

## EDITORIAL

# Challenges for Mental Health Services for Deaf People in Europe

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**W**hat are the current challenges for the mental health service for Deaf people in Europe? The diversity of services and organisations involved in delivering health services in the different European countries makes this question far from straightforward.

We can identify, at least, 3 types of challenges: structural, related to professionals in this field and to do with the Deaf community /population.

**First, structural challenges:** These challenges relate to the economic and political organisation of a particular society.

The economic crisis in Europe has meant a real threat to deaf services, especially in the south of Europe.

The economic crisis is undermining mainstream health services and resources. This translates into fewer, facilities available, including hospital beds, diagnostic procedures and medication. In addition to this we are seeing a reduction in the number of professionals working in health services and/or a deterioration of their working conditions. They face bigger workloads and pay cuts. As a result we are likely to see an increase the prevalence of mental health problems amongst the general population and the deaf population and a reduction of life expectancy in years to come. This situation is particularly true in specialist services for deaf people, which face complex challenges to survive. It is increasingly complicated and difficult to justify specialized services, which require more time, staff and resources to provide a service, in an economic climate where staff are expected to do more with less. Many managers in the health service do not understand why Deaf people cannot access and be seen in mainstream services, which leads them to believe that specialist services for Deaf people are a luxury they cannot afford and within the context of the economic crisis it is easy for them to cut these services.

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In this current climate, it is obvious that for some countries considering setting up specialized services now it is an impossible challenge.

The crisis is not only taking its toll on health services; it is also impacting on social services, which are seeing their services reduced, or being cut altogether.

Deaf associations are being affected as well. In Spain for example Deaf organisations that some years ago offered networks of support to Deaf people, today are closing and only able to keep afloat offering basic and insufficient services.

The deterioration of social services and run down of Deaf organisations have an enormous impact on the mental health services for Deaf people, which finds itself without a network of support and needing to discharge patients. Services such as psychosocial rehabilitation and employment support have disappeared so Deaf patients are left with no support and the impact of this is an overload on the health service. Rehabilitation services, some as basic as speech therapy, are unattainable for numerous families either because they do not exist or public resources invested in them are very scarce, and their private equivalents are unattainable due to economic reasons.

Another domain feeling the impact of the crisis is Education. Educational resources for students with special needs, such as Deaf students, are under minimum levels. This has an enormous impact on the mental health of Deaf children and youngsters who find themselves unsupported when it comes to overcoming stressful situations at school.

A fundamental issue is the lack of knowledge politicians and health administrators have about the specific needs of hearing impaired people in the domain of mental health. Many politicians ignore the importance of these services and they do not prioritise their creation or defend them when they exist. Weakening of associations supporting Deaf people and families is making the problem worse.

Last but not least of this section, we must focus on the challenge of overcoming discrimination suffered by deaf people when they use health services. This discrimination may be direct, when they are not treated well just because they are Deaf, or indirect, where laws aimed at meeting citizens' needs in equal conditions, mean deaf people do not get the different attention they require.

### **The second type of challenge concerns the mental health professionals specialised in working with Deaf People**

In Europe, the number of professionals duly trained to work with deaf patients is very low. There is great disparity between access to specialist training and resources in different European countries. Many of us who work with the Deaf, have learned by our own volition, even with the risks this implies and devoting huge personal efforts, something that discourages young professionals showing an interest in this domain. It is very difficult to access training to start in this field but also to maintain and improve skills.

So, European units meet the complex challenge of replacing professionals currently working with them. Many professionals currently working in this field are pioneers for Deaf services in their respective countries. It will be very difficult to replace them and it will put at risk the services they work for.

Another challenge for professionals are the conditions they have to work in. Professionals are overworked: many patients and very complex. The environment is not very collaborative as there are not other professionals to collaborate with, and sometimes other professionals' attitudes are hostile, since they do not understand how necessary this specific work is. It is not rare to find mental health and deafness professionals suffering from "Burnt out syndrome", something that entails a risk for their units.

The last professional challenge we want to mention is the lack of high quality epidemiological and clinical research, which provides scientific evidence supporting the work performed by our services. It is essential to drive new research worldwide in order to support the usefulness and the high quality of our work; not to do that would leave us vulnerable to criticism and would put at risk our continuity.

### **The third and last group of challenges is the one concerning the situation of the population formed by the Deaf community**

Deaf people heterogeneity is huge. In addition to causes like the aetiology of deafness and age of appearance, they are exposed to varying educational systems, different availability of resources for education, irruption of rehabilitation techniques such as the Cochlear Implants or the newest Auditory Brainstem Implants. Our unit's experience in Madrid is that we take care of more and more chronic patients, with increasing complexity, many of whom present additional disabilities. This heterogeneity and variability

demands a wider professional knowledge and it presents a challenge for the services providing treatment.

Another challenge we meet concerning Deaf people population is difficulties accessing rehabilitation services such as speech therapy, which is essential to get the maximum benefit from techniques like CI. Patients had very high expectations on CI benefits, but when these expectations are not met this has a negative impact on their mental health.

The population of Deaf community are widely affected by what is known as social determinants of health, which are defined as those circumstances in which people are born, grow, live, work and grow older, and these circumstances include the health care system. These circumstances are the result of the distribution of money, power and resources worldwide, nationwide and locally and, at the same time, it depends on the policies adopted. Social determinants of health explain most of the health care inequities, i.e., the unfair and inevitable differences that can be observed in countries in relation to the situation of health care.

Thus, some determinants are very negatively affecting the conditions for the mental health of Deaf people. Among the most evident are: the low quality of educational services for Deaf people, which translates into worse quality jobs and a higher unemployment rate; access barriers to primary health care services, which makes early detection of mental disorders more difficult, as well as their prevention. The absence of specific services prevents adequate treatments and it chronifies those disorders. Another is the economic difficulties many deaf people are subject to, which generate greatly negative consequences over their quality of life and mental health.

These social determinants increase the number of Deaf people with mental disorders; therefore they create a huge challenge for specific mental health services.

But, how to face these challenges?

As far as structural and population challenges are concerned, the possible solutions are beyond the remit of mental health services since they would require political and long-term structural measures to provide effective results.

Concerning professional challenges, some initiatives include: the development of training programs nationally and worldwide such as exchanging professionals' programs; the promotion of knowledge through publications such as the *International Journal on Mental Health & Deafness* and the creation of

international collaborative research groups under the coordination and support of international organisation like the *European Society for Mental Health & Deafness* are essential.