Royal Commission into
Victoria's Mental Health System

Formal submission cover sheet

Make a formal submission to the Royal Commission into Victoria's mental health system

The terms of reference for the Royal Commission ask us to consider some important themes relating to Victoria's mental health system. In line with this, please consider the questions below. Your responses, including the insights, views and suggestions you share, will help us to prepare our reports.

This is not the only way you can contribute. You may prefer to provide brief comments here instead, or as well. The brief comments cover some of the same questions, but they may be more convenient and quicker for you to complete.

For individuals

Written submissions made online or by post, may be published on the Commission's website or referred to in the Commission's reports, at the discretion of the Commission.

You can request anonymity or confidentiality, but we strongly encourage you to allow your submission to be public - this will help to ensure the Commission's work is transparent and that the community is fully informed.

Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports, subject to any preferences you have nominated.

For organisations

Written submissions made online or by post, may be published on the Commission's website or referred to in the Commissions reports, at the discretion of the Commission. Audio and video submissions will not be published on the Commission's website. However, they may be referred to in the Commission's reports.

Because of the importance of transparency and openness for the Commission's work, organisations will need to show compelling reasons for their submissions to remain confidential.

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them. If you would like to contribute and require assistance to be able to do so, please contact the Royal Commission on 1800 00 11 34.

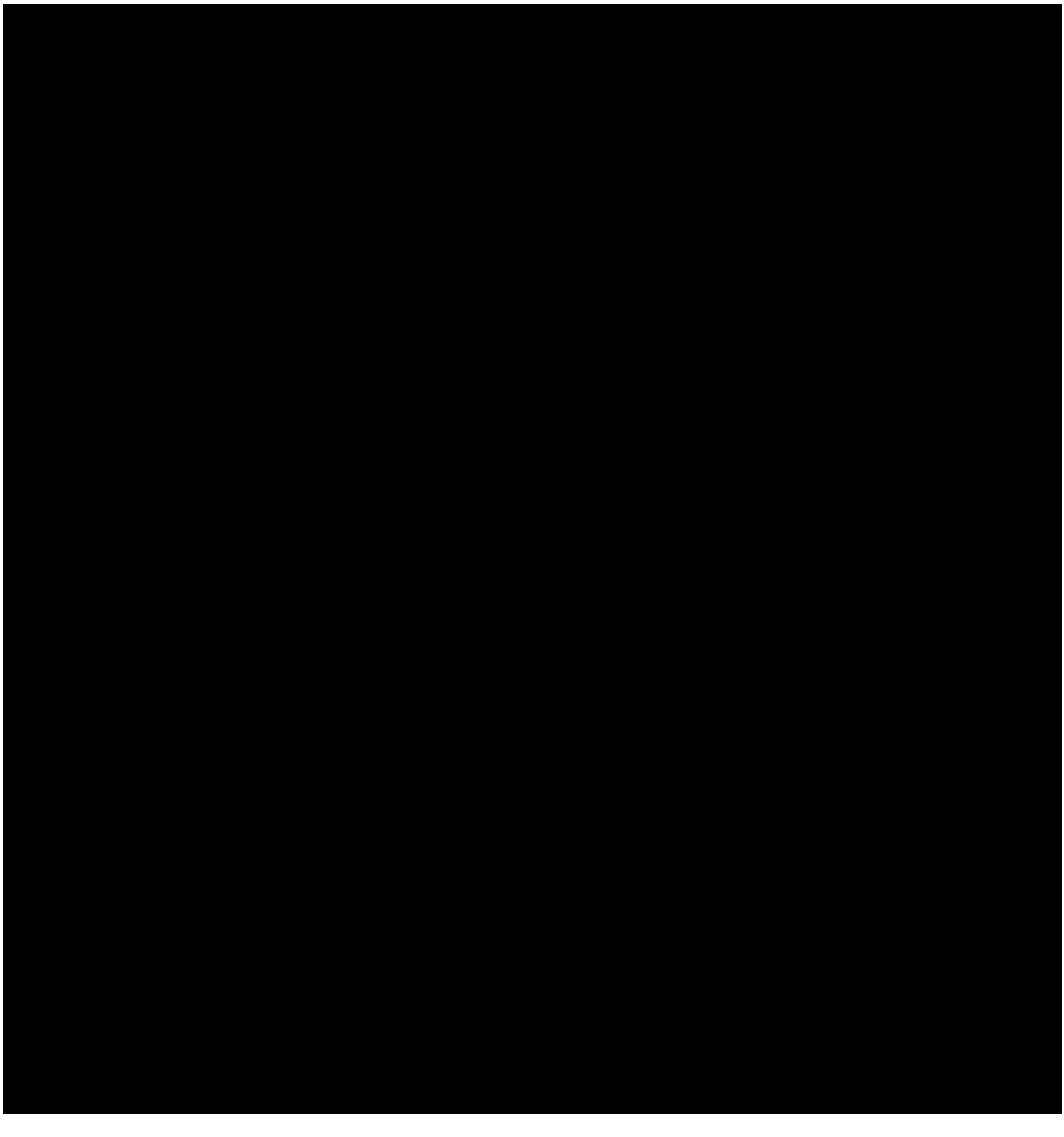
Your information	
Title	Ms
First name	Catherine
Surname	Clark

