Response to letter from Geoff Huggins, Deputy Director Health Care Policy & Strategy Mental Health Division: 08/11/07

SCoD welcomes the opportunity to submit a response to Mr Huggins’ reply (dated 08/11/07) to the Public Petitions Committee.

Workforce and Training
While SCoD is aware of and involved in the training events organised by the Scottish Government and Royal College of Psychiatrists Scottish Division and welcomes these events, there are more training initiatives required in order to ensure that mental health professionals and support staff have the necessary skills to provide the necessary communication support for all Deaf, Deafblind and Deafened people who have a mental health problem in Scotland.

Deaf Connections, based in Glasgow, commissioned a small study into suicide within the Deaf community in Glasgow.

“The findings found a number of barriers to increasing the mental health and lessening the risk of suicide of the Deaf community. These are:

- Lack of communication and understanding with the General Practitioner
- Mental Health Officers have no additional training in deafness
- Mental Health and Assessment Services do not have the communication skills to undertake assessments
- Lack of specialist mental health provision. People have to travel to the John Denmark Unit (JDU) in Greater Manchester or rely on professional staff from the JDU coming up to Glasgow.
- Local support groups such as A.A. not accessible due to communication difficulties
- Shortage of specialist counsellors for Deaf people
- Counsellors do not have specialist training in suicide prevention.” ¹

Further to this study, SCoD held a consultation event on the “Better Health, Better Care” discussion paper published by the Scottish Government. Several people who had been involved in the study reported that things had not changed much since the research was completed. The main issue is the lack of awareness and appropriate communication skills.

Specialist in-patient services
Geoff Huggins himself, at the SCoD Great Expectations Conference on 15th May 2007, told the audience that there are 5 million people in Scotland; that 25% of the

¹ For a copy of the report, contact Gordon Chapman, CEO, Deaf Connections, 100 Norfolk Street, Glasgow, G5 9EJ. Tel: 0141 420 1759.
population experience mild to moderate mental health problems; that 1% to 2% of the population will experience severe and often recurring mental ill health and who may require long periods of hospitalisation; and 0.05% to 0.1% of the population are subject to ongoing restriction because of the risk that they pose to themselves or others.

As there are an estimated 6,500 Deaf BSL users in Scotland, it follows that there will be 2600 Deaf people who will experience mild to moderate mental health problems; 65 – 130 Deaf people will experience severe and often recurring mental ill health which may require long periods of hospitalisation; and 6 people will be subject to ongoing restriction. And there are 5000 Deafblind people in Scotland – so the figures relating to mental ill health are: 1250 people with mild to moderate mental health problems; 50 - 100 with severe and recurring mental ill health; and 5 people who will be subject to ongoing restriction.

Mr Huggins states in his letter that

“I am aware of the views of those keen to secure a more local in patient service than is currently arranged. That is not to criticise the referral and care arrangements in place in the John Denmar k Unit in Manchester which continues to offer best care for all patients referred from Scotland. The referral rate is low, 5 patients in 2006.”

This is worrying for two reasons:
1. Where are the other 110 – 225 Deaf BSL users and Deafblind people being treated and cared for?
2. If these people are being treated and cared for in Scotland, where are they, and what access do they have to BSL/English interpreters and guide/communicators, as according to the figures in Mr Huggins letter there are only 53 BSL interpreters and 13 associate interpreters to cover all the communication needs of Deaf BSL users in Scotland and for all eventualities – Health, Access to Work, Criminal Justice, Education, Consultations, etc. Deafblind Scotland employs 40 guide/communicators to work with Deafblind people in Scotland.

Another speaker at the SCoD Great Expectations Conference was Dr Margaret DuFeu, who set up specialist mental health services for Deaf, Deafblind and Deafened people in Northern Ireland.

“Until the new Northern Ireland deaf mental health service began operating in September 2003, it was the practice for clinicians from the John Denmark Unit
to assess and treat outpatients in Northern Ireland, and when necessary patients would be sent to the John Denmark Unit for inpatient treatment.”

