



LEEDS BECKETT UNIVERSITY
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How being part of the Deaf/Hearing-Impaired community impacts on their mental health?

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Candidate Declaration:

By submitting this form, I, Britney Pease hereby confirm that this thesis is my own work.

This report, or any part thereof, has not been previously submitted for any assessment, degree or comparable award and I confirm the work is my own and referenced accordingly.

Abstract

This central part of this research study is to collect primary data using questionnaires to gather responses to help conduct a high-quality report of the question 'how being part of the Deaf/Hearing-Impaired Community impacts on their mental health? Linking the aim and objectives along with conducting secondary research which will form a decent part of the report. The primary data will be organised on Google Forms which will be open for a period of 2 weeks and a half, and be run across 3 deaf groups on Facebook which is where it is best suited to be ran. The secondary data will be found using academic journals, linking both primary and secondary data together to conclude this study.

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How being part of the Deaf/Hearing-Impaired community impacts on their mental health?

1.0: INTRODUCTION TO RESEARCH

The primary data that is being collected will answer the question, aim and objectives as to whether being part of the Deaf/Hearing-Impaired community impacts on their mental health. The four objectives will draw a conclusion as to understand the effect everyday life has on a deaf person's mental health, to examine how face masks can be a mental health factor among deaf people and establish how the lack of their mental health needs affects the Deaf/Hearing-Impaired community. Throughout the report, primary data will be collected alongside secondary data that will aim to tell similarities or differences between secondary and primary.

1.1: BACKGROUND

The focus for this research report is to generate a conclusion to the question of 'how being part of the Deaf/Hearing-Impaired community impacts on their mental health'? The primary data collected will be the focus for this research report where responses will be generated. Communication access for people with hearing loss can be described as "the right of deaf and hard of hearing people to receive and understand information and signals presented directly ... and ... the lack of barriers to, and the concomitant presence of access to, visual or auditory communication" (Barnartt, Seelman, and Gracer, 1990, p. 50). Collecting primary data for this study will help massively with the structure of the report. Many of the questions on the questionnaire can be considered personal to the point where personal experience might get in the way, however responses to the questionnaire have been positive and will help to get a conclusion. Secondary research collected is from peer-reviewed and academic journals available online which will help in the research report linking both secondary and primary data together to find a connection.

1.2: RESEARCH AIM

The aim for this is to investigate the mental health impacts of a Deaf/Hearing-Impaired community. The research title/question for this report was How being part of the Deaf/Hearing-Impaired community impacts on their mental health? The title and aim are like one another; however, the objectives are focused on the mental health of Deaf/Hearing-Impaired people and how they are dealing with the fact that they are Deaf people and how being part of the pandemic where the one necessity needed restricts them from doing what they love every day and how that affects their mental health because every individual is different. Deaf participants were chosen as part of the project because of their vulnerability, with how life is now, mental health is important, and how they cope with it is part of the question which will help conclude a conclusion.

1.3. RESEARCH OBJECTIVES

Objective 1: To explore the impact that mental health has on a Deaf/hearing-impaired community.

A Questionnaire has been generated across three deaf groups on Facebook for this report, to get responses. There has been a gathering of primary data, along with secondary data to ensure that this objective is met.

Objective 2: To develop and understand the effect everyday life has on a Deaf/hearing-impaired person's mental health.

Secondary data will be collected for this objective of the effect everyday life has on a Deaf/Hearing-Impaired person's mental health to compare with the primary data collected from Questionnaires. The question asked for this objective is 'Do you feel being deaf has an impact on your mental health', with a follow up to those who answered 'yes', 'what mental

health challenges are impacted'. This is to help me compare the secondary data found with the primary data collected to see if there are any differences or similarities.

Objective 3: To examine how face masks can be a mental health factor among Deaf/hearing-impaired people.

Primary data using Questionnaires/surveys has been generated across Deaf groups to help me get responses to the objective of how face masks can be a mental health factor among Deaf/Hearing-Impaired people. Like objective two, secondary data will be conducted alongside the primary data I have collected to compare any differences or similarities. The question asked for this objective is 'Does wearing face masks impact on your mental health as a deaf person', with a follow up question to those who responded 'yes, 'if answered yes why'. Those who responded gave similar answers which will help me generate a conclusion at the end.

Objective 4: To establish how the lack of their mental health needs affects the Deaf/hearing-impaired community.

Primary research was also conducted with the question asked of 'Do you feel like you are getting enough support from mental health facilities as a deaf person', with a follow of question of those who answered 'no', 'if answered no, why' and their responses. Those who answered gave responses that collide with objective two and three.

2.0: LITERATURE REVIEW

2.1. TO EXPLORE THE IMPACT THAT MENTAL HEALTH HAS ON A DEAF/HEARING-IMPAIRED COMMUNITY?

Hearing loss affects about 15–26% of the world's population, with the highest prevalence in low-income countries (Johannes Fellingner, 2012). Published work suggests that deaf people

do not have a specific psychopathology and that mental health problems in deaf populations are mostly common mental disorders, with scores for anxiety and somatisation higher in women than in men, but the sexes had similar amounts of paranoid ideation, depression, and interpersonal sensitivity (Johannes Fellingner, 2012). Even though 15-26% of people suffer with hearing loss, the findings show that all those with hearing loss suffer from some form of mental health disorder as found by Wallis, Musselman, and MacKay (2004) who used the Youth Self Report (YSR) of the ASEBA (Achenbach & Rescorla, 2001) and reported 54% of students with hearing loss experiencing a mental health problem. Van Eldik (2005) also used the YSR and found that 39% of boys and 34% of girls reported problems. Fellingner, Holzinger, Sattel, and Laucht (2008), using the student form of the SDQ (Goodman, 1997), reported a rate of 32.6%. These findings find that anxiety was a popular mental disorder for those who suffer from hearing loss with females in particular finding it difficult to maintain an idealisation of perfect mental health image, with males just below the spectrum, however other mental disorders such as depression seem to be found in both genders, suggesting that females have more to maintain because they are considered vulnerable than males. When investigating the prevalence of problems related to the 'narrow band' scales, Fellingner et al. (2009) showed that DHH adolescents suffered from higher rates of depression, while Cornes et al. (2006) also found a higher prevalence of withdrawal/depression, somatic complaints, social problems, and thought problems in this population compared with hearing peers.

