (4) Where an auxiliary aid or service (for example, the provision of information on audio tape or of a sign language interpreter) would-
- (a) enable disabled persons to make use of a service which a provider of services provides, or is prepared to provide, to members of the public, or
 - (b) facilitate the use by disabled persons of such a service, it is the duty of the provider of that service to take such steps as it is reasonable, in all the circumstances of the case, for him to have to take in order to provide that auxiliary aid or service.

(5) Regulations may make provision, for the purposes of this section-

- (a) as to circumstances in which it is reasonable for a provider of services to have to take steps of a prescribed description;
- (b) as to circumstances in which it is not reasonable for a provider of services to have to take steps of a prescribed description;
- (c) as to what is to be included within the meaning of "practice, policy or procedure";
- (d) as to what is not to be included within the meaning of that expression;
- (g) as to things which are to be treated as auxiliary aids or services;
- (h) as to things which are not to be treated as auxiliary aids or services.

In terms of the crossover between the DDA 1995 and the Mental Health (Care and Treatment) (Scotland) Act 2003, the fact that the Scottish Government does not provide specialist services for Deaf people who have a mental disorder means that the Government is not abiding by the legislation in place in Scotland. The government is discriminating against members of the Deaf Community who have mental health issues.

Direction from the European Parliament

The Employment, Social Policy, Health and Consumer Affairs Council¹⁹ met on the 2nd and 3rd June 2003 to debate the issues of combating stigma and discrimination in relation to mental health.

In the Council's summary of conclusions, it asks that Member States:

- give specific attention to the impact of stigma and discrimination-related problems due to mental illness in all age groups, and ensure that these problems are

recognised, in this context giving special attention to the reduction of risks of social exclusion;

- collect data on the health, economic and social consequences of stigma due to mental illness;
- undertake action to combat stigma and promote social inclusion in active partnership and dialogue with all the stakeholders to encourage an integrated and coordinated approach.

These conclusions, if applied to the situation that Deaf people who have a mental health disorder find themselves in today, have not been acted on by the Scottish Executive.

What does the Act mean in practice for deaf people in Scotland?

The Principles in the Act

To illustrate what the principles of the Act mean to Deaf people who have a mental illness, there are case studies included. The names of the people have been changed and geographical locations excluded in order to protect their confidentiality.

1. Non-discrimination and respect for diversity –

Although Mental Health services were not specifically asked about in the Scottish Executive Social Research publication, *Investigation of Access to Public Services in Scotland Using British Sign Language*²⁰, it reports

“BSL users’ experiences in using BSL with public service providers

The experience of hearing public services described by Deaf people is one where they are left feeling frustrated, annoyed and embarrassed. Respondents reported poor Deaf awareness and described situations where staff dealt with other people first, tried to talk to family members instead of them and struggled to provide pen and paper to allow them to write things down. Contacts with the Health Service were considered the most stressful. Staff commonly failed to alert Deaf people in a waiting room when it was their turn and medical problems were often not explained properly because staff were unable to write things down or refused to do so.”

This is a serious failing when the medical problem is physical, but is greater if the person is in crisis due to a mental health disorder. Although this refers to BSL users, it is also true of Deafblind and Deafened people. If staff have not had Deaf/Deafblind/Deafened awareness training, then the Principles of non-discrimination and respect for diversity are not being upheld.

During 2008, NHS Greater Glasgow & Clyde Community Mental Health Teams and Glasgow City Council MHOs will receive Deaf awareness training organised between Senior Learning and Development Officer for MHOs and staff at the John Denmark Unit in Preston. Support staff who work with Deaf people with mental health issues in Glasgow will receive training in the Mental Health (Care and Treatment) (Scotland) Act 2003 by the same mechanism. There is no money in the budget for psychiatric hospital staff to receive the same awareness training. While this is a small step forward, it is only a small number of the psychiatric professionals in Scotland who will receive this training.

2. Equality –

In the *Investigation of Access to Public Services in Scotland Using British Sign Language*,²¹ Deaf people gave their opinions on using interpreters in different settings and “reported concerns about privacy and confidentiality when using interpreters. This was a particular problem for people who frequently used interpreters in work settings, who then did not want to use the same interpreters for sensitive or personal situations. The most common problem was the difficulty in finding an interpreter. This lack of interpreters often leads to Deaf people, their employers, and public services to use informal, unqualified intermediaries (family, friends and workmates). This removes the accountability, the need for confidentiality and professional behaviour and leaves the Deaf person exposed to poor quality of information of which the hearing person may be unaware...Deaf people considered the ideal solution was for more hearing people to learn to sign (properly).”

The BSL and Linguistic Access Working Group responded to the consultation on Draft Version of a Strategy for Scotland's Languages²² with a paragraph regarding

“Point 4.0 - Access in English.

Those who speak English but cannot hear it need similar consideration to those who do not speak English. This includes access to materials in written English and communication services at interviews. Language service professionals, such as speech to text recorders, note takers or lipspeakers may provide this service.”

and

“BSL is an indigenous language of Scotland in the same way that Scots and Gaelic are, but there are a number of key differences - BSL is more often than not the only language used by Deaf people whereas Scots and Gaelic speakers usually have English as a second language.”

Joe* is a man in his late fifties who has lost 80% of his hearing and has difficulty with any form of background noise. He had to take time off work as he became depressed. His experience of psychiatric care and treatment has been detrimental to his mental health in the fact that the psychiatrist and other mental health professionals are not Deafened aware, and although he has asked for a Notetaker to be present at meetings this has never happened. He also asked his psychiatrist if he could use a laptop computer and both could type in questions and answers, but was told this would take too long. Joe feels that he would have been treated differently if he had still been a hearing person.

It is not unusual for Deafened people to ask for communication support to be booked for appointments and meetings. Often service providers are not aware of what communication support should be booked for a Deafened person and book a BSL/English Interpreter. This form of communication support is not appropriate for the majority of Deafened people and ties up an interpreter who may be needed for a BSL user. This mistake shows a lack of awareness and understanding of the needs of Deaf/Deafblind/Deafened people.

Information produced by the Scottish Executive in the form of the “purple” booklets is available in six community languages including Gaelic.²³ The only information available in BSL is The Mental Health (Scotland) Act 1984 CD. Since the first booklets on Named Persons and Advance Statements have been available since 2004, this means that the 6500 BSL users in Scotland are not being treated equally with hearing people.

An older Deaf person (Jane)* who was admitted to a psychiatric hospital* in Central Scotland was prescribed medication by the psychiatrist who was unsure of the diagnosis. The doctor had not arranged for a BSL/English interpreter to be present for any of the meetings held with the patient. The doctor thought Jane may be depressed, but could also have bereavement issues. Jane was finally referred to the John Denmark Unit (JDU) Outreach Team for assessment, but has a physical disability that makes it extremely difficult to travel from her home to Glasgow to meet with the JDU team. Jane told her independent advocate that she wanted to be treated near her home by doctors and nurses who use BSL.

3. Reciprocity –

In terms of the Act, reciprocity means that when there is a legal requirement placed on an individual to comply with a programme of treatment and care, there should be a parallel requirement on the health and social care authorities to provide safe and appropriate services, including ongoing care following discharge from compulsion.

Nigel*, who is in his late thirties and communicates in BSL, was assessed as needing specialist mental health services. Nigel lives in a rural and isolated area in Scotland. There is not a psychiatric hospital in the Health Board area that was able to provide the inpatient treatment that Nigel required. He was not prepared to be admitted to a psychiatric hospital in another area as a voluntary patient. The MHO began the process of applying for a CTO (Compulsory Treatment Order). Nigel agreed to meet with the JDU Outreach Team. The CTO was granted at a MHT.

Nigel was then transferred to the JDU. His stay in the JDU was beneficial and on discharge from the Unit, he returned home. He no longer receives appropriate ongoing support or care as none of the Community Mental Health Team in his area can communicate in BSL and there is no counselling for him without an interpreter being present. Nigel does not want a third person to be present during his counselling sessions. If Nigel was a hearing person, he would have access to safe and appropriate services, including ongoing health and social care. Because he is Deaf and a sign language user, reciprocity is not taking place.

4. Participation –

Deaf, Deafblind and Deafened people can participate in their care and treatment only when the mental health professionals are fully Deaf and Deafblind aware and have the necessary communication skills to communicate on a one-to-one basis with individuals. The Scottish Office issued a Management Executive Letter in 1998 – MEL (1998) 4²⁴ – which stated that:

“All Health Boards and NHS Trusts should be aware of their responsibilities in this area [recognising deafblind people as the most disadvantaged of its user groups] and have appropriate arrangements in place to ensure that deafblind people are afforded the services of a guide/communicator when they attend hospital or GP surgery.”

