Deaf Mental Health and Addictions Deaf Advisory Group Meeting #2 10/11/2020

Present:

Kellye Bensley, Jamie Dowdle, Alexander Carr, Rachel Coppage, Cat Sainsbury, Victoria Manning (till 10.45am), Barbara Disley (Till 11am), Katherine Hickson, Lynx, Marion Blake, Jo Witko, Winter (note taker).

Apologies: Kirsten Smiler, Shannon Morris.

NZSL Interpreters: Wenda Walton, Laura Cherrington

Proposed Agenda:

- 1. Themes collected so far.
- 2. Issues identified for discussion:

-Those with hearing loss or hard of hearing, who don't use NZSL as their primary languageshould they be included in this work?

-CODA (children of Deaf adults) should they be included in this work?

-Health relationships, abuse, safety and awareness in the Deaf community – is this an issue?

-Health promotion: what's the goal? Everything in English is accessible in NZSL? Or a more targeted approach.

3. future meetings format

1. Themes collected so far:

Access to Information:

- Very limited access to health information promotion.
- What is there, most people don't know about.
- Possibly, more stigma within the Deaf community due to a lack of access to health promotion information.

Comments:

- Information is accessible to some Deaf people who are confident in their English -- otherwise can get overwhelmed, and rely on friends and whanau, it can be overwhelming because there is so much information out there
- Deaf people need to lead the development of information for Deaf people.
- Translation isn't enough, as the language is often the way ' hearing people' talk about depression eg. In a deep back hole, feeling blue, feeling grounded. This isn't how Deaf people talk about depression.

Workforce:

- There is a very small pool of expertise, but its unsustainable.
- The number of interpreters with expertise within mental health situations is limited, however interpreters also don't necessarily know in advance when they are going into mental health situation.

• Mainstream mental health and addictions staff generally don't view a Deaf person as part of a cultural and linguistic community, nor is there a place to find information or support if this is recognised.

Access to Services and support:

- Auckland has some specific mental health and general support for the Deaf community, outside of Auckland very little exists.
- Some Deaf led services reported not referring to mental health and addiction services as there would be a lot of cultural translation work for them to do and they perceived the services inaccessible.
- Schools lack of support with the high and complex needs, combined with an inability to recruit a signing counsellor and do intensive work with whanau.
- Families of children with hearing loss struggle to get mental health support that considers the impacts of hearing loss.
- Deaf people want choice, some people wanted support from other Deaf people, some don't due to trust and them being part of the Deaf community. Some want to work with someone that understands their ethnicity, culture and/or gender.
- Many people struggled to find a counsellor, social worker, psychiatrist etc. and then felt very anxious if their clinician left, not knowing if the new clinician would be willing to take the time to understand their world view.
- Many organisations feel like they were not funded to make information accessible in NZSL.
- Organisations new to the Deaf community need support to ensure the information and support is accessible, otherwise although they are well intentioned, they can easily get it wrong.

What's missing:

- Need more engagement with Maori, Pasifika, and Deaf people with other disabilities
- Some feedback from people who have multiple identities; "I don't know much about my culture because I don't communicate well with my family, I'm just Deaf"
- Some people talked about cultural clashes between Deaf and other cultures

Comment:

-Will this work incorporate the recently released research from the Coalition of Deaf MH Professionals?

Yes, it already has.

What have the surprise learnings been so far?

-The impacts on children with hearing loss (where NZSL isn't their primary language), the struggle to get the support they needed, at times because they are not "deaf enough".

Comment: it doesn't matter if Deaf, hearing impaired -- shouldn't create pockets of different labels -- the community should work collaboratively.

Topics for Discussion:

Should everything be translated, or should there be a more targeted approach? Comment/discussion:

• Deaf Aotearoa have been working with government departments to translate government information in NZSL so its accessible for blind , low vision and people with learning disability.

MSD has a dedicated process, that has been going for about 2 years, and is being refined at all times. COVID was a learning curve, as there were a lot of requests for translations.

- The DPOs give advice to govt agencies about what should be translated. Often information contains implied knowledge, so context needs to be included so its fully accessible.
- Over 50 sign language videos were made during COVID in 4 weeks, we also developed a skype hotline -- had 400 calls. Often people needed to check and get clarification about the information in videos.
- Talking about things in one's first language is the way to absorb it.
- There are 'stigmatic signs', like the sign for 'mental'. We need to start rethinking how we use them.
- It's easy to talk about translating, but is it accessible? People have a variety of language ability, and some videos do not use the correct sign for the context.
- There needs to be a peer reviewing process.
- More room for face to face communication and then the ability to ask questions.

Healthy and safe relationships within the Deaf community - is this an issue?

- All agreed unhealthy relationships in the Deaf community was a problem that needed urgent attention.
- Translation is a need, but this is part of a face-to-face navigation (one to one, workshops etc), where they can have a wider, larger conversation.
- You must assume that Deaf kids can't access (sex education in schools) information easily, so you need to use that as a starting point.
- Difficulties with the Deaf community being small, often have perpetrators and victims in the same community.
- There are all sorts of abuse -- are Deaf people aware of these? How do we define abuse? including language deprivation for example.
- Experiences highlighted of sex education in schools being delivered incorrect content.
- It's difficult to learn sex education in the mainstream with an interpreter and many don't have the translation skills.
- Recent research found, many individuals did not disclose their abuse until many, years later, often because it wasn't recognised as abuse.
- The impact of a person dealing with abuse for many years is profound and impacts on developing and sustaining healthy relationships.
- Health education needs to be in NZSL, having a deaf friendly environment, videos with interpreters.
- Teachers have so many roles sex educator, counsellor, having an independent person leaves you free to ask questions and learn what you need to.
- Conversations around sexual identity need to be normalised.

Should CODAs and those that have hearing loss (might not use NZSL as their primary language) be included in this work?

- General answer was Yes.
- Some Deaf people feel that they are being forgotten, there is a concern for some people having more privilege, more advantage having more of a voice.
- How do we draw in people who feel marginalized into the community?
- The people who are the most excluded are the hardest to reach.
- What we have in common vs what divides us.

Deaf mental health stories research – recently competed, the full report will be attached to these minutes. We will discuss with Jo how we can share this report with you in full, either at the next advisory group meeting or at a separate time. We are in the process of finalising a NZSL translation of this report.

Thanks everyone for your time and coming and sharing your thoughts today. The discussion and comments been invaluable to me today.