Draft mental health and wellbeing strategy

Question 1: How much do you agree that the following statement sets out an overall vision that is right for Wales?

“People in Wales will live in communities which promote, support and empower them to improve their mental health and wellbeing, and will be free from stigma and discrimination. We will take a rights-based approach to ensuring that everyone has the best mental health possible. There will be a connected system of support across health, social care, third sector and wider, where people can access the right service, at the right time, and in the right place. Care and support will be person-centred, compassionate and recovery-focused, with an emphasis on improving quality, safety and access. Care and support will be delivered by a workforce that feels supported and has the capacity, competence and confidence to meet the diverse needs of the people of Wales.”

Strongly agree

Question 1a: What are your reasons for your answer to question 1?

We agree that in principle the overall vision is a very positive one. We did feel though that it felt overly ambitious. We applaud aspirational visions, but when it is so far removed from the current experiences of Deaf BSL users in Wales, it feels unrealistic and we need you to know why and have explained in the text below.

We applaud the vision, but it needs to be feasible. We were very concerned to see that Deaf people are not even identified as a marginalised group on page 14.

There is plenty of evidence that Deaf people have twice the mental health problems that hearing populations experience and they are an at risk and under-served group. Wales is the only UK country with no specialist Deaf mental health service.

We have been campaigning to the Welsh Government since 2006. There is growing evidence from research conducted in Wales by academics, clinicians and experts in our group, both Deaf and hearing, that clearly state the discrimination Deaf people in Wales continue to experience regarding a lack of mental health services in Wales (Foltz and Shank, 2020; Shank and Foltz, 2019; Terry et al,2021; Terry, 2023; Terry, Meara and England, 2023; Terry and Robins-Talbot, 2024).

We launched a report at Senedd ‘Deaf People Wales: hidden inequalities’ in May 2022. Our recommendations included a need to increase health and care workers’ knowledge of basic BSL, that Primary care staff need increased knowledge of available mental health services for Deaf patients and to signpost, and that an accessible helpline and signposting service would direct individuals, families and workers to timely advice. To date there has been no changes since our report was received by Welsh Government.

The main issue is a lack of access to health and mental health services. Health and Care staff do not have Deaf awareness training, and do not know how to book BSL interpreters. Due to complaint services also being inaccessible, few complaints are received by health boards.

Indeed as a group we were so disappointed that Deaf people had been omitted from the list, and again forgotten that we wrote to the Deputy Minister for Mental health to alert her.

As a group we respond to every consultation about health issues that concern Deaf BSL users in Wales. We responded to the 2022 Mental health inequalities consultation. This resulted in the Welsh Government’s Connecting the dots report, with a recommendation that Deaf mental health provision in Wales would be reviewed. There has been no news since June 2023 about progress, despite several emails to Senedd members. We were told ‘wait for the new mental health strategy’.

We have members of our group on the Disability taskforce, Welsh Government have a BSL Policy Advisor, there is a Cross-Party group on Deaf issues, and yet still the needs of Deaf people who have twice the risk of mental health problems than hearing people are ignored.

There must be access to mental health services for Deaf BSL users with the right support. There needs to be commissioning of services that can be accessed. It is not feasible to train a workforce to meet all the needs. There will need to be commissioning of services for specific groups, which must

include Deaf people.

Primary and secondary care health professionals may be unfamiliar with Deaf specialist mental health services, and may not refer on as do not know there is a service for BSL users or those who are Deaf with minimal language but would benefit from being with specialist providers.

There are tools that have been adapted for use with BSL users but require use by BSL proficient professionals and the cut off for intervention is lower than within the hearing population (see Manchester University, SORD, Young, Rogers research).

Do note that it is inaccurate to look at numbers of Deaf people referred to England, as Deaf people may generally avoid going to the GP to report any health issues due to many negative experiences. So the actual number of Deaf people with mental health problems is not fully known.

We note some of the words used in the vision. Deaf people are not empowered, and are often discriminated against, in terms of healthcare and access in health, care and educational settings. Deaf people often are not aware of their rights, and nor are staff, so cannot advocate or fully support Deaf patients.

Currently the health workforce does not have the competencies, confidence or capacity to support Deaf people in health and care settings. There is no connected system of support. So whilst we agree with the vision, there is little detail about how the new mental health strategy will be implemented, and no key performance indicators mentioned.

