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Do Deaf Teenagers have the same rate of Mental Illness as Hearing Teenagers?

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Introduction

In Ireland, there is no service established specifically for the mental health of Deaf children. Prior to the commencement of this project, it was noted that few Deaf children or adolescents attended Dublin North City (Team A) CAMHS clinic despite the Holy Family School for the Deaf in Cabra and the Deaf Village being in catchment area. Although the rates of profound deafness in this age group are decreasing due to the availability of the MMR vaccine, the advancements that have been made in cochlear implantations and the fact that the newborn hearing screening programme is allowing for earlier detection and intervention in children who are born deaf, the rates of mental health difficulties in children or adolescents who are deaf could be going unreported.

A literature review of the current information on this topic was performed utilising the search terms 'mental health', 'deaf*', 'child*', 'teen*' and 'adolescent' using Pubmed. Studies carried out with adults were also included to broaden the inclusion criteria as there are few articles published relating to children or teenagers who are deaf and their mental health. Studies were included in the review if they were relevant to mental health, the participants were Deaf, and the article was available in English. Previous research has found higher rates of mental health problems in people who are deaf compared to hearing populations [1].

Aims

This study aims to gather data relating to the prevalence of mental health difficulties in young Deaf persons attending a school for the Deaf and compare the data with a general population sample of hearing young persons, using the Growing Up in Ireland data. Collecting this data will allow us to determine the reason few Deaf children or adolescents attend CAMHS. Are there lower rates of mental health difficulties amongst this population group? If not, are there challenges accessing mental health services in this population?

Method

Ethics approval was obtained from the UCD Office of Human Ethics. Written informed consent was obtained by the pupils and their parents.

Contact was made with the Holy Family School for the Deaf in December 2017 regarding the project. In early 2018, consent forms were sent out to the parents of children attending the school.

Data Collection

A Strengths and Difficulties Questionnaire (SDQ) was distributed to those who consented. The Strengths and Difficulties questionnaire (SDQ) is a 25-item scoring questionnaire; 10 items are generally considered strengths; 14 items are generally considered difficulties and one item is neutral. Five areas are covered by the SDQ: Hyperactivity, Emotional symptoms, Conduct problems, Peer problems and Prosocial [2].

Population Sample

The school teaches through English and Irish Sign Language (ISL). The school is mixed with 125 children attending the school; 67 males and 58 females.

