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THE MENTAL HEALTH NEEDS AND PERSPECTIVES OF CULTURALLY DEAF OLDER ADULTS LIVING IN TWO COUNTIES IN FLORIDA

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Abstract

The objective of this study was to develop an understanding of the perceptions and needs of Deaf older adults related to mental health services in their communities. There has been little research on this population and few studies have been published that explore mental health and the Deaf older adult population. A survey of two associations for the Deaf in Florida sampled attitudes of participants who were 55 years old or above and considered themselves to be "culturally Deaf." Questions were developed to better understand the perspectives of Deaf older adults related to current availability of services, desire for services, and how services should be organized. The data suggested that culturally Deaf older adults were aware of available services and desired more services. Deaf older adults stated specific services they believed they needed, such as dementia resources and mental health services. Deaf older adults indicated a clear preference for services to be specific to their needs and separate from hearing older adults which has implications related to the development of programs and services for this population.

As the aging population in the United States increases so too will the Deaf older adult population. One of the very few population statistics related to older deaf adults was published by the Gallaudet Research Institute (GRI) in 1994, and suggested that the deaf and hard of hearing elderly population at that time totaled more than 11 million and made up about 29.1% of the population of all elderly people in the United States (Holt & Hotto, 1994). Another earlier statistic projected the number of deaf and hard of hearing elderly people by 2015 to be 12.3 million (Brown, Hotchkiss, Allen, Schien, & Adams, 1989). More current demographic information has not been collected or made available. Regardless, the number of elderly deaf and hard of hearing individuals continues to rise with the advent of the baby boomer generation.

The terms deaf, hard of hearing, and culturally Deaf cover several different groups and include not only those who were born deaf but also those who became deaf as a child, adult, or older adult. This topic has been explored in previous literature (Feldman, 2004; Paul and Jackson, 1993; Reagan, 1990) and the interest in this study is those Deaf older adults that are, and consider themselves to be, culturally Deaf (as indicated by the

capitalization of the letter "D"), and use American Sign Language (ASL) as their primary means of communication..

The purpose of the current study was to survey Deaf older adults to 1) obtain a better understanding of perspectives on, and awareness of, currently available mental health services, 2) identify opinions related to desired mental health services, and 3) identify preference as to preferred delivery of future mental health services.

Although there is a fair amount of research on mental health and Deafness (Glickman, 2003; Paul and Jackson, 1993), there appears to be a significant gap when it comes to studies involving Deaf older adults. While it is clear that the Deaf older adult is a significant and growing part of the Deaf community, little is known about how they perceive mental health services or if they have any specific desires for services. Currently no federally funded, standardized, or formalized national program is providing services to or examining the culturally Deaf older adult population (Feldman, 2005). Although a variety of organizations do provide some kinds of informal services, these organizations are often branches of Deaf social clubs or various service agencies designed to support either general adult Deaf or deaf and hard of hearing populations. The majority of them are not specifically focused on Deaf older adults (Lane, Hoffmeister, & Bahan, 1996). Pullen and Kyle (1997) express concern at the lack of available and appropriate services for Deaf older adults and suggest that the Deaf community, by default, is often the main provider of services. However, they also point out that, as one becomes older and less mobile, participation in community events may become more difficult.

Sela (1986) surveyed senior centers and service providers to determine whether deaf and hard of hearing elderly people were being served and, if so, to what extent. The results of this dated study reveal that only 9% of the providers had services specifically designed for deaf and hard of hearing elderly people. The Gallaudet Research Institute predicted in a 1989 national demographic study on deafness that the demand for services by deaf and hard of hearing elderly people will continue to grow, exceeding both the current demand for services and current availability (Brown et al, 1989; Hotchkiss, 1989).

Clearly, a gap exists in the literature related to this topic, and more study is needed to achieve a complete and up to date understanding of the

issues involved with the current state of mental health services to Deaf older adults. The purpose of this study was to examine the reports of a large group of Deaf older adults with respect to their perceptions and needs related to mental health services. It is hypothesized that Deaf older adults will report a general lack of both awareness of, and availability for, mental health and age related services. It is also hypothesized that Deaf older adults will have specific preferences and desires as to the priorities for services and preferences regarding presentation of services.

