

Report on the Healthwatch Wandsworth Consultation on the Mental Health needs of Deaf and Disabled residents.

Background

The London Assembly Health Committee published a consultation to understand the challenges faced by deaf and disabled people accessing mental health services. This work intends to influence the Mayor and the London Health Board's mental health plans.

The issues explored in this consultation will affect a large proportion of our community as around 14 per cent of adult Londoners have a disability; that's approximately 1.1 million people.¹ Healthwatch Wandsworth carried out a survey to provide an insight into access to these services in Wandsworth.

Research suggests that 1 in 3 individuals with a disability will experience a mental health problem within their lifetime compared to 1 in 4 of the wider population.^{2,3} Other studies have shown that deaf and disabled people are more likely to experience common mental health problems, especially anxiety and depression.⁴

A study by the Joseph Rowntree Foundation found that deaf and disabled people reported difficulties in finding mental health support that is inclusive and accessible. People with disabilities also reported a lack of understanding within mental health services of their physical needs, including inaccessibility of services and lack of assistance from staff due to time constraints or their not being aware that support is required. The Foundation also found inadequate levels of communication between mental health and disability services and that disability services often overlooked mental health issues.⁵

Healthwatch Wandsworth carried out a survey to provide insight into what it is like to use these services in Wandsworth.

Our Consultation Survey

The survey was devised to collect information from deaf and disabled residents in Wandsworth, to understand their challenges when using mental health services in our borough. The findings will contribute to evidence used to influence the London Health Board's plans for mental health services in London.

¹ Greater London Authority (2017), Mental health inequalities - Deaf and disabled people. Retrieved from <https://www.london.gov.uk/about-us/london-assembly/london-assemblys-current-investigations/mental-health-inequalities-deaf-and> (Accessed February 2017)

² Honey A, Emerson E, Llewellyn G, Kariuki M. 2010. Mental Health and Disability. In: JH Stone, M Blouin, editors. International Encyclopaedia of Rehabilitation. Available online: <http://cirrie.buffalo.edu/encyclopedia/en/article/305/>

³ Mental Health NHS Confederation (2016) Key Facts and Trends in Mental Health. Retrieved from http://www.nhsconfed.org/-/media/Confederation/Files/Publications/Documents/MHN%20key%20facts%20and%20trends%20factsheet_Fs1356_3_WEB.pdf (Accessed February 2017)

⁴ Greater London Authority (2017), Mental health inequalities - Deaf and disabled people. Retrieved from <https://www.london.gov.uk/about-us/london-assembly/london-assemblys-current-investigations/mental-health-inequalities-deaf-and> (Accessed February 2017)

⁵ Morris J (2004) Services for people with physical impairments and mental health support needs. Retrieved from <https://www.irf.org.uk/report/services-people-physical-impairments-and-mental-health-support-needs> (Accessed February 2017)

The survey was open from 18th January 2017 to 30th March 2017. We found this a particularly challenging consultation in terms of seeking views and feedback from residents. A short time frame and difficulty finding existing forums to take our survey meant that it was difficult to collect the views of service users. This had an impact on the number of responses we collected. Voluntary sector organisations were enthusiastic about giving feedback on their experiences of working with deaf and disabled people, which provided a valuable representation of a wider number of service users they work with regularly. It is important to remember, however, that the perspective given by organisations can often relate specifically to their area of work rather than the wider lived experiences of individuals. The responses we received do provide some useful information for our conclusions and suggestions for further work in this area.

We also attended a workshop on 24th January 2017 at Share, a Wandsworth based organisation working with disabled people to enable them to live more independently and make choices about all aspects of their lives. During a group session we spoke to 29 students who shared their views and experiences of what works well for them and what they find more challenging when accessing health and social care services. We have incorporated their responses in our analysis and findings below.

It should also be noted that we did not take the consultation to the National Deaf Service, based in our borough, because we were aware that the London Assembly already had plans to work directly with them.

We have also analysed and included, where relevant, feedback from local residents from our Information and Signposting Service and outreach activity over the past year.

Findings

We received a total of 18 responses to our survey. A sample of the questionnaire can be found in Appendix A and all individual responses can be found in Appendix B.

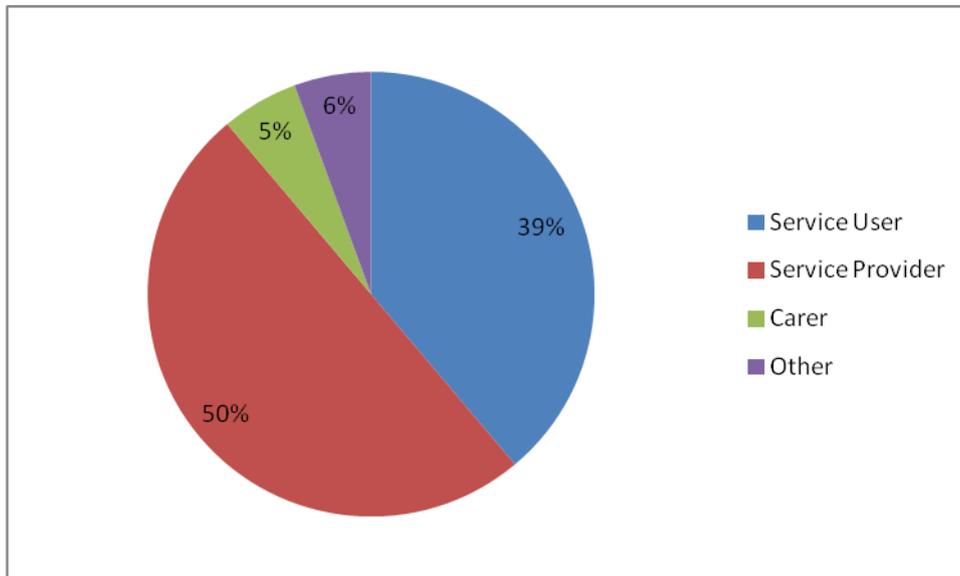
A summary of a group response from 29 students at the Share workshop on 24th January is available in Appendix C.

