

## **MENTAL HEALTH CONSULTATION FOR DEAF PEOPLE**

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The Mental Health Program for the Deaf of St. Elizabeths Hospital has been providing psychiatric treatment for its patients since 1963. However, a significant portion of its program now includes a variety of consultative services to persons who are not patients of the hospital and to various agencies as well. A brief description of these services follows.

### **Family Therapy and Counseling**

Family Therapy and Counseling perform a vital service for both the patient and his family. Not only does it provide the family with a better understanding of mental illness in general and more specifically of the nature of the illness of the relative who is hospitalized, but it further serves to ease the pain, anxiety and guilt which the family is very often experiencing. Also, because mental illness more often than not is a "family problem" rather than an isolated "individual problem", the family members often need assistance and support in both recognizing their role in the patient's illness and in being able to produce the changes which are necessary in order to avoid having the hospitalized individual return to the same environment which contributed to his illness. It has frequently been observed that family involvement is even more pronounced when the patient is deaf due to the natural tendency of the family to overprotect the individual because of his handicap. Such families very often experience extreme guilt and frustration because of the individual's deafness. Such feelings are then usually intensified upon recognition of the added handicap of mental illness. In such cases, family therapy can do much to quell the anxiety. It can also help the family to establish a more appropriate relationship with the disturbed individual. Nine families have participated in Family Therapy during the past twenty-one months and twelve have received some form of counseling.

### **A Complete Psychiatric Evaluation**

The Staff of the Mental Health Program for the Deaf is able to provide a complete psychiatric evaluation for persons referred by schools, hospitals, vocational rehabilitation counselors, families or friends when illness is suspected, but documentation and recommendations are needed. Such an evaluation includes a psychiatric interview, a complete psychological examination, an interview of any immediate family member who is available, and an interview of the person(s) making the referral. When indicated, the evaluation may further include the referred person's participating in various therapeutic activities with the patients and staff members for the purpose of observing and evaluating his behavior and ability to interact with others. Such an evaluation requires a minimum of three hours but may take much longer. It is done at the hospital. Following the evaluation, the referral source is provided with appropriate recommendations which might indicate a need for inpatient treatment, outpatient treatment, or short-term counseling. Thirty-one such evaluations have been done during the past twenty-one months. Of the persons so evaluated, fifteen subsequently became patients of the Mental Health Program for the Deaf. Of these fifteen individuals, seven became outpatients and eight became inpatients.

### **Consultation Services to Schools**

This service is available not only to the various schools from which some of our patients have been referred, but is also available to others upon request. Our staff members may visit the schools when possible or representatives of the schools involved may visit the hospital. The mutual exchange of thoughts and impressions helps to provide the hospital staff with more insight into the problems experienced by the schools while attempting to cope with the disturbed student. It further provides the persons from the schools with a better understanding of the child's problems. The information and knowledge gained may further aid in earlier recognition of similar problems when such occur in the future. This early detection of emotional problems may possibly do much toward helping to avoid the necessity of either suspending or expelling the child from school because of the presence of emotional problems which have often resulted in serious behavioral problems. The ultimate goal is to help the child with his emotional illness before it results in disturbed behavior. Representatives of eleven schools have participated in this type of exchange during the past twenty-one months.

### **Consultation Services to Hospitals and Other Agencies**

This service is available to hospitals and other agencies desirous of establishing programs which will provide mental health services to deaf

persons in their respective areas. This service is individualized and geared to meet the needs of the requesting agency. It might include a visit by a staff member to the requesting facility when such is possible. However, more often, it involves a visit to the Mental Health Program for the Deaf at which time a mutual sharing of ideas, the opportunity to observe the various therapeutic activities, and a formal training program when such is requested provides the requesting facility with basic information which can then be of help during its efforts to provide similar services for its own deaf community. Representatives of eight hospitals have received this type of consultation during the past twenty-one months.

### **Crisis Intervention**

Numerous persons have sought immediate help from the staff of the Mental Health Program for the Deaf when faced with an emotional crisis. This type of service has at times been sought in person and at other times by use of the TTY (A.C. 202 - 574-7278). The TTY callers have often remained anonymous. The person is usually seeking advice about some problem which is presently causing extreme anxiety or unhappiness. There has been a wide variation in the degree of seriousness of these crises. Some have indicated a mere need for short-term counseling. Some others have indicated a need for actual psychiatric treatment.

### **SUMMARY**

These consultative services, like those provided for the patients of the Mental Health Program for the Deaf are available to persons and agencies regardless of the state of residency. The results thus far have proved very rewarding not only for the recipients of these various services, but for the staff of the Mental Health Program for the Deaf as well.