Methods

The survey was designed for use with a Deaf older adult population and questions were created with the intent of examining mental health issues related to this specific population. Survey items were selected based on the research question and developed to measure the perceptions of Deaf older adults related to currently available and needed services.

Surveys (Table 1) were completed by two groups of Deaf older adults attending meetings of two associations for the Deaf in Broward County and Palm Beach County, Florida. All individuals who participated in the study were over 55 years old and used American Sign Language as their primary means of communication. A total of 77 surveys were completed at the two sites.

Each survey contained 18 questions. Four questions solicited demographic information (gender, age, county of residence, and type of residence). Two of the questions referred to existing mental health services for Deaf older adults and three questions asked about preferences for future mental health services for Deaf older adults. The remaining 9 questions asked the respondent to select specific services they would be interested in receiving.

Survey questions were selected in the absence of any directly applicable surveys in the related literature that would be appropriate for both an elderly and culturally Deaf (i.e. English second language) population. Thus, this study should be considered exploratory rather than confirmatory. Specific questions were selected based on services typically offered to older adults, language and cultural concerns, and awareness of available services.

The demographic questions (age, gender, residence, and county) were scored by matching the participant's selection to a corresponding numerical code depending on the number of available choices. Gender and Country of Residence each allowed for two choices. Age was broken down into 7 age groups with 5-year intervals, and Type of Residence was broken down into 4 choices. The means of these categories were compared and are discussed in the results section.

Questions related to the awareness of mental health services were scored either yes, no, or not sure/don't know response. Yes responses were coded as a 1, no was coded as a 0. These were analyzed and are discussed in the results section. The three questions that asked about specific services for the Deaf had only a choice of yes or no. Yes was scored as a 1 and no was scored as a 0.

The list of specific services participants would like to see provided consisted of 9 health related services from which participants were asked to select. Participants could select as many services from the list as they wished. The various services on the list were then coded numerically from 1-9. Selections were analyzed through factor analysis and the services with the most remarkable scores are discussed below.

Results

Demographic Analysis

Participants were predominantly female (63.6%); the ages of the participants ranged from 55 to 89, with the highest response rate (26.0%) belonging to those in the 71-75 age range. 55.8% of the participants were from Palm Beach County with the remainder residing in Broward County. Most of the participants lived in their own home or apartment (80.5%), with some living in the home or apartment of family members (18.2%). Only one lived in a nursing/assisted living facility (with only hearing residents).

Survey questions related to the needs and perceptions of this group revealed that while only 42.9% indicated that they were aware of overall available services for senior citizens in their respective counties, only 13% responded that they felt mental health services provided for Deaf senior citizens were adequate. 94.8% responded that they would be interested in

more mental health services for Deaf senior citizens; and 77.9% responded that they would prefer to have services offered separately (for Deaf senior citizens only). Additionally, 58% of the participants responded that they would not know where to go if they needed mental health services.

In order to determine which specific services for Deaf senior citizens the participants would prefer to be provided, participants were asked to select services they would want from a provided list. The most frequently selected service was dementia resources (68.8%), with mental health counseling selected by 61.0% of the participants. Social activities (55.8%) and general health information (53.2%) also scored high as a perceived needed services by Deaf older adults.

Scaling

Two distinct features emerged from the factor analysis principal components analysis (Table 2). Factor 1 taps the participants interest in General Health and Service needs for Deaf older adults. From the participants' perspective, this is a list of what services perceived to be most valuable. Factor 2 contains items more specifically associated with mental health services and how these services might be made most appropriate with Deaf older adults. Survey results indicated that in addition to a high need for the provision mental health services, there was a strong preference that these services should be provided to Deaf older adults without the participation or involvement of hearing older adults. The rotated factor structure (varimax rotation) is presented in Table 3.

Discussion

The findings of this study illustrate the difficulties involved in obtaining services for Deaf older adults. In general, Deaf older adults do not know where to go to get mental health services, want specific services, and feel that if these services are provided they would participate if they were tailored to fit their specific needs.