[redacted]

Type of submission	☐ Individual ☒ Organisation Please state which organisation: Deaf Victoria Please state your position at the organisation: President Please state whether you have authority from that organisation to make this submission on its behalf: ☒ Yes ☐ No ☐ Group How many people does your submission represent?

[redacted]

Please indicate which of the following best represents you or the organisation/body you represent. Please select all that apply	☐ Person living with mental illness ☐ Engagement with mental health services in the past five years ☐ Carer / family member / friend of someone living with mental illness ☐ Support worker ☐ Individual service provider ☐ Individual advocate ☐ Service provider organisation; Please specify type of provider: _____ ☒ Peak body or advocacy group ☐ Researcher, academic, commentator ☐ Government agency ☐ Interested member of the public ☐ Other; Please specify:
Please select the main Terms of Reference topics that are covered in your brief comments. Please select all that apply	☒ Access to Victoria's mental health services ☒ Navigation of Victoria's mental health services ☒ Best practice treatment and care models that are safe and person-centred ☐ Family and carer support needs ☒ Suicide prevention ☒ Mental illness prevention ☒ Mental health workforce ☒ Pathways and interfaces between Victoria's mental health services and other services ☒ Infrastructure, governance, accountability, funding, commissioning and information-sharing arrangements ☐ Data collection and research strategies to advance and monitor reforms ☐ Aboriginal and Torres Islander communities ☒ People living with mental illness and other co-occurring illnesses, disabilities, multiple or dual disabilities ☒ Rural and regional communities ☒ People in contact, or at greater risk of contact, with the forensic mental health system and the justice system ☒ People living with both mental illness and problematic drug and alcohol use



Your contribution

Should you wish to make a formal submission, please consider the questions below, noting that you do not have to respond to all of the questions, instead you may choose to respond to only some of them.

1. What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?

Deaf Victoria has undertaken important work in uncovering the impact of mental health within Victoria in Deaf and hard of hearing communities. In 2015, we conducted a very successful *conference "Let's Talk about Mental Health".* This conference included presentations by Deaf people with lived of a mental illness and other mental health issues, Deaf professionals as well as other hearing professionals who work in the field of mental health. Attendees included a mix of professionals, consumers, service providers and peak bodies. As an outcome of this conference, a report was released documenting the conference and making a series of recommendations for the sector to work towards improving mental health amongst Deaf and hard of hearing Victorians (Monterio, 2015; Let's Talk about Mental Health, Deaf Victoria).