We have not included details of our Information and Signposting Service and outreach activity in an appendix because this data includes personal details.

The survey was advertised via our website and social media channels. It was circulated to our local contacts and through our outreach events.

Question one: Are you a service user, carer, service provider or other?

The pie-chart below shows the proportion of the responses from those involved in the survey. Almost 40% of responses were from service users and half of the responses were from service providers. However, one service provider said they were also a service user, so they have been counted as a service user in the pie chart below. One service provider also described themselves as a 'profoundly deaf' person. One respondent was a carer.



Question two: What are the main mental health challenges faced by deaf and disabled people in London?

The two main themes identified as mental health challenges for deaf and disabled people were:

- **Difficulty accessing services:** mentioned in most of the responses, often because special requirements for Deaf and disabled persons are **not considered during referrals, lack of awareness of mental health needs**. Challenges getting **appropriate referrals and co-ordination** between different parts of the health and care system were also mentioned.
- **Barriers to communication** that may even **affect an appropriate mental health diagnosis** being made.

“Misdiagnosis of Mental Health is common, it is often either over or under diagnosed because of poor/misunderstood communication.”

Our responses suggested that **barriers to communication** experienced may be as a **result of accessibility requirements** for deaf and disabled persons to mental health services, such as limited availability of interpreters or having text message contact systems. Responses highlighted that for service users their level of literacy, comprehension and understanding and communication barriers affect their ability to access services. One service provider said: ‘Illiteracy and the fact that deaf people cannot learn by ‘overhearing’ other people/the media etc. means access to mental health information is inhibited for many’. Comments about communication barriers were also supported by feedback we received during information and sign posting and outreach work, which suggested that interpreters are not always available and healthcare services have contacted deaf individuals via telephone instead of email or text.

Respondents expressed **difficulties with services across the system** as a result of a **lack of understanding about the challenges** for deaf and disabled services users. Respondents said staff did not take time to appreciate when there are communication challenges and lack appropriate levels of skills to communicate. Specifically in a mental health service setting, many deaf people may not be getting access to services or adequate diagnosis due to lack of experience of staff. Where there are specialist services (there are only a few throughout the UK), ‘people living close can receive a more thorough service’.

At a GP surgery, potential for access problems relating to all stages of getting an appointment were mentioned. For example this could include *‘how to phone to make an appointment; how to know if your name has been called; how to understand what the clinician is saying’*.

Students at the Share workshop had some positive experiences of interactions with GPs and other health and care professionals. However, answers also suggested they had experienced similar issues with communications when organising and attending appointments, understanding what is happening, communicating their specific needs to a professional, and understanding and retaining information given. Access for wheelchair users as an issue was raised in both the survey and the group workshop.

An **assumption that general services are adapted for use by deaf patients can mean that specific needs are not considered or catered for**. For example, respondents highlighted that deaf service users can often have more complex and ongoing needs. Service users with literacy and language barriers may need services to adapt therapies themselves. Answering a later question, one respondent felt that that *“tools used to assess mental health e.g. for assessment of anxiety/ depression etc. are not directly transferable into BSL”*. One service provider mentioned increased prevalence and length of mental health problems for deaf people, and that problems with finding social housing can increase the length of stays in psychiatric hospitals.

Question three: What can be done to promote better mental health for deaf and disabled people, and prevent mental ill-health?

The recurrent themes from responses about what can be done to promote better mental health for Deaf and disabled persons include:

- **Education and training for professionals** within mental health services, ensuring professionals have a better **understanding** of what it is like to be Deaf or disabled and the skills and **to adequately support** them.
- **Earlier intervention and inclusive activities**
E.g. information on “social media”, “drop-ins” and “Access to interpreters at mainstream events, to feel socially included and opportunities to participate and contribute.”
- **Improvements in services and co-ordination between services**
“... groups and organisations working together in supporting, signposting and networking with each other as a jigsaw puzzle that will bridge the gap”

- **Increased funding** to services to be able to appropriately support deaf and disabled persons.

“We’ve done some very positive work with people who are deaf and have mental health needs, but there’s hardly any funding for it.”

Funding has been mentioned as a recurrent theme throughout the survey with 9 out of 10 respondents commenting on the need for adequate funding at least once within their responses. Some of the responses suggest that funding has decreased and therefore services are being reduced or under too much pressure to perform adequately. The need for better training may also be affected by financial pressures as this requires a budget to fund the training providers and to allow professionals paid study time.