These results support the hypothesis that Deaf older adults would report a general lack of awareness and availability of mental health and age related services, and that Deaf older adults had specific preferences for both general services and mental health services (which appeared to be related to obtaining information about such services). There was a preference for services to be provided separately from hearing older adults and specifically tailored to Deaf older adults, which would include presentation in ASL.

Even if similar aging and mental health related services exist for hearing older adults, there is a clear lack of awareness of those services among the Deaf older adults. The majority of participants were unaware of what services were available for Deaf senior citizens and more than half responded that they would not know where to go if they needed mental health services. A lack of inclusion in the initial planning and development of services for Deaf seniors by service providers, lack of media advertisements with closed captioning, lack of provision of interpreter services at planning meetings and senior events, and a general lack of awareness by the hearing planning committees related to the needs, or even existence of Deaf older adults contribute to this problem. Conversely, the Deaf older adult who typically does not seek out mental health services is unlikely to make their presence known and inquire about available or wanted services. These concepts are not particularly new and coincide with other data collected and published on Deaf adults (Feldman, 2005; Glickman, 2003; Lane, et al, 1996).

These results show a clear desire for additional mental health services. The majority of participants responded that they believed that mental health services were inadequate in their respective communities, and almost all responded that they would be interested in more mental health services. It is also noteworthy that most of the participants responded that they would prefer those services to be separate from services for hearing seniors. This is understandable considering the importance of language and culture when providing services to the Deaf, and the desire for direct communication with service providers.

As to the specific services that the participants would like to see established, the one most selected was "Dementia Resources." The Deaf older adult may be aware of "dementia" as a broad term, but may lack a full appreciation of the concept due to language barriers. The Deaf older adult may see the term "Alzheimer's disease" several times a day in the media or in magazines, but not fully be able to comprehend the accompanying article or story. Additionally, very few mental health or medical providers know ASL or have even a basic understanding of Deaf culture, making the direct communication of dementia information from professional to Deaf client less likely.

Another highly selected service was "Mental Health Counseling," which is not surprising. Current information (Ables, N., Cooley, S.,

Deitch, I., Harper, M., Hinrichsen, G., Lopez, M., Molinari, V., 1998) on geriatric populations has yielded data that suggests older adults in general experience a significant proportion of mental health issues (e.g. dementia, anxiety, and depression) in addition to more serious problems (e.g. suicidal ideation, delirium). The Deaf older adult is not immune to such mental health problems and, while no hard data exists, it is likely that they experience these same mental health issues on a scale parallel to their hearing counterparts. However, as with younger Deaf adults, the exact etiology and symptomology might appear different. It is important to remember that the participants in this study were not asked about seeking these services only for themselves, but also in consideration for an elderly spouse, or other elderly family as well.

Over half the participants selected "General Health Information". It is likely that the rationale for this selection is similar to the rationale of "Dementia Resources" and "Mental Health Counseling." There clearly exists a lack of available and understandable general health information, and too few service providers are accessible to Deaf older adults.

"Social Activities" was also a category selected by more than half of the participants which may reflect a lack of activity within the Deaf older adult community. It may be the result of a primary dependence on the Deaf community, or Deaf older adult community, for social activities and entertainment. The studied sample of Deaf older adults is probably more used to Deaf social recreational events, which revolved around their "Deaf clubs." It is possible, that with the decline of Deaf Clubs, both in membership and financial support, an important social resource has been lost, or reduced. Deaf clubs may be considered by many in this age group to be a crucial part of their social activity(Lane, et al, 1996). The high rate of the selection of "Social Activities" may also be an awareness on the part of Deaf older adults to the connection between social interaction and positive mental health.

Limitations of This Study

When interpreting the present study's results, consideration should be given to its limitations. This study was limited to only those Deaf older adults in two counties of Florida. However based on other data (Feldman, 2005) the gap in services for the Deaf older adult exists throughout the rest

of this state and the U.S. in general. Only those physically able to attend a meeting of one of the two associations for the Deaf participated in this study. Those Deaf older adult who were unable to attend such meetings, due to illness or other issues, may have responded differently than this group.