Neil* is a Deaf Sign Language user who has a history of mental health problems. For his first four appointments, he had support from four different interpreters. At each appointment, the psychiatrist was resistant to having an interpreter present as he thought that Neil was pretending to be Deaf. Neil's partner is also Deaf but uses speech and lip reads. Neil received no communication support for appointments with his CPN, so became frustrated and resented the CPN coming to his home. Neil was unable to participate in his care and treatment due to lack of appropriate communication support. Neil became mentally unwell and the MHO applied for a detention order under the Mental Health (Care and Treatment) (Scotland) Act 2003. At the MHT he had a solicitor and an independent advocate. An interpreter was also present. The independent advocate and the solicitor did not appear to be Deaf

aware, so Neil was not appropriately represented nor was he able to participate in the tribunal.

Information about the Mental Health (Care and Treatment) (Scotland) Act 2003 has been produced in English, Easy Read and 11 community languages, including Gaelic. The information is also available in an audio format or in Braille. There has not been any information published by the Scottish Government in BSL. If Deaf and Deafblind people do not have access to information, then people who have a mental health issue and their carers are at an unnecessary disadvantage to other mental health service users.

Respect for carers - those who provide care to service users on an informal basis should receive respect for their role and experience, receive appropriate information and advice, and have their views and needs taken into account.

Neil's partner, Annie* (see case study above) is a Deaf sign language user and his primary carer. Annie does not have access to information about the MH Act in her first language – BSL. When attending meetings about Neil's care and treatment, there has not been an interpreter provided, nor has she been asked what her needs are as Neil's carer. Annie should be advised that she has the right to a Carers Assessment and she should be referred to a member of the social work team.

5. Least restrictive alternative –

The closest specialist services for in-patient care are in the John Denmark Unit in Manchester. This cannot be seen as the least restrictive alternative for the Deaf community in Scotland. For a Deaf/Deafblind/Deafened person to be treated in a hospital where there are no specialist services is not the least restrictive alternative either. Restriction can apply geographically as well as locally in that the Deaf/Deafblind/Deafened person in a "hearing" ward will be isolated and at a particular disadvantage, therefore restricted in ways that a hearing person is not. SCoD recognises that a national specialist unit for deaf people in Scotland will not suit all Deaf/Deafblind/Deafened people who have a mental health problem, but having professionals who specialise in mental health and Deafness and are based in a national unit and are available to other parts of Scotland would at least be a starting point in providing a better service for Deaf, Deafblind and Deafened people.

Alice* is a Deaf sign language user. She has an alcohol problem. Her main carer has been her mother, who is now extremely ill herself. Alice's elder sister is her Named Person. Alice was admitted to hospital* on a short term detention certificate. The MHO applied for a CTO and the MHTS granted an interim CTO certificate in order for the reports to be completed. Alice was referred at this point to the local

independent advocacy organisation. The independent advocate went to visit Alice in hospital (with an interpreter). As it was his first visit, ward staff told him to be aware of Alice's inappropriate behaviour – touching people, holding their hands, and “breaching” other people's personal space. When the independent advocate was introduced to Alice, she shook his hand, stroked his arm and touched his face. The independent advocate was not uncomfortable with Alice's greeting.

The independent advocate became aware that ward staff communicated with Alice as if she was a young child. She is in her 40s, and the independent advocate thought that not being treated like the adult she is, may have been the reason for her behaviour. At the MHT, the psychiatrist said that all of Alice's behaviours point to her having a mental health issue and that she must be detained in hospital. The JDU was mentioned as a possible place for treatment, but Alice does not want to leave Scotland. Her family and friends are all in Scotland and she wants to be able to maintain contact with them. The independent advocate thought that the MHO and the psychiatrist did not appear to be deaf aware and that they treated Alice “like a naughty child”. The CTO was granted and Alice was detained in the hospital. This restricted Alice in the fact that hospital staff could not communicate with her on a one-to-one basis, neither could her fellow patients. The independent advocate asked that appropriate communication support was added to the discharge care package, but this was not noted in Alice's file, and consequently did not happen.

6. Benefit –

Any intervention under the Act should be likely to produce a benefit for the service user which cannot reasonably be achieved other than by the intervention.

Tommy* has long term alcohol misuse issues and presented at his local Accident and Emergency Unit* (A&E) on a regular basis having tried to commit suicide. He is a Deaf sign language user. He had been turned away from A&E recently as staff found him to be aggressive and difficult to deal with. His GP visited him along with an interpreter. Tommy told his GP that he had been turned away from the hospital, and the GP found him covered in bruises with several broken bones. Tommy's house was extremely dirty and soiled. He appeared to be exhibiting disinhibition and was suffering from hallucinations. The GP contact the Addictions Unit who had been visiting Tommy once a fortnight, with an interpreter. It was agreed that he required an inpatient detox.

Following referral, Tommy waited seven months for a detox bed in a psychiatric hospital. While this may be the time that hearing people with similar problems have to wait for a detox bed, there are more specialist community support services available for hearing people than for Deaf people in this situation. During this time,

he continued to live in his house in squalid conditions. Tommy could not be rehoused as he was unwilling to stop drinking at this point and none of the social services or residential services would consider him as a “viable” tenant.

A pre-admission meeting was arranged for Tommy with his CPN and there was a BSL/English Interpreter present. Once admitted to hospital, the psychiatrist met Tommy on his second day in hospital with an interpreter in support. None of the ward staff could communicate with Tommy on a day-to-day basis. Despite an offer to make communication support available on a daily basis, the hospital would only book an interpreter for a meeting with the consultant psychiatrist that took place at the end of his first week in the ward. The interpreter gave the ward and social work addiction staff information about specialist social work services and Deaf Counselling services for Tommy, but no additional services were put in place. Tommy did not receive appropriate communication support while he was an inpatient, despite waiting such a long time for what should have been an effective and supported detox programme.

Due to lack of appropriate communication support, Tommy was unable to access therapy, support and motivational interviewing. Tommy was discharged from hospital and a few weeks later suffered a seizure on his way to an outpatient hospital appointment. Although Tommy was not detained in hospital under the Act, due to the lack of specialist psychiatric care, Tommy did not receive any benefit from the treatment he received due to a lack of understanding of how to communicate by staff and a lack of understanding of what was happening to him, as no-one put in the appropriate communication support for this to take place.

7. Child Welfare – the welfare of a child with mental disorder should be paramount in any interventions imposed on the child under the Act.
8. Informal Care – wherever possible care, treatment and support should be provided to people with mental disorder without recourse to compulsion

In order for a person to participate fully in their care and treatment, the professionals must be able to communicate with the person in a manner that is meaningful and what the person is used to.²⁵

The case for specialist services for deaf people who have a mental health disorder

Precedent and comparison

In December 2006, the Scottish Executive published a paper on "Delivering for Mental Health, the mental health delivery plan for Scotland, sets out targets and commitments for the development of mental health services in Scotland."²⁶ Whilst SCoD recognises the need for special consideration to enhance services such as forensic services, perinatal services, and eating disorder services, there is no mention of the need for specialist services for Deaf and Deafblind people in the main context of the document or in the "areas of further work". This is an omission that needs to be rectified.

In 2004, The Scottish Executive funded a piece of research on Alcohol Related Brain Damage (ARBD)²⁷. The report, "A Fuller Life", sets out the need for specialist support services, including Mental Health services for people with ARBD. Within the report, it is stated that "available information on incidence and prevalence of ARBD in local populations in Scotland is inadequate"²⁸. The same can be said of the incidence and prevalence of Deaf/Deafblind/Deafened people in Scotland who have mental health problems. All the figures used in Scotland are based on projections of the figures available in England and Wales. Also contained in the report is the statement - "Stigma attaches to ARBD as a result of its triple association with alcohol, mental health problems and dementia, and this needs to be addressed at an individual, institutional and societal level" and "The development of information, advice and health promotion services is of key importance in changing attitudes and practice in relation to people with ARBD."²⁹

Again, this is a similar issue within the Deaf community. There is stigma attached to having or admitting to having mental health problems if the person is Deaf, especially as the pool of BSL interpreters in Scotland is very small and as is mentioned earlier in this paper, people have an issue about privacy and confidentiality. Changes to attitudes and practice in relation to Deaf/Deafblind/Deafened people and their physical and mental health needs require the same importance given to the development of specialist services.