2.2: TO DEVELOP AND UNDERSTAND THE EFFECT EVERYDAY LIFE HAS ON A DEAF/HEARING-IMPAIRED PERSON'S MENTAL HEALTH?

For an individual with hearing impairment, the most obvious communication problem in the workplace is the presence of background noise. Noise is highly prevalent in industrial settings and, among workers with noise-induced hearing loss, noise is mentioned most frequently as an obstacle and a source of annoyance in the workplace (Hetu, 1994; Laroche, Garcia, and Barrette, 2000). Communication issues are a common factor in being deaf and can have an impact on mental health because of the inability to hear others, particularly in the workplace where important notes may need to be taken. This finding suggests that many find it difficult to express communication skills when deaf, of concerns expressed by employers of adults with hearing loss, 62 percent were communication-related, and 24 percent were safety-

related (Dowler and Walls, 1996). This finding from Marit. Kvam, Mitchell Loeb, Kristian Tambs suggests that a larger proportion of those in the NTHL study responded not at all to the indicators of mental distress than did the deaf respondents, whereas respondents from the Deaf study more often reported extremely to each of the anxiety and depression indicators than did the NTHL respondents. Persons with hearing loss may be either hard of hearing or deaf. Hard of hearing individuals have a hearing loss that affects their daily life but can use their own hearing to communicate under favorable conditions, either with or without hearing aids. Deaf individuals are unable to understand speech through their auditory sense even when wearing hearing aids (Knutson, Johnson, & Sullivan, 2004; Kvam, 2004; Sullivan & Knutson, 2000). This increases the risk of mental health problems throughout life (Downs & Harrison, 1998; MacMillan et al., 2001; Read, 1998). The response rate among the deaf was 46% ($N = 431$), with a gender distribution of 41% male and 59% female respondents. The use of hearing aids was not reported; however, it was noted that none of the respondents had a cochlear implant. Among the respondents, 50.8% were 45 years or younger (Kvam, Loeb, Tambs, 2006).

2.3: TO EXAMINE HOW FACE MASKS CAN BE A MENTAL HEALTH FACTOR AMONG DEAF/HEARING-IMPAIRED PEOPLE?

Face masks are now an everyday essential for the public, however for the Deaf/Hearing-Impaired community, they are not of use when communicating with another individual. Many Deaf individuals attend healthcare appointments which require communication between patient and nurse. According to Foley (2020), Communication between patient and clinician is at the heart of medical care. Even before masks became ubiquitous, people with hearing loss struggled to communicate in healthcare settings, and poor communication was the likely cause of their documented worse health outcomes (Reed NS, Altan A, Deal JA, et al). Those challenges remain, but masks bring new barriers: in addition to blocking lip movements and facial expressions (which are so important when hearing is marginal), masks muffle the high frequency portions of sound that are essential to speech (Goldin A, Weinstein BE, Shiman N, 2020). Many face masks are made to protect individuals from

others, however Deaf individuals struggle to hear and communicate with their peers, which excludes them from the conversations. Therefore, according to Safe'N'Clear (2020), face masks with clear windows could allow access to facial expressions and lip movements, but there are few manufacturers and supplies are low. Eberts S. (2020) Studies suggests Virtual consultations are a potential solution for some patients. But many people with hearing loss, especially those with more severe loss, need captioning to understand speech delivered through online platforms. High-quality real-time speech-to-text captioning is offered for free on some platforms (such as Google Meet and Microsoft Teams), but other platforms (such as Zoom and FaceTime) lag behind.

2.4: TO ESTABLISH HOW THE LACK OF THEIR MENTAL HEALTH NEEDS AFFECTS THE DEAF/HEARING-IMPAIRED COMMUNITY?

Studies show that Deaf people face more difficulty accessing health information than hearing people (Pollard, Dean, O'Hearn, & Haynes, 2009). A report from the United Kingdom shows that 44% of deaf patients found the last contact with their GP or health centre to be difficult or very difficult compared with only 17% from a general population patient survey (NHS England, 2015; Sign Health, 2013). A UK survey of 128 people who were pre-lingually Deaf included some health-related questions and found that 50% reported difficulties in communication with their general practitioner (Phoenix 1988). The doctor may be unaware of the breakdown in communication because patients who are deaf will frequently nod out of embarrassment, suggesting that they have understood, when no effective communication has actually occurred (Mohay & Kleinig 1991). Harris & Bamford (2001) noted that the National Health Service (NHS) routinely operates systems which rely upon shouting patients' names.

3.0: METHODOLOGY

The primary data collected was generated in the form of a questionnaire. The questionnaire consisted of 11 questions, with 2 being long-answer boxes to write responses in. When

coming to create the questionnaire, anonymity was considered as many of the participants would not participate if their identity were breached. Therefore, when it came to the final questionnaire being created, the decision for the questionnaire to be anonymous was granted. The questionnaire was sent out to 3 deaf groups across Facebook to generate diverse responses. Participation and consent forms were shared at the beginning of the questionnaire to allow them to decline or participate. The advantage of it being an anonymous questionnaire is that many could voice their concerns without having it posted across social media platforms, however, the disadvantage is that many could say responses that do not answer the question set to them.

1. What is your Gender?
2. What is your Age?
3. What level of deafness do you have?
4. What would you describe yourself as?
5. What do you use?
6. Do you feel being deaf has an impact on your mental health?
7. If answered yes, what mental health challenges are impacted?
8. Does wearing face masks impact on your mental health as a deaf person?
9. If answered yes, why?
10. Do you feel like you are getting enough support from mental health facilities as a deaf person (during the pandemic)?
11. If answered no, why?