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Question 2: In the introduction, we have set out ten principles that are the building blocks of the new Mental Health and Wellbeing Strategy. Do you agree these principles are the right ones?

Strongly agree

Question 2a: What are your reasons for your answer to question 2?

We agree that the ten stated principles are admirable, but they do need to be understood for all population groups, as people need to be treated according to their individual needs too.

1. All-age focus: the needs of Deaf children, young people and adults are important, and resource and implementation for Deaf children and their families from birth will protect them and prevent mental health problems at a later date
2. Person-centred – we see the mention of preferred language and need you to remember to include the language and communication needs of Deaf people including British Sign Language. Wales is not a bi-lingual country. BSL is a fully recognised language, so provision in people's preferred language is important. Language is needed for informed consent, informed choice, and language skills to make informed decisions. The Deaf population has been forgotten in the mental health strategy planning. Note that due to the lack of accessibility there was low engagement from Deaf BSL users in Wales with the Census, so the true numbers of BSL users remains unknown.
3. Rights-based approach – workforce and Deaf people themselves are seldom aware of Deaf rights or the services available to support Deaf people
4. No wrong door – Deaf people frequently experience 'wrong doors' currently as there are few accessible services and no Deaf mental health service in Wales
5. Informed by wider determinants of health – many factors impact on Deaf people's mental health including education, employment, housing, trauma, physical health to name a few, and in all these other areas there are challenges regarding access
6. Trauma-informed – Deaf people are more likely to experience trauma, and then less likely to be able to access trauma support services, so the impact on Deaf people is greater than on hearing populations. With trauma, there is also secondary trauma, e.g. if police or health services are required for forensic investigations for example, there will be further trauma as these services are not accessible and few staff are Deaf aware.
7. Equity of access, experience and outcomes without discrimination – currently Deaf people have no equity of access
8. Evidence driven and outcome focused – there is increasing evidence of the difficulties Deaf people in Wales experience. An outcomes focus would help to show Deaf people's actual experiences
9. Preventative and values-based – we support these values and would like to see action here for Deaf people in Wales
10. Free of stigma and shame – Deaf people experience more stigma and shame than hearing people due to the limited access they have to services, and a postcode lottery regarding care.

Vision statement 1

Question 3: Vision statement 1 is that people have the knowledge, confidence and opportunities to protect and improve mental health and wellbeing. Do you agree that this section sets out the direction to achieve this?

Strongly agree

Question 3a: What are your reasons for your answer to question 3?

We agree with Vision statement 1 in principle but need you to know that a lot of change will be needed to implement this, as the biggest challenge at the moment for Deaf people in Wales is access to services. The knowledge, confidence and opportunities are denied to Deaf populations at present. For example there is a general lack of knowledge in workforce and communities about how to ensure accessible provision for Deaf people in health and mental health services. Few staff know any BSL, and few have had Deaf awareness training. Booking arrangements for interpreters are patchy and Deaf people usually do not know if a BSL interpreter has been booked for an appointment.

Where mental health is concerned, and someone is already feeling low and vulnerable, to experience huge challenges at a health appointment and no way of fully having an accessible conversation is beyond awful, and impacts negatively on people's mental health.

When services are provided, the cost of interpreters is rarely included, so funding is not considered at the start. On the odd occasion when an interpreter is provided for a health event, Deaf communities are often not communicated with, so no Deaf BSL users turn up, and organisers then feel disappointed, but Deaf communities do need to know about arrangements in the first instance in order to have the opportunity to participate. (We have many examples for you, such as Deaf people being encouraged to attend mindfulness sessions, 'to close their eyes and to listen', which is not going to be helpful).

We fully agree with the need to support Deaf babies, children and young people, knowing that access to language and supporting families is absolutely key, and will prevent mental health problems arising later on.

Question 3b: We've included a number of high-level actions for vision statement 1 in the strategy. Do you agree with these actions?

Strongly agree

Question 3c: Are there any changes you would like to see made to these actions?

We agree with the high level actions for vision statement 1. Again we draw attention to the changes and resources that will be required, mostly relating to access. Particularly people's mental health literacy and social prescribing will need to include accessible options which have BSL interpreted options. If a Deaf BSL user is socially prescribed local groups or community activities, then workforce will need to fully understand how that would work and know how to support Deaf individuals with arrangements for access and funding.

The majority of sport, heritage and sport options are not accessible to Deaf BSL users. There are many options that would be helpful to Deaf people's mental health, but they are not currently available.

