

These guidelines are for hearing adults who wish to offer mental health first aid to people who identify as *Deaf*. There are companion guidelines for adults who identify as Deaf and wish to offer mental health first aid to other people who identify as *Deaf*. The term 'Deaf person' is used in these guidelines to refer to a person with a hearing loss, who identifies as culturally Deaf and uses sign language. The *Deaf community* includes both deaf and hearing people who use sign language and identify with *Deaf culture*. The role of the first aider is to assist the person until appropriate professional help is received or the crisis resolves. These guidelines are a general set of recommendations. Each individual is unique and it is important to tailor your support to that person's needs and abilities. These guidelines have been developed as part of suite of guidelines about how to best assist a person with mental health problems. These guidelines should be used in conjunction with existing mental health first aid guidelines that are available on the Mental Health First Aid Australia website (mhfa.com.au).

TERMS USED IN THESE GUIDELINES

deaf or Deaf	The term deaf is used to refer to all individuals who experience any level of hearing loss regardless of their cultural and communication preferences. The term Deaf is specifically used to refer to individuals who identify with the Deaf community and Deaf culture.
Deaf community	The Deaf community includes people from many diverse backgrounds. This community does not have a specific geographic location. It encompasses a range of sub-groups including but not limited to, hearing children of Deaf adults (CODAs), hearing or Deaf parents of Deaf children, people who are Deafblind, First Nations people who are also Deaf, Deaf people who are refugees and people who are hard of hearing beginning to learn the language and participate in the community.
Deaf culture	Deaf culture is the set of social beliefs, behaviours, art, literary traditions, history, values and language that are influenced by deafness and unite people who identify as Deaf.
Natural sign language	Natural sign languages are full, complex languages with their own grammar, lexicon and dialects. They are passed down from one deaf generation to the next and used by Deaf communities around the world.
Non-conventional sign language /communication	Non-conventional sign language or communication refers to visual methods of communication that are idiosyncratic. They do not meet the definition of a natural sign language. Examples of non-conventional sign languages may include signs developed in the home, International Sign, tactile signing, key word sign or Makaton and Signed English.
Deaf interpreter	A Deaf interpreter is an individual who is deaf, fluent in sign language, written English, non-conventional communication and may have additional familiarity with a foreign sign language. A Deaf interpreter will work in tandem with a spoken language – sign language interpreter, providing a unique language or communication bridge for deaf individuals whose communication mode cannot be adequately accessed by a spoken language – sign language interpreter.
Spoken language – sign language interpreter	A spoken language – sign language interpreter is usually hearing and fluent in sign language and a spoken language. They transmit messages in sign language and spoken language between a party that uses sign language and a party that uses spoken language.
Foreign sign language	This refers to a natural sign language from a country outside of the current country of residence. For example, if a Deaf person migrates from the United States of America to Australia and uses American Sign Language. American Sign Language would be considered a foreign sign language in Australia.

A mental health problem is when there is a major change in a person's normal way of thinking, feeling or behaving. It affects the person's ability to get on with life. It does not go away quickly or lasts longer than normal emotions or reactions would be expected to. It might involve a diagnosed mental illness, a worsening of mental health or an undiagnosed problem, or a drug or alcohol problem.

Each country has its own *natural sign language* with distinct linguistic features, rules and vocabulary. However, people who identify as Deaf may have varying levels of fluency in a natural sign language and may have complex communication needs requiring additional communication strategies, e.g. gestures, simple key words, drawings and visual aids.

Communication accessibility is critical for effectively offering mental health first aid. In these guidelines, when we make statements such as "talk to the person", "ask the person", "explain to the person", this is to be done based on the person's communication preferences. For more information see the section on communicating with the person.

PARTICULAR CHALLENGES AFFECTING DEAF PEOPLE WITH MENTAL HEALTH PROBLEMS

Developing Social and Emotional Skills

If you are helping a Deaf person, it is important that you have some understanding of Deaf culture, as any assumptions about deafness may impact on you being able to develop trust and a helping relationship with the person you are helping.

