

# Mental Health Care for Deaf Individuals: Needs, Risk Factors, and Access to Treatment

**RS**  
Research  
Summarized

The National Association of the Deaf (NAD) describes mental health care of deaf individuals as the identification, evaluation, diagnosis, and treatment of deaf individuals, who have cognitive, emotional, behavioral, or psychosocial needs by counselors, psychologists, psychiatrists, social workers, and other mental health care professionals.<sup>17</sup>

## Rates of Prevalence of Mental Health Concerns

- Incidence rates of specific mental illnesses in adult deaf populations are extremely limited, if not altogether absent. Estimates of deaf mental health concerns are based on rates of mental illness in the general population.
- In 1996, 40,000 deaf and 2 million hard-of-hearing individuals in the United States had some form of severe mental illness.<sup>18</sup>

## What mental health issues do deaf individuals face?

Although many deaf individuals lead healthy lives, some deaf individuals experience mental health concerns.<sup>17</sup> Common referrals for psychotherapy, also known as talk therapy or individual counseling, include the following:

- Clinical depression or overwhelming sadness, grief, and loss
- Anxiety, panic attacks, stress management
- Sexual identity issues and/or deaf identity issues

Some deaf individuals experience more serious mental disorders, including the following:

- Schizophrenia
- Bipolar disorder
- Serious substance abuse

Deaf individuals may also seek out couples or family counseling for the following:

- Relationship or family conflicts
- Family trauma related to domestic violence

## Risk Factors for Mental Health Concerns in Deaf Populations

Deaf people are subject to a significantly greater number of mental health risks than their hearing counterparts. Risk factors faced by deaf populations include but are not limited to the following:

- There is an early or pervasive lack of communication access with family members and in general.
- Access to necessary physical and mental health treatment services is lacking.<sup>17</sup>
- In 1996, it was estimated that less than 2% of deaf individuals in need of mental health treatment received it. It is speculated that an even smaller proportion of deaf individuals from ethnic minority groups receive appropriate services.<sup>18</sup>



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Many of the aforementioned risk factors manifest in early childhood. Several studies have shown marked differences in the rates of social-emotional problems experienced by deaf youth as compared to hearing peers.

- Studies show that deaf individuals experience social-emotional difficulties at a rate as high as two to three times that of their hearing peers.<sup>4,5,11</sup>
- Other studies report that deaf children and adults are three to five times more likely to have a serious emotional disturbance than their hearing peers.<sup>19</sup>
- Some findings reveal that the rate of internalizing mental health disorders (such as depression or anxiety) does not differ between hearing and deaf populations, but that certain personality disorders and childhood behavior problems are three to six times more prevalent for deaf individuals.<sup>16</sup>

“Studies on deaf mental health concerns are few and narrow in scope, in large part because of a lack of researchers in both deafness and mental health research”<sup>7</sup>

## Issues Affecting Access to Mental Health Services for Deaf Individuals

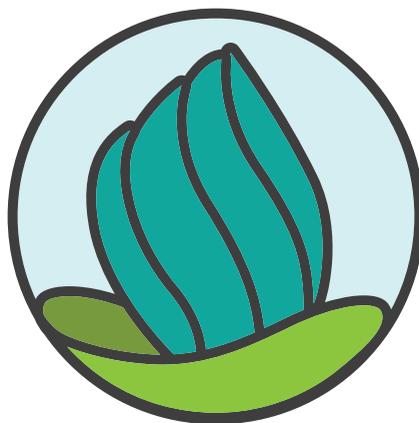
Several significant factors contribute to a lack of accessibility of mental health treatment and services for deaf individuals:

- Interventions, techniques, and services that work for hearing clients are not equally effective for deaf clients.<sup>3</sup>
- Standardized tests and mental health measures designed for hearing people are often invalid when used with deaf individuals.<sup>5</sup>
- There is a shortage of psychologists and other mental health professionals who have the training and experience to assess deaf individuals.<sup>14</sup>
- A 2008 national survey found that 10.7% of practicing school psychologists were fluent in a language other than English, and less than 1% of practicing school psychologists reported ASL fluency in US school systems.<sup>2</sup>
- Introducing an interpreter to the assessment process can create relational complications in therapy between the client and practitioner. Furthermore, the use of underqualified interpreters can lead to diagnostic errors during assessment.<sup>20</sup>

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