Figure 1: Primary School SDQ

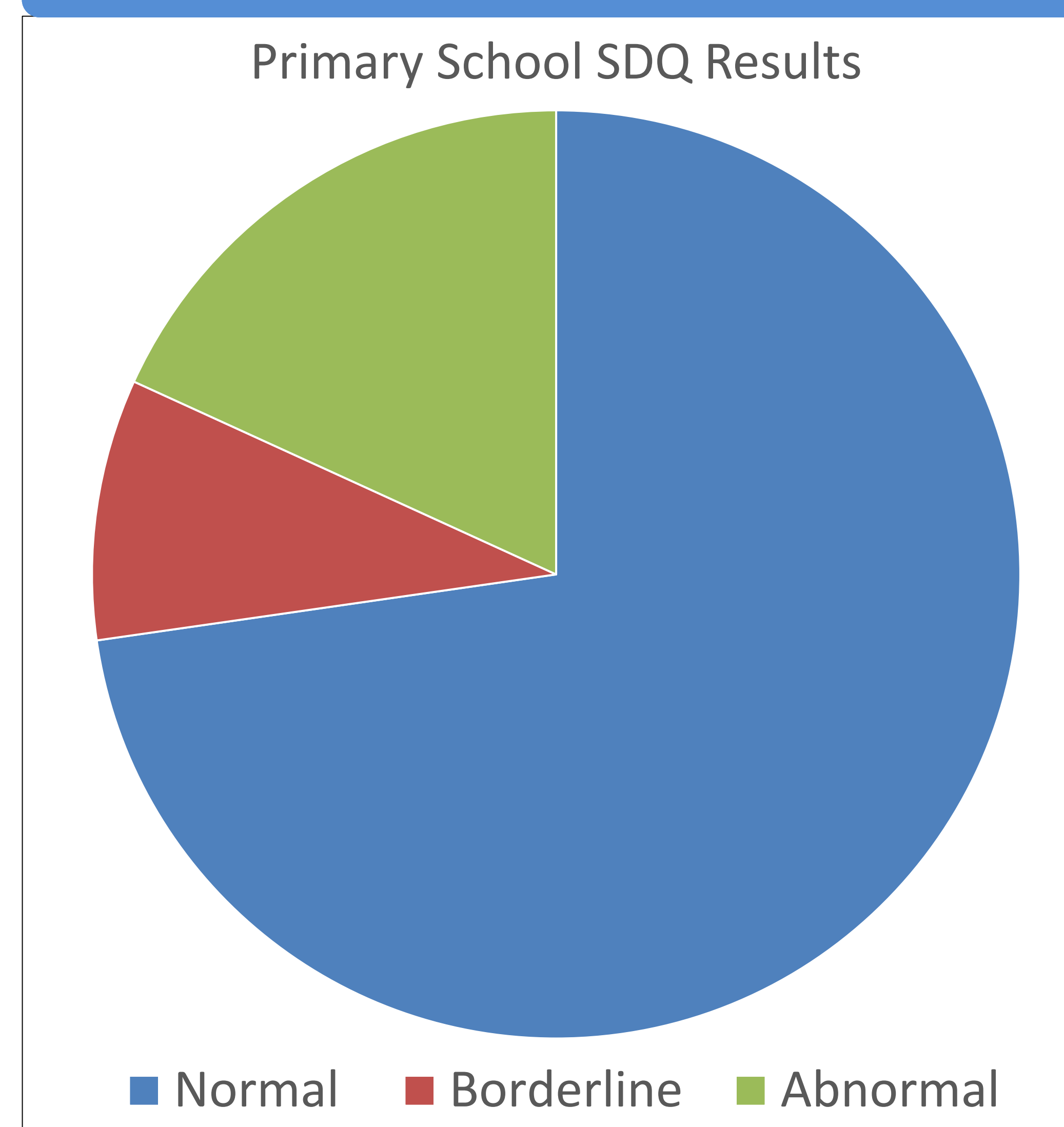


Figure 2: Secondary School SDQ