Developing Peer Networks During Adolescence

For people who are Deaf, adolescence is a period where developing peer networks is very difficult and developing a cultural identity takes time. You should not make assumptions about the person's Deaf identity. Deaf people often grow up without a Deaf role model and this may affect the development of their social and emotional skills. The limitations Deaf people may experience during adolescence can contribute to barriers in establishing peer networks and accessing services and supports, e.g. transport, location of activities, money.

Communication Problems with Family and Peers

Deaf people often have relatives and peers who are not members of or involved in the Deaf community. Therefore, you should not make any assumptions about their relationship with their family members, e.g. assuming family members have knowledge about or understand what is really happening for the person or that the person has shared their feelings or experiences with them. The person's family or friends may be an unreliable source of information about the person because of their own limited communication and their own individual bias about the person, deafness or Deaf culture. You should prioritise the person's experience and version of events.

Challenges in Recognising Mental Health Problems

A Deaf person may be reluctant to acknowledge they have a mental health problem because:

- They may have lived with challenging health issues for a long time and it has become the 'norm' for them
- Of their educational background and experiences
- Some people in the Deaf community may hold stigmatising attitudes about people with mental illness
- They may experience stigmatising attitudes from others for both their deafness and their mental health problem
- They may not have the language skills to discuss their feelings or what they are experiencing.

Impact of the Nature of the Deaf Community

The nature of the Deaf community may inform how a Deaf person experiences a mental health problem or crisis, and accessing help. Due to the small size of the community and existing or previous relationships with other people connected to the Deaf community, Deaf people may be reluctant to share their story in full. Their freedom to seek help may be restricted by the lack of anonymity within the Deaf community.

Limitations of Information and Resources

There is a lack of research and knowledge about mental health problems in the Deaf community, in language or format that is accessible to Deaf people (sign language, video with captions, picture).

ADDITIONAL CONSIDERATIONS FOR SPECIFIC MENTAL HEALTH PROBLEMS

There are guidelines for how to offer mental health first aid if a person is experiencing a specific mental health problem. These can be found on the Mental Health First Aid Australia website (mhfa.com.au). The following is additional information that is specific to people who are Deaf and experiencing a mental health problem.

Suicide

Risk factors for suicide include: mental illness, poor physical health and disabilities, attempted suicide or past self-harm, had bad things happen recently particularly with relationships or their health, been physically or sexually abused as a child, recently exposed to suicide by someone else. The following may be additional suicide risk factors for Deaf people:

- Loss of places with social connection e.g. closing of Deaf schools, Deaf clubs
- Communication barriers
- Under-and unemployment
- Recently being a victim to scams
- Loss of people who the person is dependent on for communication.

You should be aware that the person may not understand the word, sign or concept of 'suicide'. Writing a note to ask the person if they are feeling suicidal may not always be appropriate because the person may not have existing knowledge of English language on the topic of suicide.

The person may believe suicide is the only option because they believe there are no services available or because they have not had success accessing services and support previously.

Non-suicidal Self-injury

The following may be risk factors for non-suicidal self-injury that are specific to Deaf people:

- Isolation
- Communication barriers with family, partners, friends
- Use of substances
- Repeated rejection
- Lack or loss of identity
- Feeling like they don't belong
- Bullying.

You should be aware that the person may not understand the word, sign or concept of non-suicidal self-injury.

Anxiety

You should be aware that a Deaf person may have feelings of anxiety when entering new spaces and establishing communication with new people, because of the room design, environment and functionality of hearing technology.

Psychosis

If a Deaf person has an odd belief, do not assume that this is necessarily due to psychosis. It could be the result of lack of education and access to information.

Substance use

A Deaf person may not have knowledge about substances and risks to health of using substances, due to social isolation, educational limitations or prevention programs not being delivered in a linguistically and culturally accessible way.

Do not assume a person's substances use is related to their deafness. A Deaf person might use substances for the following reasons:

- To connect with people, as without this connection they may become socially isolated.
- To manage feelings of frustration, anger and sadness that can result from interactions with the hearing world.

A Deaf person's only supports might be within their current substance-using social group and finding another non-substance using social group might be difficult.