4.0: RESULTS

110 responses were generated from the primary data collection which was distributed in a Questionnaire created on Google Forms and sent out to 3 Deaf groups on Facebook. Looking at my data, many participants answered with responses that helped me support my study of how being part of the Deaf/Hearing-Impaired Community impacts on their Mental Health. The questions aimed at my study collected successful results and helped me analyse the

responses into graphs attached in the (5.0) analysis and discussion and Appendix B. The Questionnaire was left open for 2 weeks and a half from the 3rd to 23rd February 2021.

5.0: ANALYSIS AND DISCUSSION

The primary data collection consisted of a questionnaire which was distributed online. Altogether it received 110 responses. 96 (88.9%) of the respondents were female and 12 (11.1%) were male. Figure 1 displays the age cohort the questions were aimed at. Data shows that the 45-54 age cohort responded the most with 25.7%. This graph is attached in Appendix B.

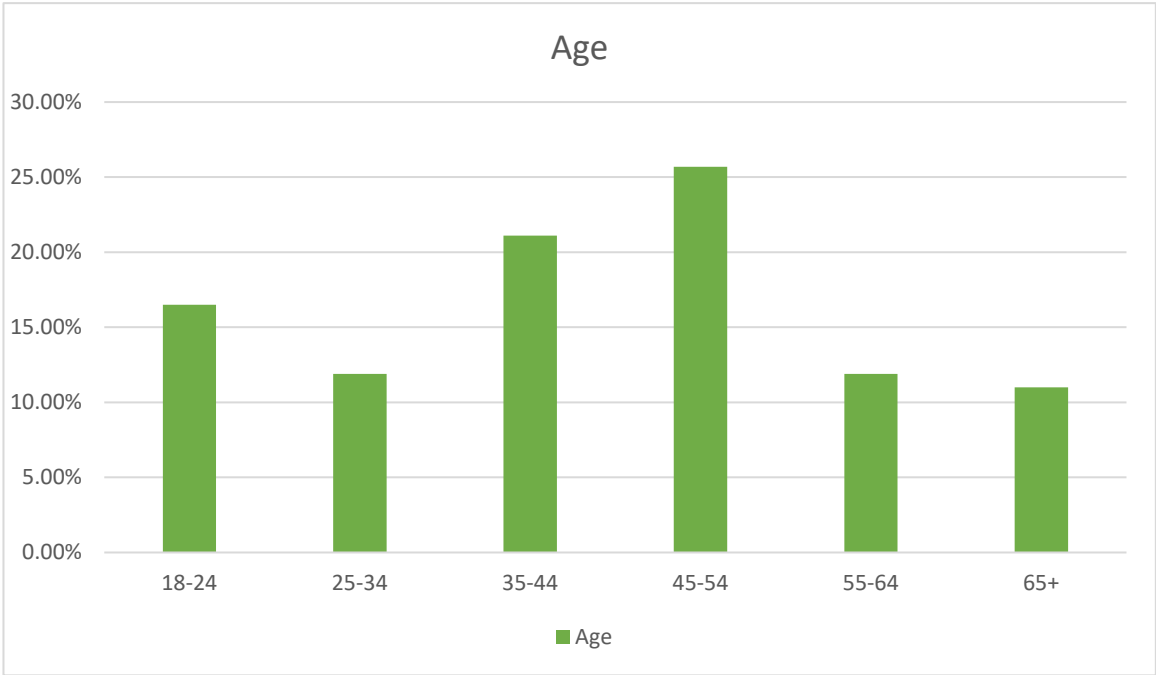


Figure 1

Analysis of the Questionnaire revealed 45-54 replied to most of the questions asked, with 25-34 following. Questions asked were based on level of deafness to which 108 responses were generated. 37% of those who were questioned indicated that they have Moderate Deafness, with 2.8% of respondents saying they have Mild Deafness. This can be illustrated briefly by observing figure 2 which states that the levels of deafness whom of which the participants endure are as followed., 3 out of 108 said they suffer from Mild Deafness, while 40

respondents said Moderate. The contrast between the two differs from those who said the highest risk categorisation of deafness (Severe, Severe to Profound, Profound) whom of which were similar in numbers with 13% saying Profound, 25% saying Severe and 21.3% saying Severe to Profound. The figure 2 Graph is attached in Appendix B.