Much has been made in the past of the lack of appropriate health support for people from the Black and Minority Ethnic communities, including support for people with a mental health issue. The Scottish Executive set up the National Resource Centre for Ethnic Minority Health to address this need.

The National Resource Centre for Ethnic Minority Health (NRCEMH) is a unit of NHS Health Scotland and supports NHS Boards to develop their cultural competence in

delivering health services to black and minority ethnic groups, to reduce inequalities and to improve the health of these communities.

Some of the main functions of the NRCEMH are to:

- Provide specialist guidance, support and advice to the NHS organisations at local, regional and national levels;
- Identify and share good practice and encourage "learning" for staff that will achieve change for patients and carers alike;
- Create a framework of indicators of progress for performance management and facilitating its implementation by NHS Boards; and
- Contribute to (in partnership with Information Services Division Scotland) the analysis and interpretation of information about ethnicity of patients in the NHS and about their health needs and health differences.

In February 2006, the NRCEMH set up a Strategic Advisory Panel to review the future arrangements for Black and Minority Ethnic Mental Health Networks and for this group to oversee the establishment of network structures and process over the next two years³⁰.

In April 2008, the NRCEMH will become part of the Equalities & Planning Directorate in NHS Health Scotland.

There are similarities between the needs of the BME communities in Scotland and those of the Deaf community. There is a need for NHS Boards to develop their cultural competence in delivering health services to Deaf, Deafblind, and Deafened people, to reduce inequalities and to improve the health of these people, especially those affected by mental ill health.

SCoD's Position

As can be seen from the legislation and examples given above, there is a lack of appropriate services for Deaf people with a mental disorder in Scotland.

The Scottish Executive set out its commitment “to develop a national Mental Health Delivery Plan by the end of December 2006 and in so doing, accelerate improvements in mental health services” for the people of Scotland. In particular, it was stated that “We believe that we can also support change in cultures and behaviours by embedding peer support workers in mental health services. Peer support workers are an example of expert patients, being trained staff who themselves have direct experience of mental illness who are part of the care team.”³¹

There is a defined and definite need for specialist services where professionals can communicate proficiently with the people they are working with. Deaf and Deafblind awareness training for frontline staff is not enough to ensure that Deaf people who have a mental disorder receive the same level of care and treatment that hearing people receive. It is vital that Deaf peer support workers are enabled to participate in the care and treatment of Deaf people with a mental disorder.

Information about the Act

At the present time, information about the Mental Health (Care and Treatment) (Scotland) Act 2003 is not freely available in a format that is suitable for Deaf and Deafblind people. SCoD asks that information about the Act should be developed in an appropriate language (e.g. British Sign Language or Plain English) and with illustration, taking into account the culture, identity and language of Deaf people.

This will help Deaf people to participate as much as possible in their care and treatment, including writing Advance Statements and nominating Named Persons.

Recognition that some sections of the population need specialist services

It is recognised in the Mental Health (Care and Treatment) (Scotland) Act 2003 that it is particularly important that new mothers with a mental disorder such as postnatal depression should be treated in units where they can take their babies with them as this promotes recovery and helps with mother/baby bonding.

The Mental Health Act also recognised that children and young people also need age specific services in order that they are treated appropriately.

In terms of the Disability Discrimination Act 1995, Deaf, Deafblind and Deafened people are being discriminated against in terms of the provision of mental health services that address

their linguistic and communication needs, consequently many Deaf and Deafblind people are being misdiagnosed and/or spending more time in psychiatric care than Hearing people.

Treatment for Mental Health disorder³² - The Act is clear about what constitutes medical treatment for a mental health disorder. In addition to medical “interventions” and care, the Act states that the person should have access to habilitation³³ and rehabilitation services. These services must also be appropriate with staff who can communicate directly with the service user.

Code of conduct for Interpreters working with deaf mental health service users

In the Scottish Court Service Code of Conduct for Interpreters and Translators³⁴, there is detail of the competence that BSL Interpreters must have, to accept assignments from the Scottish Court Service –

“Competence - You are expected to:

- Have a written and spoken command of both languages, including any specialist terminology, current idioms and dialect;
- Be familiar with any cultural backgrounds relevant to the assignment;
- Understand police and court procedures.”

In order that interpreters who are working with Deaf people who have a mental health disorder can maximise communication between mental health professionals and the Deaf person, the same level of competence should be expected. What this means in practice, is that BSL interpreters must be working in the mental health environment on a regular basis. Speech to Text Recorders and Notetakers who work with Deafened people and Guide/Communicators supporting Deafblind people should also have this level of competence and experience. This level of competence can only be maintained if there is a centre for specialist services for Deaf people where ongoing training can be given to all in the specialism.

In Glasgow, the City Council Sign Language Interpreter Service has, in the last four years, provided interpreting services for 74 Deaf people who use BSL and have been in contact with the mental health services, including acute hospital admissions, consultations, assessments and treatment as well as ongoing CPN support. The interpreters have raised a number of concerns about the lack of awareness of the needs of BSL users; the impact of the interpreting process on assessments and accuracy; the appropriateness of assessment tools that are based on the English/spoken language, and the differences in cultural meanings.³⁵ Following a training event on interpreting in mental health settings, SASLI³⁶ is in the process of setting up a working group to look at drawing up guidelines for BSL/English Interpreters and service users about working in mainstream mental health

settings. An important area of these guidelines will be the consideration of the ethics of interpreters and mechanisms for SASLI formally reporting the professional concerns raised by interpreters to the Mental Welfare Commission.

Although there are no reports from other similar services throughout Scotland, these concerns can be seen to be relevant to all Deaf people who have a mental health issue throughout the country. An added problem will arise when the Deaf person comes from somewhere outwith Scotland, where different meanings can be attributed to their use of sign language. BSL is a complex language with regional variations. This has implications for interpreters and bilingual users/speakers, who may not be aware of these variations if they have not had the opportunity to spend time with the Deaf person before meetings or appointments take place.

Access to Independent Advocacy for Deaf people with a mental disorder

In Part 17: Chapter 2 Advocacy etc: Section 259³⁷

Advocacy

- (1) Every person with a mental disorder shall have a right of access to independent advocacy; and accordingly it is the duty of-
 - (a) each local authority, in collaboration with the (or each) relevant Health Board; and
 - (b) each Health Board, in collaboration with the (or each) relevant local authority, to secure the availability, to persons in its area who have a mental disorder, of independent advocacy services and to take appropriate steps to ensure that those persons have the opportunity of making use of those services.

The definition of independent advocacy is defined in the Act as advocacy services are “independent” if they are provided by a person who is not a Local Authority, a Health Board, a National Health Service Trust service of a member of these bodies. The advocacy service must not be providing care and/or support services as designated by a Local Authority, Health Board, or a National Health Service Trust.

Although it is not referred to in the Act, the independent advocacy movement in Scotland has a set of Principles and Standards that all advocacy organisations subscribe to. In the Principles and Standards for Independent Advocacy³⁸, the definition of independence is “Standard 3.2: Independent advocacy and promoting independent advocacy are the only things that independent advocacy organisations do.”

Commissioners should state in Service Level Agreements that advocacy organisations must provide advocacy for Deaf, Deafblind and Deafened people in their area and provide the resources for training and appropriate communication support.

User participation and involvement

At each stage of any potential treatment or application under the Act, according to the Principles of the Act, the person has the right to information, to be informed of what is happening, and what their rights are. This is not a “tick-the-box” exercise. It must be recorded that the person has received the necessary information in a manner that they understand. If the person is Deaf/Deafblind/Deafened, then whoever is giving the information and explaining the processes must have a registered interpreter or appropriate communication support present at each meeting. As above, information must be provided in BSL where required, and the Deaf person must be enabled to watch the DVD when they ask to view.

Direct discrimination

If the MH Tribunal grants the Compulsory Treatment Order and does not recommend in Recorded Matters that the person is treated in a specialist unit, then this will be a case of discrimination under the Disability Discrimination Act 1995 and the Human Rights Act 1998 on two counts:

A person, whose first language is BSL or is Deafblind/Deafened and is to be treated in a non-specialised ward/unit, will be at an immediate disadvantage to hearing patients. The person will be isolated during large parts of their day from both staff and other patients. Interpreters and appropriate communication support will have to be arranged for each “professional” interaction – with the MHO, psychiatrist, psychologist, occupational therapist and any other person that is involved in their treatment.

Minority within a minority

As highlighted in this report, access to accessible mental health services for Deaf people, especially those whose first language is BSL, is extremely limited in Scotland. There are a significant number of people in Scotland who are Deafblind and whose needs are different to those of other Deaf, Deafened and Hard of Hearing people.

