

Medical Interest SIG June 2004 Hamburg
Leader Ines Sleeboom

Impressions by Halvor Nordeng.

Around 25 participants plus interpreters plus visitors from Health education, Moving Onwards and SIG Deaf children and families participated in the seminar. A wide range of themes related to mental health and deafness were discussed.

Psychologist Halvor Nordeng, Aker Hospital, Oslo, Norway, stated that deaf people's fight for appropriate mental health services is active citizenship. Psychiatry was late to develop suitable services for deaf people. Deaf people in Norway, some with mental health needs themselves have been working on the development of services and promotion and acceptance of use of services in the deaf community. Patients have made a TV production in sign language discussing mental health disorders and modern treatment. Another group of patients have put up a play to be shown at The Culture Festival. Several ongoing projects involve deaf and hard of hearing participants. There is a wish that the organisations for deaf and deafblind people more actively should lobby for better services.

Social worker Wilke Hermans from Riethorst, the Netherlands, presented a case. An isolated insecure deaf blind woman had become very dependent on her partner. When the partner terminated the relationship the woman experienced grief and became very isolated and passive. Through individual therapy, group therapy and rehabilitation trying to use a cane she has fought for independency and a more active life.

Social counsellor Henrik Brink with colleges (social pedagogue Jennie Nilsson, social counsellor Nadia Saleh, social pedagogue Christina Raquette; Auditory Habilitations and Rehabilitation, County Council of Skåne), Sweden. A survey in southern Sweden on psychosocial needs tried to clarify what deaf people wanted and could accept of advice and support services. One case was presented. A mentally retarded young woman became pregnant and did not want to cooperate and inform health services of her mental retardation. Maybe the interpreter translated "too good" to the midwife. Several participants presented information about the judicial issues in their own countries and presented examples.

Psychiatrist Britta Wehrman, Germany, gave a general survey of the mental health services for deaf in Germany. They have two mental hospitals for adult deaf and one unit for children and youth at a third hospital in the eastern part of Germany established in 1993. She presented a case about a young girl with impulsivity and aggression; a borderlinelike functioning. Through behaviour therapy and use of Zyprexa her behaviour problems were reduced. The school however refused to take her in. A discussion followed concerning the rights of adolescent deaf people as to school.

Psychiatrist Ruth Garcia, Great Britain. She presented a case of a 16-year old boy. He had obsessive compulsive symptoms and on one occasion he reported to have seen the devil. He was put on Risperidal but developed possible ESP. Medication was switched to Olanzapin and then he started putting on weight. Do all the adolescents on antipsychotic medication put

on weight due to their metabolism? Discharge to the local milieu was difficult because of lack of blood testing and EKG follow up possibilities.

Ines had a short lecture describing how hallucinations could develop due to dysstimulation of different parts of the cortex of the brain.

Psychiatrist Ines Sleeboom- van Raij, VIA, the Netherlands and psychologist Tove G.Larsen, Center for Dove, Denmark discussed the use of cannabis and development of psychosis. Denmark has a three-year project dealing with cannabis use among deaf people. The Netherlands has a rather liberal attitude towards cannabis making it readily available. The Nordic countries have much more restrictive rules. There seems to be different frequency of use of drugs in the deaf population in different countries. Perhaps the deaf communities have a sort of cultural lag and that a flood may be coming later. Discussion followed as to development of special services and stigma. If you have special drug clinics deaf patients visiting the clinics may be stamped as a drug addicts.

Social worker Viveca Schoultz, Helsinki University Central Hospital, Clinic for the Deaf, Finland presented the problem that doing therapy with deaf people takes a lot more time than with hearing people. Health administrators these days call for cost effectiveness. To evaluate effectiveness you have to measure the burden of symptoms before and after treatment. Viveca did not find GAS, the Global assessment scale of much use in this situation. Several workers have the same problem dealing with hospital managers demanding more consultations per day. One text telephone consultation with deaf takes five times more time than a voice telephone. An instrument called Honos measuring symptom and clinical burden was presented.

Psychiatrist Pentti Rajaniemi, Helsinki University Central Hospital, Clinic for the Deaf, Finland presented a case. The treatment history of a 37-year old man was presented. This man had had many heavy traumas in his life. To aid differential diagnosis both psychodynamic and biological factors were taken into consideration. Should the diagnosis be taken to be psychotic depression or schizophrenia or something else. Discussion followed on different treatment options.

Psychiatric nurse Marianne Virenque, Hopital Paul Guiraud Villejuif, France presented a case of a 49-year old male. He had been a shoemaker and should have had good communication abilities formerly. Due to traumas he had started use a lot of alcohol. CT scan and other brain assessment did not show any defect but the man had developed peripheral neuropathia. He had lost almost all his communication ability and had become very low functioning. After assessment and treatment at the hospital this man was sent to a facility for mostly demented people. Marianne visited this man on a regular basis trying to stimulate and better his communication. Deaf people or patients visitors never visited him. He showed no development in his communication. What could be done? Marianne received much support for her stamina in a difficult case.

Social worker/social pedagogue Birgitta Martinell, Sweden discussed bicultural cooperation. The concrete aspect of two cultures is that deaf people prefer to sit in a ring around a circular table making a ring wider when someone enter the room. Hearing people usually sit at rectangular tables and when the table is full they start to go to another table. Communications in teams with hearing, deaf and hard of hearing members may be difficult. Bettan often felt she had to help everyone and she that was made use of for training. She

described shifting roles as a politician for the deaf , high status in clubs for a deaf and amongst hearing just deaf. A discussion followed on what is really a sign language environment and how communication, both form and content is dependent upon who are present.

Thomas Fuchsberger from VIA, the Netherlands presented a case with a 39 year old man who was refugee from Bosnia with very little sign language. He presented symptoms of OCD, depression, suspiciousness, inchohorence. Due to possible traumas this man had developed psychosis and on Cisordinol he improved. A hospital in Bosina was contacted and in preparation for returning home he was put on the available and cheap Haldol medication and Chlomipramin. His OCD-symptoms and other symptoms disappeared. A discussion followed on relay interpreters: Deaf intermediate interpreters that may forward to hearing interpreters what a deaf person difficult understand really tries to say.

Psychiatrist Ulrike Gotthardt, Westfälische klinik, Germany discussed the theme sexual abuse. More and more patients tell about sexual abuse. The situation for deaf with additional handicaps with no effective communication is difficult. Interpreters have a really hard time to tell about the experience of these people as to sexual abuse. Often art therapy in the form of painting may be a good medium for doing therapy with these patients.

The seminar ended with meeting the participants of Health education, Moving Onwards project and Deaf children and family SIG. See different papers on these activities. Briefly **Johannes Fellingner** from Austria discussed the health needs of deaf people and the need for four eyes communication without an interpreter. Beate from Norway presented the Moving Onwards project and especially the health education work in the project and was supplementet by **Gordon Chapman** from Great Britain on health materials and good practice.

Ingrid and **Charley Erkens** from the Netherlands discussed the need for general practitioners for deaf people and argued for taking equal rights seriously and enforce the health laws for deaf people.