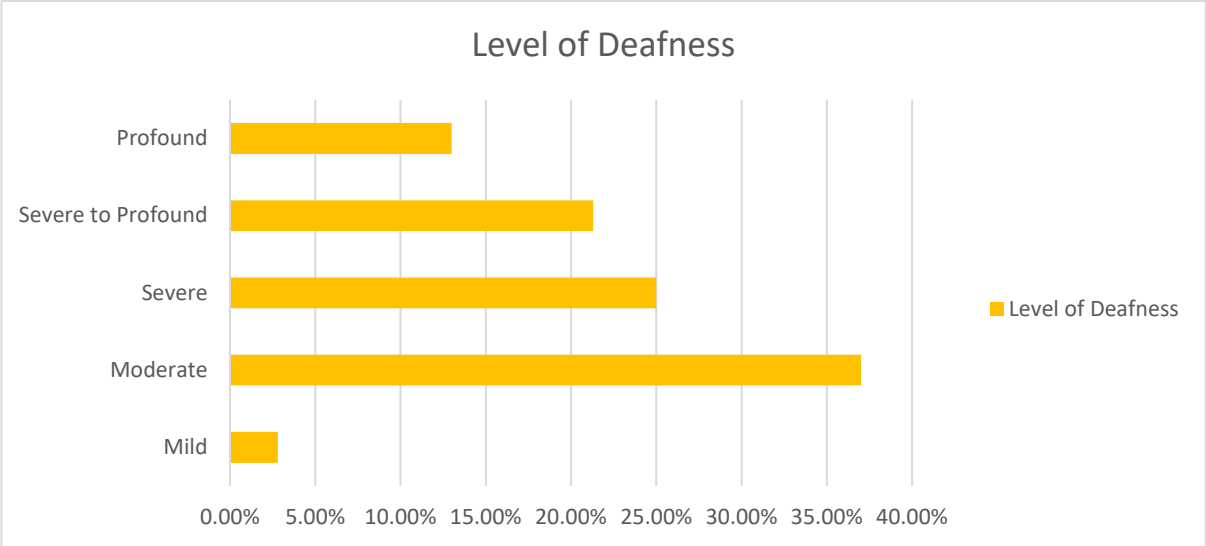


Figure 2

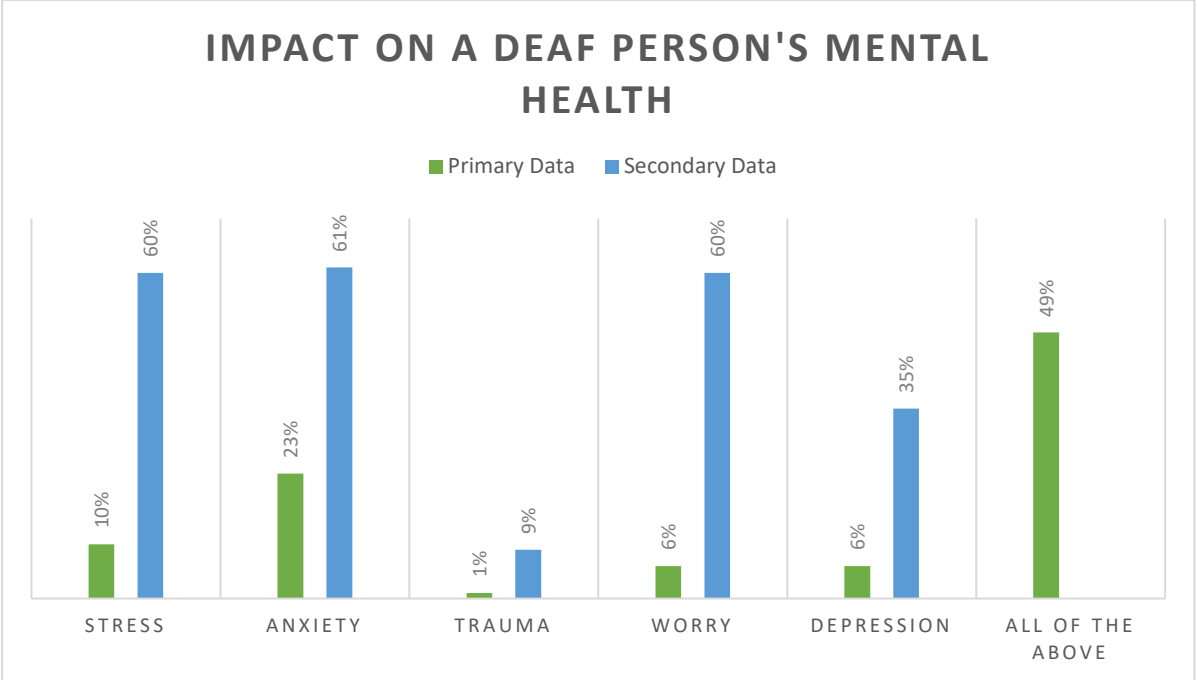


Figure 3

When asked about if being Deaf has an impact on mental health, 97 (89.8%) participants responded yes, whereas 11 (10.2%) responded no. Those who answered yes replied to a follow-up question stating the mental health challenges impacted (shown in figure 3).

As can be seen from the figure 3 table (above), This interpretation is different from that of Signhealth (2013) who argue that 'anxiety, stress and worry were particularly difficult for the people we spoke to'. According to the primary data collected, approximately 49% of those who surveyed agreed that all the above were their main challenges, with 23% of the respondents saying that anxiety was their second to last disorder. These results are similar to those reported by (Fellinger, 2012) who observed considerable similarities between his study and the primary data collected where his findings suggested that scores for anxiety and somatisation are higher in women than in men. This supports my primary findings which show that 20 females, with 1 male out of 110 suffer from anxiety as a case of being Deaf, however, areas where significant differences have been found includes findings by Fellinger (2012) which suggests both sexes had similar amounts of paranoid ideation, depression, and interpersonal sensitivity. According to my primary data, only 6 females said they suffer from depression, with no males responding to the data. Therefore, this indicates even though my primary data supports Fellinger (2012) findings, on the other hand, it also disputes it because of the findings which suggests that both sexes had similar amounts of paranoid ideation, depression, and interpersonal sensitivity.

