

I INTERNATIONAL CONFERENCE ON DEAF PEOPLE AND PERSONALITY DISORDERS:
The Need for a Careful Diagnostic Process and Special Treatment Facilities

Bilbao (Spain), on 19th and 20th October 2017



I International Conference on Deaf People and Personality Disorders: The Need for a Careful Diagnostic Process and Special Treatment Facilities

I Conferencia Internacional sobre Personas Sordas y Trastornos de la Personalidad: La necesidad de un proceso diagnóstico y servicios de intervención especializados.

PROGRAMME

19th OCTOBER 2017

8:15

Registration

ROOM: GORBEIA

BUILDING: GOBIERNO (9b)

8:50

Opening

Dr. Miguel Ángel González Torres, Head of the Psychiatric Service in Basurto

Dra. Miren Amaia Ruiz Echevarria, Head of Hospital of Basurto

Dr. Ines Sleebloom, President of ESMHD

Dr. Nora Olazabal, psychiatrist in the Hospital of Basurto

Verónica Pousa, psychologist in the Hospital of Basurto

9:00

Mental Health of Deaf children and adolescents: implications for therapy

Tiejo van Gent, Phd. (The Netherlands)

10:00

Step by step...growing together at CABSS. The impact of early multisensory intervention.

Stefania Fadda (Italy)

11:00

Coffee-break

11:30

Personality Disorders in Deaf people: implications for treatment

Margaret du Feu (Ireland)

12:30

Psychiatric intervention in Deaf population

Ines Sleebloom van-Raaij (The Netherlands)

13:30

Lunch

14:30

Deaf adolescents and identity development: interventions to promote healthy deaf identity

Veronica Pousa (Spain)

15:30

Complex case of a deaf mother with a complex personality disorder

Mag.(FH) Stefanie Breiteneder (Austria)

ROOM: GORBEIA

ROOM: KOLITZA (Building: CONSULTAS EXTERNAS)

16:30

Neuropsychological testing of deaf and hard of hearing clients at the Norwegian National Unit for hearing Impairment and Mental Health.

If only I could tell... Measuring predictors for challenging behaviour in people with both intellectual disability and hearing



Hazards and challenges.

Sonia Fernandez Ordonez (Norway)

impairmentW.M.Buskermolen, J. Hoekman & A.P. Aldenkamp
(The Netherlands)**20th OCTOBER 2017****ROOM: GORBEIA****10:00****Countertransference and Deaf Patient.**

Nora Olazabal Eizaguirre & Verónica Pousa (Spain)

11:00**Coffee-break****11:30****Reaching the unreachable: a novel therapeutic approach**

Majint Gahir, Viki Jones, Michelle Bertulis, Alexander Hamilton (UK)

12:30**Violence and Aggression in an UK open acute mental health Deafness unit**

Neel Halder, Sodi Mann, Kate Hall (UK)

13:30**Lunch****ROOM: GORBEIA****14:30****Specialized outpatient clinic for deaf and hard-of-hearing patients in the Netherlands: Lessons learned in an attempt to improve healthcare.**

Anika S. Smeijers, Beppie van den Bogaerde, Martina H. Ens-Dokkum, Anne Marie Oudesluys-Murphy (The Netherlands)

ROOM: KOLITZA (Building: CONSULTAS EXTERNAS)**Mental health promotion and the prevention of anxiety-based disorders in deaf and hard of hearing children.**

Dr Pól Bond, DeafHear.ie (Ireland)

15:30**Deaf/hard-of-hearing siblings as a unique source of psychological support in the context of hearing familial and educational environments**

Adva Eichengreen & Anat Zaidman-Zait (Israel)

Psychosis in a deaf patient: case report

Raquel Rolando Urbizu, Sandra Molins Pascual, Marta Serrano Díaz de Otálora & Ana Siguero Anguá (Spain)

ROOM: GORBEIA

16:30

Closing

16:45

ESMHD Annual General Meeting (only for ESMHD members)

Speakers

Dr. Tiejou van Gent, Phd is a consultant child and adolescent psychiatrist specialized in mental health for deaf and hard of hearing children. He cofounded one of the first specialized inpatient and outpatient mental health services for deaf and hard of hearing children and young people worldwide. His research concerns the prevalence of mental health problems in deaf and hard of hearing children and adolescents, and associations between intrapersonal factors such as self-concept and ego development, putative chronic stressors and emotional and behavioral health disorders.



