

Standards for Mental Health Services working with Deaf patients

National mental health standards apply equally to hearing and Deaf¹ patients. The standards outlined below are additional. They are designed to ensure that Deaf patients are treated with respect. Most of them concentrate on communication and culture.

Information should be available in British Sign Language (BSL) and plain English. In particular, information on the Mental Health Act and patients' rights should be readily available and made accessible.

All services should be able to communicate with Deaf people in the format of their choice, this may be in person with an interpreter or via an online interpreting service. As a minimum, services must be able to receive e-mail, SMS/text and fax, and these numbers should be promoted.

Whenever possible, Deaf patients should be treated in a culturally appropriate setting by staff fluent in sign language.

Deaf patients should have the opportunity to jointly review their communication requirements with a member of staff. This review should establish what communication support will be required, when it should be available, etc. For instance, it may be decided that a Deaf/relay interpreter should also be used.

Trusts should have a procedure for monitoring the qualification and experience of interpreters². This should involve Deaf staff and patients as much as possible. Trusts should provide opportunities for Interpreters without experience of working in mental health settings to undergo a shadowing programme with an experienced interpreter as part of their additional training.

Assessments of Deaf patients should always be carried out by a clinician fluent in sign language. Assessments by clinicians that are not fluent in sign language carry a very high risk of misdiagnosis, must be seen as a last resort and must not take place without a qualified interpreter with experience of working in mental health settings, and if appropriate, a specialist advocate and Deaf Relay Interpreter.

Tribunals and CPA meetings must not take place without two qualified interpreters with experience of working in mental health settings. Patients should also be offered the services of a specialist advocate and a Deaf/relay interpreter.

For services specifically working with Deaf people

Trusts must ensure that Deaf patients are treated in a culturally appropriate setting by staff fluent in sign language. All staff should be fluent in sign language and have at least Level Three NVQ in BSL – or equivalent fluency – or be progressively working through the levels towards it. Services should clearly document the timescales by which staff are expected to reach levels one, two and three (e.g. nobody should be in post for more than six months without level one). Time for BSL training should be protected and progress should be monitored in supervision. There should also be opportunities provided for all staff to access clinical and professional training relevant to working with Deaf patients.

¹ In this context 'Deaf' is used to describe a person for whom sign language is their first or preferred language.

² Qualified interpreters will be registered with the National Registers of Communication Professionals working with Deaf and DeafBlind people: www.nrcpd.org.uk