



Investigating the Availability and Accessibility of Mental Health Services for Deaf Texans

Naomi Peschke, naomipeschke@utexas.edu

Introduction

This study was conducted to better understand mental health practitioners' insights, experiences, and concerns vis-à-vis provision of services for Deaf Texans. Culturally Deaf people use American Sign Language (ASL) as their primary language and self-identify as a linguistic and cultural minority.

For more than 25 years, since passage of the Americans with Disabilities Act (ADA) of 1990 and 2008, "Federal disability discrimination laws mandate equal access to and an equal opportunity to participate in and benefit from health care services, and effective communication with individuals who are deaf or hard of hearing" (NAD, n.d.). The right to equal access and effective communication includes mental health services.

Equal access to mental health care requires that services be linguistically and culturally appropriate and accessible to all Deaf individuals. For this to manifest, however, either mental health providers must be fluent in ASL and knowledgeable about U.S. Deaf culture, or practitioners must work with certified sign language interpreters who must also possess the specialized knowledge and vocabulary associated with the mental health field.

"Deaf people are probably no more prone to mental disorders than hearing people. However, very few workers in the field of mental health are conversant with the psychological and sociological aspects of deafness, and the consequences can be tragic (Denmark, 1995, p.2). In Texas, as in other areas of the country, the number of ASL-fluent mental health providers is extremely limited. Furthermore, there are no specialized certification requirements for interpreters working in mental health contexts in the state; thus, there is a dearth of practitioners providing direct services as well as a shortage of specialized interpreters.

Research Purpose

- To inquire about barriers faced by Deaf clients seeking mental health services.
- To investigate if practitioners received specialized training regarding ASL linguistics and U.S. Deaf culture.
- To explore the concerns of therapists working with interpreters in mental health settings.
- To elucidate what the mental health system could do better on a macro level to improve services for Deaf clients.

Research Design

In-depth, semi-structured, qualitative interviews were conducted with eight mental health practitioners in Austin, TX. Practitioners came from four categories: Deaf and fluent in ASL; hearing but fluent in ASL; hearing with experience using sign language interpreters; hearing and no experience working with a Deaf client. Their responses were individually and comparatively examined using discourse analytic methods.

Findings

Equal access to mental health services requires improvement in:

Education

Train more Deaf therapists to provide direct services in ASL and improve hearing clinicians' competencies regarding ASL and U.S. Deaf culture.

Practice

Provide specialized training for interpreters about mental health.

Policy

Encourage insurance companies to offset interpreting expenses.

Advocacy

Practitioners should advocate for Deaf clients who need help navigating the mental health system.

Implications

- Schools of social work should actively recruit and train more Deaf practitioners.
- Schools of social work should offer more specialized training in linguistic and cultural competence about ASL and U.S. Deaf culture.
- Schools of social work should train clinicians through continuing education about how to work with interpreters.
- More continuing education should be offered to interpreters specializing in mental health interpreting.
- On the policy level, states should require interpreters to obtain special mental health interpreting credentials.
- Changes on the policy level should include more advocacy for practitioners and clients when navigating the systems of insurance companies and interpreting agencies.
- Insurance companies should be encouraged to help cover the costs of providing interpreters.

Acknowledgments

Thank you to the following organizations and individuals: Office of the Vice President for Research, Undergraduate Research Fellowship; the School of Social Work; Dr. Angela M. Nonaka, faculty advisor; Dr. Yolanda Padilla; Assistant Dean Vicki Packheiser, MSW; all of the expert clinicians who participated in this study.

References

- Denmark, J. (1995). *Deafness and mental health*. Bristol, PA: Jessica Kingsley Publishers.
- National Association for the Deaf (n.d.) *Questions and answers for health care providers*. Retrieved from <https://nad.org/>