At present, as with Deaf people, the specialist services that Deafblind people with a mental health issue need are provided by the John Denmark Unit in Prestwich, Manchester.

Deafblind people need local and appropriate access to mental health services that take into account their particular access requirements.

A further minority are Deaf, Deafblind and Deafened people from ethnic minority groups who may be further disadvantaged by their specific cultural experiences of how mental health issues are perceived and whose carers and informal support networks do not necessarily understand or have access to information in an appropriate format. Deaf, Deafblind and Deafened people from ethnic minority groups may be isolated from the wider deaf community due to perceptions and misconceptions about Deafness and Deafblindness.

Freedom of Information requests

As part of the research for this paper, SCoD submitted Freedom of Information (Scotland) Act 2002³⁹ requests to:

- The 32 Councils in Scotland asking for information from MHOs as to how many Deaf/Deafblind/Deafened people had been subject to compulsory treatment in their local area and how many of those people had nominated a Named Person (see Appendix F);
- The 15 NHS Boards, including the State Hospital, asking for information on how many Deaf/Deafblind/Deafened adults and children/adolescents had been admitted to psychiatric wards in the last two years (see Appendix G).

As part of the Freedom of Information request, a definition of Deaf/Deafblind/Deafened was included in the letters.

Four councils did not respond to the request. Of the 28 that did respond, eight do not “capture” this information, therefore could not give accurate data. Nine councils reported that a small number of people had been subject to compulsory treatment. The other eleven councils reported that no-one in their area had been subject to compulsion.

One NHS Board did not respond to the request. Two NHS Boards – Orkney and Shetland - do not have any psychiatric beds – people go to psychiatric hospitals in NHS Grampian. Six NHS Boards do not collate this information. NHS Grampian does have the information, but does not hold it centrally and would have to extract it from individual files. NHS Lothian does not record this information on medical or nursing records. NHS Greater Glasgow & Clyde does not hold information requested as the disability field in record systems does not specify type of disability. Of the other three NHS Boards, two could only provide an estimated figure for people with a hearing loss (do not record what level of hearing loss a person has); the third, The State Hospital, has not admitted anyone who is Deaf, Deafblind or Deafened in the last two years.

SCoD did not ask if the councils and NHS Boards record what language a person speaks/uses or whether or not they record a person's ethnicity and gender.

These results are particularly worrying as it shows that something as fundamental as how someone communicates with others is not given the status it should have. If as NHS Lothian reported this information is not recorded in medical or nursing files, how do the psychiatric professionals communicate with Deaf/Deafblind/Deafened patients? How do they know to book appropriate communication support? How do Councils and Health Boards budget for the provision of appropriate communication support?

Recommendations

- Information on all aspects of the Mental Health (Care and Treatment) (Scotland) Act 2003, including information issued by the Mental Health Tribunal for Scotland, should be made available in suitable formats for Deaf and Deafblind people. This should be freely available and the means to view should be provided for any Deaf person who is currently being treated in hospital. Deaf sign language users should also have access to BSL/English Interpreters so that they can seek clarification of their rights. Deafblind people should have access to Guide/Communicators and other relevant means of communication in order that they are informed of their rights. Deafened people should also have access to appropriate communication support.
 - The Mental Welfare Commission and NHS Health Scotland should look at what information is provided and ensure that it is accessible for Deaf sign language users and Deafblind people.
 - There should be increased funding available to train and provide more BSL/English Interpreters.
 - There should be increased funding to train and provide more Guide/Communicators.
 - There should be increased funding to train and provide more Notetakers and Speech-to-Text Reporters.
- The Scottish Government must ensure that all the Councils and Health Boards collate information centrally on the numbers of Deaf/Deafblind/Deafened people who are being treated for mental illness by their psychiatric services, in the community and in hospital.
 - The Scottish Government should produce a national format for recording this information as part of the core data requirements for patients.
 - Information Services Division (ISD) should collect and publish this data as standard.
- Independent Advocacy organisations should to make efforts to contact Deaf, Deafblind and Deafened groups and organisations so that more deaf people know about advocacy.
 - The Scottish Government should provide additional funding for:
 - generic independent advocacy organisations to provide advocacy for Deaf, Deafblind and Deafened people;
 - training in communication support for independent advocates; and

- appropriate communication support for Deaf, Deafblind and Deafened people who use advocacy.
 - The Scottish Government should provide funding for specialist independent advocacy to encourage Deaf, Deafblind and Deafened people themselves to set up independent advocacy organisations.
- All mental health professionals should receive training on Deaf /Deafblind/Deafened Awareness and Mental Health, which must include the effects of language delay on development and the diagnosis and treatment of patients who use BSL as their first and only language. Mental health professionals should also be encouraged to learn BSL.
 - The Scottish Government will carry out an audit of the training being delivered to mental health professionals in Glasgow. This training should then be made available to all mental health professionals throughout Scotland. The training should be compulsory as part of Continuing Professional Development in order to give it the importance it deserves.
 - Funds should be identified for training from Health Boards or by Scottish Government with a target date for achievement. For example, by 2010, 20% of all mental health staff should have Level 1 BSL; by 2012, 5% of mental health staff should have Level 2 BSL.
- All support staff who work with Deaf people must receive training on mental health issues and the Mental Health (Care and Treatment) (Scotland) Act 2003. This should be funded centrally in order that smaller organisations do not miss out.
 - NHS Boards and Councils could offer joint training to voluntary sector support staff. This would provide an opportunity to start a dialogue between mental health professionals and support staff and increase awareness of individual roles.
- BSL Interpreters must receive specialist training in mental health and interpreting for Deaf people who may be in crisis, as well as the MHCTS Act 2003. Guide/Communicators are given appropriate training in order to interpret what is being said by the mental health professionals. Speech-to-Text Reporters and Notetakers should receive training in mental health terms.
- SCoD would like to see a dedicated Mental Health Team similar to the John Denmark Unit in Greater Manchester that would serve all Deaf people with a mental disorder in Scotland, and ask that the Scottish Government provide guidance and funding for such a unit. Within this unit, there will be a further specialist service for Deafblind people.

- In order to aid the NHS Boards and Trusts and Local Authorities to comply with the legislation mentioned in this report, SCoD is asking that the Scottish Government set up an Advisory Group, similar to the 'The Mental Health and Substance Misuse Group'⁴⁰ set up in 2006, to review and update available guidance on care and support for Deaf people with mental health problems and make practical recommendations for improvement in the prevention, care and recovery services for this group and their families.
- In addition to an Advisory Group, SCoD asks that the Scottish Government direct the new Equalities & Planning Directorate in NHS Health Scotland to look closely at the medical needs of Deaf people not just in terms of mental health, but of all other health needs across all age groups too.
- Access to mental health services for Deaf people should be audited as part of annual quality reviews of Health Boards carried out by NHS QIS and the Scottish Health Council.

Final comparison

In a report published by Her Majesty's Chief Inspector of Prisons⁴¹, it is said that -
 "More and more women are being sent to Cornton Vale, and more of them display a combination of bad physical and mental health, addiction and history of abuse."

It was reported on the Scottish Executive's website that:-

"Every report published in recent years on any prison where remand prisoners are held comments on the emptiness and boredom of every single day for such people. It was an important comment in the last report, which said 'For a remand prisoner, addicted, mentally ill, frightened and separated from her family, time locked in her cell may not only be boring: it may be very threatening.'"

For a person who is Deaf, Deafblind or Deafened, mentally ill, frightened and separated from their family, time "locked" in a ward where no-one can communicate with them, may not only be boring, it may be very threatening. It may also be life-threatening.