We applaud inclusion of physically active and creative opportunities, volunteering and the use of community assets including outside space for all – again please note these opportunities need to be accessible for all.

We note the Connected Communities strategy and are very aware that Deaf people are a key group who experience loneliness and isolation.

Vision statement 2

Question 4: Vision statement 2 is that there is cross government action to protect good mental health and wellbeing. Do you agree that this section sets out the direction to achieve this?

Strongly agree

Question 4a: What are your reasons for your answer to question 4?

We support vision two and are acutely aware that a lot more cross government action will be needed. It is apparent that many government departments do not communicate effectively across groups at present.
All areas of the social determinants of health can be problematic for Deaf people as there are challenges with access across all areas.

Deaf children in year one are 8mths behind hearing children in terms of achievement, and by the time they reach GCSE level Deaf children are 18months behind (National Deaf Children's Society, 2022). Deaf people have lower educational attainment, due to poor resource during early years and primary education. This leads to lower levels of employment. We know that poorer mental health is experienced by unemployed individuals.

We also know that supporting Deaf children and their families in early years will reap huge benefits. Ensuring parents can actually communicate with their children is key, yet currently 96% of Deaf children are born into hearing families (who know little about deafness), rarely get accurate information about language development during early years. Due to lack of provision, families are required to pay for BSL classes to learn to communicate with their own children, as these resources are not freely available. Cochlear implants are not suitable for all because it takes at least 18 months to process the sounds heard and some children never manage this for speech sounds.

An impact assessment on the future of Deaf children and adults in Wales would be welcome, and we support the full use of the NEST framework, as it covers all areas of people's lives.

Question 4b: Is there anything else that mental health policy can do to ensure that work across Government improves mental health outcomes?

At a policy level we need to see more interdisciplinary collaborations and effective communications across government. We know there is no one solution that fits all, but generally making services as accessible as possible, and making sure that policies are developed and viewed through an accessible lens will go some way in improving provision for all.

Question 4c: There is lots of work happening across Government that could improve mental health outcomes. Is there any work we have missed that you think we should include?

We suggest you examine mental health outcomes for Deaf people in Wales. Monitoring of mental health outcomes should include a range of population groups including Deaf people to improve accuracy of data.

For example, Deaf people are not all coded or listed as 'Deaf' on their medical notes. We do not fully know the number of Deaf people, the different levels of Deafness, nor the number of Deaf people with recorded mental health problems. We have tried to find the number of Deaf people who have completed suicide, but again this information is not available due to the lack of information on our systems. Deaf communities know that anecdotally there are sadly plenty of Deaf people who take their own lives.

As you monitor mental health outcomes, we suggest you look at a range of population groups including Deaf people.
The First 1000 Days health improvement programme offers great potential and is a key stage for language acquisition. Deaf children and their families need essential resource, information and provision during that time to give Deaf children the best life chances that will impact on their future mental health.

Question 4d: We've identified a number of high-level actions for vision statement 2 in the strategy, do you agree with them?

Strongly agree

Question 4e: Are there any changes you would like to see made to these actions?

We would like to see measurable cross-Government indicators and best practice that are achievable in order to positively impact Deaf people's mental health in Wales.

Key actions that will have greatest impact include Deaf awareness for all health, care and education staff. Also having a workforce that know how to effectively communicate with Deaf people.

There is also a need to train and recruit more BSL interpreters and translators in Wales. Numbers of Teachers of Deaf children and young people are falling, and no training sites exist in Wales. How we support Deaf children in education is vital if we want them to become confident and informed adults.

Vision statement 3

Question 5: Vision statement 3 is that there is a connected system where all people will receive the appropriate level of support wherever they reach out for help. Do you agree that this section sets out the direction to achieve this?

Strongly agree

Question 5a: What are you reasons for your answer to question 5?

We agree that connected systems where people receive the appropriate level of support is vital for all people in Wales. The first time Deaf people connect with services they need the right advice, but unless workforce have had Deaf awareness training and understand about access, rights and advocacy for Deaf people, we know that Deaf people's experiences will be poor.

Connected systems have eluded us so far in Wales with too much silo-working. A lot needs to change for services to be equitable for Deaf people. Currently we live in a hearing dominated world, and knowledge about Deaf culture is lacking for the majority of staff who work across all services.

