People who are deaf or hard of hearing experience the same mental health concerns as their hearing peers and seek out the same services. But unlike most hearing people, they do not always find equitable access to mental health services.

**At Greater Risk?**

Studies show that people who are deaf and hard of hearing experience a greater number of mental health risk factors compared to their hearing peers. These risk factors arise from:

- An early or pervasive lack of communication access with family members and others they interact with
- Lack of effective communication access to physical and mental health treatment services
- Late intervention and detection of hearing status leading to less early childhood services
- Few providers with the cultural competence to work effectively with this population
- Higher levels of stress in their lives from communication challenges and discrimination
- Lack of appropriate K-12 educational services including preventive educational programming on health-related topics

Exposure to these risk factors begins in childhood and may manifest by adolescence. Several studies have shown a marked increase in the rate of social-emotional problems among youth who are deaf or hard of hearing compared to their hearing peers.

**Counseling Scenarios**

The most effective counseling scenario includes a qualified mental health counselor who is fluent in sign language with the cultural competence to understand the unique needs of individuals who are deaf or hard of hearing. Often, this is not an option because there are few qualified counselors who meet these criteria. In these cases, it is necessary to use a qualified interpreter for counseling sessions, assessments, and other mental health services.

*With the widespread use of videophones and video conferencing, distance counseling by licensed therapists who are deaf or hard of hearing is available to those who are seeking psychological services if they are not available locally.*

Continued on the backside
Interpreting Counseling Sessions

In many situations, providing an interpreter can provide access for individuals who are deaf or hard of hearing. The mental health setting, however, places unique demands on the interpreter. There are several factors that can impact the success of therapeutic work including the introduction of a third party (the interpreter) to the therapeutic setting and issues of trust.

The finer nuances of language, body language, and facial expressions are important in a mental health setting and the significance of cultural competence cannot be overlooked. Mental health providers can seek opportunities to expand their knowledge of deaf culture, linguistics, and the impact of being deaf or hard of hearing in a hearing world.

Mental health providers can specifically seek qualified, experienced interpreters who have provided services in the therapeutic environment, especially those who have completed additional professional training specific to this setting.

Modifications

Many of the techniques and approaches that are used with hearing individuals are not equally effective with individuals who are deaf or hard of hearing. Consultations with established mental health programs that provide services to individuals who are deaf or hard of hearing can provide guidance on what methods work best for different situations.

Tests & Assessments

Psychological tests and other mental health assessments are not normed for individuals who are deaf or hard of hearing. This can render them invalid when used with the DHH population. Many assessments use very specific wording to elicit a significant response; when the assessment is interpreted into another language like ASL, the nuances of the original language may be lost, thus rendering the results invalid.

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