Stefannia Fadda is a Psychologist specialized in the field of Mental Health and Deafness and is a certified CBT Psychotherapist. She actively collaborates with the Association of Cognitive Psychology (APC) and the School of Cognitive Psychotherapy (SPC). Since 2008, she has been the Director of Centro Assistenza per Bambini Sordi e Sordociechi (CABSS) where she set up the first mental health service in Italy for deaf and deafblind children and their families.



Dr. Margaret du Feu was qualified in medicine in Cambridge and London. In 1991 she was appointed in Birmingham to develop the third service in England (after Manchester and London) for Mental Health and Deafness. In 2003 she started working half the week in Northern Ireland and in 2005 left Birmingham to include the Republic of Ireland in her work. Special interests include mental health prevention work and enduring mental illness. Special interests include mental health prevention work and enduring mental illness.



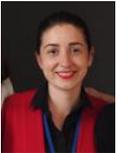
Dr. Ines Sleeboom is consultant psychiatrist in mental health and auditive disorders. She has more than 28 years' experience in Mental Health and Auditive Disorders, training in Forensic Psychiatry, 30 years' experience as a consultant in Mental Retardation and multi handicapped people. Dr. Sleeboom is president of the European Society for Mental Health and Deafness since 2007. She has many publications in different languages on: Mental Health services for the Deaf (in Dutch, Spanish, English and French books), Psychopharmacology and Auditive Disorders, Mental health and Brain damage, cognitive disorders and brain damage (chapter, co-author books for professionals, co-editor books), Deafblindness (Dutch, English) and others.



Verónica Pousa is a Clinical Psychologist. Since 2012 she is part of the specific Unit of Mental Health and Deafness for Adults, Child and Adolescents in the University Hospital of Basurto (Bilbao, Spain). She received the Master of Group Analytical Psychotherapy from the University of Deusto and the Basque Foundation for Research in Mental Health. She belongs, from 2013 up to the present, to the DBT's team (Dialectical Behavior Therapy). She is a teacher on the expert course on Psychotherapeutic Interventions Based on Dialectical Behavioral Therapy organized by OMIE Foundation and University of Deusto. She has published various articles in the field of mental health and deafness.



Dr. Nora Olazabal is psychiatrist and responsible of the Mental Health and Deafness Programme in Hospital Basurto since 2012. She is associated professor of the Neuroscience Department in the University of the Basque Country



Dr. Alexander Hamilton is the Consultant Forensic Psychiatrist with the St. Andrew's Medium Secure Deaf Service in Northampton, England. His father is Deaf and he is the only CODA working as a consultant psychiatrist in Mental Health and Deafness in the UK. Dr Hamilton is a trustee of the British Society of Mental Health and Deafness.



Michele Bertulis has been a Speech and Language Therapist at Rampton High Secure Hospital since 2006. Having attained a BA (Hons) in Social Science many years ago, she was awarded a MMEDSCI in Clinical Communication Studies as a mature student at Sheffield University. Her current role involves working with both hearing and d/Deaf adults within the Mental Health Directorate, although many patients have comorbid conditions (Learning Disability, Personality Disorder, ADHD etc.) Michele has also recently taken up a secondment in a non-secure mental health unit to establish a Speech and Language Therapy pathway. Michele has achieved Level 3 in Linguistics and Expressive British Sign Language. She works collaboratively with Communication Support Workers and Sign Language Interpreters and is passionate about breaking down barriers which prevent patients from fully engaging with their treatment.



Language

The official language is spoken English. Interpreters supporting deaf attendees will not be charged for any registration fee.

Venue

Hospital de Bilbao-Basurto
Avda. Montevideo, 18
48013 Bilbao



Touristic Information

Here you can find all information you need to spend lovely days in Bilbao.