The conference noted that mental health and wellbeing was a significant issue for members of Victoria's Deaf and hard of hearing community. The very nature of missing out on being included, participating in everyday communication and being unable to be fully part of their local community is a challenging one at best. For many Deaf people, the constant indirect and seemingly minor barriers to community participation can build up over time and have a devastating impact on long term mental health. Barriers typically begin in early childhood through missing out in the playground, not being understood by peers and feeling segregated in a mainstream class room. This can continue into teenage years and young adulthood where an individual can *develop 'learned helplessness'* a feeling of disengagement, low self-esteem and an overall sense of *'it's just not worth it.'*

In addition to this, they may feel marginalised from their families, may have difficulty holding down or keeping employment, feel unable to develop self-interest activities or engage in fitness, and go out to social events accessible to the broader community. Over time, mental health issues develop and can have a huge impact on the quality of life for Deaf and hard of hearing Victorians. To add to the complexity, Deaf and hard of hearing people often present with lower literacy levels upon completing secondary education compared to the wider community (Napier & Kidd, 2013).

As there is no peer reviewed or evidence based research to understand the impact of mental health on Victorian Deaf and hard of hearing people, Deaf Victoria has reviewed literature from the United States of America (USA) and the United Kingdom (UK) to inform the Victorian community of issues. As a western society, we share many of the same opportunities and challenges in our society as the USA and the UK, therefore their research findings can be applied to our society bearing in mind the difference governance and financial structures.

Research conducted in the UK, (McClelland et al, 2001)* notes that if a Deaf and hard of hearing person experiences mainstream stigma and indirect and direct discrimination throughout their lives , this may result in a higher prevalence in developing mental health issues when compared to hearing people who are faced with similar experiences.

* McClelland, 2001: Mental health and deafness: An investigation of current residential services and service users through the UK; Journal of Mental Health)

McClelland identifies examples of stigmas to include: cochlear implants being seen as a cure to deafness; use of sign language hinders speech development; deaf and hard of hearing people who speak well do not require additional support and are often overlooked; deaf people are not well-educated.

Following from our literature review and the recommendations from the Monterio report (2015), Deaf Victoria offers the following suggestions to the Royal Commission into Mental Health:

- Promote awareness about the importance of the use of Auslan;
- Provide training opportunities for deaf and hard of hearing people as advocates, deaf interpreters, and support persons in mental health;
- Increase the number of resources about mental health available in Auslan and with English captions;
- Provide deaf awareness training for mental health professionals to learn about deafness and its implications on mental health;
- Increase the number of community events accessible for deaf and hard of hearing people with provision of Auslan/English interpreters and live-captioning;
- Establish an online portal focusing on deaf mental health where mental health professional, interpreters, educators, support workers, and such can access to learn more about deaf mental health

By implementing our suggestions, we believe that this will result in lower prevalence of poor mental health amongst our community.

About Deaf Victoria:

Deaf Victoria is Victoria's disability led organisation representing Deaf and hard of hearing Victorians. The organisation provides an advocacy and information referral organisation funded by the Department of Health and Human Services (DHHS). Deaf Victoria advocates on behalf of deaf and hard of hearing Victorians to increase equality, inclusion and access to mainstream services.

Our vision is to see Victoria being a great place for Deaf and hard of hearing Victorians to work, play and study and we do this through educating and engaging with a range of organisations. Deaf Victoria also represents deaf and hard of hearing people in both state government and disability groups. Currently, Deaf Victoria has a representative on the Inclusive Education steering committee facilitated by the Department of Education & Training. In the past, Deaf Victoria participated in advisory groups for Victorian Police, VicHealth, Alfred Health, and many other organisations.

Deaf and hard of hearing people view themselves as part of a cultural and linguistic minority group. as Australian Sign Language (Auslan) is the language of Australia's Deaf community, so many of our members use Auslan as their first and primary language for everyday communication. Auslan was recognised as one of Australia's community language in 1991 (Dawkins, Australia's Language: The Australian Language and Literacy Policy). The 2016 census recorded that there are **3,130** Auslan users who live in Victoria (Australian Bureau of Statistics, 2017).

