

REPORT OF THE 6TH WORLD CONGRESS ON MENTAL HEALTH AND DEAFNESS, “PATHWAYS TO RIGHTS”, BELFAST, UNITED KINGDOM, SEPTEMBER, 2014

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The World Congress on Mental Health and Deafness was an international meeting of psychiatrists, psychologists, teachers of the deaf, social workers, and others held in Belfast, Northern Ireland, from the 16 to the 19 September 2014. WCMHD focused on the mental health of the deaf, considered to be those audiotically affected, and the Deaf, considered as the linguistic and cultural community of deaf children, adults, and their families. With the theme of “Pathways to rights”, WCMHD was organized by the European Society for Mental Health and Deafness (ESMHD) in cooperation with Queen’s University Belfast and the Royal College of Psychiatrists, with the help of organizations from Northern and Southern Ireland, including the active support of many Deaf organizations.

The Chairman of the Organizing Committee was Mr Brian Symington, President of the WCMHD, and Dr Ines Sleebom van Raaij, Co-President of WCMHD and President of ESMHD. The WCMHD Scientific Committee was chaired by Dr Margaret du Feu, an Irish psychiatrist, who has had long experience in clinical work with the Deaf and deaf people and in organizing psychiatric healthcare for them within the National Health Service in the UK and Ireland. The Scientific Committee included representatives from the UK, the Netherlands, Austria, Spain, Poland (Dr J. Kobosko), and from the United States, Canada, Mexico, Brazil, and Australia.

There were more than 300 delegates, and the meeting was sponsored by more than 30 organizations and institutions from the UK and Ireland. Queen’s University of Belfast was prominent, not only for providing the historic Riddell Hall for the Congress venue, but also hosting and co-financing accommodation for conference participants on the university campus. The sessions were officially translated into British Sign Language (BSL), Irish Sign Language (ISL), and International Sign Language. Speech-to-text transcription was also provided.

Some of the eminent speakers were well-known for the development of mental health studies, and had worked for many years on behalf of the deaf and the Deaf community. Others had made significant contributions to the advancement of human rights in relation to the Deaf community. A keynote speaker was Dr Liisa Kauppinen, former President of the World Federation of the Deaf and winner in 2013 of the United Nations Prize for Human Rights. She is recognized for her work in securing the inclusion within the UN’s Convention on the Rights of People with Disabilities of references to sign languages, Deaf culture, Deaf Community, and the identity of Deaf people.

Other keynote speakers included Prof. Roy McClelland, emeritus professor of Mental Health at Queen’s University Belfast and a consultant psychiatrist; Dr Michael Schwartz, a Deaf lawyer and an associate professor of law and director of the Disability Rights Clinic at Syracuse University College of Law; Prof. Cathy Chovaz, professor in psychology at Western University, Ontario, and Canada’s first Deaf clinical psychologist; Prof. Sir David Goldberg, a psychologist and psychiatrist who is best known for his work in psychiatric epidemiology and creator of the General Health Questionnaires; Dr Johannes Fellingner, head of the Neurological Institute for Language and Senses, Health Centre for the Deaf, St. John’s Hospital, Linz, Austria, and a consultant in neurology, psychiatry, and neuropaediatrics as well as a WFD expert on mental health; Prof. Jan van Dijk, emeritus professor at Radboud University in Nijmegen, the Netherlands, and international consultant and lecturer involved with the assessment of children with multiple disabilities and challenging behaviors; Dr Tiejou van Gent, psychiatrist with experience in mental health and deafness specializing in children and adolescents, and head of the one of the world’s first mental health services for deaf and hard of hearing children and young people in the Netherlands.

Congress sessions were organized into three parallel topic blocks: (1) public health and d/Deaf people, (2) mental health problems of d/Deaf and hard-of-hearing adults, and (3) mental health problems of deaf children and their families. Noteworthy was the wide variety of topics – practical, clinical, organizational, and scientific.

Reports relating to public health addressed such issues as: (1) Deaf people as patients and professionals, (2) prevention and service provision, (3) social work, training, and communications, (4) vulnerable groups, (5) family issues, and (6) treatment, recovery, and empowerment of Deaf patients. Studies have shown that the quality of life of d/Deaf people, in terms of the physical and mental health, is worse than in the general population. It is therefore crucial to meet their unique needs halfway by creating specialist healthcare centers. Another topic discussed was the possibilities of developing services in the field of mental health, for example the Telemental Health Program which is a pilot study in the USA focused on the mental health of the Deaf which is communicated in sign language over the Internet. Such forms of delivery of mental health services is promising, especially for those living in remote localities who have difficulties accessing to these services normally. Barriers in access to appropriate mental health services



Riddell Hall, Queen's University Belfast – venue of the 6th WCMHD



Participants at the 6th WCMHD



Poster session

for the Deaf are posed not only by distance, but also by the lack of certified sign language interpreters trained in psychiatric topics.

