BARRIERS TO MENTAL HEALTH ACCESS FOR DEAF ADULTS IN KENYA: A REVIEW

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Abstract

The majority of adults who are Deaf experience marked difficulties in accessing quality and affordable mental health care in Kenya. Factors that influence these access barriers need to be reviewed to inform interventions. A systematic search of five key databases and three specialized journals identified 14 papers that met the inclusion criteria. Methodological quality of the articles was assessed using an adapted checklist. There was a general lack of consensus across studies. The three main factors found for Deaf mental health access barriers were: communication difficulties between mental health care providers and patients and Deaf adults' inaccess to health care in their preferred language, sign language. Thirdly, there was poor health-related information in sign languages. The first factor was overall positively associated with professional interactions and consequently mental well-being of the Deaf. Some studies also found that certain Deaf were more likely to have positive professional interactions. The majority of studies were cross-sectional. Some studies lacked appropriate control groups and did not recruit an appropriate range of informants. A wide range of factors were associated with professional interactions between the Deaf and mental health providers, the majority of whom are Hearing. The role of communication gained the highest consensus across studies. Other factors were involved in more complex interactions such as Deaf cultural aspects. A Deaf-centric type of study on stigma is proposed to identify mental health providers who are Deaf-friendly in Kenya.

Introduction

The word 'Deaf' (with capitalized letter D) describes people who identify with the Deaf community and culture (Fellinger, Holzinger & Pollard, 2012). Deaf culture is recognized under Article 30 in Paragraph Four of the United Nations Convention on the Rights of People with Disabilities, which is signed and ratified by the Kenya government (UN, 2017). Inequality and discrimination are stigma-informed issues in Deaf mental health care (Cole & Cantero, 2015).

There is inadequate provision of quality mental health to the Deaf in their first and preferred language, Kenyan Sign Language, yet it is a national and official language of Kenya (Shackleton, 2013). Paucity of research and priority assessment on access, in terms of needs, provision and utilization of care relegates the Deaf to be an under-represented and unrecognized minority (Barnett, et al., 2011a). Mental health services is generally a neglected area in Kenya, with less than 1% budgetary allocation and a shortage of competent, available and affordable services; numbers of psychologists are not mapped (World Bank, 2014).

Method

An extensive literature on the seminal studies in Deaf mental health was reviewed and deduction made based on 14 studies, both local and international, on the barriers of mental health care access for Deaf adults in Kenya. Document analysis of the scientific journal articles was done using a checklist adapted from Kuenberg (2016), yielding the factors namely communication barriers, language barriers, information barriers. The authors added the fourth factor, Deafness demographic factor barriers, to create four objectives of the study. The authors developed a model that summarizes the major barriers to mental health care access, as analyzed from a Deaf cultural perspective.

Results

Deaf adults struggle to get help for mental health problems owing to various barriers such as difficulties in accessing health care (Fellinger, et al., 2012).

Communication hinders adequate, timely and relevant mental health services (Steinberg, et al., 2006).
There is lack of information on health care systems, thus 80% of Deaf adults worldwide reported problems in accessing mental health care (WFD, 2011). Information is limited due to inaccess to radio, television sound tracks and signed video tutorials (Shackleton, 2009), resulting in misinformation on mental health as well as unawareness of emergencies owing to disasters.

Language barriers include misunderstanding and inaccurate diagnosis and treatment (Sheppard, 2014); technical terms are often not understood by the Deaf (Pollard & Barnett, 2009).
Deaf adults' demographic factors of age, Deafness type and onset, gender, level of use of sign language, use of home signs, lip reading, gestures, writing, or/and body language, low information access and literacy levels due to inferior quality of education may raise barriers to mental health care. Inequality and discrimination were found to be stigma-informed factors influencing access to mental health. Additionally, majority of Kenyan Deaf adults cannot afford health insurance and there is high poverty in the Deaf community.