According to the *Listen Hear* report, one in six Australians has some degree of hearing loss and this is expected to increase to one in four by 2050 (*Listen Hear: the economic impact and cost of hearing loss*, Access Economics, 2006).

2. What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

In 2018, Deaf Victoria partnered with ASLIA Victoria and Monash University to develop and deliver a specialist course tailored for both NAATI certified Auslan/English Interpreters and Deaf interpreters. This project was funded by the Disability Advocacy Innovation Fund through the Office of Disability at the Department of Health and Human Services (DHHS).

Deaf interpreters are qualified deaf professionals who are fully bi-lingual in both Auslan and English and are skilled in breaking down the interpretation done by the Auslan/English interpreters. This additional service ensures that the deaf client, who may have significant additional barriers such as mental illness, is able to get full access to communication and information. This course enabled those qualified professionals who wanted to further develop skills in interpreting in a variety of mental health settings. As a result, course graduates are better skilled and are more proactive in being able to support the communication needs and work more effectively alongside with mental health practitioners and deaf/hard of hearing clients.

The training provided the graduating Auslan and Deaf interpreters to become better skilled at communicating the complex messages in Auslan or other form of visual communication as presented by the deaf/hard of hearing client to the mental health professional. This will hopefully result in better treatment and support to the individual. Many deaf and hard of hearing people living with mental illness communicate in a range of ways that includes paralinguistic communication. The course was able to provide both the Auslan and Deaf interpreters with skills in interpreting paralinguistic communication. This can assist the mental health professional in assessing and conducting psychiatric evaluation for that individual.

The funding for this course was ‘a once off’ opportunity. There is no ongoing funding for this course to be offered again in the future. This means that new and emerging Auslan and Deaf interpreters and will not have the opportunity to develop these important skills.

The National Disability Insurance Scheme is currently funding Auslan interpreting services in the individual packages for Deaf people to enable them to access mental health counselling services if this is identified as a goal.

There is also greater awareness of Auslan and more opportunities for people to learn become qualified in the language. However, as always, more needs to be done to embed sustainability of these opportunities.

In Queensland, there is the Deafness and Mental Health Statewide Consultation Service, which is the only service of its kind in Australia. The service in Queensland has been working well, and has been supporting deaf and hard of hearing people to get early treatment. Deaf Victoria recommends that the Victorian Government adopts this model so a similar service is made available to benefit deaf and hard of hearing Victorians.

3. What is already working well and what can be done better to prevent suicide?

Best practice in prevention and management of mental health in Deaf people across Victoria is very piecemeal and ad hoc. There is only one health centre across Victoria that is supporting individuals with mental health through providing yoga, meditation, supporting other wellbeing activities and so forth. Additionally, there are a handful of qualified hearing psychologists and psychiatrists that either can sign fluently in Auslan or have decades of experience in this field that they can successfully work with an Auslan/English and Deaf interpreter to assist their clients.

Anecdotally, Deaf Victoria is aware that deaf men under the age of 25, are at greater risk of suicide due to a range of barriers and a lack of support. However, there is no hard data or evidence to support this claim other than first-hand experience by some members of the organisation and through anecdotal feedback in our information and advocacy efforts.

At a recent strategic planning workshop, a group of interested people associated with the Karli Health Centre noted that the five strategic priorities for the Centre which were drawn from the

recommendations of the "Let's Talk about Mental Health" report:

1. develop community-based support for Deaf mental health, including a workforce of Auslan fluent practitioners, preferably deaf practitioners qualified in mental health;
2. develop training and support for Auslan/English interpreters to increase the available pool of interpreters confident and competent to interpret in mental health settings;
3. develop accessible resources for deaf consumers about mental health;
4. develop deafness (linguistic and cultural) awareness training for public and/or mainstream providers of mental health services; and
5. develop prevention strategies (i.e. building strong mental health within deaf populations in order to potentially circumvent the development of mental health issues).