Suggestions also highlighted a need for **better inclusion of services users** to identify problems and solutions and potential activities and preventative activities to **promote better mental health**. One respondent highlighted that there should be more Deaf staff working in local mental health teams. However in response to later questions, it was highlighted that an important part of the process is that trust is built between service users and service providers. One person suggested that historical attempts to engage may have resulted in less positive experiences and another highlighted that feeling valued and recognised as an important part of the community was important.

Question four: What are the main obstacles for Deaf and disabled people trying to access mental health support?

Similar to the responses given in question two, the main barriers identified in answer to this question included:

- **Transport**
- **Communication**
“Lack of trained BSL staff. Communication tools”
“GPs as gatekeepers with telephone only access”
“Can’t hear what’s being said and can’t see where support is!”
“Long process through phoning and questionnaires”
- **Lack of information and understanding of available services:** for staff, service users and other organisations within the community. Information needs to be available in accessible formats.

Communication was mentioned as a common barrier in most of the responses for this question. Limited **availability of interpreters and a lack of text-message contact systems** were mentioned as being problematic for deaf people. These barriers were mentioned in other parts of the survey, showing their significance, and were highlighted in feedback via our information and sign posting and outreach work. It has been mentioned that staff have often seemed reluctant to book interpreting services or are unaware of how to book them. This could also relate to the need for increased funding and training mentioned earlier in the survey.

Transport as a barrier to deaf and disabled people accessing mental health services is explored further in question seven.

Question five: What steps could mental health service providers take to make their services more accessible for Deaf and disabled people?

The main theme arising from this question was that **services need to become more accessible** for deaf and disabled persons with suggestions such as **greater use of interpreters and text systems and provision of information in accessible formats.**

A related **step towards improvement** would be to **increase training and awareness** of staff about how to **access provisions that are already available** and for better working across professionals through the system of care and support.

“Consider basic access issues for people who can’t hear or speak (entry phones/mobile txt access/easy read letters for people whose language is BSL).”

“Especially for those with chronic fatigue like myself and chronic pain, cutting phone interviews out and letting person send answers through email if easier.”

A second theme identified was the need to **better promote mental health services** for deaf and disabled people, again suggesting that there needs to be **greater communication with the Deaf and disabled community regarding mental health.** Some suggested this could be done through open days, drop-ins and community publicity.

Question six: Do you know of any service or scheme that works well to improve the mental health of Deaf or disabled people?

Many respondents struggled to identify local services and many answered ‘no’ to this question. Schemes that were mentioned suggest a range of beneficial support networks available within our community.

The Deaf Adult Community Team, part of the National Deaf Service based at Springfield Hospital, was mentioned as a service that works jointly with other National Health services and works well for people with Mental Health needs, but it was also suggested that **access to it is limited due to funding constraints.** A charity called “Signhealth” offering a talking therapy type service using signed communication and Deaf knowledge and experience was also mentioned.

Action on Hearing Loss was mentioned as providing a range of services locally. They work with national organisations such as the British Society for Mental Health and Deafness (BSMHD) and the British Deaf Association and Centre of Sign Sight and Sound (COSS) to deliver training to the local Deaf community.

Share Community was mentioned as a non-profit organisation working with disabled persons in London to support independence. Wimbledon Wednesday Group was highlighted because they support anyone with a mental health condition with community based activities on a drop-in basis.

Other non-profit organisations mentioned included MIND, Time to Change and Rethink Mental Illness. BLURT and CAMHS (Children and Adolescent Mental Health Services) were thought to be useful organisations for children and young adults.

Question seven: How do issues like housing, transport or crime affect the mental wellbeing of Deaf and disabled people within London?

Housing: The inadequacy of housing was highlighted, suggesting that much housing for deaf and disabled people is not meeting mobility requirements and can lead to isolation. Another concern is the inadequacy of safety equipment for deaf and disabled persons within their home. One respondent mentioned that social work teams, who often helped with these requirements, are becoming scarce.

“Local Authorities are less able to/willing to provide appropriate adaptations in homes.”

Transport: was often described as inaccessible due to individuals having difficulty hearing/seeing announcements, including emergency announcements, and poor accessibility within public transport.

“Our transport system is a long way from being accessible. Few stations have step-free access. Most stations and bus stops are inaccessible in terms of information provision... so they miss announcements of e.g. buses being diverted or journeys terminating before the final stop. More frighteningly, they miss announcements about emergencies”

Crime: A few of the responses mentioned concerns regarding the vulnerability of deaf and disabled persons and how this can make them more susceptible to crime. One respondent felt that deaf and disabled people may have a more heightened fear of crime due to sensory or physical impairment.

One respondent mentioned that problems with accessibility to police services is a barrier to reporting crime. Another mentioned the positive work the Police are doing to make their services more accessible.

Many respondents **highlighted how these issues may all contribute to Mental Health outcomes** for deaf and disabled people, summarised by the following respondent:

“They create stress - especially housing issues and not being/feeling in control. Transport - not understanding. When people get lost, it can cause them panic.”

Throughout, responses on various aspects of isolation, exclusion and fear were **highlighted as barriers and factors in mental health wellbeing.**

Question eight: What can the Mayor and the London Assembly do to support better mental health for Deaf and disabled people in London?

Greater funding was a theme highlighted as important by many of the responses, and throughout the survey. This would bring **better support from mental health services** for deaf and disabled people by enabling them to be adequate and accessible and also to better equip staff to support and meet the needs of individuals.