Conclusion

While much more research is needed to investigate the needs of the Deaf older adult, this study provides a starting point to better understand some of their needs. The data presented here suggest that some significant problems exist in the delivery of mental health services to the Deaf older adult. Deaf older adults were generally unaware of what services were available and where they would go if they needed mental health services. They clearly indicated a preference for delivery of services that would be separate from hearing older adults and what specific services they feel they need.

As the numbers of elderly people in America increases, the Deaf older adult should not be forgotten. For members of this group to benefit from age related services, attention must be placed on their specific language and cultural needs. It is also important to consider how we communicate information about available services to this group. To develop appropriate services for the Deaf there must be an inclusion of Deaf older adults, Deaf community leaders, and Deaf advocacy groups in the planning and implementation. Advertisements for services must be directed towards Deaf older adults and include closed captioning, videophone or text telephone numbers, and be posted in Deaf community or association publications and meeting places. Service providers that can sign and are familiar with Deaf culture must be provided to make sure that the Deaf audience can clearly understand the information being presented. Services that are not developed with the above criteria in mind are likely to be unknown or ignored by Deaf older adults, or worse - disappointing and meaningless for those who might participate.

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Table I

Survey Items

1. Do you feel that you are aware of the mental health services for senior citizens that are available in your county
    a. Yes
    b. No
    c. Not sure

2. Do you feel that the mental health services provided for Deaf senior citizens are adequate in your county?
    a. Yes
    b. No
    c. Don't Know

3. Would you be interested in more mental health services for Deaf senior citizens in your county?
    a. Yes
    b. No

4. What specific services for Deaf senior citizens would you like to see provided in your county?
(Circle all that apply)
    a. Mental health (i.e. depression) counseling
    b. Alcohol dependence treatment
    c. Substance abuse (drugs) treatment
    d. Gambling addiction treatment
    e. Dementia (i.e. Alzheimer's Disease) resources
    f. Social activities
    g. Legal assistance
    h. General health information
    i. Financial Assistance

5. Would you prefer these services to be
    a. Separate (for Deaf senior citizens only)
    b. Inclusive (both Deaf and hearing senior citizens)

6. If you needed mental health services, would you know were to go
    a. Yes
    b. No

Table 2

Principal Components Matrix

	Factor 1	Factor 2
Gender Male = 1 Female = 2	-.007	-.307
Age	.098	.408
County 1 = Broward 2 = Palm Beach	-.184	-.381
Residence 1 = Own home or apartment 2 = With family 3 = Nursing/ALF w/ hearing and Deaf 4 = Nursing/ALF Deaf only	-.287	.297
Awareness of mental health services	.309	.030
Awareness of mental health services for the Deaf	.175	.120
Need more mental health services for the Deaf	-.099	.531
Mental health services	.546	.535
Alcohol dependence treatment	.773	-.200
Substance abuse treatment	.822	-.236
Gambling addiction treatment	.873	-.161
Dementia resources	.392	.559
Social activities	.365	-.314
Legal assistance	.699	.039
General health information	.615	.108
Financial assistance	.575	-.037
Service for Deaf only	.084	.202
Would you know where to go if you needed mental health services	-.001	.348

Table 2

Principal Components Matrix

	Factor 1	Factor 2
Gender Male = 1 Female = 2	.018	-.219
Age	.043	-.094
County 1 = Broward 2 = Palm Beach	-.199	-.005
Residence 1 = Own home or apartment 2 = With family 3 = Nursing/ALF w/ hearing and Deaf 4 = Nursing/ALF Deaf only	-.238	.081
Awareness of mental health services	.165	.155
Awareness of mental health services for the Deaf	.004	.132
Need more mental health services for the Deaf	-212	.162
Mental health services	.390	.455
Alcohol dependence treatment	.762	.113
Substance abuse treatment	.859	.046
Gambling addiction treatment	.895	.027
Dementia resources	.270	.709
Social activities	.393	-.520
Legal assistance	.672	.017
General health information	.512	-.005
Financial assistance	.656	.033
Service for Deaf only	.010	.601
Would you know where to go if you needed mental health services	-.158	-.120