Table

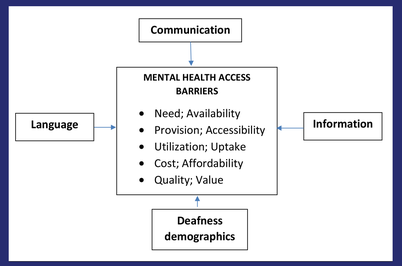
Adapted Checklist of Seminal studies

Barrier/ Article	1) Communication:	2) Language	3) Information
1	- Language, literacy, fluency, fund of information and mastery	- Cross-culture language and cross-cultural not considered.	- Overlooked in health care and health related research.
2	- Access devices inadequate - Interpreters	- Isolation - Inadequate community	- No protective policy - Low health info
3	- Time consuming when seeking counseling, finger spelling takes time - Speechreading: slow process	- Rapport building takes time - Embarrassment and rejection - SL seen as humorous at best	- No specialized psychiatry services. - Difficulties in assessment
4	- Fear, Mistrust, frustration: 'Nodding syndrome' indicating cautious rejection - Good lighting and technical set up necessary - Access to communication is a basic human right	- Excellent, high prof-standard, specialized MH services missing - Deaf relay interpreters missing	- Multidisciplinary team workers need to discuss important steps with Deaf person - 'Social counseling' to increase info access and informal contacts' - Info leaflets in pictures, short notes
5	- Communication fluency to avoid misdiagnosis, inaccurate treatment-hospitalization, aftercare, etc.	- SL 1st and often only language - Social Impact Scale (4 stigma factors: Social rejection, Financial insecurity, Internalized shame, Social isolation)	- Deafness is not a disability but a diversity different culture - Sensitization on Deaf culture needed - Replace obstacles that divide, oppress, exclude need with factors to unite, liberate, belong
6	- Powerful & visually accessible communication often lacking	- Sign language, rights awareness missing	- Communication - Collaboration - Health knowledge - Cultural awareness trainings
7	- Communication support	- N/A	- Online prevention programs

Adapted Checklist of Seminal studies (Continuation)

Barrier/ Article	4) Communication:	5) Language	6) Information
8	- Lack of qualified providers who know Sign language	- Low literacy in terms of understanding technical terms	- Assessment tools not deaf friendly - Not established care for the deaf - Many programmes not accessible to Deaf persons
9	- Disability, gender, poverty factors in communication - Stigma - Distrust by Deaf women - No interpreters for the talking community	- Isolation, neglect and exclusion from recognition - Inferiority of sign language - Inaccessible due to poverty	- Discrimination at 3 levels: Institutional, Individual, Interactional - Inappropriate diagnostic methods and channels for information delivery to deaf - Employable skills to reduce economic dependence missing
10	- No screening at birth, thus, communication, at family not effective - Deaf regard themselves as cultural group - Communication is a basic human right	- Interpreters not enough if not able to sign, thus use of other senses for effective communication	- Inaccessible mental services for the deaf - Poor access to health and little knowledge of health issues
11	- Most Deaf born into hearing families are unfairly expected to lip-read verbal languages	- English 2nd language for Deaf, but Kiswahili is replaced with KSL, yet English & Kiswahili are the official/ regular schools - Deaf low literacy	- Close-knit Deaf community 'grapevine' thus no confidentiality - Health info and communication generally lacking
12	- Communication barrier hence misunderstanding of diagnosis, treatment, medicine or side effects. - Embarrassed, ignored	- Embarrassing interactions - Minimal certified interpreters in health care encounters - SL promotes brain language development - SL body language misinterpreted	- Minimal health promotion in SL - Too much personalized information paints an anonymity of Deaf individuals in their community
13	- No speech thus misdiagnosis & inappropriate	- N/A	- Need for DVDs
14	- Ethics lacking - Interpreters low - Impotence in longer turn-taking	- Technical language e.g. side effects is not understood by most Deaf adults	- N/A

Figure



Conceptual model of Barriers to Mental Health Access for Deaf Adults in Kenya

Conclusions

Access barriers are experienced by the Deaf in a pervasive and perennial way in relation to most services, including mental health (Kuenberg, 2016). These include barriers in communication, language, information and inconsideration of Deaf-demographic factors.

- Communication barriers include inaccess, stigma perceptions and inadequate visual formats (Lieu, et al., 2007).
- The language used in mental health care is often not the Deaf adults' preferred language, technical support is often missing and Deaf cultural-appropriateness is rarely considered.
- Information barriers comprise the almost non-existent use of adapted technology, and the inadequate operationalization of legal policy into reality regarding information dissemination channels and strategies to the Deaf community (Kushalnagar, 2015).
- Deafness-demographic barriers include inconsideration of the Deafness type, age, gender, communication preference and general low fund of information especially for illiterate Deaf, as well as unaffordability due to poverty (Smith & Chin, 2012).

The study recommended referrals and resources for the Deaf to get appropriate mental health treatment and assessments (Barnett, et al., 2011b). Culturally-affirmative Mental Health Specialist training for professionals who work with Deaf individuals would include cross-cultural communication attitudes and skills, skills working with interpreters, and knowledge in selecting and designing culturally-responsive and reliable treatment interventions (Hoang, et al., 2011).

