

# **Supporting Mental Health of Deaf or Hard of Hearing Students in the School Setting**



With the current pandemic and world events, there has been an increase in issues impacting children's mental health<sup>1</sup> and studies indicate that deaf and hard of hearing (DHH) children are at higher risk for emotional and behavioral issues<sup>2</sup>. Teachers and other professionals working with DHH children are often the first to recognize when a student may be experiencing mental health concerns. Knowing the indicators of mental health issues, what to do next, and how to support students and their families is critical. This article will share this information.

## **What does current research indicate about mental health of DHH children?**

Contributing factors to the increased rate of social-emotional difficulties in deaf children include being isolated, bullied, or abused<sup>4</sup>, experiencing feelings of loneliness or depression<sup>5</sup>, and experiencing difficulties in school<sup>6</sup>.

Also, language deprivation during the critical period (e.g., birth to 5 years of age) can have permanent consequences for long-term neurological development, which, in turn, directly affects the DHH child's mental health development<sup>7</sup>. Language deprivation puts deaf children at risk for cognitive difficulties, mental health challenges, lower quality of life, a higher level of trauma, and restricted health literacy<sup>8</sup>.

**Studies show that DHH individuals experience social-emotional difficulties at a rate as high as two to three times that of their hearing peers<sup>3</sup>.**

When mental health services are sought, additional issues often arise. Since DHH children are a low incidence population, mental health providers frequently lack the specific training to work with this population and are typically unaware of the specialized needs and training required to provide effective services. This can result in the incorrect diagnosis of cognitive impairments or thought disorders<sup>9, 10</sup>. In addition, assessment tools are not modified to take into account the linguistic characteristics of this population or cultural norms and values.

## **EXAMPLES of when further investigation and support may be needed:**

- A teacher is asked by a student to frequently go to the nurse or to call her parents to ask to go home as she does not feel well, but there seem to be no underlying health conditions.
- A teacher receives reports from the educational interpreter that a student has not been watching the interpreter during the school day as he had been previously, even though the IEP team has determined the student needs the visual interpreted access to spoken information.
- A teacher observes an elementary student's behavior change from being friendly and outgoing to being quiet and withdrawn with their DHH and/or hearing peers.
- A teacher has a student share that she often feels ignored and neglected at home, and that no one in her family is able to communicate with her. She mentions wanting to live with a different family.
- A student who self-identifies as Deaf expresses concerns to her teacher that she is being bullied by two other students in her integrated class; the Deaf student states that one of the students asked her if she is deaf and she replies, "No, I'm hearing."

## **Indicators of Concern - Further investigation and support may be needed if you notice the following:**

### **Communication**

- Not wanting to wear/use listening devices
- Not watching/working with an educational interpreter
- No longer advocating for own communication needs
- Suppressing communication needs so not to be perceived as being different

### **Academic**

- Difficulty with abstract thinking
- Difficulty with the construct of cause and effect
- Declining academic performance
- Not completing assignments
- Not participating in class or group activities

### **Social**

- Isolation, lack of friends, loneliness
- Avoiding activities or people, especially those previously enjoyed before

### **Behaviors**

- Missing several days of school or sessions without reason
- Complaining of physical aches that do not seem to have a medical reason
- Acting out in class
- Falling asleep in class
- Perseverating on certain thoughts, activities, or actions
- Sudden gain or loss in weight
- Describing hearing or seeing things that are not real

### **Emotions**

- Sharing sad and hopeless feelings without good reason that do not go away
- Expressing unusual fears or worries
- Exhibiting fits of frustration or anger

### **What to consider when referring for mental health support**

- Discuss your concerns with a school counselor, school social worker, school psychologist, supervisor, or an administrator.
- Gather additional information from the student's team about their observations and concerns.
- Review with the team who will contact the family and student about concerns and discuss next steps.