Appendix A

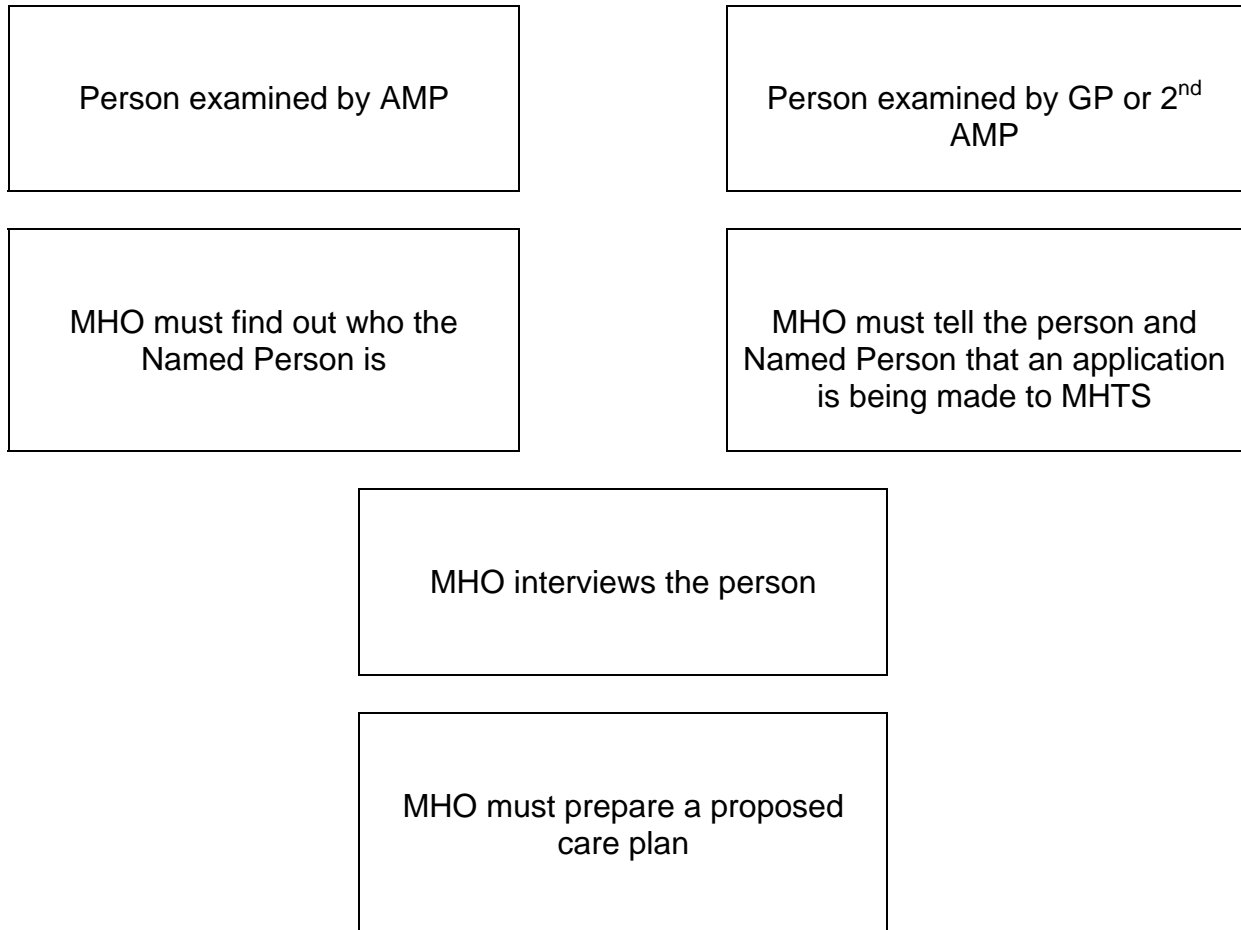
SCoD National Council Members

Aberdeen & North East Deaf Society
Aberdeen Association for the Hard of Hearing
Aberdeen City Council
Aberdeen School for the Deaf
AC2.com
Actual Signs
Albany Deaf Church
Angus Council
Association of Teachers of Lipreading to Adults
Ayrshire Society for the Deaf
Borders Social Work
British Society for Mental Health & Deafness
British Association of Teachers of the Deaf
British Deaf Association (Scotland)
British Society of Hearing Aid Audiologists
British Telecom Age Disability Unit
BSLIS Scotland
Caithness Deaf Care
Catholic Deaf Association Scotland
City of Edinburgh ABE (Lipreading)
Comhairle Nan Eilean Siar
Commtacs
CACDP (Council for the Advancement of Communication with Deaf People)
Deaf Action
Deaf Alerter
Deaf Connections
Deaf Enterprise Partnership
Deaf Vision
Deafblind Scotland
Donaldson's
Dumfries & Galloway Lipreading Group
Dumfries & Galloway Social Services
Dumfries & Galloway Society for the Deaf
Dundee City Council
Dundee Multi Sensory Service
East Ayrshire Education Dept
East Renfrewshire Council
Educational Institute of Scotland
Falkirk Council
Fife Council Education (SCYPSI)
Fife Social Services
Forth Valley NHS
General Teaching Council
Glasgow City Council
Glasgow City Council Social Work

Greater Glasgow NHS Board
Hayfield Support Services with Deaf People
Healthy Living & Sensory Awareness Project (HLSA)
Hearing Dogs for Deaf People
Heriot Watt University
Highland Council Social Work
John Ross Memorial Church
Lanarkshire Deaf Club
Lanarkshire Primary Care NHS Trust
LINK Centre for Deafened People
Midlothian Hearing Impaired Service
Mile End Unit for Deaf & HI People, Paisley
Moray Council
National Deaf Children's Society
North Ayrshire Council Sensory Impairment Services
PCT Counselling
RNID Scotland
Scottish Association of Sign Language Interpreters (SASLI)
Scottish Course to Train Tutors of Lipreading
Scottish Deaf Studies Tutor Group
Scottish Motor Neurone Disease Association
Scottish Sensory Centre
Scottish Interpreting Service
Shetland Islands Education Dept
Sense Scotland
Sign
Sound Sense Project
St John's Church, Aberdeen
Stories in the Air
The Stewart Lochrie Memorial Fund
Tayside Association for the Deaf
Typetalk
West Dunbartonshire Council
West Lothian Council
West Scotland Deaf Children's Society
Western Isles Council Education Dept

Appendix B

Example of where a Deaf/Deafblind/Deafened person needs appropriate communication support if being considered for compulsory treatment under the Mental Health (Care and Treatment) (Scotland) Act 2003.⁴²



See reference ⁴³

Appendix C

Who may attend a Mental Health Tribunal?

Person and	Their Solicitor Their Independent Advocate Their Interpreter
Primary Carer and	Their Independent Advocate Their Interpreter
Named Person and	Their Solicitor Their Interpreter
Other:	MHO Local Authority Solicitor AMP NHS Solicitor GP CPN Charge Nurse Key/Support Worker – with Interpreter if necessary Occupational Therapist
MHTS Panel:	Convenor Medical Member Lay Member
MHTS Staff:	Clerk Minute Taker Observers

At the Tribunal, a minimum of two registered interpreters will be needed. Each interpreter will need to have a good grasp of Mental Health terminology.

It is essential for the Deaf sign language user to meet the interpreters well prior to the day of the Tribunal. The interpreters must establish whether or not the Deaf person understands them and their role. All Tribunal members should have Deaf/Deafblind/Deafened and BSL awareness training.

Appendix D

Professionals who a Deaf/Deafblind/Deafened person may have contact with:

Audiologist
Case Manager(s)
Community Psychiatric Nurse(s)
Community support staff
Curator ad litem
Independent Advocate
Mental Health Officer(s)
MH Tribunal Clerk(s)
MH Tribunal Panel
Occupational Therapist
Paramedics/ambulance personnel
Physiotherapist
Police
Psychiatrist(s)
Psychologist (s)
Social worker(s)
Solicitor
Speech and Language Therapist
Ward/unit nursing staff
Ward/unit support staff

This list shows the potential for people to “get it wrong” if they are not, at the very least, Deaf/Deafblind/Deafened aware. If the appropriate interpretation services and communication support are not in place, then the person who is in contact with these “support” and treatment services is being discriminated against, possibly to the detriment of their recovery.

Appendix E

For information purposes only:

“Mental Health Groups Blame NHS for Depression Among Disabled”⁴⁴

Poor support from the NHS combined with long waits for essential equipment is contributing to high levels of depression among disabled people.

The claim was made by mental health campaigners after Delia Henry, director of the Royal National Institute for the Deaf (RNID), estimated that “as many as 40 per cent” of the 758,000 Scots with a hearing impairment are struggling with depression and criticised the current system’s failure to address the link between Deafness and mental health.

Henry said that in Scotland it was a “shocking state of affairs” that the mental health services were not responding effectively to Deaf and hard-of-hearing people and that the situation was leading to depression.

“This isn’t a criticism of the front-line staff but they don’t have the skills or expertise for people who have additional problems,” she said. “We have to work with policy makers and start making this a priority, to get the recognition that Deafness is significantly related to mental health.”

Despite a four-year, £19.3 million investment in 2003 by the Scottish Executive for NHS boards to recruit more audiology staff and improve their equipment, there remains a national shortage of audiologists, with some boards taking double the recommended maximum of 26 weeks from GP referral to hearing-aid fitting.