For health, contact for most people is through the GP, yet for Deaf people this is already a barrier as the majority of appointment systems, reception and primary care staff do not know how to support or make booking arrangements to even facilitate a BSL interpreter attending an appointment.

The All Wales Standards for Accessible Communication launched in 2013 were admirable but have simply not been delivered on. The British Deaf Association has worked with Welsh Government to audit and review the standards, which are found to be lacking with Welsh Government recognising a shortfall in BSL provision in Wales, which impacts on Deaf people's mental health.

Despite the recognition of BSL as a language, and developments with the BSL Act, there is no active offer for Deaf BSL users. Services in BSL should not have to be continually asked for. Deaf people can feel like a forgotten population as BSL is so rarely on providers' radar.

We are mindful about safety and risk and vulnerabilities. For example Deaf women who may be admitted to a Welsh in-patient unit, and may already have experienced trauma, domestic violence/sexual abuse, would be at increased risk, and not have the communication opportunities of reporting like other patients.

Question 5b: We've identified a number of high-level actions for vision statement 3 in the strategy, do you agree with them?

Strongly agree

Question 5c: Are there any changes you would like to see made to these actions?

Timely support is mentioned to avoid deterioration in mental health, this is particularly mentioned in relation to children and young people, yet there is no Deaf Child and Adolescent Mental Health Service (CAMHS) in Wales. There is also little linking between CAMHS in Wales and Deaf CAMHS in England.

Higher education could do far more to provide accessible services for Deaf students and staff. There is usually a delay of up to six months for Deaf students to have the Disability support they need (notetakers, lip speakers, digital devices) meaning delays in engagement and learning. We know that Coleg Llandrillo, Rhos on Sea, N Wales work collaboratively with Bangor University and do provide courses that are Deaf inclusive and include the learning of BSL, so there are some good examples but few of these.

In Deaf communities, there are currently no Welsh universities that are known as welcoming and accessible to Deaf students, so they leave Wales and study in England where their needs will be better met.

Many issues that Deaf people experience are not known, as our systems rely on systems that are rarely accessible.
Consider whether complaint services for all providers are actually accessible to Deaf people.

Vision statement 4

Question 6: Vision statement 4 is that people experience seamless mental health pathways – person-centred, needs led and guided to the right support first time without delay. Do you agree that this section sets out the direction to achieve this?

Strongly agree

Question 6a: What are your reasons for your answer to question 6?

We would welcome seamless mental health services for Deaf people in Wales, as currently Wales is the only UK country without a Deaf mental health service. Currently Deaf people requiring in-patient mental health treatment travel to Birmingham, Manchester or London, and are miles from family and friends. Then on their return, their mental health needs simply cannot be met by local Community Mental Health Teams in Wales, as staff are not Deaf culturally competent and have no Deaf awareness. This means in the long run it is more expensive with Deaf people requiring more re-admissions to services in Wales.

Better and more accessible services are required to meet everyone’s need, including Deaf people. Prevalence data does not include detail about Deaf people, this is because Deaf people are usually not listed as Deaf on their medical records. These are some of the reasons why Deaf people are not guided to the right support first time without delay.

The ‘no wrong door’ would be welcome, as Deaf people usually experience that there is currently no right door for them at all, mostly due to lack of accessible provision and a lack of trained Deaf aware staff.

Question 6b: We’ve identified a number of high-level actions for vision statement 4 in the strategy, do you agree with them?

Strongly agree

Question 6c: Are there any changes you would like to see made to these actions?

We welcome the high level actions for Vision statement 4, and certainly want to see more person-centred mental health services that meet the needs of Deaf people in Wales.

We agree that building on Health visitors' knowledge and skillset in terms of working with Deaf babies and children and supporting families. Health visitors will need Deaf awareness training and the right preparation to do this, which they don't have currently.

There will be much work to do to achieve these as engaging with and effective communication with Deaf communities will be essential so that people know what is available in the first place, and how to access services.
We do note the mention that Deaf mental health provision will be reviewed in Wales through the National Clinical Framework, and we welcome this.

We note in VS4.12 that there will be greater focus on the needs of certain under-service groups, and Deaf people are mentioned. It is very early in the days of MH111~2, and we welcome a review as to the effectiveness of these services.
We are unsure as to the further plans for remote mental health services for Deaf people in Wales, but would highlight that in a mental health assessment there are elements of non-verbal communication that would be missed in a remote interaction, which would not be detected from a head and shoulders interaction online.