### **When the mental health crisis is suspicion of intent to commit suicide:**

If suicide is a concern, it is essential to ask a child if they have thought about harming themselves and if they have a plan. Asking these questions will not cause a child to consider taking action, but will provide more information to know what steps need to be taken next. If a child has a detailed plan, it is important to remain calm and respond in a nonjudgmental manner. Express appreciation that they shared with you and request backup support without leaving the student on their own if possible. If immediate help is needed, it may be necessary to bring the D/HH child to the emergency room at the local hospital. Interpreters can be requested at the hospital as needed.



### **When supporting families to find a mental health provider:**

Ideally, the provider seeing the student should be fluent in the communication that the child is most comfortable using and have experience working with children who are D/HH. Seek referrals from other families who D/HH children, schools for the deaf, and staff working with students who are D/HH to find qualified providers in your community. If an interpreter is needed, this should not be done by a family member, but by a certified interpreter. Request the interpreter from the medical provider; the medical provider needs to cover the cost of the interpreter at no additional cost to the family.

## **Are additions to an IEP or creation or additions to a 504 is appropriate? Examples:**

### **Additions to IEP:**

- Socialization goals
- Self-advocacy goals

### **Additions to a 504 and/or IEP:**

- Additional time to take tests and/or complete assignments
- Taking breaks during the school day as needed
- Assignment of an emotional support teacher for the student to work with during the day to obtain support and take a break from the stressors of school

## **Additional ways to support the mental health of all Deaf and Hard of Hearing students**

- Partner with mental health professionals in the school to discuss students potential mental health issues, indicators of symptoms, and outcomes when support is received. These discussions lead to overall assimilation of the value of mental health services and children becoming more comfortable discussing mental health as they would other medical issues.
- Create opportunities for peer support with D/HH students to discuss concerns with others and validate their experiences.
- Develop social skills as needed so children develop a peer group and have daily positive interactions with others.
- Create opportunities for students to interact with D/HH adults so they can envision a future for themselves.
- Be aware of cultural influences or misunderstandings creating the perception of mental health concerns; examples include strong facial expressions, heavy use of eye contact, use of touch to gain attention.
- Communicate with families when concerning indicators are observed and share information about available resources they can explore.
- When possible, offer outreach to families experiencing stress. Family and sibling support groups can bolster resilience of families who have D/HH children.

## **Final Thoughts**

As a teacher, your consistent contact with your students allows you to notice changes in behavior and academics. If you notice any of the concerning indicators listed above, discuss them with your supervisor, administrator, or mental health school professional. You do not need to make the decision if treatment is needed. Instead, focus on working with the educational team, family, and other members of the child's community, such as their pediatrician, to develop a supportive plan.



There are many supports that can be put in place to address a student's mental health; the earlier they are engaged, the sooner the student can continue to reach their academic potential. In some cases, when severe mental health symptoms are present, community mental health resources should be explored, at the discretion of the family. Ideally, the mental health provider would be able to communicate directly in the shared language of the D/HH child; if these resources are unavailable, encourage families to request reasonable accommodations for the child.

**Ultimately, by supporting students' mental health,  
teachers facilitate students' overall academic growth.**

## **Additional Resources:**

### **National Suicide Prevention Lifeline**

Voice: 1-800-273-TALK (8255)

Deaf callers use VideoPhone Relay Services, e.g., P3, Sorenson, Convo, ZVRS then give the voice phone number above. Website: [suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)

**National Suicide Prevention Lifeline** is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone dealing with suicidal crisis or emotional distress. The call will be directed to the nearest crisis center in the national network of over 150 crisis centers. As there is no ASL hotline for suicide prevention available, this is the best option for Deaf emergency services related to suicide.

### **Crisis Text Line**

Text: Type HOME to 741741 in the US. Website: [CrisisTextLine.org](http://CrisisTextLine.org)

Crisis Text Line is a free, 24/7 text support line for anyone in a mental health crisis. To chat with a trained Crisis Counselor, text HOME to 741741 from anywhere in the US. This service is free and available all day and night to anyone who is experiencing any type of crisis. Texting is a way to get mental health support and information about mental health services quickly and it is very useful for D/HH people.

## **References**

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