Awareness raising, consultation and engagement with deaf and disabled residents was another identifiable theme. Campaigns and events would convey messages about considering the needs of deaf and disabled persons and would ensure their concerns can be heard, hopefully leading to better communication.

“Allocate more health and social resources to ensure that disabled and deaf people get the service that THEY feel they need, not what councils/health authorities think they need.”

Conclusions and Recommendations

The responses provide pointers about potential issues for deaf and disabled people in the borough relating to mental health and wellbeing. The main points for consideration are summarised below:

Co-ordination, training and communication tools:

A clear message provided by one respondent was that support is fragmented and that the ‘jigsaw’ requires joined up co-ordination. Staff need the tools to be able to communicate with and support deaf and disabled service users. Communication problems are a significant barrier to getting the right support, or support at all.

Engagement and feedback:

Many responses reflected the need for information and additional tools for health and care staff, deaf and disabled residents and the wider community, bringing improvements via engagement and feedback. Examples given included better access to BSL interpreters when using services and also at a community level. Making wider community facilities more inclusive, such as housing and transport, would also reduce isolation and have an impact on mental health.

Respondents suggested that service users should be involved in some of the solutions developed. One highlighted that this could extend to staff employed within services.

These themes were reflected in difficulties we experienced trying to undertake this survey. Developing further channels and mechanisms for easily seeking the views of deaf and disabled residents and engaging them in health and care improvements may be needed. Commissioners and service providers, with increasingly limited resources, need a way of quickly understanding the needs and feedback of this group of service users.

Appendix A - The Questionnaire

Mental Health Needs of Deaf & Disabled People

“Around 14 per cent of adult Londoners have a disability - [this is] around 1.1 million people. Studies have shown that Deaf and disabled people are more likely to experience common mental health problems, especially anxiety and depression [when compared to the wider population].”

Deaf and disabled people have reported difficulties in accessing mental health support that is inclusive and accessible to them.

The **London Assembly Health Committee** would like to understand the challenges faced by Deaf and disabled people in accessing mental health support in London. The Committee will use **your responses** and their findings to make recommendations, and influence the Mayor and the London Health Board’s mental health plans.

Your responses will be anonymous.

1. Are you a service user, carer, service provider or other?

Provide your service name here if you would like to:

2. What are the main mental health challenges faced by Deaf and disabled people in London?

2. What can be done to promote better mental health for Deaf and disabled people, and prevent mental ill health?

3. What are the main obstacles for Deaf and disabled people trying to access mental health support?

4. What steps could mental health service providers take to make their services more accessible for Deaf and disabled people?

5. Do you know of any service or scheme that works well to improve the mental health of Deaf and disabled people?

This can be an example from inside or outside of London.

6. How do issues like housing, transport and crime affect the mental wellbeing of Deaf and disabled people in London?

7. What can the Mayor and the London Assembly do to support better mental health for Deaf and disabled people in London?

Thank you for taking the time to complete this questionnaire!

What happens next? We anonymise all the information and use your responses to help us formulate our formal submission to the London Assembly's consultation. We will also publish an anonymised report to our Healthwatch website.

Sign up to our mailing list: Become a member to receive our e-bulletins, invitations to our events and to take part in local and national consultations.

Name: _____ Email Address: _____

Appendix B - All Individual Responses

Question 1: Are you a service user, carer, service provider or other?

Respondent	Total
Service User	7
Service Provider	10
Carer	1
Other (please specify).	4

Question two: What are the main mental health challenges faced by Deaf and disabled people in London?

The main issues are that local mental health teams do not fully understand the needs of people who have a hearing loss with mental health needs. There is a belief that generic (hearing) mental health services can meet the needs of deaf patients, but information from our National Specialist Mental Health services for Deaf people tells us that;

- Deaf people who use sign language tend to have been born profoundly deaf. Those who went deaf after they had developed speech or who have partial hearing loss would tend to use speech and lip-reading.
- Deaf people have the same range of mental health problems as hearing people but tend to have a lifetime prevalence of 30-40% as opposed to hearing people whose is 25%
- Deaf people have 3-6 times the rate of challenging behaviour as hearing people. Forty percent of deaf people have additional cognitive or physical disabilities
- The average reading age of a deaf adult is less than 9 years
- Deaf people experience huge inequalities in access to physical and mental health provision.

Functional illiteracy and the fact that deaf people cannot learn by 'overhearing' other people/the media etc. means access to mental health information is inhibited for many. Accessing the GP surgery will be difficult – how to phone to make an appointment; how to know if your name has been called; how to understand what the clinician is saying. Secondary mental health teams also tend to be set up for hearing people. Most deaf people may remain untreated. Where they do access the service it is unlikely that any clinicians or reception staff will have experience of deaf people. This has led to serious over and under diagnosis.

There are three NHS mental health services for deaf people in the UK. These provide inpatient services and a Monday to Friday 9-5pm outpatient service. People living close to any of the services are likely to receive a much more thorough service than people living at a distance who may receive a limited service or none at all.

The length of stay of deaf people in psychiatric hospital is twice as long as that of hearing people. This seems to be for two reasons: the first is the dearth of social housing that is appropriate for deaf people with additional needs; the second is that deaf people who present to mental health services are far more complex than the equivalent hearing people.