Community training

There is evidence that training community members to recognise and respond to people at risk of suicide may be an effective suicide prevention strategy (LifeSpan). Work has started to create national guidelines for providing mental health first aid to Deaf Australians, with the long-term goal of developing a version of the Mental Health First Aid program that focuses on mental illness and suicide in the Deaf community (Danielle Ferndale's work). As Australia's first community mental health and suicide prevention training program that is fully accessible Deaf people, this program will increase the mental health and suicide prevention literacy of Deaf Australians and contribute to reducing stigma in this community.

Building the evidence base

Available evidence suggests that Deaf people may be at increased risk of suicide due to their greater likelihood of experiencing known risk factors for suicide such as social isolation, physical health problems (Turner, Windfuhr and Kapur, 2007), mental illness (Turner, Windfuhr & Kapur, 2007; Brown & Cornes, 2014; O'Hearn & Pollard, 2008), childhood abuse and self-perceived poor quality of life (O'Hearn & Pollard, 2008). However, neither the Victorian, nor the national data collections relating to suicide deaths produce publicly available estimates on the suicide rate of Deaf people. This lack of data significantly hinders attempts to design, implement and evaluate suicide prevention initiatives for the Deaf community.

4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

The majority of mental health professionals have limited working knowledge of deaf and hard of hearing people. According to *Let's talk about Mental Health* (Monteiro, 2015, Deaf Victoria), mental health services are generally hearing focused which is a contribution to oppression on the basis of the view is that services tailored for hearing people are superior.

> *"I felt the counsellors did not understand my deaf identity and either overplayed or downplayed it" – deaf person sharing their experience with access the mental health system (Deaf Victoria, 2015).*

As mentioned earlier, there are a range of issues impacting the mental health of Deaf and hard of hearing people:

- **Communication**: this is the catalyst for many deaf people who grew up missing out on opportunities to connect with their family due to communication barriers. Oftentimes, deaf children are expected to assimilate to the hearing world by learning spoken English and not being encouraged to learn Auslan. With limited access to language, this has a serious impact on the deaf child's fund of information in which will be affected for the rest of their lives.

- **Education:** For many years, deaf people have had limited access to quality education. Deaf education in Australia is approximately twenty years behind, and is struggling to catch up due to bureaucracies imposed by state governments and funding. There is a limited supply of teachers of the deaf who are fluent in Auslan, and also a limited supply of deaf role models in schools. Without access to deaf role models, deaf children are likely to experience struggles with finding their identity.
- **Lack of awareness**: The world is hearing-centric, and deaf people often find it difficult to fit in when non-deaf people lack understanding and awareness of deafness, and might not show willingness to be inclusive.
- **Learned helplessness**: Deaf people spend most of their lives advocating for their basic human rights. They spend a considerable amount of time advocating for accessibility, education, communication, and to be heard. This can often become exhausting and they give up after investing their time and energy, only to get nowhere.
- **Isolation**: This is rife for deaf and hard of hearing people who live in regional and remote towns and often do not have the same level of access to services as those living in large cities.

Deaf and hard of hearing people often experience difficulties with finding a counsellor and/or mental health profession who has a good understanding of deaf identity and issues experienced by deaf and hard of hearing people. Currently, there is a limited number of mental health professional who are fluent in Auslan and have a good working knowledge of deafness. In Victoria, there are four (4) mental health professionals who are hearing, yet are fluent in Auslan and have worked with deaf and hard of hearing; one psychologist who is deaf and fluent in Auslan; one soon-to-be qualified psychologist who is also deaf and fluent in Auslan; and a counsellor who is deaf and fluent in Auslan. However, deaf people are reluctant to access services provided by deaf mental health professionals due to trust issues and the size of the deaf community.

Monterio (Deaf Victoria, 2015) said that deaf and hard of hearing people who access mainstream mental health services often end up advocating for themselves to be able to access the services and this was often more stressful.