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References

Barnett, S., Klein, J. D., Pollard, R. Q., Jr, Samar, V., Schlehofer, D., & Starr, M., Sutter, E., Young, H. & Pearson, T. A. (2011a). Community participatory research with deaf sign language users to identify health inequities. American Journal of Public Health, 101(12), 2235-2238. doi:10.2105/AJPH.2011.300247.
Barnett, S., McKee, M., Smith, S. D., & Pearson, T. A. (2011b). Deaf sign language users, health inequities, and public health: Opportunity for social justice. Preventing Chronic Disease, 8(2), A45.
Cole, P., & Cantero, O. (2015). Deaf stigma in mental health, the example of mental health. Revue Medicale suisse, 11(461), 398-400.
Fellinger, J., Holzinger, D., & Pollard R. (2012). Mental health of deaf people. The Lancet, 379, 1037-1044. Revue Medicale suisse, 11(461), 398-400.
Hoang, L., LaHousse, S. F., Nakaji, M. C., & Sadler, G. R. (2011). Assessing deaf cultural competency of physicians and medical students. Journal of Cancer Education, 26, 175-182.
Kuenburg, A., Fellinger, P., & Fellinger, J. (2015). Health care access among deaf people. Journal of Deaf Studies and Deaf Education, 1-10. DOI:10.1093/deafed/env042
Kushalnagar, P., Naturale, J., Paludneviciene, R., Smith, S. R., Morfel, E., Doolittle, R., Jacobs, S., & DeCaro, J. (2015). Health websites: Accessibility and usability for American Sign Language users. Health Communication, 30(8), 830-837. DOI: 10.1080/10410236.2013.853226
Lieu, C., Sadler, G., Fullerton, J. & Stohlmann, P. (2007). Communication strategies for nurses interacting with patients who are deaf. Dermatology Nursing, 19(6), 541-551. http://ezproxy.acu.edu:4656/eds/detail/detail?vid=1&sid=c976bdc6-9c3f-4986-96a9-b3ff6880bdc4%40sessionmgr103&hid=104&bdata=JnNpdGU9ZWRzLWxpdmUmc2NvcGU9c2l0ZQ%3d%3d#db=ccm&AN=106012759
Machado, W. C. A., Machado, D. A., Figueiredo, N. M. A., Tonini, T., Miranda, R., S., & Oliveira, G. M. B., (2015). Sign language: How the nursing staff interacts to take care of deaf patients? Revista De Pesquisa: Cuidado E Fundamental, 5(3), 283-292. DOI:10.9789/2175-5361.2013v5n3p283
McKee, M. M., Barnett, S. L., Block, R. C., & Pearson, T. A. (2011). Impact of communication on preventive services among deaf American Sign Language users. American Journal of Preventive Medicine, 41, 75-79. DOI:10.1016/j.amepre.2011.03.004
Pollard, R. Q., Barnett, S. L. (2009). Health-related vocabulary knowledge among deaf adults. Rehabilitation Psychology, 54, 182-185.
Shackleton, J. (2013). Exploring perceptions of Deaf persons for recommendations towards Effective HIV/AIDS Programming in Nairobi. Réseau International Sur Le Processus De Production Du Handicap. Handicap International, Canada.
Sheppard, K. (2014) Deaf adults and health care: Giving voice to their stories. Journal of the American Association of Nurse Practitioners, 26(9), 504-510. DOI:10.1002/2327-6924.12087
Smith, S., & Chin, N. (2012). Social determinants of health in deaf communities. In Maddock J (Ed.). Public health-social and behavioral health (pp. 449-460). InTech. DOI: 10.5772/36136. Retrieved from https://www.intechopen.com/books/public-health-social-and-behavioral-health/social-determinants-of-health-disparities-deaf-communities.
Steinberg, A., Barnett, S., Meador, H. E., Wiggins, E., & Zazove, P. (2006). Health care system accessibility: experiences and perceptions of deaf people. J Gen Intern Med, 21:260-266.
UN (2017). Article 30-Participation in cultural life, recreation, leisure and sport. United Nations. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-30-participation-in-cultural-life-recreation-leisure-and-sport.html
World Bank (2014). Kenya country partnership strategy 2014-2018. http://www.worldbank.org/en/country/kenya/publication/kenya-country-partnership-strategy-2014-2018
World Federation of the Deaf (2011). World Federation of the Deaf Health Resources Initiative global survey. http://www.wfdeaf.org/