For many clinicians, meeting and trying to engage a deaf patient for the first time is an anxiety-provoking experience. Lack of deaf awareness has an annual cost to the NHS of £20 million; many deaf clients repeatedly miss appointments, lack information about their condition, and are denied access to interpreters.

This module has aimed to raise deaf awareness and provide some practical tips for communicating with deaf or severely hearing-impaired clients. We have provided an introduction to the lived experience of many deaf adolescents, including their sense of isolation and blurred identity.

In the module we have discussed current research from the field of language acquisition, development and executive function, and the impact of these on emotional development and mental health. We hope that you will now feel more confident when communicating with hearing-impaired clients, and will be well equipped to provide them with more effective care.

### Medical models of deafness

- There are two different types of deafness (conductive and sensorineural), and four levels of severity (ranging from mild to profound deafness).

- There are various factors that can cause deafness in children (i.e. genetic, pre-/peri-/post-natal, structural abnormalities and infections). Causes differ for conductive and sensorineural deafness.

- From March 2006, all babies born in the UK have been offered hearing screening. Prior to the onset of newborn screening, the average age of diagnosis was 3–5 years.

- Most people will be prescribed NHS digital hearing aids when their loss is diagnosed, but some people will benefit from cochlear implants: an array of electrodes implanted in the internal part of the cochlea, allowing the wearer to experience the sensation of sound.

### Cultural models of deafness

- Many deaf individuals share language, history, art, humour and experience, which defines their culture.

- Currently, the majority of deaf children are educated within mainstream settings, with few deaf peers. They are part of classes with non-signing hearing peers, and communication support and teaching are of variable quality.

- British Sign Language (BSL) is a language in its own right, which makes primary use of the hands and face to communicate.

- When communicating with deaf people, it is helpful to:
  - avoid visual distractions
  - position yourself properly (keep still, stand face to face)
  - make yourself clear (don’t speak overly fast or slow)
  - get attention by stamping, tapping on the shoulder or waving
  - take turns to speak in group situations.
Mental health and deafness

- There is a greater incidence of mental health problems among deaf children compared with hearing children, and a high proportion of deaf children experience delays in recognising, understanding and using emotional experience.

- While deaf children from hearing families are more prone to mental health problems than their hearing counterparts, deaf children from deaf families have the same incidence of mental health problems as their hearing peers.

- In the UK, a significant number of parents of deaf children have minimal or no sign language skills, meaning that many deaf children experience delays in learning signed or spoken language. This early lack of communication can have a detrimental effect on children's emotional development, and therefore their future mental health.

- One very important factor in the development of mental health or emotional problems within hearing-impaired children is their vulnerability to abuse.

Language acquisition

- The quality of a child's language acquisition process has a significant impact on their emotional development, executive function and social understanding.

- Babies are born with the innate ability to communicate and imitate, and they have a drive for companionship. In order to develop their language, they need:
  - shared intentionality (the ability to understand others' intentions)
  - shared attention
  - common ground (context).

- Two factors are required for humans to be able to communicate effectively: a communication-rich environment and an intact neurobiological substrate, including the language cortical areas, the pre-motor cortex and the Mirror Neuron Mechanism (MNM).

How does it all fit together?

- The impaired communication environment provided by many hearing parents can be explained by a number of factors, including a delayed diagnosis, lack of information/support, emotional reactions to the diagnosis and comorbidity with other disabilities.

- Professionals need to be able to communicate effectively with young deaf patients, adapting to their communication needs. Having a specific knowledge of the impact of early language deprivation on emotion, socialisation and executive function can prevent misdiagnosis of ADHD and ASD.

Further reading