Many profoundly prelingually deaf people grow up language deprived. Gregory found that 20% of a group of deaf school leavers were unable to take part in a research interview either in speech or

sign, despite normal intelligence. Where deaf children receive language input late they are likely to fail to develop Theory of Mind (the ability to think that others might think differently from us). This can impact on their ability to form meaningful relationships, to live independently, to behave in socially appropriate ways and to make use of orthodox psychotherapies. For deaf clients who have intact language and normal intelligence there is no reason why they cannot make full use of cognitive, systemic and psychoanalytical psychotherapy. For the clients with additional disabilities and/or language delay specialist services tend to use the principals of various therapies but present them in a more visual and behavioural form. For this type of work an interpreter rarely suffices. Without the involvement of native signing deaf staff this type of work is less successful. To adapt therapies to meet the needs of these multiply disabled deaf mental health patients a clinical psychologist is ideally qualified. Those people who do manage to be referred to and seen by specialist services are deaf; language deprived and have low average or borderline intelligence. And then they have a mental health problem too. And so it is not sufficient to have a hearing clinician with no experience of mental health and deafness just working with an interpreter. . The National Deaf Services provides its services in British Sign Language (BSL).

For London, Springfield's National Deaf Mental Health services work in partnership with CMHT, offering advice and support, and this can work very well - but on most occasions it's Springfield that end up taking the lead because they have the knowledge of all that's detailed above But even then, ensuring consistency of approach, cultural and language awareness of the needs of deaf people, and or a simple booking of an interpreter can be a challenge and create barriers for most involved.

The British Society of Mental Health & Deafness (BSMHD) website states that "Deaf people who are British Sign Language users are almost twice as likely to have mental health issues compared with the general population (40% against 25%). In addition, people with mental health and deafness issues (multiple needs) often face marginalisation from mainstream society. There is a great deal of stigma attached to mental health in the Deaf community, thus leading to isolation and loneliness in a close knit community.

Disability discrimination from others that don't understand disability include local services in to have training such as Dr's police transport police student nurses placements from college Social Services to know everything that we have in the borough

Peoples lack of understanding of deafness and what it is like being disabled

Isolation

Not being able to communicate properly

Mental health is connect to disability and changing in your disability and it difficult diagnose

Lack of resources

Not being understood or no one taking the time to find out if there are communication challenges. Deaf have very specific access and awareness requirements to do with communication and engagement which are rarely addressed when services consider other "disabled" needs (most commonly considering only mobility). Many Deaf people have had very limited access to education/information about MH. If they go to GP, some GP's still decline to book interpreters even though it is their responsibility to do so. Misdiagnosis of MH is common, it is often either over or under diagnosed because of poor/misunderstood communication. Access to IAPT is denied by initial interviews being by telephone. Access to Specialist IAPT for Deaf (from professionals who are Deaf) needs additional funding from CCGs which is very hard to acquire. IF referred on to

Secondary mental health (CMHT) there is rarely an interpreter booked. Deaf can rarely access crisis or home treatment services as they will not provide a txt number. Deaf can often not access buildings because of entryphones. Staff are rarely encouraged to txt their clients (who of course cannot use voice phone). Most CMHTs don't know about the Specialist Deaf MH service in London they could refer to and work with.

Finance, Housing, Inadequate support from CMHTs due to funding cuts, Lack of day centres due to funding cuts.

Lack of training on mental health skills. Not enough service support.

Long wait to access care and services not tailored to complex health conditions
Using public Transport

Not being understood

Access to timely care, translation services, disabled/deaf-friendly buildings/ services

Non-diagnosis - It can be seen as part of their existing diagnosed condition
Isolation, especially for deaf people; social and economic exclusion; employers and service providers don't communicate accessibly with deaf people; many deaf people will have had difficulties and disruption in their education; cultural attitudes to deafness and disability can be problematic and lead people to feel that there's something wrong with them; services to help people such as phone lines or one to one counselling/therapy aren't available via BSL or other sign languages (people coming from other countries may have a different sign language as their first language - eg many people from the Caribbean use American Sign Language) Access to GP services - often the gateway to other services - is often by phone with a triage system and this is inaccessible to deaf and hard of hearing people.

Access to BSL interpreters

Question three: What can be done to promote better mental health for Deaf and disabled people, and prevent mental ill-health?

- More BSL information videos and information on social media
- Drop in sessions for people who are deaf
- more deaf staff working in local mental health teams
- deaf awareness training for local mental health teams (including how development/ minimal language issues can affect deaf people)

more information sharing about these disabilities as in the previous comment make sure that people in all walks of life are encourage to visit services and understand the work that we do instead of assuming what is done

Better education in schools. In work place education/training. Also; as a planned program, of how these issues feel like for the people with deafness and what it feels like; being disabled

Deaf people have to be taught to communicate and be unafraid to do so. It is daunting. Other disabilities have specific requirements that relate to their level of functionality. Not right to have a specific and a generic statement in one sentence

Can learn to communicate with others for example sign language

GP should recognise ,

create more awareness events about the client group

All frontline staff i.e. receptionist to be given basic BSL or similar training that will allow for simple awareness to identify the signs of mental health for deaf and disabled people.

Information/Education all round. Education component about Deafness for health professionals, including info about Specialist Deaf Mental Health Services (National Deaf Services) who could support them. Additional Education initiative for Deaf (using provider like Sign Health?). Provision of IAPT level service for Deaf under NHS provision, seeking additional funding is time consuming, often denied, and often means unnecessary referral to Secondary and Tertiary Services.

