

Elements of a Culturally and Linguistically Appropriate Crisis Response System for Deaf People

*An Overlooked, Misunderstood, and
Neglected Community*

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NASMHPD Has Been Thinking About This For a While...



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Assessment #8

Promising and Emerging Approaches
and Innovations for Crisis
Interventions for People Who are Deaf,
Hard of Hearing, and Deafblind

September 2016

Alexandria, Virginia

Eighth in a Series of Eight Briefs on the Use of Technology in Behavioral Health

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Throughout this corpus of work, a recurring theme has been that Deaf people should be seen as a cultural and linguistic minority, first, and disabled second. Well-intentioned efforts to make various programs "accessible" by means of interpreters and other accommodations fall short if they do not also address differences in how the world is viewed and experienced from this cultural standpoint.

Hamerdinger, S., Schafer, K., & Haupt, M. B. (2016). Promising and emerging approaches and innovations for crisis intervention for people who are deaf, hard of hearing, and DeafBlind. National Association of State Mental health Program Directors. Assessment 8. Alexandria, Virginia



Overview

- Invisible, overlooked, forgotten
 - 2 in 1,000 are *deaf and depend on visual communication*
 - Nearly 9% of the population has a hearing loss
- For deaf people, it's not about the ears, it's about language access
 - The challenges for reaching this group are same as for any other language minority
- For hard of hearing people, it's about accommodating communication (usually English) access
- Perhaps 5 states have a truly statewide Deaf Mental Health Care (DMHC) system in place.



Overview

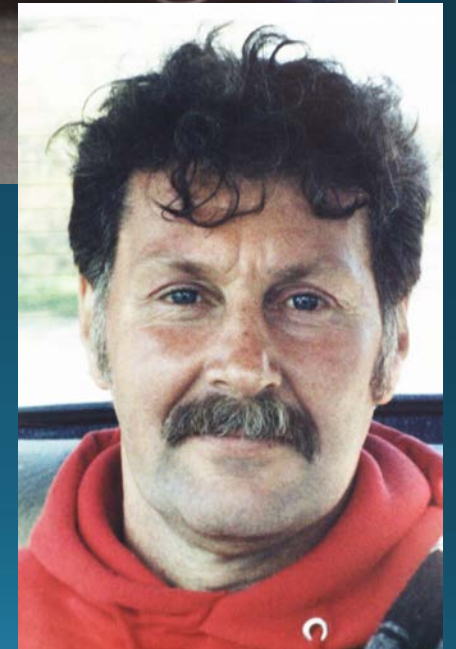
- The usual response is often the worst response
 - Retraumatization via both reliving bad experience and patronizing attitudes
 - Minimalization
 - Increased costs
 - Ineffective
- There is rarely deep consideration given to the deaf community when planning crisis response system
 - Deaf community input is not sought in the planning stage





James Levier: Suicide by Cop Protest

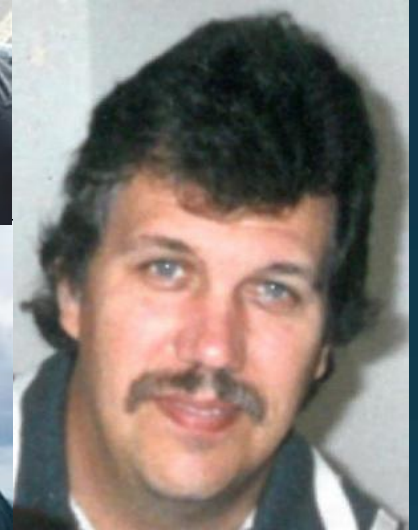
- Severe sexual abuse as a child
- PTSD and Major depression
- Was in crisis mode
- Interpreter was not allowed to get close enough for him to see her!
- Was killed by police after an hour stand off.





“He Refused to Obey Orders”

- John Williams, September 2010
- Edward Miller, August 2014
- Daniel Harris, August 2016



M News ▶ World news ▶ Police

Dad shot dead by cops for failing to obey orders was DEAF

Edward Miller, 52, gunned down by officer in front of son at car compound



ASL ≠ English

- Common mistake: Assuming ASL is a visual form of English
 - English literacy among deaf people varies widely
 - Average English reading level is less than 4th grade
 - Captioning often inaccessible to people in most need
- Assuming deaf people can “lipread”
- Assuming all deaf people are equally “literate” in ASL
 - Language deprivation syndrome
 - <https://nasmhpd.org/content/nasmhpd-october-meet-me-call-language-deprivation-and-deaf-consumers-under-recognized>



First Do No Harm

- Research indicates that many mental health providers unintentionally re-traumatize deaf people
 - Lack of linguistically appropriate services is a life-long barrier to mental wellness
 - Burden of communication is on the deaf person
 - When you cannot communicate you restrain
 - First line of treatment is often the local jail – just like hearing people, but the outcomes are vastly worse

<https://behearddc.org/wp-content/uploads/2018/11/DeafInPrison-Fact-Sheet-.pdf>

- Deaf community, in turn, does not trust the system

Barriers

- Hearing people unaware of “deaf-that”
 - Misconceptions of providers





Barriers

- Generally lower socio-economic level limits access
 - Most vulnerable can't afford either the tech or the broadband access
- County based services
 - Generally speaking, crisis response services should be viewed as large area (i.e. statewide) to generate numbers needed to be viable
- Regulatory Issues
 - Not friendly to apps favored by Deaf Community, like Marco Polo, Glide, etc.

