

PUBLIC HEALTH MEETING

4-6 MARCH 2004 IN LINZ/AUSTRIA

Deaf individuals need

- 4 eyes communication
- time
- specific skills and knowledge
- specific attitude
- signing doctors, nurses
- interpreters

proactive preventive programmes include educational aspects

WHAT IS GOING ON IN EACH COUNTRY?

Sweden

3 Acts

1. Health medical care act – rehabilitation + interpreter
2. social services act – guide, assistance at home
3. support in services – more than 25 h/week

Rehabilitation:

Teams (sign language)
deaf/deafblind services
3 Soc, 1 Psych, 123 clients
rights – int. health care
Britta group social disab.

Accommodation:

e.g. learning disabilities, mental disorder
Supported living special needs at different places in Sweden

General public health services – deaf public health

Austria

Out patient clinic in the hospital St. John Linz since 1991
Since 1999 also in Salzburg and Vienna
250.000€ for 1 Mio inhabitants, 40-45 minutes drive, 1 GP, 1 social worker, 1 Nurse,
1 secretary

Scotland

Empowering Deaf – grassroots
Research: 25% left without knowledge, 1/6 avoidance
Poor access + care home for elderly, training courses
It is difficult to get interpreters – only 20 in Scotland

France

St. Petriere Paris since 1995, 15 team members
Spec. int. – 1 Psych, 5 GPS, 3 interpreters, 1 deaf care assistant, linguist
Severe cases

10 centres
1 Psychiatric
Deaf Prof. Team
Problem : Urgences
Video?
Severe cases – interpreter, deaf staff, supervision

Netherlands

Mental Health and Public Health
Elderly: Day tr., outpatient, diff. Offers
Diff. Mental health services and educational services
Physical Health??
Ede – GP
Deaf awareness not enough

Denmark

150 Interpreters, 450 P., 5.000.000 P, 4.500 D.D.
councillors
different problems (psychol., M.)
Good social services
Parental guiding (deaf families are visited for informing, Coda,...)

Mediators
Deaf Club – Deaf Community
Topics
Regularly
Intensive (sexes, tool: video)
Monthly (step by step)

Health workers
Promote advice
Partnerships – H.Prof.

AIMS OF EACH COUNTRY

What is the biggest problem? What is the best support?

Scotland

In Glasgow there are 1 GP, 1 social worker, 1 nurse, 3 interpreters, 1 psychiatrist. They are specialised to work with deaf people with general health needs based probably in a hospital.

Next step: meet Sc Executive and find medical profess. GP

Biggest problem: Structure of NHS, awareness, specific Ombudsman, soc. Health

Best support: Deaf community

Sweden

In each of the medical care regions of Sweden there exists a health centre coordinated by one leading Health Centre consisting of at least 1 PG, 1 Nurse, 2 social worker, 1 Interpreter and 1 Psychiatrist offering health care and health information for deaf people and their families located according to regional circumstances.

Next step: Writing document of objectives

Biggest problem: The Swedish National Deaf Association, mental health framework (stories, web site)

Best support: Politicians

Austria – Vienna

At the hospital St John of God in Vienna there are 2 GPs, 2 nurses, 2 social worker, 2 secretaries and 2 psychiatrist working with deaf patients which means the work forces is has doubled also in order to meet the health educational needs.

Next step: Contact with Head of the hospital, department for social affaires, 5 years feast

Biggest problem: funding

Best support: deaf Communication

France

Together with the existing team in Pitie-St. Petriere there are now also working one deaf assistant, nurse and done more GP. In the whole of France there are 15 deaf Prof.

Employees (especially deaf nurses) in the Health Centers for the Deaf.

Next step: Inform the others about the meeting

Biggest problem: cuts in the subsidies

Best support: deaf association

England

In England there are 9 Healthy Living Centers for deaf people. In London there are 1 ½ GPs, 1 nurse and a deaf advocat working as a team for the deaf employed by the NHS working together with other organisations in this field.

Next step: London Consortium persuaded on Monday, 8 march 2004

Biggest problem: to persuade the PCD in the group

Best support: Deaf community, NImhA

Netherlands

In Ede there exists a consultation team consisting of 1 GP, 1 social worker, 1 nurse, 1 psychiatrist, 1 Prev. w., comm. Prof working for deaf people with general health needs in the Riethhorst (linked to a general hospital) offering individual help and health education.

Next Step: presentation of this meeting, making working groups in Rh

Biggest problem: being within the framework of MHS

Best support: Deaf community, Charley

Denmark

In the different centres for the deaf there are 6 GPs working in the field of health for the deaf (doubled number compared to today) partially also being involved in immigrants issues.

Next step: contact with different organisations in the field of deafness (paper on prevent. Health needs)

Best support: Danish Deaf Association

Austria – Upper Austria

The health service existing is continuing. Health programmes within the deaf community are functioning like general programmes on stress and conflict management and specific programs for women, parents, deaf in work situations, elderly deaf,... (one method is the Health Theatre). There is a further Health Centre in Graz, probably in a hospital of St John.

Next step: Present study and make time schedule

Biggest problem: time

Best support: interest of the deaf people

LINZ STATEMENT FROM 6th OF MARCH 2004

In order to guarantee equal rights and chances to deaf people their specific health needs have to be met including appropriate health information and direct access to signing and spec. trained GPs.