There is also an acute shortage of sign language interpreters on the NHS in Scotland which campaigners say is exacerbating the problem. According to Scottish Association for Mental Health (SAMH) chief executive, Shona Neil, even when a problem is discovered, the Scottish provision – with no psychiatrists, psychologists or community psychiatric nurses having even a basic working knowledge of sign language - is scarce. Neil said: “At a time when we are talking about social inclusion, we’ve got real exclusion for Deaf people with mental health problems. Deafness is an isolating condition, and if you can’t get access to a hearing aid then it is hardly surprising that people end up experiencing secondary depression or mental health problems as a result.”

Denise Gill of Depression Action said the situation facing Deaf people was symptomatic of the problems facing the wider community. She said that people with disabilities were more vulnerable and their needs should be treated as a priority. “Depression manifests itself in a number of ways and its causes are complex. Disabled people are often isolated because of their disabilities and when people are left disadvantaged because of a lack of support then it is no surprise that many feel depressed or suffer anxiety as a direct result.” Gill said that depression among disabled people was a problem but one which had stabilised over the last few years.

“There are many good initiatives working to help disabled people experiencing depression, mostly run by disabled people themselves. There is a growing recognition that this is an issue and the community has come into its own in an attempt to address the problem. But

that may not be enough." Last year a report revealed that disabled people were finding it difficult to access grants for essential equipment and their life chances were being compromised as a result."

Report by the British Deaf Association

"Deaf people's participation in local services: 1996"⁴⁵

The needs of doubly disadvantaged Deaf people (including Deaf people with disabilities and Deaf people from ethnic minority groups) were unlikely to be represented unless specific action was taken to enable their involvement.

The importance of Deaf workers

The project found that Deaf people in all the partnerships praised the use of a Deaf person to work at the interface between services and service users. They felt it acknowledged and valued their culture and language and gave them much more confidence in the motives of the agencies.

"It supports the Deaf Community and will improve the community eventually."

A Deaf service user (translation from BSL)

The presence of Deaf staff in all of the agencies similarly gave out positive messages to Deaf people and they felt those agencies were more approachable. However, the roles of Deaf staff were sometimes blurred if they were expected to represent service user views, although they could act as positive enablers of Deaf people if this was consistent with their post."

Appendix F

Freedom of Information (Scotland) Act 2002 Request – Councils

The Scottish Council on Deafness (SCoD) is the lead organisation for deaf issues in Scotland. We represent 90 organisations working with and on behalf of Deaf Sign Language users, Deafened, Deafblind and Hard of Hearing people.

As Policy & Research Officer, I am writing a paper on the needs of people who are deaf and have mental health issues. Under the Freedom of Information (Scotland) Act 2002, I would like to request the following information:

1. In accordance with the Mental Health (Care and Treatment) (Scotland) Act 2003, an MHO must, wherever practicable, be consulted and his/her consent sought to the granting of the emergency detention certificate. With this in mind:
 - a) How many Deaf sign language users have been subject to an Emergency Detention Order in your local authority area?
 - b) How many Deafblind people have been subject to an Emergency Detention Order in your local authority area?
 - c) How many Deafened people have been subject to an Emergency Detention Order in your local authority area?

2. In accordance with the Mental Health (Care and Treatment) (Scotland) Act 2003, the Responsible Medical Officer has a duty to consult and obtain the consent of an MHO to the granting of a Short Term Detention Certificate. With this in mind:
 - a) How many Deaf sign language users have been subject to a Short Term Detention Certificate in your local authority area?
 - b) How many Deafblind people have been subject to a Short Term Detention Certificate in your local authority area?
 - c) How many Deafened people have been subject to a Short Term Detention Certificate in your local authority area?

3. In accordance with the Mental Health (Care and Treatment) (Scotland) Act 2003, the MHO must make the application for a Compulsory Treatment Order. With this in mind:
 - a) How many Deaf sign language users have been subject to a Compulsory Treatment Order in your local authority area?
 - b) How many Deafblind people have been subject to a Compulsory Treatment Order in your local authority area?
 - c) How many Deafened people have been subject to a Compulsory Treatment Order in your local authority area?

4. The Mental Health (Care and Treatment) (Scotland) Act 2003 places a duty on a MHO, in certain circumstances, to take steps to find out whether a patient has a named person and if so, who it is.
 - a) In your local authority area, how many Deaf sign language users have nominated a Named Person?
 - b) In your local authority area, how many Deafblind people have nominated a Named Person?
 - c) In your local authority area, how many Deafened people have nominated a Named Person?

Emergency Detention Statistics

Council	Deaf	Deafblind	Deafened	Comments
Aberdeen City				Medical records checked and they do not keep this sort of information routinely
Aberdeenshire	0	0	0	
Angus				Information not collated separately. Search would cost £75.
Argyll & Bute				Do not have responsibility for capturing this information.
Clackmannanshire	0	0	1	
Dumfries & Galloway	0	0	0	
Dundee	0	0	0	
East Ayrshire	0	0	0	
East Dunbartonshire	0	0	0	
East Lothian				Do not have records showing detention under the above categories
East Renfrewshire	0	0	0	
Edinburgh City	*	*	*	*Information not recorded - Section 17 of FoI (Scotland) Act 2002
Falkirk				Did not reply to request
Fife	0	0	0	
Glasgow City	0	0	0	
Highland				No response
Inverclyde	0	0	0	
Midlothian	0	0	0	
Moray	0	0	0	
North Ayrshire				No response
North Lanarkshire	*	*	*	*Information not recorded - Section 17 of FoI (Scotland) Act 2002
Orkney Islands	0	0	0	
Perth and Kinross	1	0	0	*Information not recorded - Section 17 of FoI (Scotland) Act 2002
Renfrewshire	*	*	1	*Information not recorded - Section 17 of FoI (Scotland) Act 2002
Scottish Borders	0	0	0	
Shetland Islands	0	0	0	
South Ayrshire	0	0	0	
South Lanarkshire	0	0	0	
Stirling				Do not hold the related data in this way, nor do we aggregate this information.
West Dunbartonshire				Do not hold the information requested, as have no clients in this category.
West Lothian	0	0	0	
Western Isles				No response

Short Term Detention Statistics

Council	Deaf	Deafblind	Deafened	Comments
Aberdeen City				Medical records checked and they do not keep this sort of information routinely
Aberdeenshire	1	0	0	
Angus				Information not collated separately. Search would cost £75.
Argyll & Bute				Do not have responsibility for capturing this information.
Clackmannanshire	0	0	0	
Dumfries & Galloway	0	0	0	
Dundee	1	0	0	STDO - do not distinguish between Deaf, Deafblind, Deafened
East Ayrshire	0	0	0	
East Dunbartonshire	0	0	0	
East Lothian				Do not have records showing detention
East Renfrewshire	0	0	0	
Edinburgh City	*	*	*	*Information not recorded - Section 17 of FoI (Scotland) Act 2002
Falkirk				Did not reply to request
Fife	0	0	1	Person is registered blind and is deafened.
Glasgow City	5	0	0	
Highland				No response
Inverclyde	0	0	0	
Midlothian	1	0	0	
Moray	0	0	0	
North Ayrshire				No response
North Lanarkshire	*	*	*	*Information not recorded - Section 17 of FoI (Scotland) Act 2002
Orkney Islands	0	0	0	
Perth and Kinross	1	0	0	
Renfrewshire	*	*	1	*Information not recorded - Section 17 of FoI (Scotland) Act 2002
Scottish Borders	0	0	0	
Shetland Islands	0	0	0	
South Ayrshire	0	0	0	
South Lanarkshire	1	0	0	
Stirling				Do not hold the related data in this way, nor do (we) aggregate this information.
West Dunbartonshire				Do not hold the information requested as have no clients in this category.
West Lothian	0	0	0	
Western Isles				No response

Compulsory Treatment Order Statistics

Council	Deaf	Deafblind	Deafened	Comments
Aberdeen City				Medical records checked and they do not keep this sort of information routinely
Aberdeenshire	1	0	0	Interim CTO granted
Angus				Information not collated separately. Search would cost £75.
Argyll & Bute				Do not have responsibility for capturing this information.
Clackmannanshire	0	0	0	
Dumfries & Galloway	0	0	0	
Dundee	1	0	0	CTO - do not distinguish between Deaf, Deafblind, Deafened
East Ayrshire	0	0	0	
East Dunbartonshire	0	0	0	
East Lothian				Do not have records
East Renfrewshire	0	0	0	
Edinburgh City	1	0	0	
Falkirk				Did not reply to request
Fife	0	0	0	
Glasgow City	0	0	0	
Highland				No response
Inverclyde	0	0	1	
Midlothian	1	0	0	
Moray	0	0	0	
North Ayrshire				No response
North Lanarkshire	*	*	*	*Information not recorded - Section 17 of FoI (Scotland) Act 2002
Orkney Islands	0	0	0	
Perth and Kinross	0	0	0	
Renfrewshire	*	*	1	*Information not recorded - Section 17 of FoI (Scotland) Act 2002
Scottish Borders	0	0	0	
Shetland Islands	0	0	0	
South Ayrshire	0	0	0	
South Lanarkshire	0	0	0	
Stirling				Do not hold the related data in this way, nor do we aggregate this information.
West Dunbartonshire				Do not hold the information requested as have no clients in this category.
West Lothian	0	0	0	
Western Isles				No response