Current Thinking

- From other linguistic minorities we know that services are better when they are direct (not through interpreters)
- There are some models we learn from
 - Each has strengths and gaps



ALABAMA DEPARTMENT OF
MENTAL HEALTH



Deaf Crisis Line

- Based in Columbia, MO
- Blended funding (Federal, state and local grants)
- A part of DeafLEAD and one of four components of crisis response activities
 - Missouri Crisis Line
 - Missouri Crisis Textline
 - Lifeline Chat*
 - Deaf VP Crisis Line
- Strengths
 - Broad reach
 - The only 24/7 VP accessible option
 - Exclusive use of ASL-fluent counselor's and peers
- Gaps
 - National scope leads to lack of familiarity with local resources
 - Referral, rather than intervention
 - No budget for advertising

<https://www.deafinc.org/deaflead/24-hour-crisis-line-for-the-deafhh.html>

<https://suicidepreventionlifeline.org/help-yourself/for-deaf-hard-of-hearing/>



Do Deaf People Know How to Access?

- Almost no media is targeted to deaf community
- Are your promotional materials deaf friendly?
 - Website clear how to access appropriate services?
 - Videos in ASL? At the very minimum they should be open captioned
 - Don't rely on auto captioning
 - Remember your target audience may not be English-literate.



Example: Georgia has an ASL video for MyGCAL.

<https://www.youtube.com/watch?v=DkPjRXJRBE&feature=youtu.be>



Georgia Example

- Coordinated statewide crisis response held up as an exemplar
 - Because of State Director for Deaf Mental Health, deaf people are on the radar
- Relies on contracts with third party
 - Access is responsibility of the third party – especially interpreter access
- Strengths
 - Clear expectations of the Crisis Response system in GA
 - Captured by the statewide DMHC system (eventually)
- Gaps
 - Will take a while to get deaf person in the care of ASL-fluent provider
 - Not really accessible in rural areas
 - Total reliance on interpreters



“All Interpreters are Equal, Right?”

- Implicit in the “just get an interpreter” approach
- Interpreters are trained to render what they see to “normal” English
- Special Issues with Video Remote Interpreting services
 - “Luck of the draw”
 - Training?
 - Technology
 - Not geographically connected (ASL variants)



Alabama Discussions

- Planning for Deaf Crisis Response includes:
 - 24/7 access to trained crisis counselors via telehealth
 - Linguistically appropriate crisis beds
 - Use of regionally-based Deaf Services staff for both direct service needs and interpreting
- Strengths
 - Immediate access to ASL-Fluent responders and MH trained interpreters
 - Connected to an ASL -fluent continuum of care
- Gaps
 - Doesn't exist yet
 - Heavy reliance on telehealth technologies



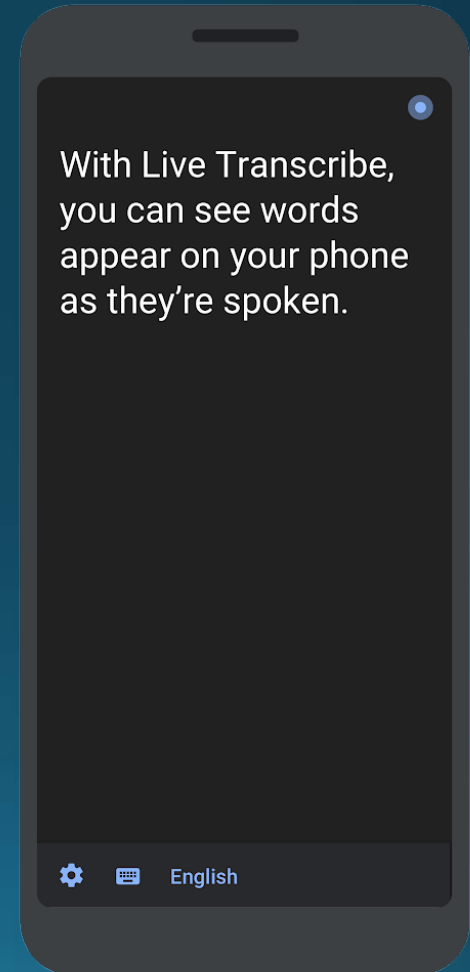
Telehealth

- Telehealth can be a tremendous resource for serving low-incident populations
- Best when linguistic matching occurs
- Technical issues need to be addressed
 - Spotty broadband across rural areas
 - <https://www.nad.org/covid19-telehealth-access-for-providers/>



Telehealth

- Other options to consider:
 - Videophones including a new technology called Wavello (<https://www.sorenson.com/wavello/>)
 - VRS apps on smartphones
 - Apps (Marco Polo, Glide, FaceTime)
 - Texting
 - Live Transcribe (<https://www.android.com/accessibility/live-transcribe/>)





Long Term Needs

- Develop a consensus that direct access is best
 - Myth busting
- Increase broadband in rural areas and outreach to rural deaf.
 - Seek grants to provide technology
- Need a pipeline for peers who are deaf
- Need to increase general expectation that interpreters are trained and qualified for mental health work



Take Aways

- Plan for access on the front end, not the back
- Include deaf people in the planning process and pay attention to what they tell you
- *Ad Hoc* access is not access
- Direct services are best, interpreters are second
- Get the word out!



Questions? Contact Me:

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