Question 7: We have identified some areas where action is needed to support the mental health system as a whole. These areas are:

digital and technology data capture and measurement of outcomes supporting the mental health workforce physical infrastructure (including the physical estate of services) science, research and innovation communications Do you agree these are the rights areas to focus on?

Neither agree or disagree

Question 7a: What are your reasons for your answer to question 7?

These are important areas, but our concern is how the Welsh Government will actually tackle these areas in a comprehensive way that is fully accessible with the right resources.

Digital and data strategy and digital solutions and data measurement – currently systems do not accurately record Deaf people as 'Deaf' on their health records. We know this because many Deaf people tell us this. Health and care staff have no idea and often say 'it doesn't say Deaf on your notes'. At Swansea University the Secure Anonymised Information Linkage Databank (SAIL) is widely used by researchers internationally, yet on enquiry it is not possible to identify Deaf people in Wales as the records do not exist in our health systems (preventing much useful research about Deaf health issues in Wales).

Social care systems can record Deaf/deafened/hard of hearing - for CMHTs, but with very few numbers of specialist workers with Deaf people across Wales in local government (Social Care and wellbeing Act), information on language may not be accurately captured or registered as per the Act. There is no certification in place as there is for Visually impaired people.

Digital literacy is important, and we know that some older Deaf people in Wales may be excluded from receiving health information digitally unless training is provided.

Current systems could really help Deaf people if appointments were confirmed by text message and if online bookings systems were used more widely. But systems still ask Deaf people to phone in, and this reliance on audio does not fit the accessibility agenda and is discrimination towards Deaf people. Deaf people still have to get family members and friends to phone on their behalf about personal and confidential health matters which is not acceptable. Many Deaf people worry that automated text messages are scams.

For the workforce, in the Strategic Mental Health Workforce Plan for Health & Social Care Implementation Plan [2023 – 25], we note the need to have 'equitable local service access across Wales' and 'improved access to mental health services P27, for 'improved access to psychological therapies for service users' P35 – but this does not exist for Deaf people in mental health services in Wales currently.

All health and care staff in Wales need full Deaf awareness training, best delivered digitally, which is not currently available or accessible to most. We have developed DeafAware with Deaf communities and shown this to Welsh Government departments and liaised with HEIW about the Y Ty Dysgu platform. We need the resource to make this happen.

Outcomes/innovation and communications: patient satisfaction and complaints systems are not accessible. Planning for literacy levels of ALL people in Wales is vital. Many complaints from Deaf people in Wales are not captured at the moment. Importance of language is highlighted in the strategy and we agree, so please remember Deaf BSL users in your planning. We recommend having a glossary of useful terms available for all. Accessible communications are to empower the patients. We note MHS 16 Ensure all information for patients is reviewed to ensure it is person-centred, accessible and appropriate.

In terms of supporting staff, there is a need to support qualified BSL interpreters who are mentored /experienced within the mental health system, which will better support patient outcomes in the long term and also staff well-being.

Carers may be Deaf themselves for hearing friends/family members or for Deaf friends and family. What is the position for commissioning third sector for add on support - are mental health charities funded to cover the cost of interpreters? Assumptions that Deaf people can just read any information provided, when this is not the case.

Interpreter provision is often linked to the patient - if the patient isn't Deaf but their support person is Deaf, how is communication support managed? Carer/parent/ responsible person needs to be able to access health provider with concerns and get advice in a timely manner in a language that is most appropriate to ensure good outcomes for all.

The strategy overall

Question 8: The high-level actions in the strategy will apply across the life of the strategy. They will be supported by delivery plans that provide detailed actions. These delivery plans will be updated regularly. Are there any detailed actions you would like to see included in our initial delivery plans?

Initial delivery plans need to include improvements to communications and accessibility of services. Information needs to be known across health services how to book and confirm that a BSL interpreter has been booked, if a patient has stated that is their communication need.

Patients not knowing what to expect, or what a service should be does not help.

The All Wales Standards for Accessible Communication 2013 have not been delivered on. We know Welsh Government have worked with the British Deaf Association, but there has been little improvement to health services, and these barriers and challenges for Deaf people seriously add to people's mental health problems.

There is a move to legislate for a BSL Act in Wales and there is a need to develop initiatives in preparation so that the legislation can be successfully implemented.