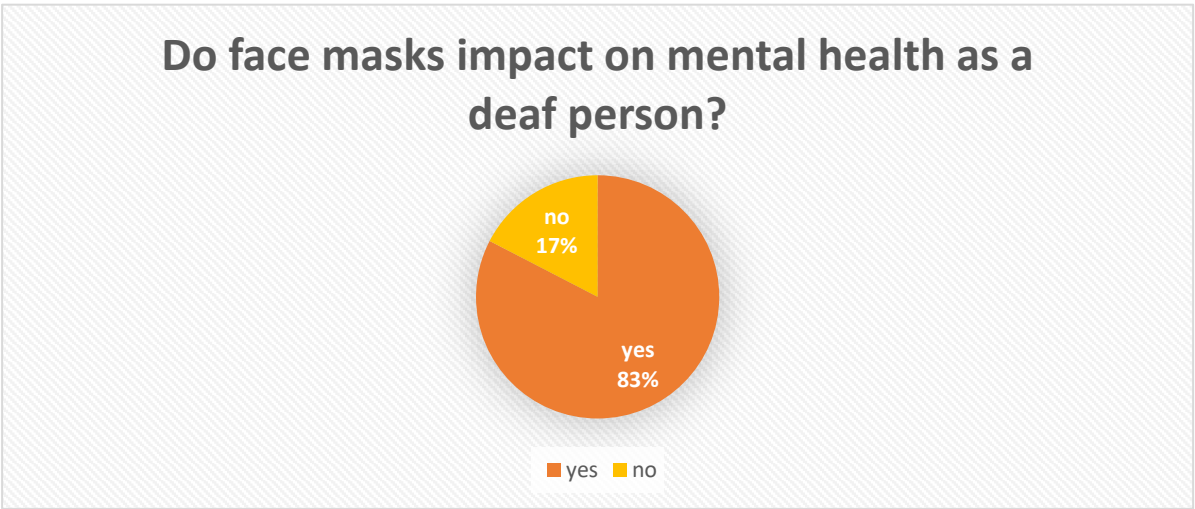


Figure 4

As can be seen from the table (above), 97 (83%) respondents answered yes, which led to a follow-up question to explain why. When surveying participants, several said they rely on lip-reading to communicate, with many respondents returning similar replies. These results are similar to those reported by (Goldin A, Weinstein BE, Shiman N. 2020) who suggested that in addition to blocking lip movements and facial expressions, masks muffle high frequency of sound that are essential to speech. The findings support my results which shows that many rely on communicating with others, and face masks restrict individuals from interaction, making them vulnerable to others. 1 answered 'It helps to see lips despite not lip reading well yet. They muffle speech and facial expression. This cuts me off from people so even basic communication becomes stressful and often embarrassing'. This supports the secondary data found by (Goldin A, Weinstein BE, Shiman N) as seen above.

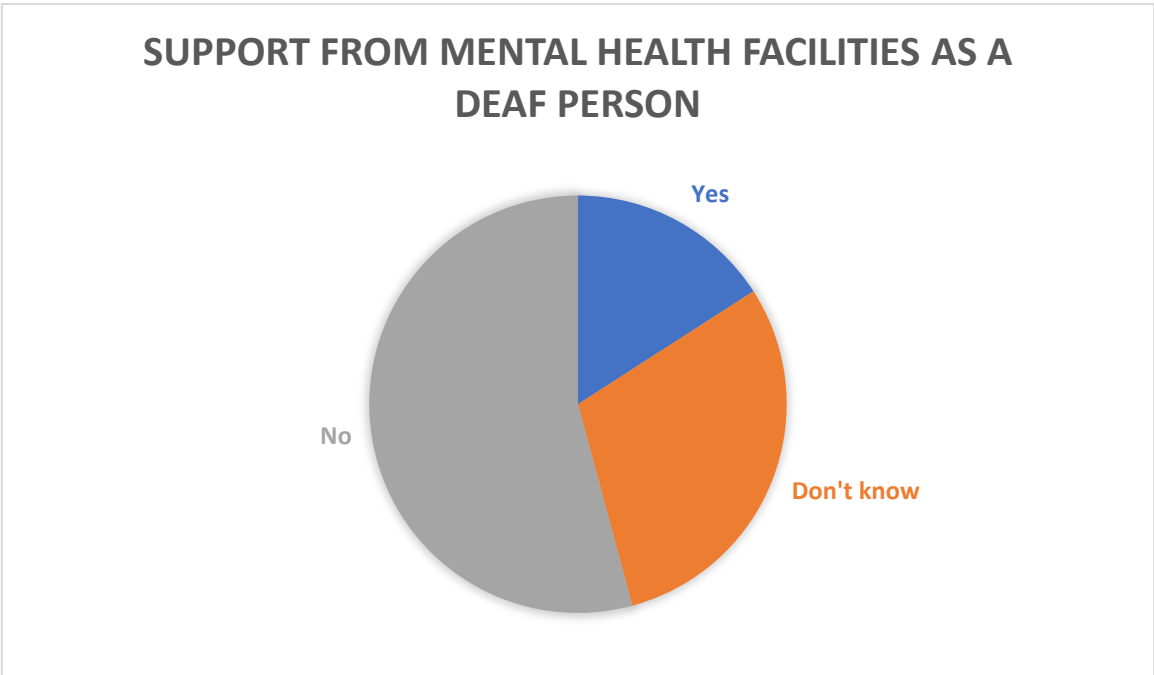


Figure 5

58 (54.2%) respondents answered no as seen from figure 5 (above), which supported objective 4 which said, 'To establish how the lack of their mental health needs affects the Deaf/hearing-impaired community'. Approximately 39 out of 61 of those who responded said that they did not receive the mental health support they needed, and had trouble communicating via telephone as face to face was not offered as an alternative, as well as

their mental health needs with some having anxiety attacks. As mentioned in the literature review, 50% reported difficulties in communication with their general practitioner (Phoenix 1988), and 44% found the last contact with their GP or health centre to difficult or very difficult compared with only 17% from a general population patient survey (NHS England, 2015; Sign Health, 2013). This graph is attached in Appendix B.

6.0: CONCLUSION AND RECOMMENDATIONS

The purpose of this study was to determine whether ‘being part of the Deaf/Hearing-Impaired community impacts on their mental health’, linking objectives. This study has identified that many suffer with Mental Health disorders from being Deaf, as shown in the analysis and discussion section with 97 responding yes. The generalisability of these results is subject to certain limitations. For instance, the primary data shows that many suffer several Mental disorders as shown in figure 3, however the secondary data has advantages with the data originating from (Signhealth, 2013). In Appendix A, question 2 begins with under 18 which was originally in my questionnaire, however, not many responses were generated so as shown in figure 1, it was not included.

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9.0: APPENDICES

9.1: APPENDIX A

To view the questionnaire, click this link below

https://docs.google.com/forms/d/e/1FAIpQLSeo9KBiLgRTIKbs3T840j1otBSKkiulc0MQVfd2a8f6UoidIQ/viewform?usp=sf_link

1. What is your Gender?

- 1) Male
- 2) Female
- 3) Prefer not to say.

2. what is your Age?