Early intervention to be able to provide more therapeutic support. More adequate funding of day care support for people with MH conditions. Out of hours services at Weekends and evenings - e.g. Crisis cafes. More training skills on mental health issues.

Involve patients more in how to improve services especially if housebound etc, offer support sooner rather than later and tailor mental health support to specific needs

Advertise on TV

For more self-help groups, voluntary groups and organisations working together in supporting, signposting and networking with each other as a jigsaw puzzle that will bridge the gap

Promoting services in schools, on radio, on Facebook. Also putting provisions in place through CCGs, that providers must allocate certain proportion of their budget for disabled services to access mental health.

Promote general well-being (exercise, activities that are stimulating as well as talking therapies. Speech and language therapy can help them communicate their feelings and problems, and be understood.

Accessible services - access means more than ramps and wide doors; better deaf awareness; better awareness of Access to Work and how "reasonable adjustment" can support deaf employees; a focus on what people can do rather than what they can't; information videos in BSL and other sign languages used in the UK, and also with subtitles; better knowledge of facilities available for deaf people - lots of people don't know about subtitled cinema and theatre, for example, and these can help reduce isolation and enhance quality of life; access to horticultural therapy - we've done some very positive work with people who are deaf and have mental health needs, but there's hardly any funding for it; access to personal budgets for people with sensory disabilities - there's little support for blind or deaf people; accessible awareness sessions; better awareness and better communication through GPs

Access to interpreters at mainstream events, to feel socially included and opportunities to participate and contribute (e.g. launch events, World Mental Health Day events, group outings, etc.). Additionally, basic BSL sign-language training for staff and other service users in mainstream mental health settings - to encourage understanding and social inclusion.

Question four: What are the main obstacles for Deaf and disabled people trying to access mental health support?

As above, appropriate communication, lack of information, understanding of how deafness can impact on their day to day life and understanding.

They may not understand their diagnosis, or what Mental Health is or what their diagnosis means - more information is required in accessible formats.

People will need information about services that are available to support them. Deaf people might not be aware of the support available. Once support services are identified they may have difficulty accessing the support for reasons identified in previous questions.

The tools used to assess mental health e.g. for assessment of anxiety/ depression etc. are not directly transferable in to BSL.

social and care models not communicating effectively between each other

The deaf and mentally disabled: not actually; being noticed, or being; seen as people, themselves. Nor; being treated, as people: who have something vital to say. That is of value, to society. For: the deaf and mentally disabled; to actually be heard. For them; to be accepted. As having value to society.

Inability to understand how to go about it. System is daunting and GP's not sufficiently engaged in process.

They may not know who to contact

Do not know where to access p

Communication difficulty, unable to articulate needs

No information or provision in the local community i.e. surgery, pharmacy, library, or walk-in clinics.

Appropriate communication and engagement access. No understanding of the Deaf experience. Fear within professionals who think they will not be able to work with Deaf people. Distrust within Deaf community of health service GP who have failed to engage successfully with them in the past.

Mobility, cost of transport, Being too disturbed to know which service to contact in a crisis, when deaf getting immediate responses from agencies like CMHTs who may have no one who signs.

Interpreter or latest equipment for communication.

Long process through phoning and questionnaires just to get help, some people might not bother to do as too depressed, offer someone who can support them with their application for mental health services

Can't hear what's being said and can't see where support is!

Lack of trained BSL staff. Communication tools

lack of awareness of where to go, cost, lack of mobility in getting there, also transport issues such as drivers that are not trained in handling disabled/ deaf customers/ transport strikes or delays which can lead to missed appointments.

Lack of training in homes/schools/organisations on mental health issues. Not being able to communicate their problems and feelings.

Accessible communication; GPs as gatekeepers with telephone only access; lack of knowledge of what kind of help is available and how to get it; practitioners who aren't deaf aware and who aren't pro-active about getting in communication support such as interpreters or speech to text writers; an assumption that all deaf people sign: most deafened people or hard of hearing people don't.

Access to BSL interpreters

Question five: What steps could mental health service providers take to make their services more accessible for Deaf and disabled people?

More information could be provided in people's preferred format which may be BSL or video with subtitles. Providers could hold open days and drop in groups, or group activities clubs. Providers should advertise their services in publications aimed at people who are deaf, and help raise awareness of their services with GP's and local adult services teams.

by sharing awareness to care homes residential services and day services having a Community Hub in each Borough

Sadly, providers and carers are now: in such a crisis position financially and with a severe lack of resources available to them, in reality. That; there; is little they can do, make access, to their services better, for the deaf and mentally disabled. The country is now in a position: where only a real acceptance of the reality of these issues, by society and government. Can things really change, for the deaf and mentally disabled. For the deaf they should concentrate on case studies that could show the benefits of the care they give.

Go to meet the service users and communicate face to face
Publicity in community and go to volunteer group and publicity and also to show the sign of mental health

More wheelchair accessible services, sign language training

Ensure that training of British Sign Language and Awareness to Recognise and Identify the signs of Mental illness compulsory to all staff as part of the induction to starting employment in relevant field from receptionist to clinicians and IAPTs specialists providers within the NHS or in the local community and nationally.