Named Person Statistics

Council	Deaf	Deafblind	Deafened	Comments
Aberdeen City				Medical records checked and they do not keep this sort of information routinely
Aberdeenshire	1	0	0	
Angus				Information not collated separately. Search would cost £75.
Argyll & Bute				Do not have responsibility for capturing this information.
Clackmannanshire	0	0	0	
Dumfries & Galloway	0	0	0	
Dundee	0	0	0	
East Ayrshire	0	0	0	
East Dunbartonshire	0	0	0	
East Lothian				Do not have records
East Renfrewshire	0	0	0	
Edinburgh City	1	0	0	
Falkirk				Did not reply to request
Fife	0	0	1	Person is registered blind and is deafened.
Glasgow City	0	0	0	
Highland				No response
Inverclyde	0	0	1	
Midlothian	1	0	0	
Moray	0	0	0	
North Ayrshire				No response
North Lanarkshire	*	*	*	*Information not recorded - Section 17 of FoI (Scotland) Act 2002
Orkney Islands	0	0	0	CMHT has contact with several people who are deafened.
Perth and Kinross	1	*	*	*Information not recorded - Section 17 of FoI (Scotland) Act 2002
Renfrewshire	*	*	1	*Information not recorded - Section 17 of FoI (Scotland) Act 2002
Scottish Borders	0	0	0	Loop system requested at MHTS for hard of hearing carer.
Shetland Islands	0	0	0	
South Ayrshire	0	0	0	
South Lanarkshire	1	0	0	
Stirling				Do not hold the related data in this way, nor do (we) aggregate this information.
West Dunbartonshire				Do not hold the information requested as have no clients in this category.
West Lothian	0	0	0	
Western Isles				No response

Appendix G

Freedom of Information (Scotland) Act 2002 Request – NHS Boards

The Scottish Council on Deafness (SCoD) is the lead organisation for deaf issues in Scotland. We represent 90 organisations working with and on behalf of Deaf Sign Language users, Deafened, Deafblind and Hard of Hearing people.

As Policy & Research Officer, I am writing a paper on the needs of people who are deaf and have mental health issues. Under the Freedom of Information Act, I would like to request the following information:

1. How many male Deaf sign language users have been admitted to psychiatric wards for treatment in your Health Board area since 2005?
2. How many female Deaf sign language users have been admitted to psychiatric wards for treatment in your Health Board area since 2005?
3. How many children who are Deaf sign language users have been admitted to psychiatric wards for treatment in your Health Board area since 2005?
4. How many adolescents who are Deaf sign language users have been admitted to psychiatric wards for treatment in your Health Board area since 2005?
5. How many Deafblind men have been admitted to psychiatric wards for treatment in your Health Board area since 2005?
6. How many Deafblind women have been admitted to psychiatric wards for treatment in your Health Board area since 2005?
7. How many children who are Deafblind have been admitted to psychiatric wards for treatment in your Health Board area since 2005?
8. How many adolescents who are Deafblind have been admitted to psychiatric wards for treatment in your Health Board area since 2005?
9. How many Deafened (severe hearing loss) men have been admitted to psychiatric wards for treatment in your Health Board area since 2005?
10. How many Deafened (severe hearing loss) women have been admitted to psychiatric wards for treatment in your Health Board area since 2005?

NHS Statistics

Women				
NHS Board	Deaf	Deafblind	Deafened	Comments
Ayrshire & Arran				Information not routinely collated. Section 12 of the Act applies.
Borders				Information not routinely collated. Section 12 of the Act applies.
Dumfries & Galloway				Information not routinely collated.
Fife				Do not routinely collect the information requested. Section 12 of the Act applies.
Forth Valley				Do not routinely collect the information requested. Section 12 of the Act applies.
Grampian				Does hold the information, but would have to extract it manually from individual files. Section 12 of the Act applies.
Greater Glasgow & Clyde				Does not hold information requested as the disability field in record systems does not specify type of disability.
Highland				3 patients have some degree of hearing loss (ICD10 definition), but no information on available on level of deafness. Deaf Action has provided support for 1 in-patient and 2 patients in the community.
Lothian	1 to 5	1 to 5		Numbers extracted from PIMS. Do not record information in medical/nursing records
Lanarkshire	1 to 5	0	*	*Large number of elderly patients with severe age related hearing loss have been admitted, but no records kept.
Orkney	0	0	0	No in-patient beds.
Shetland				No in-patient beds. NHS Grampian figures will contain this information - see above.
Tayside				Information not routinely collated. Section 12 of the Act applies.
The State Hospital				No patients admitted within the last two years who meet the criteria - no child beds
Western Isles				No response to request.

Men				
NHS Board	Deaf	Deafblind	Deafened	Comments
Ayrshire & Arran				Information not routinely collated. Section 12 of the Act applies.
Borders				Information not routinely collated. Section 12 of the Act applies.
Dumfries & Galloway				Information not routinely collated.
Fife				Do not routinely collect the information requested. Section 12 of the Act applies.
Forth Valley				Do not routinely collect the information requested. Section 12 of the Act applies.
Grampian				Does hold the information, but would have to extract it manually from individual files. Section 12 of the Act applies.
Greater Glasgow & Clyde				Does not hold information requested as the disability field in record systems does not specify type of disability.
Highland				3 patients have some degree of hearing loss (ICD10 definition), but no information on available on level of deafness. Deaf Action has provided support for 1 in-patient and 2 patients in the community.
Lothian	1 to 5	1 to 5		Numbers extracted from PIMS. Do not record information in medical/nursing records
Lanarkshire	1 to 5	0	*	*Large number of elderly patients with severe age related hearing loss have been admitted, but no records kept.
Orkney	0	0	0	No in-patient beds.
Shetland				No in-patient beds. NHS Grampian figures will contain this information - see above.
Tayside				Information not routinely collated. Section 12 of the Act applies.
The State Hospital				No patients admitted within the last two years who meet the criteria - no child beds
Western Isles				No response to request.

Appendix H

SCoD's Position Statement on Mental Health⁴⁶

One of the problems facing mental health services is that of communicating effectively essential information concerning their services and care plans with deaf people. Planners and providers of mental health services need to recognise their responsibilities and the rights of deaf people to have full information and access to services available to the community as a whole. Under the Disability Discrimination Act 1995 (DDA), it is unlawful for a service provider to discriminate by offering a lower standard of service or providing a service in a worse manner to deaf people.

SCoD is also concerned that deaf people with mental illness should receive the same standards of health promotion, assessment, treatment, care and rehabilitation as hearing people and, therefore, that the health service makes provision for the special needs of those with hearing loss. There are currently no reliable statistics on the incidence of mental health associated with sensory loss - this warrants further research.

While it is generally known that deaf people have the same range of mental health problems as hearing people, the incidence of mental illness amongst deaf people is estimated to be about four times greater than in the general population. It is also important to recognise that deafness may present special problems in the diagnosis and treatment of mental illness; because of poor communication mental illness may go unrecognised in deaf people or mental impairment may remain undiagnosed.

The Scottish Council on Deafness therefore recommends that the following good practice be implemented:

- The National Health Service in Scotland should provide good quality services and facilities (see below), which are appropriate for the treatment of deaf people with mental illness, both in the settings of primary and secondary care.
- The health services should give consideration to improving the accessibility of the services to deaf people, particularly with regard to telecommunication for making appointments, enquiries, etc. and vice versa.
- The health services should consider the needs of deaf people who are outpatients, e.g. in the waiting areas, (loop systems, visual systems, amplified payphones, textphones, etc).
- The health services should consider the needs of deaf people who are in-patients, e.g. in the wards (amplified payphones, textphones, teletext televisions, etc.)
- The health services should be responsible for the provision of and payment for appropriately trained and registered communication service providers in hospitals and in primary care, e.g. Sign Language Interpreters, Lipspeakers, Notetakers, Deafblind Communicators, etc.