- 1) Under 18
- 2) 18-24
- 3) 25-34
- 4) 35-44
- 5) 45-54
- 6) 55-64
- 7) 65+

3. What level of deafness do you have?

- 1) Normal
- 2) Mild
- 3) Moderate
- 4) Severe
- 5) Severe to profound
- 6) Profound

4. What would you describe yourself as?

- 1) Deaf
- 2) Hard of hearing
- 3) Hearing impaired
- 4) Severely deaf

5. What do you use?

- 1) Hearing aids
- 2) Cochlear implants
- 3) Both
- 4) None

6. Do you feel being deaf has an impact on your mental health?

- 1) Yes
- 2) No

7. If answered yes, what mental health challenges are impacted?

- 1) Stress
- 2) Anxiety
- 3) Trauma
- 4) Worry
- 5) Depression

- 6) All the above
- 7) None

8. Does wearing face masks impact on your mental health as a deaf person?

- 1) Yes
- 2) No

9. If answered yes, why?

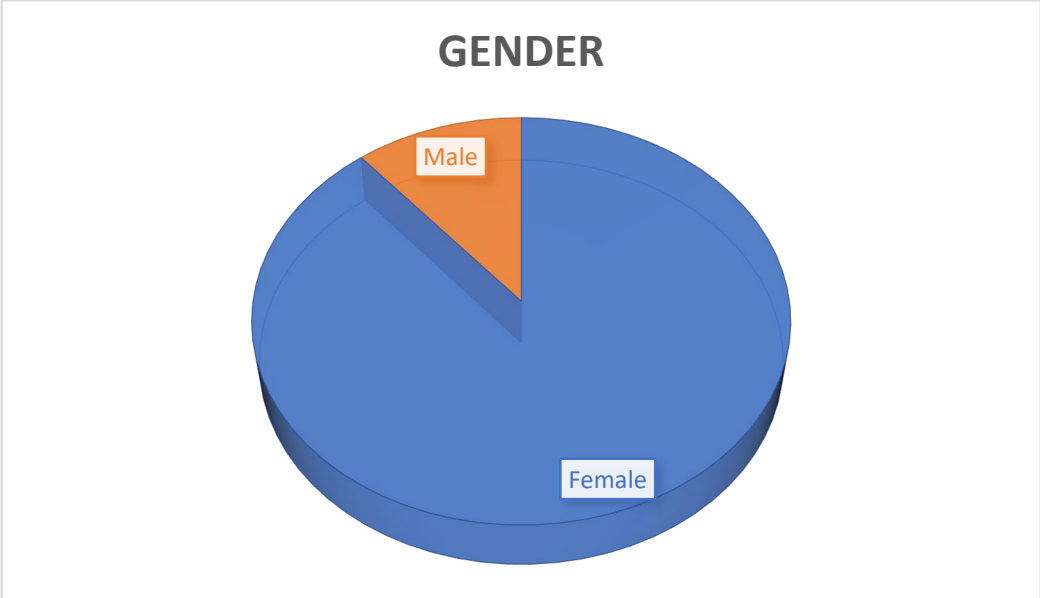
10. Do you feel like you are getting enough support from mental health facilities as a deaf person (during the pandemic)?

- 1) Yes
- 2) No
- 3) Don't know

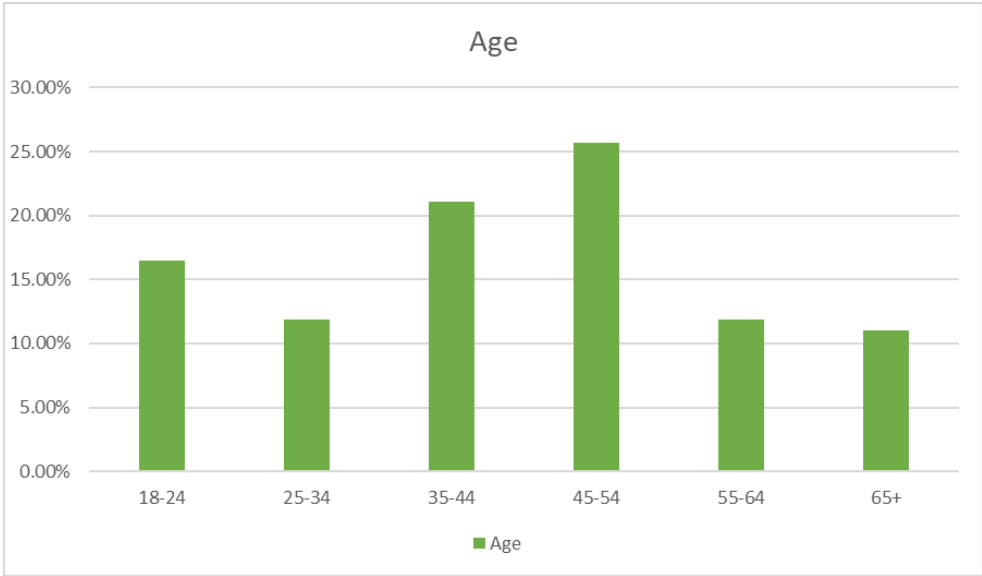
11. If answered no, why?