<http://www.bilbaoturismo.net>



ABSTRACTS

Mental health of deaf children and adolescents: implications for therapy

Tiejo van Gent, MD, PhD (The Netherlands)

Implications of mental health of deaf children and adolescents for therapy may be viewed from many angles. It is generally accepted that therapeutic interventions with deaf clients and their families have to be optimized to suit their specific circumstances, and their -often complex and heterogeneous- visual and communicative needs. Ease of communication between therapist (-s) and a deaf child and his family or caretakers is a necessary prerequisite as is a socially-culturally affirmative approach, and a set of more mechanical-technical preconditions to permit full access to visual orientation and open communication. As a rule, conventional therapeutic techniques and methods have to be adapted. And often active ingredients of existing, state of the art, evidence-, or more practice- based techniques have to be picked out and mixed to develop more powerful therapeutic tools which are better tailored to the needs of deaf young people and their families. This asks for good monitoring of treatment results and research on the effectivity of specific interventions to increase quality and continuity in care. In Royal Dutch Kentalis, the largest educational and care organization for deaf and hard of hearing children and adolescents in The Netherlands, we developed a program aiming at a chain of complementary services to recognize, diagnose, and treat mental health problems of deaf and hard of hearing children and adolescents, consequently leading to more preventive targets at school. In this presentation the key elements, the state of the art and some results of this program are discussed.

Step by step...growing together at CABSS. *The impact of early multisensory intervention*

Stefania Fadda (Italy)

Through an analysis of the different phases of the early intervention program for deafblind children, specific objectives proposed by the staff at CABSS and the results obtained will illustrate the impact of early intervention. The presentation will describe a case study of a deafblind child who has completed the early intervention program at CABSS.

Early intervention programs at CABSS are based on a specific method aimed to meet the specialized needs of deafblind children, during all phases of their growth and development. The programs are individualized and are carried out in a multisensory laboratory. Therapy consists of exposing children to a variety of stimuli with the objective of developing the cognitive potential of children, their independence and linguistic and communication skills.

When children were exposed to a variety of stimuli all senses were strengthened and they were able to use their senses better, especially their residual vision, hearing and sense touch. They learned to integrate, process and understand information. As a result, deaf and deafblind children were able to develop skills and concepts and acquire a communication method.

All parents who were actively involved in their child's program and sought psychological support became strong advocates for their child. Parents also gained a deeper understanding of their child's needs and how to respond to



those needs. Parent-child emotional bond was reinforced and parents were able to interact effectively with their children.

Early intervention programs that utilize a multisensory approach, values parental involvement, and uses specialized methods and techniques impacts the life of a child giving him/her the essential tools to be able to go into the world with confidence, motivation and trust that they can achieve their dreams.

Personality Disorders in Deaf people: implications for treatment.

Margaret du Feu (Ireland)

The concept of Personality Disorders is always developing and changing as we learn more about human neurological, psychological, emotional and social development. People whose personalities result in distress for themselves and those around them can present for assessment for a Personality Disorder. Both clusters and traits for these disorders have been identified in attempts to understand and treat them.

Many of the factors involved can fall more heavily on Deaf people. In the past there have been serious misconceptions about "Deaf personalities ". It is therefore vital that assessment and therapeutic approaches are provided in a culturally appropriate way.

Mistakes, Misconceptions and Misdiagnosis of Medical and Psychological Symptoms in the Deaf Population.

Ines Sleeboom van-Raaij (The Netherlands)

In this presentation the need for a careful diagnostic process and special treatment facilities for deaf people will be illustrated with several case histories. Often communication and language issues in general medicine and psychiatry will be seen as 'the guilty ones'.

However even in special facilities where communication and language is adapted to the deaf person mistakes and misconceptions leading to misdiagnosis can occur. A review of the causes of this wrong course of events and how to avoid this will be given. The participants are invited to bring their own experiences and ideas about causes forward during the presentation.

Deaf adolescents and identity development: interventions to promote healthy deaf identity.