BULLYING

A Deaf person may feel powerless to stop bullying behaviour because they believe they are being bullied for a reason they cannot change, or believe they should accept the bullying behaviours because these behaviours have been normalised throughout their life. A Deaf person may have little experience of standing up for themselves. They may be experiencing distress based on false or misleading information given to them by the bully. Because of bullying, the person may be ashamed, shy or embarrassed about their use of sign language.

A Deaf person may be reluctant to report their experience of bullying because they think it is normal behaviour or due to past experiences of not being believed or getting in trouble. A Deaf person may themselves be a bully as a result of their own personal history with being bullied, and not be aware that their own behaviour is inappropriate.

Listen to what the person says about their experience of bullying without stating any judgements.

Due to the small size of the community, the person may continue to share social or professional spaces with the bully (e.g. continuing to share spaces with peers from school). They may also be concerned about their safety if the abuser/bully knows where they are, e.g. social event, school, workplace, shopping centre, sporting event. It is important to know that standard anti-bullying programs are not always accessible, relevant or comprehended by Deaf people.

PREPARING TO OFFER MENTAL HEALTH FIRST AID

Before helping a Deaf person, you should:

- Learn as much as you can about Deaf culture (including language, history, beliefs, values, humour)
- Know how to book and work with an interpreter
- Know deaf-friendly ways to contact Deaf first aiders, Deaf interpreters and sign language users, e.g. text message, email, video remote interpreting services, communication relay services

You should know different ways of explaining concepts and be familiar with a range of signs, related to:

- Suicide (e.g. Do you want to be dead? Do you want to kill yourself? Do you want your life to finish?)
- Non-suicidal self-injury (when asking the person if they are deliberately injuring themselves)
- Bullying.

If you are planning on talking to a Deaf person, organise the services of an interpreter ahead of time, with the person's permission where possible. You should know the difference between an unqualified interpreter and a qualified, professional interpreter.

Standard 'helping' programs are not always accessible, relevant or comprehended by Deaf people. It may be difficult to find a culturally and linguistically skilled mental health professional and 24-hour phone hotlines may not be accessible due to the restricted business hours of communication assistance services. You should be familiar with any local cultural and linguistically appropriate services in your area. Be aware of the communication access and barriers when suggesting support groups, professional services, social and recreational groups to the person.

COMMUNICATING WITH THE PERSON

WHEN YOU ARE HELPING A DEAF PERSON, YOU SHOULD:

- Ask the person their preferred communicative approach and method at the initial contact with the person.
- Take the time to establish a good communication method, e.g. specific ongoing method of communication.
- Try to communicate as best you can with the person, and ask if they would like you to organise a sign language interpreter or a (Deaf) first aider.
- Be flexible in your communication methods, including sign language, lip reading, gesture, writing, pictures.
- Only try to communicate with them when you know they can see you (e.g. their head is not turned away completely). Be aware however, that the Deaf person may not look directly at you while communicating.
- Reinforce communication by using tools, e.g. gestures, simple key words, drawings and visual aids.
- Adjust your communication based on the communication needs of the person, e.g. rephrase questions.
- Clarify with the person any signs you are not clear on, e.g. hallucination, suicide, type of emotion.
- Stop the conversation and ask for clarification if you do not understand what the person is saying.
- Ask the person directly if you are not sure there is effective communication, e.g. "Can I just check in with you that we're on the same wavelength?"
- Make it clear to the person you are helping why your attention needs to shift away, e.g. look something up on the phone for the person, getting them some water, knock at the door.
- Clearly explain to the person your intentions to act before undertaking that action, e.g. sending an SMS, making a phone call.
- Try to move to a less (visually or auditorily) distracting location if necessary and feasible.
- Be aware of lighting and ensure the Deaf person can see your face and they are not directly facing light.