9.2: APPENDIX B

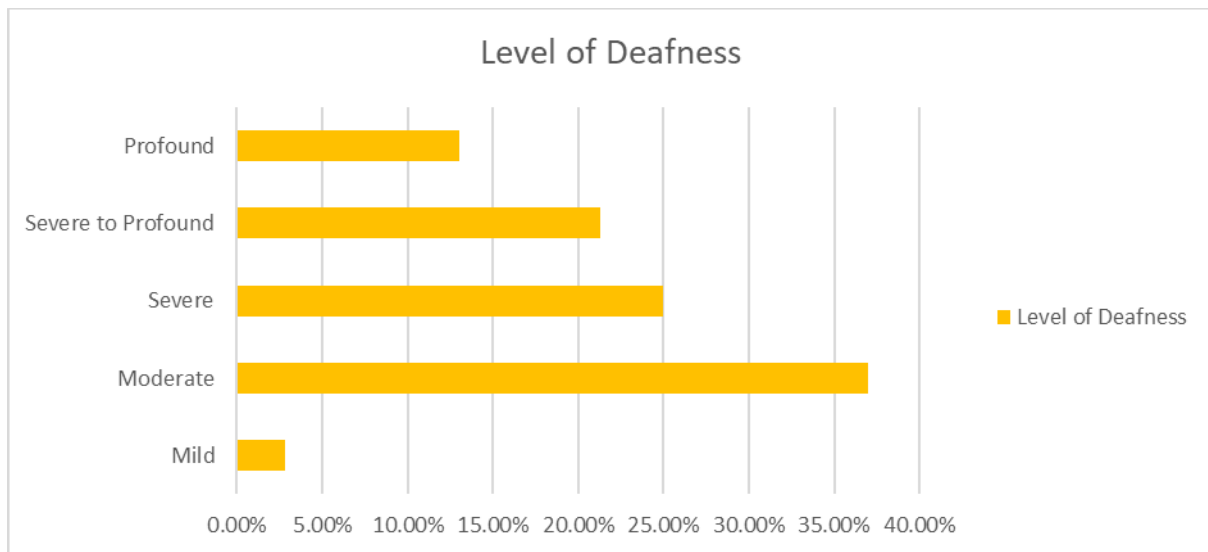
1. What is your gender?



2. What is your age?

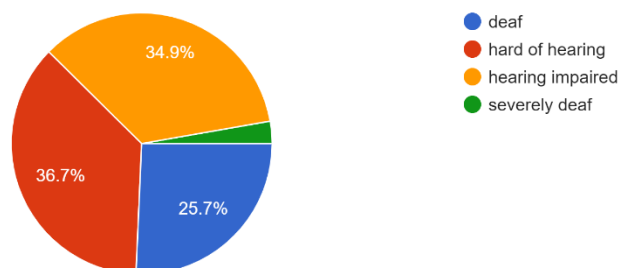


3. what level of deafness do you have?