Veronica Pousa (Spain)

Identity development is a central task that all teenagers must carry out during adolescence. The development of a stable sense of self, as well as having the capacity to build complex representations of themselves and significant others, are both skills that are present in healthy adults. The study of the deaf identity should also include a social point of view, like how society shapes the way in which the deaf feel about themselves, how their families have faced deafness, the degree of integration in their peer groups. Deaf Culture can help deaf adolescents to achieve a sense of identity, both as an individual and as a group. Deaf Culture is linked with two main concepts: the belief that being



deaf is not a disability but a cultural struggle, and the use of sign language as its main cultural development tool. Glickman developed in 1993 a scale (the Deaf Identity Development Scale) in order to describe different stages of deaf identity development. The scale establishes four stages of deaf identity development: i) culturally hearing ii) marginal iii) immersion in deaf culture and iv) bicultural. Bicultural deaf adults are thought to be able to integrate both deaf and hearing cultures' values, thusly enriching their way of life. The DSM 5 proposes a new dimensional model to assess personality disorders in four different domains: identity, self-direction, empathy, and intimacy. We try to explain using case presentations how this model can help us to understand the difficulties that deaf people experience when developing their identities and boundaries with others.

Complex case of a deaf mother with a complex personality disorder.

Mag. (FH) Stefanie Breiteneder (Austria)

Personality disorders, especially borderline personality disorders are the most prevalent type of personality disorders described in research literature. A complex case of a young deaf woman with borderline personality disorder and two deaf children, one of them autistic, is presented in order to illustrate the complexity of needs and the diversity of services required to keep the family in function. After a short biography of the person and the introduction of the family's system, references to the diagnostic criteria of borderline personality disorder are shown. In the second part of the presentation the focus is on the diversity of needs of the mother and the children and the combination of services which are necessary to keep the family system in some sort of function. The facilities of a health care centre for the deaf including social welfare are the basis of these services. So far the family could keep the children at home, there are still open questions like how can the ability to educate the children be estimated in the future? Should the children stay with their parents? How can the frequently occurring cancelation of appointments be handled in the best way?

Neuropsychological testing of deaf and hard of hearing clients at the Norwegian National Unit for hearing Impairment and Mental Health. Hazards and challenges.

Sonia Fernandez Ordoñez (Norway)

Norwegian National Unit for Hearing Impairment and Mental Health provides assessment, diagnostics and treatment of mental health problems and disorders to persons with deafness, hearing loss and combined sensory loss. The unit has 3 departments: one for adults, one for children and adolescents, and one for investigation. The department for deaf and hearing impaired children and adolescents often receives referrals describing high complexity in the child/adolescent's difficulties. Mental difficulties, language impairments, behavioral problems, learning difficulties, social problems, somatic complaints, are among the problems that our patients struggle with. In several cases the clinical assessment includes the use of neuropsychological testing in order to bring a better understanding of the neurobehavioral functioning of the child/adolescent. There are challenges we face in the process of the assessment,



some of them being the lack of normative tests for deaf and hearing impaired children, communication barriers in the test setting, and the difficulty in the differential diagnostics. A patient case will illustrate these issues.

If only I could tell... Measuring predictors for challenging behavior in people with both intellectual disability and hearing impairment.

W.M.Buskermolen, J. Hoekman & A.P. Aldenkamp (The Netherlands)

Behavioural problems in individuals with both hearing impairments or deafness (HI/D) and an intellectual disability (ID) are common. With one exception little research on behavioural problems in people with a combination of both disabilities was found. Prevalence rates in both other groups (HI/D and ID separately) vary among the studies. Although several risk factors for these behavioural problems are reported, empirical research is needed to gain more insight into direct relations between certain internal and environmental factors and behavioural problems. For this purpose we developed our own Individual Behaviour Observation and Recording Scale (IBORS) which is based on eight dimensions of behaviour and five levels of severity which results in a unique behavioural repertoire of each individual person. With this scale it is possible to define behavioural problems more accurately. Several environmental factors were included in our study. A computer-program was developed to do reliable recordings over longer periods of time of such factors as well as behaviour according to the IBORS-method, by varying care professionals with different backgrounds. Data were obtained by recording behaviour on a daily basis during one year for 21 participants with both ID and HI/D. It was found that 100% of the participants in this study showed challenging behaviour, although this was not observed every day in each participant. Prevalence rates of episodes with challenging behaviour during a year varied from 1.8% to 77.3% of the recording time. On average, the prevalence rate was 28.9% of the recording time. The likelihood of challenging behaviour appears to increase proportionally with a decrease in communicative skills as well with a lower level of social independence. We also found that in people with autism spectrum disorder, the prevalence of challenging behaviour was significantly higher than in people without autism spectrum disorder. Furthermore we found a negative correlation between challenging behaviour and age. The level of intellectual disability as well as the level of hearing impairments was not related to the prevalence of challenging behaviour. For almost each participant several environmental factors were found. This showed that the interaction between factors plays an important role, which makes it difficult to isolate the individual influence of separate factors.