Do not make assumptions

It is important to be aware of your own assumptions about language as well as cultural, linguistic and historic factors that may be relevant to the person you are helping. Do not assume someone is experiencing a mental health problem based solely on their expression of language and do not dismiss changes in their behaviour as being 'Deaf behaviour'. In sign language, a person's facial expressions not only represent emotions but also have specific linguistic functions. When a Deaf person is communicating in sign language, they might give a misleading impression that they are agitated, e.g. they may take on the persona of someone else's emotion (called "role shift" or constructed action). If the person is highly agitated and aggressive, do not assume that the person is experiencing a mental health problem or paranoia. Rather, it could be their 'language persona' (e.g. pace, tone, expressions, general demeanour, body language), the result of past negative experiences or ongoing barriers with communication.

If you have knowledge of a person's 'language persona', you should use that to assess and determine if the person's communication skills are worse than usual. If something is different it might signal that they are not well.

Working with interpreters

If the person is feeling shy about their communication, you should affirm and validate the Deaf person's preferred communication type and style. If they want an *interpreter*, let them know that they have the right to a qualified, professional interpreter they are comfortable with and trust, and not an unqualified or on-site interpreter.

When you are helping a Deaf person, be aware that they might find visual resources (e.g. pictures, sign language videos) helpful and a *Deaf interpreter* may be needed to assist with communication if the Deaf person is using *non-conventional sign language* or a *foreign sign language*. Also, be aware that the person may have a pre-existing relationship with the *Deaf interpreter*.

An interpreter can be engaged for your own communication needs. If you are working with an interpreter:

- maintain eye contact with the person, not the interpreter
- be aware the interpreter may need a break.

Storytelling

Within Deaf culture, narrative and story-telling is the preferred way of expressing oneself. Asking 'are you okay?' may elicit a long, detailed and very open response from the person, not specific to mental health and it is important to allow the person time to share their story in full. If they are reluctant to share their story in full because of your relationships with other people involved, you should reassure the person about confidentiality and your ability to remain neutral.

Communicating when the person has experienced bullying

If the person has experienced bullying, they may be more sensitive about your behaviour or communication. They might appreciate you being open and clear about your intentions and communication. Although touching to get the person's attention is a cultural norm within the community, in the context of bullying that involves physical abuse you should not assume that it is okay to touch the person to get their attention. Instead, use other means (e.g. hand waving, light flicking, table tapping) and be sensitive to cues from the person about the degree of touching that is appropriate. The following sorts of advice are not helpful for the person: "Just ignore them", "Just say hi", "This is normal kids/relationship stuff", "Just fight back".

IF YOU ARE HAVING DIFFICULTIES COMMUNICATING WITH THE PERSON, YOU SHOULD:

- avoid faking understanding
- not dismiss what is being said as unimportant
- be aware that lip reading alone and writing alone is inadequate communication
- be aware that lip reading causes fatigue for the Deaf person
- know that when the person is nodding, it does not necessarily mean the person is comprehending or agreeing with what is being communicated.

OFFERING INFORMATION AND SUPPORT TO THE PERSON

You should make use of any community networks, knowledge and experiences (*deaf* network, interpreting community, deaf organisations), to find appropriate support people and services. Offer the person the full range of choices for information and support that are available. If the person discusses particular people or incidents with you, try to remain neutral and non-judgemental about the people involved and the incidents.

Be aware that the person may not have the usual supportive network (family, friends, co-workers and neighbours) because they do not share sign language as the primary form of communication and that being with a Deaf person can be a powerful source of support for a Deaf person.

If the person is using substances, discuss with the person particular strategies for establishing a peer and support network that does not involve using substances.

If the Person is Being Bullied

Explain to the person that it is common to feel scared, embarrassed, depressed, alone and/or stressed when they are being bullied, and telling someone is the first step to stopping bullying. Inform them that abuse of any kind, physical, sexual or emotional, is never appropriate and is not their fault.

If the person considers the bully a friend, you should discuss with the person what behaviours are appropriate in a friend, e.g. makes you feel good, encourages you, is happy to see you. Also, explain what behaviours are unacceptable, e.g. using you for transport, borrowing money, wanting you to buy things for them, blaming you when things go wrong, humiliating you.

If you believe that the person should report their bullying, ask them if they want to and how they want to report the bullying. If they are being bullied on social media, encourage them to report it to the relevant website or company. Explain to the person that they should stop replying to any written or videoed communication from the bully and should save any records of the communications. If you suspect a privacy breach, you need to inform the person that there is an urgency to attend to the problem. If they change their username/password, advise them not to give out their personal information (address, password, bank information) unless they know and trust the person. You should encourage the person to explore options for courses or classes in how to use social media and the internet safely.