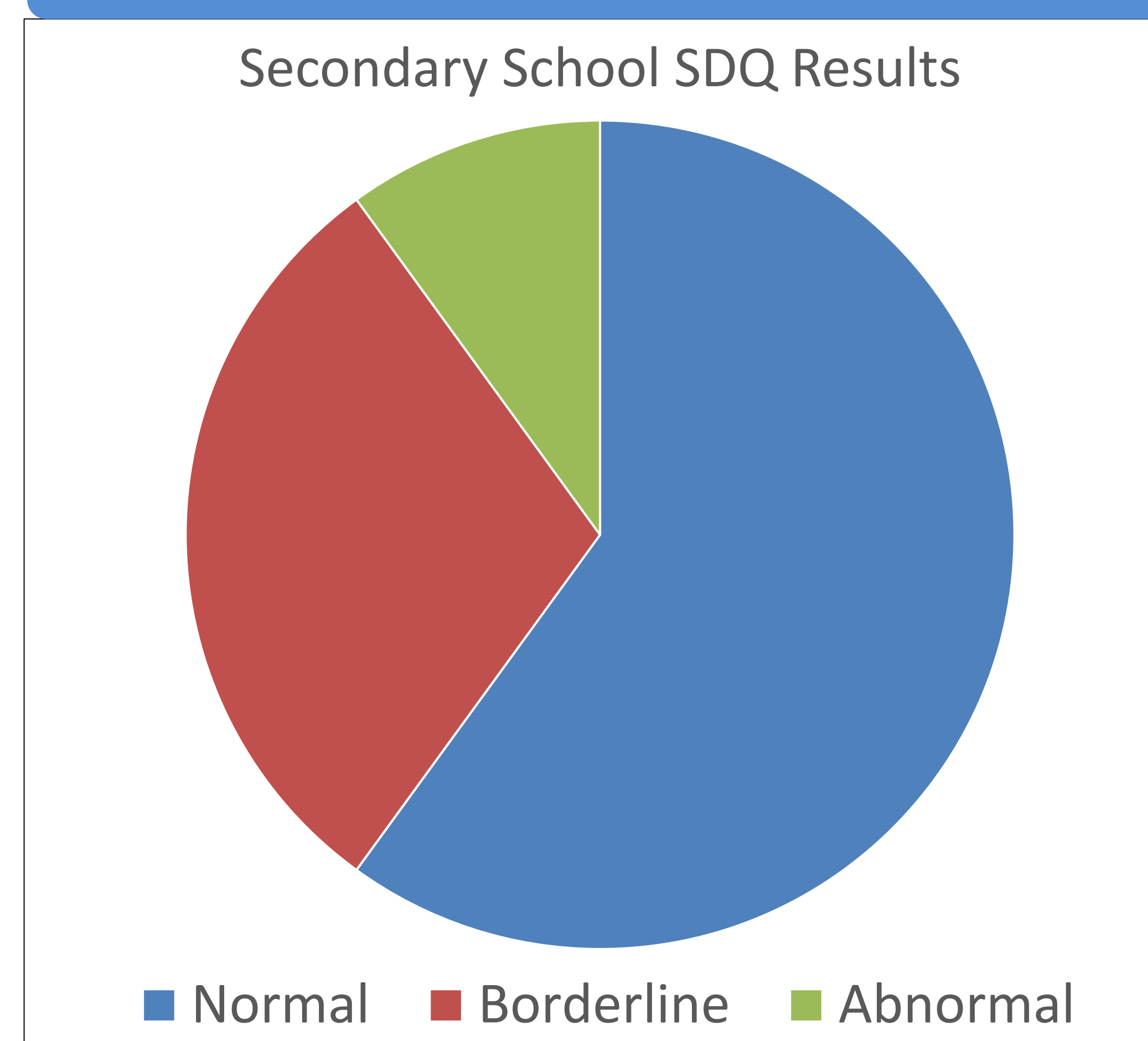
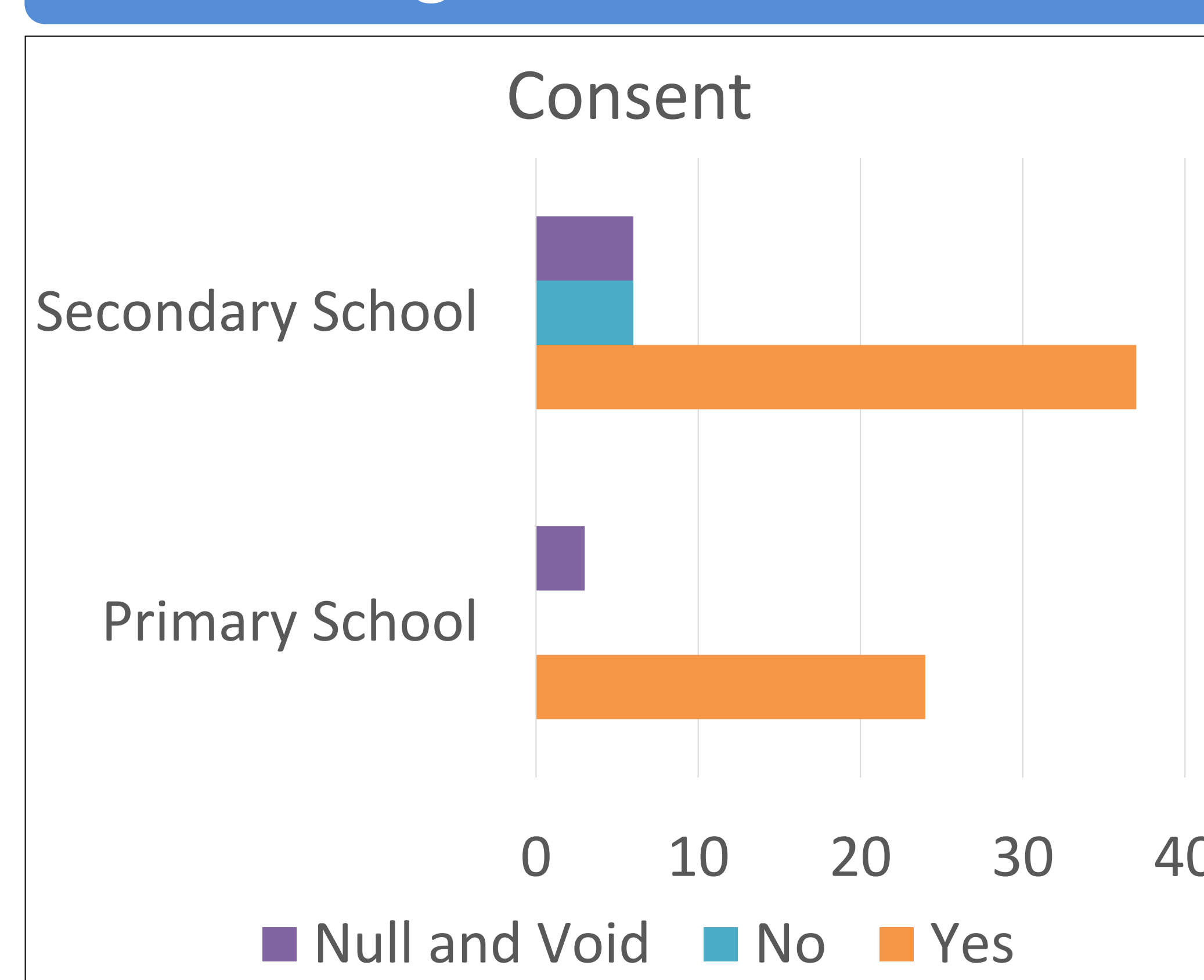