Presentations focusing on the mental health of d/Deaf adults included such topics as: (1) mental health of Deaf people with disabilities, (2) services and forensic issues in mental health and deafness, (3) psychosis and deafness, (4) personality disorders and psychotherapy, (5) psychotherapy, psychological issues, and deafened people, (6) development of psychodynamic concepts and narratives, (7) Deaf people and dementia – culturally appropriate care and support for Deaf people with dementia and their families. Particularly noteworthy are reports on diagnosing dementia, tools

developed in British Sign Language (BSL) for screening Deaf people over 65 years, dementia prophylaxis, and professional support of the Deaf and their families in this field.

Issues of the mental health of d/Deaf children and youths, and their families, focused on: (1) deaf children's interventions, (2) deaf adolescent services, (3) deaf children's family, (4) assessment and services for d/Deaf children, and (5) deaf children's therapies. Presenters reported on the effects of different forms of psychological interventions used for deaf children, such as Play Therapy, or the effects of programs implemented in specialist centers created for d/Deaf children, youths, and adults, such as the center in Örebro in Sweden which uses the Beardslee Family Intervention method. There were several presentations dedicated to the problems of adapting different questionnaires to sign language: for example Goodman's 'Strengths and Difficulties Questionnaire' (SDQ) adaptation to BSL, as well as problems that may occur during evaluating the cognitive functioning of deaf children with the 'Wechsler Intelligence Scale for Children' (WISC-IV), which is done by the psychologist communicating with a child in sign language.

One of the presentations concerned the international consensus on the best practice in the Family-Centered Early Intervention, signed in Bad Ischl, Austria, in June 2012. Implementation of its principles is beneficial to the mental health of the deaf child's family from the very beginning. The consensus has been signed by 10 countries – USA, Austria, UK, Italy, Germany, Russia, Canada, Ireland, Australia, and the Republic of South Africa – and involves leading early interventions centers, parents of deaf children, and members of Deaf communities. The substance of the consensus is available in an article by Moeller and colleagues: M. P. Moeller, G. Carr, L. Seaver, A. Stredler-Brown, D. Holzinger, 'Best practices in family-centered early intervention for children who are deaf or hard of hearing: an international consensus statement', *Journal of Deaf Studies and Deaf Education*, 2013;18: 4.

Concern for the mental health of the parents of deaf children motivated the studies on the hearing mothers of deaf children conducted in Poland by J. Kobosko of the Institute of Physiology and Pathology of Hearing. This work focused on the post-traumatic stress symptoms arising in parents from diagnosis of their child's deafness. Their results show that the intensity of these symptoms is high: more than 40% of mothers have scores above the scale cut-off point (IES-R), regardless of the time from diagnosis. These data need to be verified by clinical diagnosis. A particularly interesting issue presented at the conference was therapy for deaf children who have 'Specific Language Impairment' (SLI) which manifests in a deaf child's sign language (if it is its first language).

Beside oral presentations the scientific program included nearly 50 posters on a wide variety of topics. Several

concerned the issue of domestic violence among Deaf partners, which touches them significantly more often than in hearing persons from the general population. From other sources we know that disabled women experience various forms of violence twice as often as non-disabled women. In a study performed in the United States, using videophone interviews with Deaf victims of violence, Deaf respondents reported higher rates of emotional and sexual (forced sex) violence compared to the general population, whereas physical violence was at a similar level in both groups. Participants from the Institute of Physiology and Pathology of Hearing (J. Kobosko, E. Piłka, W. W. Jędrzejczak, A. Pankowska, H. Skarżyński) presented a poster reporting results of a study on the mental health problems of cochlear implant (CI) users, indicating that the intensity of depression symptoms in postlingually deafened CI users is significantly higher than in the hearing population and their self-esteem is significantly lower. The poster was nominated for the Nick Kitson Memorial Poster Prize 2014 by the WCMHD.

The Congress was accompanied by pre-conference workshops, an 'Evening of Deaf Culture' in the Stranmillis College Theatre, a visit to Deaf Village Ireland, and an excursion to the Jordanstown School for Deaf and Visually Impaired Children.

The Congress was an important scientific and clinical event devoted to caring for the mental health and quality of life of d/Deaf children, youths and adults, and their families. It was an important step towards recognising human rights regardless of an individual's hearing status, mental and health conditions, or their decisions of how to act as a d/Deaf person, choice of language, or social environment.