Countertransference and Deaf Patient.

Nora Olazabal Eizaguirre & Verónica Pousa (Spain)

Therapeutic relationship is the basis of any of the known psychotherapies. The deeper the TR goes, the more unconscious feelings are put on this human interaction. In one hand, patient can have specific expectations in the



therapy or particular phantasies about therapist's thoughts and experiences about deafness or the different topics that emerge during therapeutic process. In the other hand, therapist can be conditioned by some ideas about being deaf, lifetime experiences of deaf patients, expected skills... All this will be a dynamic process happening in a particular context, sometimes involving an interpreter, non-experienced therapists, dealing with important family matters and patient's frustrations. Transference and countertransference must not be considered dangerous but a good opportunity to explore the patient's feelings. Supervision sessions are needed to understand these reactions we feel as therapists and to assure the development of a strong therapeutic relationship.

Reaching the unreachable: a novel therapeutic approach.

Majint Gahir, Viki Jones, Michelle Bertulis, Alexander Hamilton (UK)

A case presentation of an extremely complex case of a Deaf patient with personality disorder, learning disability and severely limited communication who presents a significant risk of harm to others. The unique challenges of working with personality disordered people with severely limited communication are explored and a novel multidisciplinary approach to treatment in this case is described.

Violence and Aggression in an UK open acute mental health Deafness unit.

Neel Halder, Sodi Mann, Kate Hall (UK)

Introduction:

John Denmark Unit (JDU) is an 18-bedded national acute open (non-secure) psychiatric hospital for people with Deafness and mental health problems (including co-morbid personality disorders), in Manchester, UK.

There are currently no seclusion or intensive nursing suites within for any acute open Mental Health and Deafness units in the UK. Those requiring seclusion are having to be taken into local hearing units to use their facilities; managed by unfamiliar staff who do not have communication skills.

Methods:

All violence and aggressive incidents within the JDU from 1/4/13 to 31/3/17 were collected and sub-categorized, as recorded on the electronic medical record system.

Results:

There were 268 violent and aggressive incidents by inpatients during the period recorded. 191 were physical violence towards staff, 55 physical violence towards other patients and 11 seclusion episodes. Of these incidents, 6% were perpetrated by patients with a diagnosis of Personality Disorder (JDU is not primarily a PD service).

Discussion:

These results supported a successful business case for building an Intensive Nursing Suite (INS) within the unit (completion date 2017/18). An INS is a therapeutic environment providing flexibility to manage individual patients in isolation. This will enable JDU to implement principles of least restrictive practice, enabling the following:



- Accept patients who previously would be admitted to secure services (including forensic step downs with PD diagnoses)
- Faster reintegration from the INS to the main ward
- Ability to manage acute high risk behaviours more safely and reduce violent incidents
- Increased relational and procedural security
- A helpful de-escalation 'time-out' procedure, with the removal of the stimulating environment facilitating an improvement in an individual's mental health
- Potentially reduce need for subsequent seclusion. This will form the basis of further research to compare the statistics once built.

Specialized outpatient clinic for deaf and hard-of-hearing patients in the Netherlands: Lessons learned in an attempt to improve healthcare.

Anika S. Smeijers, Bepie van den Bogaerde, Martina H. Ens-Dokkum, Anne Marie Oudesluys-Murphy (The Netherlands)

An adequate access to somatic care is very important, especially for DHH persons with comorbidities like personality disorder or other psychologic or psychiatric conditions. In 2014 a group of organizations and individuals in the Netherlands started a specialized outpatient clinic for deaf and hard-of-hearing (DHH) patients, in attempt to improve access to healthcare and health education for DHH patients in the country. The initiative did not succeed and was closed after two years. An independent research group evaluated the effect of this specialized clinic, its startup and functioning. The findings and recommendations are reported in this presentation.