Figure 3: Consent



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Results

Out of 125 children, parents of 11 primary school children and 10 secondary school children participated. The SDQs were scored and the results were described as either 'normal', 'borderline' or 'abnormal' based on the total difficulties score.

Amongst the primary school children, results found that compared to the 10% published cut-off, a higher rate of primary school children scored 'abnormal' and the children scoring 'normal' was below the published cut-off. More secondary children scored 'borderline' compared to the published cut-off of 10%.

Bullying and loneliness were issues for many young people, with peer relations the highest scoring difficulty overall. 10/21 (48%) of the young people reported: 'Other children bully or pick on me' as being somewhat to certainly true. 13/21 (62%) of the young people reported: 'I am usually on my own' as somewhat to certainly true.

Conclusion

In the infant cohort of the Growing Up in Ireland study, 3% of the children were found to have a 'problematic' total difficulties score at the ages of 3, 5 and 7/8 years old [3]. Compared to the results found in our study, two of the primary school children who participated (18.18%) had a total difficulties score that was described as abnormal. This suggests a higher number of difficulties within the Deaf cohort of younger children.

Approximately 3% of the overall participants in the child cohort in the Growing Up in Ireland study had a 'problematic' total difficulties score for all three of the ages; 9, 13 and 17/18 years. Amongst the secondary school students who participated in our study, one had a total difficulties score that was described as abnormal (10%). This also shows an increase in our population studied.

However, our study is limited due to poor response rates. Only 21 pupils (17%) and their parents participated. Some parents gave consent but the SDQs were never returned. Amongst primary school children, 24 parents gave consent; a further 3 returned were null and void as both the yes and no box were ticked. No consent forms were returned with just the 'no' box selected. Amongst the secondary students, 37 parents gave consent, 6 refused consent and 6 were null and void as both boxes were marked. This information is highlighted in the graph below.

Discussion

From our literature review, we have found limited studies which discuss the mental health of Deaf children and adolescents.

In our own study, participation rates were low despite a good working relationship with the school and information on the study being widely distributed. The reason for this is unknown but would make for an interesting follow-up qualitative study. The poor response rate could possibly suggest a poor ability to link with healthcare.

Bullying and loneliness were issues for many children. A previous study by Kouwenberg et al [5] that investigated the levels of victimisation amongst children who are Deaf and Hard of Hearing found that although reports of victimisation were the same in Deaf and Hard of Hearing children as they were in hearing children, there were higher reports of victimisation by Deaf and Hard of Hearing children in special education than by those in mainstream schools.

Further research on mental health of Deaf young people is needed to advocate for the appropriate services for this population.

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