If the individual bullying the person is an interpreter, you should ensure the person knows that they have the right to choose an alternative interpreter they feel comfortable with and trust. If the person is experiencing bullying and awaiting a professional appointment, you should offer to regularly check-in with the person until the professional appointment can happen. If you suspect the person might be in danger from bullying, you should act immediately. Ask the person whether they feel they are in danger of ongoing physical harm from bullying and explain your concerns to the person. If you are concerned that they are at risk of harm from bullying, explain to them that either you or they need to contact social service personnel or legal authorities and then explain to the person what that means. If you or the person are concerned about their safety, offer to help them make plans for how to manage the situation, e.g. hang out with supportive people, remove themselves from situation, make a safety plan. Support the person to remove themselves from the harmful situations by identifying a 'safe' or 'quiet' space, e.g. a friend's place, a public place.

Dealing with Multiple Roles

Due to the small size of the Deaf community, you should take into account that you may have multiple roles or relationships with the person, e.g. you may be the only other person who uses sign language in their work place. If you feel that the multiple roles or relationships you have with the person you are helping are preventing you from providing effective assistance to the person, you should offer to help the person to find another first aider.

However, in a crisis situation, you should offer to help them, even if you feel that your multiple roles or relationships with the person may prevent you from being as effective as you could be without the multiple roles.

ASSISTING THE PERSON TO ACCESS PROFESSIONAL HELP

Due to the small size of the Deaf community, you should be aware that the person may be reluctant to seek professional help. There may also be a range of factors that contribute to the person being excluded from professional services and (in)formal supports. If the person is reluctant to seek professional help, ask them why. They may have a distrust of the health system, professional or interpreter or may also have past negative experiences.

It may also be because they have an existing relationship with the (Deaf/hearing) professional. The person might want to connect with (hearing) local support groups and services to maintain their confidentiality. Be aware that the person may have ongoing barriers with communication when accessing information and supports.

You should discuss different options for accessing help from a health professional and offer to help the person find a different source of professional help including generic, deaf friendly and culturally and linguistically appropriate local services.



CONSIDERATIONS WHEN PROVIDING MENTAL HEALTH FIRST AID TO A DEAF PERSON: GUIDELINES FOR HEARING FIRST AIDERS

If the person is unfamiliar with how mental health professionals work with interpreters, you should explain it to the person and let them know that they can request a specific or different professional interpreter at any stage.

If the person wants you to accompany them to a professional appointment but you are not comfortable attending the appointment, discuss different ideas for who could accompany them. If you do attend the professional appointment with the person, you should not control or take over the appointment. You may need to support the person to advocate for themselves for communication access, e.g. explaining how to contact a group or organisation, saying they can tell the professional that "it is my right to have an interpreter".

CONFIDENTIALITY

Due to the size and nature of the Deaf community, confidentiality is especially important. Do not discuss the person using any identifying characteristics with others. Do not disclose anything about the helping situation or the person, except where there is risk of harm to yourself or others.

SELF-CARE

If you experience the effects of vicarious trauma or feel unwell when or after assisting the person, reach out to known supports, e.g. another mental health first aider, professional support.

DEVELOPMENT OF THESE GUIDELINES

These guidelines are based on the expert opinions of people with lived experience of psychosis (consumers and carers) and mental health professionals (clinicians, researchers and educators) who are from Australia, Canada, Germany, Ireland, The Netherlands, New Zealand, Sweden, Switzerland, United Kingdom and the United States of America.

HOW TO USE THESE GUIDELINES

It is important to tailor your support to the needs of the person you are helping. These guidelines are a general set of recommendations only, and most suitable for providing mental health first aid in high-income countries with developed health systems.

These guidelines have been developed as part of a suite of guidelines about how to best assist a person with mental health problems. These other guidelines can be downloaded from:

mhfa.com.au/resources/mental-health-first-aid-guidelines

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