Consider basic access issues for people who can't hear or speak (entry phones/mobile txt access/easy read letters for people whose language is BSL). In particular access to Crisis services. Home treatment. Front line staff need to understand responsibility and pathway for booking interpreters. Secondary services can refer to Specialist Deaf Mental Health for joint working. They need to know about this free provision.

Employing people with signing skills, being open during evenings and weekends.

Provide more Interpreters or more equipments and training of sign language interpreter for service providers.

Especially for those with chronic fatigue like myself and chronic pain, cutting phone interviews out and letting person send answers through email if easier.

Bigger Budgets

Local Authorities, NHS and other organisations signposting and advertising in their premises. Offering BSL training/workshops to staff members

Promoting services more widely, ensuring they ask all users for detailed feedback, and then using this feedback to improve services. Using different channels to remind people of appointments/services they offer. This can be in the form of emails, letters, texts, and voicemails- ensuring that the channels are accessible to a range of people.

Make them easier to understand - leaflets should be in PECS/Makaton symbols. By writing social stories and talking through issues, giving an explanation they can understand.

Offer alternatives to telephone access; train staff in deaf awareness and how to access communication support - and how to ask the client what kind of support would be helpful; information that is in sign language and subtitled about mental health and how to access services; employ deaf and deafened people to provide services.

Basic BSL training (alphabet, basic questions and responses, greetings, etc.). Recruit volunteers or bank workers trained in BSL to support at ad hoc events, etc.

Question six: Do you know of any service or scheme that works well to improve the mental health of Deaf or disabled people?

Through delivery of training courses and dissemination of information, BSMHD are actively working to reduce this stigma throughout the UK. Action on Hearing Loss is currently working in partnership with BSMHD/ British Deaf Association and Centre of Sign Sight and Sound (COSS) throughout Wales to deliver free MHFA in BSL to the local Deaf community. National Deaf Services – there are 3 services: Springfield hospital in London, Jasmine suite in Birmingham and John Denmark unit in Manchester. Action on Hearing Loss Care & Support services has a range of services supporting people who are deaf with mental health needs.

Access Team in Wandsworth and organisations in Borough that specialise in these areas we find that working with other organizations helps promote the work that we do and offers knowledge to work together and not a them and us feel

Sadly there are very few left. Neither: in London nor elsewhere. These are so rare in Wandsworth now: due to the cuts in funding and consequent closures of these facilities.

No

Thrive

No

No

The Share project off Lavender Hill, SW11, is an inclusive organisation that has gone some way to engage this target group for some while but is in need of funds, resources for qualified and available personnel.

Deaf Adult Community Team "National Deaf Services" – bases in London (Springfield Hospital), Birmingham and Manchester. This is a Tertiary Services that can work jointly with Secondary Services. In addition Deaf Adult Community Team and "Signhealth" (a Deaf health charity) both provide an "IAPT" level service which combines direct (signed) communication with Deaf knowledge and experience. Currently this requires CCG funding and is rarely able to be accessed because of this.

The specialist deaf unit at Springfield supports deaf people with a mh condition, providing a live in ward, appropriate OT and psychological support and access to advocacy support. There is also a particularly good group called Wimbledon Wednesday Group held at the Wimbledon Guild which supports anyone with a mh condition on a drop in basis. It's organised by carers and the group is held every Wednesday evening until 8 pm, cost price food is served and quizzes are held, some people play scrabble, there's a quiet room, sometimes music is played and the group regularly hold subsidised trips to places of interest throughout the year and an annual week holiday is organised for clients - again subsidised by the group who achieve funding from local charities.

NO

MIND, BLURT Foundation etc feels inclusive and also tailors to young adults with mental health, Time to change, Rethink mental illness

No

<https://www.signhealth.org.uk/about-deafness/mental-health/>

Na

One You', Hounslow. But I'm not sure they work with Deaf and disabled people. CAMHS for children maybe, but for adults, I can't think of any.

Share Community's horticulture project is working closely with Action on Hearing Loss. They helped a residential home to redesign and create its garden, learning new skills, working together, and growing food. It was a great success and led to better health and wellbeing.

Share Community, Battersea

Question seven: How do issues like housing, transport or crime affect the mental wellbeing of Deaf and disabled people within London?

people feel they are a burden and don't want to be of any trouble to others they feel reporting crime just takes time and accessibility at stations are difficult due to for example no step free areas having to go "round the back"

It's a no brainer. These are some of the underlying causes of the mental health problems being experienced by people in our society.

Again too much in one sentence. Housing can be made accessible, transport can be extremely difficult and the deaf and disabled have a more heightened fear of crime against the person because of sensory and or physical impairment.

Yes crime isolates disabled, cannot go out and when they mental well being

They could feel excluded, rejected, different

Hugely. Local Authorities are less able to/willing to provide appropriate adaptations in homes, meaning Deaf cannot hear doorbells appreciate smoke detectors in their homes from the day they move in. This leaves them vulnerable and anxious. Sensory Social Work teams who used to deal with these things are much depleted and rarely include Deaf specialists. The police have made improvements in helping Deaf people – SMS999 service, some police are learning sign language, specialist Deaf police workers. Continued education needed. Transport is improving with more visual information in trains etc, but this doesn't address emergency announcements, and Deaf can't ask advice of fellow travellers, so in current times can become very anxious.