- The health services should consider the use of videophone technology which should enable Deaf sign language users to have access to a Sign Language Interpreter at all times when in contact with the health services.
- Health services personnel should receive deaf and deafblind awareness training; this should be provided both in pre-service training, and in in-service training on an ongoing basis.
- Information on mental health and related subjects should be developed in appropriate languages and with illustration, taking into account the culture, identity and language of deaf people.
- Professionals in the field of mental illness should be aware of deaf people's communication needs and of their own need to improve communication and understanding.
- Where external communication support services are used the communication service provider should have the necessary training for working in the field of mental health & deafness.
- Each health board should have full-time staff (such as CPNs) who have knowledge and experience of working with deaf people, i.e. people who have a thorough understanding of deaf issues and who are trained to communicate with deaf people.
- Health service personnel should be fully aware of the Disability Discrimination Act and other relevant legislation.
- Deaf people should have full and real involvement in the planning, setting priorities, provision and monitoring of mental health services.
- Mental health services should encourage the employment of deaf people to facilitate service use by deaf people.
- All staff in the mental health services should also be fully aware of the Scottish Council on Deafness's position statement on health services and which should be read in conjunction with this document.

Selected Bibliography

Mental Health Services for Deaf People: Are they appropriate, Sign, 1998.

Mental Health Services: forging new channels, British Society for Mental Health & Deafness, 1998.

Denmark, John C., Deafness and Mental Health, Jessica Kingsley Publ., 1994

Heath, Ian, Tinnitus and Health Anxiety, British Journal of Nursing, Vol. 3, No. 10, 502-505, 1994.

Hindley, Peter, Psychiatric Aspects of Hearing Impairments, Journal of Child Psychology and Psychiatry, Vol. 1, 101-117, 1997.

Hindley, Peter & Kitson, Nick, Mental Health and Deafness, Whurr Publ., 2000.

Iqbal, Z. and Hall, R., Mental Health Services for Deaf People: A Need Identified, Public Health, Vol. 105, 467-473, 1991.

Ridgeway, Sharon, Deaf People and Psychological Health - Some Preliminary Findings, Deaf Worlds, Vol. 13 (1), 9-18, 1997.

Stewart, George, Deafness and Mental Health, MIND, December 1998.

References

- ¹ SCoD website (<http://www.scod.org.uk/home.htm>) position statement on Mental Health
- ² SCoD Bulletin February 2005
- ³ Scottish Executive: The Mental Health Delivery Plan for Scotland, December 2006
- ⁴ Page vi: Our Vision
- ⁵ Page 1: Improve patient and carer experience of mental health services:
<http://www.scotland.gov.uk/Resource/Doc/157157/0042281.pdf>
- ⁶ Community Care and Mental Health Services For Adults With Sensory Impairment In Scotland:
<http://www.scotland.gov.uk/Resource/Doc/129826/0030944.pdf>
- ⁷ Hidden Lives: The psychological and social impact of becoming deafened in adult life. The LINK Centre for Deafened People. September 2005:
<http://www.linkdp.org/images/stories/hidden%20lives.pdf>
- ⁸ Scottish Ministers, the Mental Welfare Commission, Local Authorities, Health Boards (including Special Health Boards), National Health Service Trusts, managers of a hospital, MHOs, RMOs, any medical practitioner, and nurses.
- ⁹ The New Mental Health Act: What's it all about? - A Short Introduction: Mental Health Law Team, Scottish Executive Health Department.
<http://www.scotland.gov.uk/Resource/Doc/55971/0015983.pdf>
- ¹⁰ Part 23: Section 329 Interpretation Mental Health (Care and Treatment) (Scotland) Act 2003
- ¹¹ Chapter 42 Section 6 (1) of the Human Rights Act 1998:
http://www.opsi.gov.uk/acts/acts1998/ukpga_19980042_en_1
- ¹² See Principles of the MHCTS Act 2003 above – prescribed persons
- ¹³ Chapter 42 Section 4 refers to the Scottish judicial review.
- ¹⁴ Mental Health (Care and Treatment) (Scotland) Act 2003. Code of Practice: Volume 2: Civil Compulsory Powers: Part 6, Chapter 2, section 42 and 44.
- ¹⁵ The Mental Health (Definition of Specified Person: Correspondence) (Scotland) Regulations 2005
- ¹⁶ The Mental Health (Use of Telephones) (Scotland) Regulations 2005
- ¹⁷ The Mental Health (Safety and Security) (Scotland) Regulations 2005
- ¹⁸ Disability Discrimination Act 1995: Chapter 50: Part 3: Discrimination in Other Areas: Sections 19,20 & 21: http://www.opsi.gov.uk/acts/acts1995/ukpga_19950050_en_1
- ¹⁹ http://www.epha.org/IMG/pdf/health_council_02-06-2003.pdf
- ²⁰ Kyle, Jim, et al. (2005) *Investigation of Access to Public Services in Scotland Using British Sign Language* Deaf Studies Trust, 16 Whiteladies Road, Bristol BS8 2LG. Scottish Executive Social Justice | Social Research; <http://www.scotland.gov.uk/Publications/2005/05/23131410/14269>

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- ²¹ *ibid.*
- ²² BSL & LA Working Group Response to the Draft Version of a Strategy for Scotland's Languages. For more information, contact Lynne Hawcroft, Project Manager: lynne.hawcroft@btinternet.com.
- ²³ <http://www.scotland.gov.uk/Topics/Health/health/mental-health/mhlaw/guidance>
- ²⁴ For more information go to Deafblind Scotland's website – About what we do: Campaigning – What's Happening in Parliament – Mental Health provision.
http://www.deafblindscotland.org.uk/About_What_We_Do/Campaigning.php
- ²⁵ All professionals should be able to communicate proficiently in BSL
- ²⁶ Delivering for Mental Health: <http://www.scotland.gov.uk/Publications/2006/11/30164829/0>
- ²⁷ http://www.alcoholinformation.isdscotland.org/alcohol_misuse/files/ARBD_fullerlife.pdf
- ²⁸ A Fuller Life: Scottish Executive 2004: Page vii
- ²⁹ *ibid.*
- ³⁰ http://www.nrcemh.nhsscotland.com/mhsag_nw_tor.html
- ³¹ <http://www.scotland.gov.uk/Resource/Doc/157157/0042281.pdf>
- ³² "medical treatment" means treatment for mental disorder; and for this purpose "treatment" includes: (a) nursing; (b) care; (c) psychological intervention; (d) habilitation (including education, and training in work, social and independent living skills); and (e) rehabilitation (read in accordance with paragraph (d) above);.
http://www.opsi.gov.uk/legislation/scotland/acts2003/asp_20030013_en_1
- ³³ *ibid*
- ³⁴ Scottish Court Service Code of Conduct for Interpreters and Translators:
http://www.justsign.co.uk/pdf/SCS_cofc.pdf
- ³⁵ Mental Health Partnership Funds – Joint health and social work training proposal paper
- ³⁶ Scottish Association of Sign Language Interpreters - SASLI exists to promote quality and standards of good practice in the delivery of British Sign Language (BSL)/English Interpreting throughout Scotland.
- ³⁷ Mental Health (Care and Treatment)(Scotland) Act 2003:
http://www.opsi.gov.uk/legislation/scotland/acts2003/asp_20030013_en_1
- ³⁸ Principles and Standards for Independent Advocacy: SIAA 2007:
<http://www.siaa.org.uk/content/view/19/36/>
- ³⁹ Freedom of Information (Scotland) Act 2002 :
http://www.opsi.gov.uk/legislation/scotland/acts2002/asp_20020013_en_1
- ⁴⁰ Scottish Executive Consultation Document July 2007:Delivering For Mental Health: Mental Health and Substance Misuse: <http://www.scotland.gov.uk/Resource/Doc/181007/0051353.pdf>
- ⁴¹ HMIP: HMP and YOI Cornton Vale: Inspection 19-20 March 2007: Page 2. Point 2.4 :
<http://www.scotland.gov.uk/Resource/Doc/181614/0051599.pdf>
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⁴² The named person may need an interpreter.

⁴³ The person will have to spend time with their independent advocate to prepare for the Tribunal – average time = 8 hours, so if the advocate is hearing, an interpreter will be needed for this prep time. As described by an independent advocate from the Central Belt of Scotland in 2006.

⁴⁴ Article in the Third Force News on 11/05/2007.

⁴⁵ <http://www.jrf.org.uk/knowledge/findings/socialcare/SC77.asp>

⁴⁶ <http://www.scod.org.uk/home.htm>