> *"I had to face doctors, nurses and a social worker with cerebral palsy (which is not a problem, just very difficult to try and lip-read). I was distressed and crying, and it got to a point where communication and everything was really difficult. I requested several times for an interpreter. Every time they said an interpreter would come, but it never happened once.* [redacted] *(my wife) had to continue interpreting for me and the stress on her was enormous."*
>
> *deaf person sharing their experience with communication difficulties in the mental health system (Deaf Victoria, 2015).*

Assessments and treatments used by mental health professionals are often not *'deaf-friendly'* and do not recognise the cultural and linguistic differences needs of these individuals. Monterio (Deaf Victoria, 2015) stated that assessments are often conducted with intelligence tests based on verbal and performance tests, which means the deaf or hard of hearing person might underscore due to not being able to understand the language used.

As for performance tests, the Deaf or hard of hearing person would score according to their performance ability (Deaf Victoria, 2015). Assessments are not conducted in the deaf/hard of hearing person's preferred language and at their level of communication, which often leads to the risk of misdiagnosis and miscommunication.

The mental health system as a whole is inaccessible for deaf and hard of hearing people, particularly those who use Auslan as their preferred language. Deaf and hard of hearing people who use Auslan have frequently complained about Auslan/English interpreters not being provided upon request, which is a common issue across the entire Victorian hospital and health sector.

The non-provision of Auslan/English interpreters in hospitals poses a clear risk in communication of health issues and information to patients who are deaf and hard of hearing (Deaf Victoria, 2014). In 2014, Deaf Victoria conducted an inquiry into provision of Auslan/English interpreters in Victorian hospitals. According to the Joint Commission (Deaf Victoria, 2014), skills required to understand and use health care related communication often exceeds the abilities of an average person. English is the

second language of deaf people who grew up using Auslan, which means they might encounter difficulties with understanding information related to health and mental health in English.

There is a lack of qualified mental health professionals who are fluent in Auslan, which makes navigating the mental health system even more difficult for deaf and hard of hearing people who use Auslan. Concerns have been raised about the lack of mental health advocates provided to deaf and hard of hearing people, especially during a period of crisis.

> *"The system, it failed me. I had to use my friend* [redacted] *and his networks to get access to what the hospitals should have known and provided in the first place. If it wasn't for his help, I would have been in the psych ward for weeks. This demonstrates that something needs to change."* – deaf person who presented at the hospital during a mental health crisis (Deaf Victoria, 2015).

Deaf and hard of hearing people spend most of their lives advocating for their communication needs, particularly when they use Auslan and require an Auslan/English interpreter. As abovementioned, hospitals are notorious for failing to provide Auslan interpreters upon request. Staff are not trained properly in regards to booking Auslan/English interpreters and often have the assumption that Auslan/English interpreters are not available after hours.

> *"At 10am the next morning, the nurse told me there was no interpreter available. I had to wait longer so an interpreter could be sourced for me to see the doctor. After waiting for hours and hours, I was admitted straight into the ward at 3pm. This occurred without discussion and I had no idea what was happening. I was panicking because I had not yet seen a doctor with an interpreter and this was not what I agreed to.*
>
> *By 7.30pm I had an interpreter but I was scared because I had never been to a psych ward. Up until then, I thought I was suffering from depression. It was a Wednesday, and the doctor advised that I would be okay to go home on Friday. However, they wanted to see me again the next day and that they would book an interpreter for 10am. Later that night, I asked the nurse if they had booked an interpreter yet and they said, "I need to check the website. It's a $370 booking fee. I will do it at 8am when they open". This caused me to panic again as I knew two hours' notice to secure an interpreter was not sufficient." (Deaf Victoria, 2015).*

In 2014, Deaf Victoria found that 34.7% of deaf/hard of hearing individuals reported that the outcome of having no interpreting support, inadequate interpreting support or having to advocate for interpreting support was detrimental to their health. This increases the risk of the deaf/hard of hearing patient receiving incorrect information due to inadequate or no interpreting support, which potentially leads to longer recovery and high readmission rates.