Question 9: This is an all-age strategy. Whenever we talk about our population, we are including babies, children, young people, adults and older adults in our plans. How much do you agree that the strategy is clear about how it delivers for all age groups?

Neither agree or disagree

Question 9a: What are your reasons for your answer to question 9?

It needs to be more widely known that the needs of Deaf children, Deaf young people and Deaf adults are not widely known to Welsh Government, or health and care services and staff.

We have existed as a group since 2003 and have sought to engage with Government on many occasions, with Ministers, departments, and have seen little change.

The list of references in our response to Q1 are all research studies conducted in Wales with Deaf communities across different age groups. Collectively findings show clearly the barriers that exist in our Welsh services and how they add to the poor mental health of Deaf communities in Wales. Deaf people have twice the risk of mental health problems than hearing people. We note the Welsh Government have promised a review of Deaf mental health services in Wales, and we recommend you involve the All Wales Deaf Mental Health and Well-Being Group in this.

Anxiety for Deaf people is worse than for their hearing counterparts, because poor access to services makes things worse. A hearing person with anxiety can access their GP, whereas a Deaf person will have a much more challenging experience, which worsens their mental health further.

A Deaf person may be unfamiliar with terms around mental health and may need someone to clearly explain this in an accessible way. Many Deaf people are misdiagnosed or are not connected to services in the first place. Incorrect assessment tools are used, when there are adapted BSL assessment forms prepared by Deaf professionals for Deaf people at SORD/Manchester University. Training is required to use these.

From birth many Deaf children miss everyday conversations in their own families as they miss many conversations, and incidental learning opportunities to learn about feelings and emotions, which impacts on their understanding about mental health.

We know that mental health provision needs to include mental health promotion and prevention initiatives – are you all familiar with initiatives like ACTivate your Life by Public Health Wales with each ACT available in BSL for each video – important to share these initiatives widely.

Deaf people have a different experience in terms of language deprivation and this is why Wales need a Deaf Specialised Mental health service. Do professionals in Wales understand how Deaf people hear voices? There is much expertise around to help – Austen's work on Theory of mind, executive function and consequential thinking. We know Deaf people are often in the prison system due to some of these reasons.

In terms of All ages mental health services, in Wales we have no Deaf CAMHS (Child and Adolescent Mental Health Services), and no links to the Deaf CAMHS in England. Increasing Deaf people are experiencing Dementia with no services to support them. There is little provision for Deaf people in Wales for Mother and baby mental health services. A simple audit in any mental health service in Wales about Deaf awareness, staff knowledge about booking BSL interpreters, accessibility of information would provide you with basic knowledge about how unsuitable and inaccessible our existing mental health servies are to Welsh Deaf people.

Do note that for therapy a one to one approach is best and does not work well with an interpreter which creates a third person. Deaf for Deaf services are available but only if a health board agrees and commissions these, and the process in each health board is lengthy, with many Deaf people refused this, and arrangement often not known about on the ground floor.

Please know that if Deaf people's mental health has been so severe that they need in-patient admission, people are then moved to England (usually Birmingham, Manchester, or London) and then when they return there is no accessible follow up from local services in Wales.

We recognise that Deaf people may potentially be services such as Eating disorders, again with staff having limited Deaf awareness and a service that is not Deaf specialist.

There are ongoing issues in terms of accessing BSL interpreters as Wales does not have any BSL interpreter training provision, and now only a low number of interpreters who are usually booked weeks in advance.

Question 10: We have prepared impact assessments to explain our thinking about how our strategy may impact Wales and the people who live in Wales. We have thought about positive and negative impacts. Is there anything missing from the impact assessments that you think we should include?

The impact statements do not take Deaf BSL users into account, there is no mention of BSL:
Children and young people impact assessment:
Article 30: Children have a right to learn and use the language and customs of their families, whether these are shared by the majority of people in the country or not.

ensure all information complies with the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss, and where appropriate is children and young people friendly).

Equality impact assessment:
One of the supporting principles of the Mental Health and Wellbeing Strategy (2024-2034) is equity of access, experience and outcomes without discrimination: including sensory loss. ensure all information complies with the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss, and where appropriate is children and young people friendly.

Welsh Language impact assessment:
ensure all information complies with the All-Wales Standard for Accessible Communication and Information for People with Sensory Loss, and where appropriate is children and young people friendly).