Data collection: 1) An online evaluation questionnaire filled out by DHH-patients of the clinic. 2) Structured interviews with people directly involved, about the startup of the clinic and its experienced functioning. 3) An online questionnaire among members of the Deaf community concerning awareness of the clinic and the need for this or other types of specialized healthcare.

Outcome: 23 patients made use of the clinic, of whom 12 patients (52%) completed a questionnaire. Eight structured interviews were carried out with personnel of the clinic and members of the project group. Three structured interviews were carried out with people who represent interest groups. 36 people filled out the online questionnaire concerning awareness of the clinic and healthcare needs.

For comparable startups in future we recommend: 1) The team members should include a representative group of DHH members; 2) All key functions should be filled by top experts in the relevant fields as well as an expert in communication and needs of the target group; 3) healthcare workers who look after the target group regularly are informed about the existence and possibilities of such facilities; 4) Market research prior to start up is needed to enable the facility to connect with the patient needs; 5) The start-up period should be sufficient to allow time for the project to become known and for patients to become familiar with it and trust it.

Mental health promotion and the prevention of anxiety-based disorders in deaf and hard of hearing children.

Dr Pól Bond (Ireland)

The World Health Organisation cites the Friends for Life programme as the only evidence-based programme that is effective for addressing anxiety in children (WHO, 2004). Reports in Ireland have identified anxiety as the most common psychological disorder in school-aged children (Barnardos, 2008). The prevalence rate of mental health difficulties has been estimated to be as high as 18% in Ireland and within these difficulties, anxiety is the most common (Albano, Chorpita and Barlow, 2003). Children who are deaf and hard of hearing are more likely to have an increased risk of developing childhood mental health difficulties including anxiety (Van Gent et al 2007, Fellingner et al, 2009a). While there has been extensive teacher training in the Friends for Life Programme in mainstream Irish schools, very little has been delivered to schools for the Deaf. This paper addresses the issues, challenges and successes of delivering a Friends for Life Programme through Irish Sign Language to adolescent boys and girls in two separate groups in a residential setting attached to a school for Deaf children in Dublin. The author identifies the necessity to adapt material, adjust interactions and address difficulties encountered by the participants in areas such as language proficiency, translation through ISL and theory of mind. The intervention was evaluated by questionnaire in a qualitative manner as the screening tools used in the Friends for Life Programme were inappropriate for use with deaf adolescents. The intervention identified several participants who needed further support and intervention and evaluations identified this as a strength. Many areas of the programme had to be adapted due to difficulties in the content. Items such as deaf identity were introduced into the programme and some items were omitted due to the language load. Some aspects were seen as successful such as “making and keeping friends” teaching mindfulness and mindful eating to the participants. Some commentary will be offered on the gender makeup of the groups in that there were aspects of the course that were more powerfully delivered to gender-based groups (Internet safety, pornography and sexual demands placed on boys and girls). An educational and child psychologist delivered the programme delivery and interventions and has listed some recommendations for further research.

Deaf/hard-of-hearing siblings as a unique source of psychological support in the context of hearing familial and educational environments.

Adva Eichengreen & Anat Zaidman-Zait (Israel)

Deaf and hard-of-hearing (D/HH) children who are individually mainstreamed in educational settings may face psychological stresses and challenges related to communication difficulties, social isolation and stigma (e.g., Patrick et al., 2011). While most of them are born to hearing parents, they may lack opportunities to socialize with other