5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

As has been discussed throughout this submission, the major drivers in deaf and hard of hearing people experiencing poorer mental health outcomes are:

1) Lack of access to services, qualified Auslan interpreters, and community support in regional and remote towns.
2) Language deprivation & education
3) Lack of awareness about deaf and hard of hearing people
4) Learned helplessness as result of self-advocacy

There is a sense of urgency in the community that more resources and support be provided to this marginalised community.

6. What are the needs of family members and carers and what can be done better to support them?

- Family members are not to be asked to interpret for their deaf relative – this can place considerable trauma and stress, especially during a crisis.
- Support groups to be provided for parents and family members of deaf people who are experiencing mental health issues.

If the deaf patient arrives at the hospital with a family member, they are often asked to interpret which is not best practice and is deemed unethical. This can also become a traumatising experience for both the deaf patient and the family member.

The Royal Children's Hospital Melbourne stated that *"**It is never appropriate to use a child or family member for interpreting -** information transfer cannot be guaranteed; it places a significant burden on the person interpreting (who may be exposed to sensitive/inappropriate information) and it changes the dynamics and power balance of the consultation.* (RCH, 2019)

7. What can be done to attract, retain and better support the mental health workforce, including peer support workers?

- Training opportunities for deaf and hard of hearing people to become mental health advocates and/or peer support workers;
- Funding for future accredited mental health interpreting training courses for Auslan<>English and Deaf interpreters;
- Deafness awareness training program to be specifically developed for the mental health arena;
- Deafness awareness training provided to mental health practitioners who have a keen interest in working with deaf and hard of hearing people;
- Deafness awareness training provided to major mental health organisations such as BeyondBlue, Lifeline, and Headspace;
- Deafness awareness training made compulsory for health professionals working in mental health wards and clinics in hospitals across Victoria;
- Training provided to health professions in regards to booking and provision of Auslan<>English interpreters;
- Training on how to use the National Relay Service provided to mental health organisations and practitioners.

8. What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?

NDIS is available for deaf and hard of hearing people living in Victoria, however there are difficulties with getting funding approved for access to mental health system. Currently, the NDIS does not recognise mental health issues, however this can be argued if deafness is recognised as the primary disability and having mental illness recognised as secondary disability.

A client was able to get their counselling sessions funded by the NDIS on the basis that it was required to address the psychosocial barriers arising as a direct result of being deaf. This deaf person experienced barriers to communication which resulted in isolation and withdrawing from the community. Counselling was required for this deaf person to re-attain independence and engage with

the community.

Most private mental health practitioners do not have access to the Victorian Creditline for Auslan interpreting, which means they are unable to absorb interpreting costs without financial implications. This can be resolved through deaf and hard of hearing people using their NDIS funding to cover interpreting costs.

9. Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?

As a result of the *Let's Talk About…Mental Health and Deaf People* conference in November 2015, a number of recommendations were made:

Recommendation 1 – Develop a community-based support model for deaf mental health.

Support for deaf and hard of hearing people in the current mental health system in Australia is lacking. Systems are designed for people who are hearing and adjustments are not readily made for deaf and hard of hearing people who need mental health support.

It is recommended that:

1. Research needs to be conducted to identify best practice community-based support models for deaf mental health support throughout the world.
2. Continuing consultation needs to occur with key stakeholders in Australia to identify he needs and improvements required for effective deaf mental health support.
3. From data collected, a report needs to be drafted with key recommendations for the development of a community-based response to deaf mental health in Australia.

A good mental health service depends on appropriately trained and screened practitioners working in partnership and consistently with appropriately trained and experienced interpreters. The collegiate approach must underpin any consideration of service delivery.

Recommendation 2 – Develop training and support to increase the skills and awareness of communication support professionals working with deaf people within the mental health system.