Deaf BSL users in Wales are an under-served group.

Question 11: We would like to know your views on the effects that the strategy could have on the Welsh language. How could we change the strategy to give people greater opportunities to use the Welsh language? How could we change the strategy to make sure that the Welsh language is treated as well as the English language?

There is not a choice for Deaf people in Wales. Most Deaf children do not get to learn Welsh as this is not an option for them in school. We have no Deaf schools in Wales, and few accessible Welsh language classes. Welsh Deaf people are interested in their culture, heritage and the Welsh Language. More accessible options needed.

Question 12: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them.

We would like to know specifically what the recent review of Deaf mental health services will entail and when this will take place?

The All Wales Standards of Accessible Communication has been completed, but we are still awaiting a second version. The delay of eight months is impacting hugely on Deaf people's mental health and healthcare experience.
We note the mention of Deaf people in the draft strategy in relation to remote assessments, and agree this may have scope for people in rural or remote areas, but this can be wifi and signal dependent, so not a cure-all.

We are aware of lines of accountability and often find Deaf people fall between the stools of Equality departments or managers, with people often passing the buck, and little delivery of actual appropriate care.

We know delivery of care will depend on delivery at local health board level, and suggest this approach is limited when looking at deliver as All Wales or North and South would help inform provision of a Deaf Specialist Mental health service.

We know you are going to undertake a review of Wales Health Specialist Service Commission (WHSSC) but this will happen after this strategy. in terms of vision statement 4 - seamless mental health services are going to be difficult to achieve, so we want to make sure you include provision in the Mental health strategy that includes Deaf people in Wales now.

Many health professionals are not aware of specialist Deaf services, and think local services will do, and often cannot source interpreters as needed, and not enough for inpatient. Also, will hospitals pay for ongoing service from Achieve Together for example to maintain the ongoing communication in preferred language that social care has been providing? Currently there has to be application for funding for specialist assessment, then there would be a request for in patient stay for assessment and/or treatment. And finally, on return home, no step down provision.
Rarely is a BSL interpreter present at a first mental health appointment, so the important assessing and guiding that needs to happen has been a missed opportunity with a lot of unacceptable risk, that serves to mean mental health problems for Deaf people worsen. Many mental health assessments are not BSL appropriate and risk an incorrect diagnosis.

One stop shop for interpreters in Scotland - a hub for all interpreters.
Racism is mentioned but discrimination is not, audism, neurodiversity and intersectionality. A Deaf person with other protected characteristics, other identities – again not considered.

Sensory loss – this is negative language and not compliant with Welsh Gov's social model of disability.

In summary, due to the training needs required of the staff within mental health there screams inadequate competence which is a huge safeguarding issue. As a basic human right, a Deaf patient should be provided with the same service as a hearing patient, and their needs met accordingly.

Interpreters in a health care setting must be qualified in the healthcare interpreter field. To work within mental health, an interpreter has to be fully qualified for 2-3 years before training and working in the mental health field. There is a lack of interpreters due to lack of BSL provision in education.

Wales must invest in training and education to increase the numbers of (d/Deaf) BSL tutors and teachers in schools in order to teach BSL in schools and colleges, and for Teachers of the Deaf to improve their learning to at least a level 6 in an educational setting. With this forecast and long-term goal, d/Deaf people can be included in education, social care and health care professions within Wales. This in turn could provide improved quality of life and improved self-esteem for the individual and the education, health and social care workforce as a whole in a tri-lingual Wales.

We strongly suggest having Deaf people as co-workers or staff members who can support non-deaf people. As the All Wales Deaf Mental Health and Well-being group we are a resource that can be called upon and there needs to be preparation for this – for example the best practice in England invariably includes Deaf staff. And it will be Deaf people delivering Deaf awareness and /or BSL classes for parents.

Submit your response

You are about to submit your response. Please ensure you are satisfied with the answers you have provided before sending.

Name (optional)	Dr Julia Terry
Organisation (if applicable)	All Wales Deaf Mental Health and Well-being Group

Your interest in the strategy. Please tick all that apply.

- Lived experience
- Health care staff
- Third sector staff
- Other professional role
- Organisational response

Which version of the strategy have you looked at? Please tick all that apply.

- Draft mental health and wellbeing strategy
- Children and young people's version
- Easy read version

If you want to receive a receipt of your response, please provide an email address.

Email address

j.terry@swansea.ac.uk