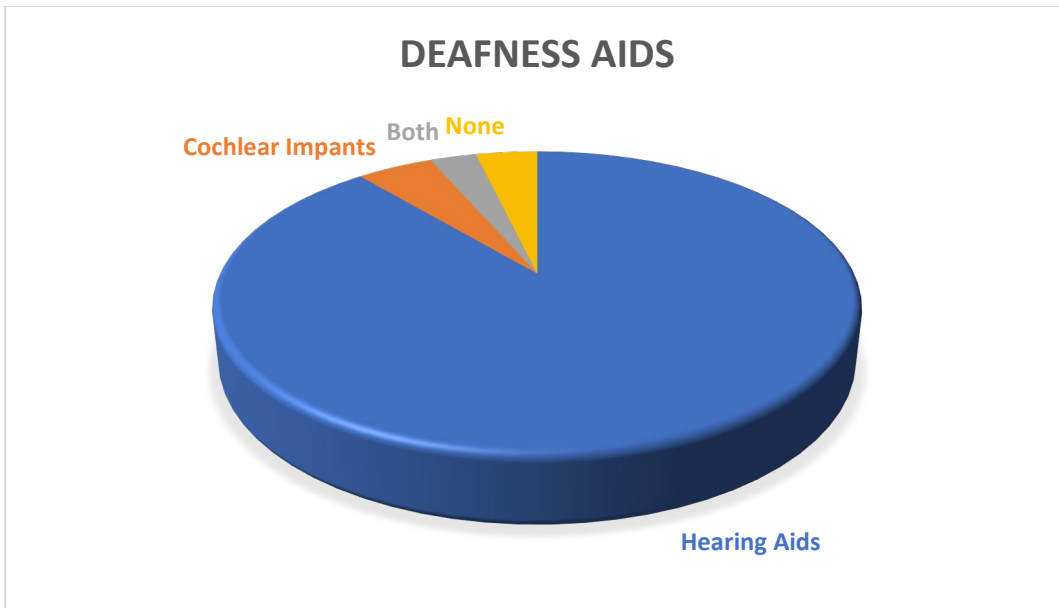


4. What would you describe yourself as?

What would you describe yourself as
109 responses

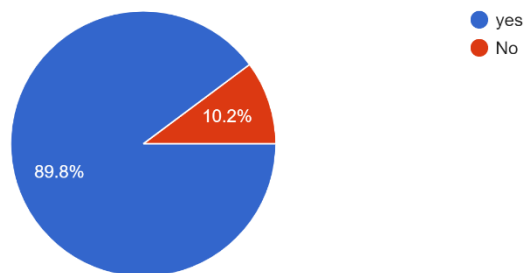


5. What do you use?

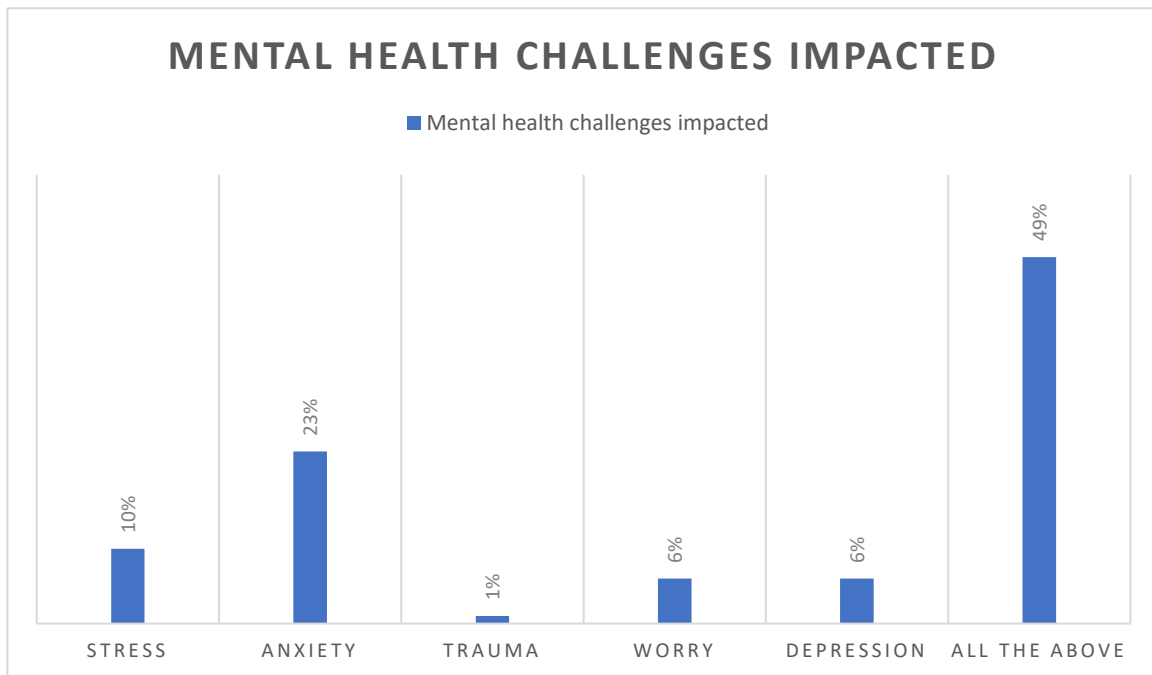


6. Do you feel being deaf has an impact on your mental health?

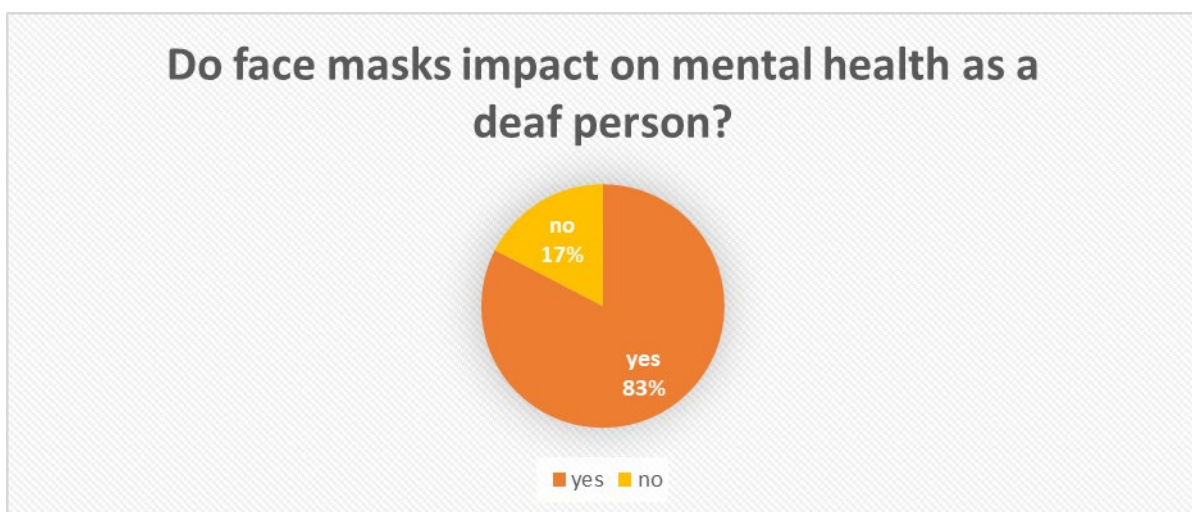
do you feel being deaf has an impact on your mental health?
108 responses



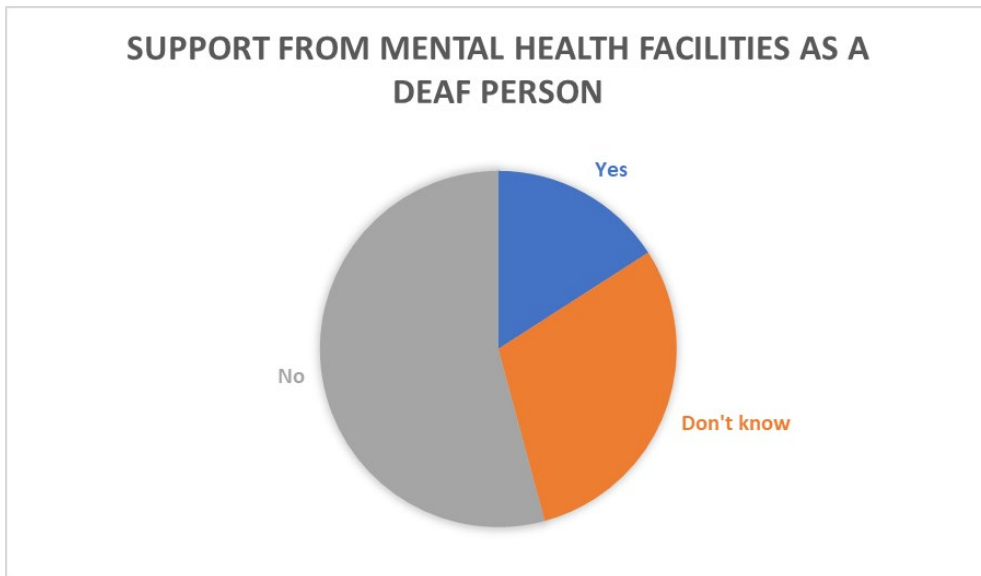
7. If answered yes, what mental health challenges are impacted?



8. Does wearing face masks impact on your mental health as a deaf person?



9. Do you feel like you are getting enough support from mental health facilities as a deaf person (during the pandemic)?



Responses to question 9 and 11 are attached in the following link:

<https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:783b597c-098b-4cd2-a9be-56ea02abf693>

Word count: 3,370