Interpreting and communication support for deaf mental health is a specialist field. It is recommended that both training and support be developed around this field to increase the skills and awareness of communication support people who work with deaf and hard of hearing people receiving mental health support. This includes Auslan Deaf interpreters and deafblind interpreters and so on.

As discussed earlier in this report, there is work being done to create and develop a Deaf Mental Health First Aid course, Deaf Victoria recommends the Victorian Government commit to supporting the development and rollout of this important course which will assist Deaf peers to identify and support their fellow community members who may experience mental health/illness and could be at risk of suicide.

Recommendation 3 – Develop accessible resources for deaf people who are accessing the mental health support system.

Many available mental health resources, both printed and online, are inaccessible for people who are deaf or hard of hearing. Plain-English versions and Auslan versions of resources are required. Online videos need to be captioned and Auslan versions to be developed.

It is recommended that accessible resources be developed across the spectrum of mental health support, including, but not limited to:

- Domestic & family violence
- Substance abuse
- General mental health information such as details about Beyond Blue and other mental health support organisations, and printed information.

Recommendation 4 – Develop training and awareness programs for mainstream mental health professionals to increase awareness of specific issues surrounding mental health support for deaf people.

There is a lack of awareness among mainstream mental health professionals such as psychiatrists, counsellors, nurses and other support people, surrounding the specific issues of deaf and hard of hearing people in relation to mental health support.

It is recommended that this be addressed through the development of both training and resources to increase their awareness of the requirements of deaf and hard of hearing people who access mental health support.

Recommendation 5 – Develop programs that focus on prevention through positive mental health activities and strategies.

Evidence presented at the *Let's Talk About… Mental Health and Deaf People* conference suggested that deaf and hard of hearing people are subject to many negative stereotypes around 'cures' and 'fixing', which can lead to poor self-concept.

It is recommended that programs be developed for deaf and hard of hearing people that focuses on prevention and development of positive life skills through exposure to strong role models.

Other recommendations based on work done since the 2015 conference:

- Establish a forum to explore deafness and mental health. Invite deaf mental health professionals, deaf advocates, deaf professionals, government representatives, and Auslan/English & Deaf interpreters to participate in the forum for a fixed term.
- Develop accessible mental health resources for deaf and hard of hearing community so they are able to respond better to mental health issues.
- Scope a feasibility study into expanding data collection systems such s the Victorian Suicide Register to ensure that data is collected that the prevalence of suicide in the Deaf community is reported regularly
- Consideration be given to funding a trial of a Victorian Mental Health Consultation Service the builds on the success of the Queensland model that will benefit Deaf and hard of hearing Victorian
- The Victorian Registrations and Qualifications Authority (VRQA), and the National Accreditation Authority for Translators and Interpreters (NAATI) and other partners to explore how best to get the course accredited or included as part of the Translators and Interpreters Training Package and offered as an elective at the Diploma or Advanced Diploma of Interpreting (Auslan). Or as a module in a future post graduate Auslan interpreting program.

10. What can be done now to prepare for changes to Victoria's mental health system and support

improvements to last?

- Mental health services to become inclusive and accessible;

- Barriers to be removed to ensure deaf and hard of hearing people especially those who use Auslan are able to receive appropriate support to manage their mental health;

- Local and state governments to fund accessible resources for mental health so deaf and hard of hearing people are able to access information;

- Educational campaign to reduce stigma on deaf and hard of hearing people and to encourage acceptance.

11. Is there anything else you would like to share with the Royal Commission?

Deaf Victoria would be pleased to expand further on our submission at the Royal Commission to highlight the significant issues faced by this small but important population in Victoria.

We request that consideration be given to establishing a special forum or a workshop for Deaf people to discuss directly their experience of mental health with the Commission. Mainstream consultations were not accessible due to lack of Auslan interpreters present. Additionally, Deaf people often do not feel comfortable or included as part of a mainstream consultation due to the fact that communication is such a challenge and it is often hard to articulate in a mainstream setting where English is predominant and there may be more support required than just an Auslan interpreter.

[redacted]