D/HH children/adults, which could have promoted their well-being and assisted them in the process of identity formation (Israelite et al. 2002). However, up to twenty percent of D/HH children have D/HH siblings (Marschark, 1997). While sibling relationships are known to be an important factor in children and adults' well-being (Feinberg et al. 2012), there is lack of research on the potential of dual D/HH sibling relationships to provide a support to the children's adjustment. The aim of this study was therefore to explore D/HH young adults' retrospective idiographic experiences of growing up with a D/HH sibling and the meaning of these experiences to their sense of self and well-being. Method: In-depth interviews were conducted with ten young D/HH adults (20-30 years-old) who were individually mainstreamed in the educational settings during childhood. Participants were asked to describe their experience of growing up with their D/HH sibling and their relationship over the years. Interviews were subsequently analyzed using Interpretive Phenomenological Analysis (Smith & Shinebourne, 2012). Results: The potential of a D/HH sibling in providing psychological support was identified as a central theme and included several sub-themes describing various psychological processes, including: Addressing the need of twinship in the development of the self; normalizing deafness; preventing emotional and communicational isolation; active mirroring and validation of the child's experiences; and assistance in integrating the deafness in one's self-identity. Results are discussed in light of the conditions under which such potential can be fulfilled, as emerged from the participants' reflections.

Psychosis in a deaf patient: case report.

Raquel Rolando Urbizu, Sandra Molins Pascual, Marta Serrano Díaz de Otálora & Ana Siguero Anguá (Spain)

We present the case of a divorced 45-year-old woman. The patient acquired a prelingual deafness at the age of four months as a consequence of an ototoxic drug. She carries a hearing aid and she is able to listen some loud sounds. The patient began learning sign language at the age of 15. She received ordinary schooling in oral language, communicating only by lip reading and talking. She has a medical story of alcohol consumption, smoking and bariatric surgery. In 2001, at the age of 29 she received medical aid due to an anxiety-depression disorder, beginning the alcohol consumption. Her GP indicated paroxetine, mirtazapine and benzodiazepines. Two years later, in 2003, she began psychiatric treatment, experiencing in that moment ideas of reference, avoidant behaviors and isolation. Risperidone 3 mg/24h, was added to the previous treatment, achieving remission in three months. From 2005 to 2008 she abandoned psychiatric treatment. In 2008 the patient presented delusions thinking that she was being possessed by the devil. Also she had auditory hallucinations with the devil's voice. Pharmacological treatment was restarted (risperidone 3mg/24h), disappearing the symptomatology in one month, without need of hospitalization. In 2009, her psychiatrist decided to stop oral treatment indicating intramuscular risperidone 25mg/15days. Five months later, the patient abandoned pharmacological treatment, presenting a psychotic relapse after two months. In that moment oral and intramuscular treatment were restarted (risperidone 6mg/24h and risperidone 37,5mg/15days) achieving remission in five months. There is few information about her mental state from 2010 to 2015, but according to her medical history, she stayed asymptomatic. Nevertheless some changes were made in the pharmacological treatment because of weight gain (fluphenazine decanoate, zuclopenthixol and



paliperidone palmitate). In 2015, psychotic symptoms appeared again presenting the patient ideas of reference, persecution and infidelity. According to her medical history she was receiving in that moment, intramuscular treatment (paliperidone palmitate). The dose of paliperidone palmitate was increased to 100mg/15days. After that, she stayed asymptomatic until 2017. In april 2017 palmiperidone palmitate three month formulation was started. In june, the patient described ideas of reference and anxiety. Paliperidone 6mg/day and quetiapine 25mg/day were added to the treatment. In spite of treatment modifications, she presented a psychotic relapse in august (she experienced auditory hallucinations, identifying one of the voices as God's voice). Paliperidone and quetiapine doses were increased (9/24h and 100mg/24h). One month later, positive symptoms were still present but she was feeling less anxious.

European Society for Mental Health and Deafness

ESMHD is an international Non-Governmental Organisation promoting the positive mental health of deaf people. Mental health includes healthy emotional, psychological and social development, mental well-being and the prevention and treatment of mental illness and other disorders. Members are active in the field of mental health for all deaf people, whatever the age of onset or degree of deafness. Through cooperation and partnership, ESMHD will promote the development of practice and knowledge in order to improve the mental health and quality of life of people who are deaf. ESMHD will develop and promote standards and methodologies of professional practice in the field of mental health and deafness which will enable the continuing inclusion and personal development of all deaf people within their communities. ESMHD was established in 1986 by a group of concerned people from four European countries: the Netherlands, Belgium, Great Britain and Germany. The ESMHD now has members from most European Union Countries as well as from countries outside Europe. Individuals and organisations involved in mental health and deafness can apply for membership of ESMHD.

If you want to become a member, please contact manager@esmhd.org