Adequate and appropriate housing is key to enable recovery. Many of our clients come with housing related issues unfortunately some mh clients are treated badly by neighbours or fear.

Not getting full support of communication equipments to use every where the go, or sign language support to explain better what they need.

Definitely, lots of things affect your mental health and people with disabilities are more likely going to have problems with public transport, vulnerable to being a victim to crime

I don't understand the question!!

I think lack of BSL trained staff, lack of resources for communication tools, lack of signposting, lack of reliable services and lack of schools, colleges and other places relying on recommendable service providers that is not in their circle.

Heavily, as many able-bodied users can access help such as council buildings or phone lines. For people that are deaf or disabled, these things can be daunting and inaccessible. These issues can also hamper the current issues faced by people with disabilities. For instance if a disabled person has travel delays, they may not be able to make their appointment, and have to wait long periods to get another one.

They create stress - especially housing issues and not being/feeling in control. Transport - not understanding. When people get lost, it can cause them panic.

Poor housing is a major problem. Many deaf and disabled people are lodged in private rented accommodation with poor and unreliable access (lifts that break down and are not repaired; faulty entrance doors that allow criminals to access the building). The dispersal of people from inner London with redevelopment leads to the break-up of communities and support networks. This leads to greater isolation for deaf and disabled people. Our transport system is a long way from being accessible. Few stations have step-free access. Most stations and bus stops are inaccessible in terms of information provision to blind and visually impaired people. Aural announcements can't be heard by deaf and hard of hearing people, so they miss announcements of eg buses being diverted or journeys terminating before the final stop. More frighteningly, they miss announcements about emergencies. If you're deaf and in a tube train that suddenly stops mid tunnel, you have no idea why or the level of risk you're under. This is extremely stressful. And people are less likely to go out and about if the transport system presents major barriers.

Talking buses' helpful for blind passengers, and the screens helpful for deaf passengers.

Question eight: What can the Mayor and the London Assembly do to support better mental health for Deaf and disabled people in London?

by doing what he is doing at the present time visiting the services provided to those who cannot get out to meetings in London

Support the amazing voluntary services: who have stepped in; to try and provide some support, for the deaf and mentally ill. Which; have been failed; by us, as society and by successive governments. We all have to work together to deal with these issues.

Keep working towards an inclusive and tolerant society and level the playing field in every area possible.

I think there should be event all the volunteer and community an service to together publicise about mental Health and see how it works in different London borough . Also health watch Wandsworth should have event mental health professionals and volunteer and community group and talk about , also speak disabled people face to face as some time people do not like doing surveys

Make sure information is accessible to all mental health services – both regarding their responsibilities and the availability of support. Consider Deaf as well as other Disabled re access to services – often forgotten.

To fund the service providers to have sign language skills training and equipment for communication. Consult more with people with disabilities regularly, campaigns to raise awareness

?

By supporting more deaf & disability events, making sure the all events have a BSL available. Inclusion with trained staff and visual communication tools available at all times.

Allocate more health and social resources to ensure that disable and deaf people get the service that THEY feel they need, not what councils/ health authorities think they need.

Make the issue more visible and make sure it's on the agenda. Dedicate more funding to making existing services accessible and give people training.

I've put in a lot of suggestions above. Prioritising decent social housing is a must - housing insecurity, the rip-off world of private landlords, lack of social housing all contribute to poor general and mental health. Our transport system should, by now, be fully accessible. It's far from being so, which discriminates against deaf and disabled people. So prioritise renovating stations, installing lifts, ensuring announcements are both visual and aural. Where stations have been improved it makes a huge difference, but some of our mainline stations are still a scandal - Victoria for example. Make sure your employment practices are inclusive - hopefully you already do that! Fund schemes that promote wellbeing within the community.

Incorporate the above into budgets. It will be beneficial for the community as a whole, not simply deaf people.

Appendix C - Share workshop

On 24th January 2017 Healthwatch Wandsworth attended a workshop with Share, a Wandsworth based organisation that works with disabled people to enable them to live more independently and make choices about all aspects of their lives.

During the group workshop, 29 students shared their views and experiences of using health services. We discussed about what works well for them and what they find more challenging.

Below is a summary of comments received:

'What works well for me'

- The eye test was easy and comfortable. People understood what was going on. Opticians treated people well
- Doctors at the hospital treated people well
- Receptionists at the GP were nice, and so were the doctors. People got longer appointment times
- When there's a friendly receptionist it makes you feel good
- When staff explain things to you
- It's great having local services such as local opticians, doctors and pharmacies as we don't have to travel too far
- When you walk into an appointment and they shake your hand, ask how you are and smile it makes you feel good
- I trust the doctor and they don't rush me

'What I find challenging'

- Access can be a problem for a wheelchair user, such as a lack of automatic doors and ramps
- I receive appointment reminders by letter and text but I can't read
- I am reliant on my father to deal with healthcare matters as I find it difficult to communicate through speech
- I get panicky and stressed at appointments if I'm waiting for too long and don't know what's happening around me
- It's difficult to retain information your doctor said from the GP appointment
- I tried to find the hospital but I got lost
- People who live independently or go to the GP alone can find it difficult to communicate their specific needs or understand what the doctor is saying
- Sometimes I have to sit in the waiting room a long time but I don't always know how long I'm going to have to wait
- Getting to an appointment
- Difficult understanding equipment