In the period 2000 – 2003, 44 patients from Northern Ireland were treated in the JDU in Manchester. In the period 2003 – 2006 once specialist mental health services were opened, the number rose to 125 patients, who were then treated in Northern Ireland. Dr DuFeu suggested that as awareness was raised among primary care staff and community services, that referrals would continue to increase.

SCoD wrote to the Mental Welfare Commission for Scotland and asked for the following information under the Freedom of Information (Scotland) Act 2002:

1. How many Deaf adults who use British Sign Language have been treated under the Mental Health (Care and Treatment) (Scotland) Act 2003?
2. How many Deaf children/adolescents who use British Sign Language have been treated under the Mental Health (Care and Treatment) (Scotland) Act 2003?
3. How many Deafblind adults have been treated under the Mental Health (Care and Treatment) (Scotland) Act 2003?
4. How many Deaf adults who use British Sign Language have been detained in specialist psychiatric units?
5. How many Deaf adults who use British Sign Language have been detained in mainstream psychiatric units?
6. How many Deaf adults who use British Sign Language have been subject to Community Compulsory Treatment Orders?
7. How many Deaf children/adolescents who use British Sign Language have been detained in specialist psychiatric units?
8. How many Deaf children/adolescents who use British Sign Language have been detained in mainstream psychiatric units?
9. How many Deafblind adults have been detained in specialist psychiatric units?
10. How many Deafblind adults have been detained in mainstream psychiatric units?

The response SCoD received stated that:

“'The Commission is unable to fully comply with your request received on 1 November 2007, because it does not hold nationwide information about people who are deaf or deafblind and have also been subject to the Mental Health (Care and Treatment) (Scotland) Act 2003. This information is not

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2 Audit of Mental Health Needs of Deaf People: Final Report for the Health and Social Services Boards in Northern Ireland. 15th June 2006. Barbara Rawlings barbara.rawlings@talk21.com

Scottish Council on Deafness
included on the notifications required by this legislation...We have searched electronic visit reports and found we've visited 11 adults with hearing difficulties (descriptions ranging from moderate hearing impairments to six with severe or profound deafness) who have been subject to the above law. One person is reported to use British Sign Language, while another is described as using finger spelling. None of these were deafblind. None of these people were living in specialist inpatient units for deaf people, but we are aware that two of them receive ongoing support from Deaf Action. We visited a further 4 adults and 1 young person (aged 16) with mental disorder and deafness, who had informal status. One of these adults is partially deaf and partially sighted. The Commission promotes the principles of the 2003 Act. Deaf and deaf-blind people have particular needs that fall within the principles of respect for diversity and the provision of appropriate services (reciprocity)."

This reply raises two specific issues:
1. That notifications required by legislation do not ask what a Deaf, Deafblind or Deafened person’s language or communication needs are.
2. There are 15 adults and 1 young person who are being treated in mainstream psychiatric hospitals. Together with the 5 patients treated in the JDU, there are 21 patients requiring inpatient treatment. As per the MWC response, it is almost certainly the case that only the 5 patients treated in the JDU are having their needs met in accordance to the principles of respect to diversity and reciprocity. When treated in mainstream psychiatric care settings that the Deaf and/or Deafblind patient is isolated if the appropriate communication supports are not in place. This does not mean that if communication support is in place for meetings with medical/rehabilitation staff that the principles of the Act are being followed, as the individual patient will be isolated from fellow patients, who may also lack the appropriate communication skills.

Counselling
SCoD is pleased to hear of the new projects in Lothian which, if proved successful, will be rolled out all over Scotland. This will be of great benefit to all deaf, deafened and hard of hearing people in Scotland.

Sensory Impairment Action Plan (SIAP)
Nowhere in Mr Huggins’ response is any mention of SMART planning for any of the areas covered – the development of National Occupational Standards; funding streams available to NHS Boards and Local Authorities to drive initiatives; and basic training in communication tactics for frontline staff.

Surely, in order for the Public Petitions Committee, to be able to measure the progress made on the afore-mentioned initiatives, there must be some form of SMART planning applied.