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Sarah Shields & Lesley Reeves Costi: Who is championing mental health for Deaf young people?

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Sarah Shields and Lesley Reeves Costi are both qualified teachers of the Deaf and have been teaching at a Deaf school for over 10 years.

Mental health remains a topic with so much stigma attached to it. With increased media coverage of mental health topics and celebrities sharing personal stories it has become more familiar. However the mental health concerns of children and young people remains a more hushed topic, one that is more feared and hidden.

The Prime Minister has said that mental health is one of the “greatest social challenges of our time”. Overall, it is estimated that one in ten children and young people have a diagnosable mental disorder – the equivalent of three pupils in every classroom across the country, yet deaf children and adults are twice as likely to experience mental health issues (Sign Health 2015) The Royal Family have become great advocates for championing mental health in young people which can only be applauded but it led us to wonder who is championing mental health for Deaf young people?

We know the statistic that around 90% of deaf children are born into hearing families, we see the communication issues that frequently arise from this, and how this can lead to social isolation and low self-esteem and attachment disorders.

Research shows that deaf children born to hearing parents are more likely to experience depression than deaf children with deaf parents (Deaf People and Suicide 2007) and in recent years we have seen an increase in mental health needs due to reasons beyond family communication.

The rise of technology contributes to many of the mental health issues, comparisons of self to unrealistic social media stars, on line gaming – confusing reality and game worlds, online targeting, bullying and trolling.

All these are in addition to the pressures of being a teen, questioning self and identity, feeling that being average in school is not good enough and dealing with a developing brain.

As teachers our focus used to be on the curriculum, preparing lessons, delivering lessons, marking, assessing and preparing the next lesson. However with the changing needs of young people the game has changed. In 2017 the London Assembly Health Committee stated that,

‘Mental health services are not always good at dealing with the physical needs of service users, while disability services often overlook psychological needs. This is not good news for those who have both. ‘

Nationally, schools and colleges are part of government directives to promote positive mental wellbeing and preventing mental illness in children. This government directive was given by the DFE in August 2017. However, at Heathlands we began our journey to support the development of positive mental health years before this.

The work undertaken at Heathlands is based on a staged approach as preventive measures. As a first step, we create a friendly atmosphere for staff and students where all can flourish, the environment is nurturing and warm, the staff happy, outgoing, caring and proactive.

For our school community, we ensure we know our children and families as well as we can, developing relationships as key. We develop the communication of young people who enter the school with little or no language and of course encourage and advocate that parents learn to sign and run free weekly parents sessions.

All our staff use sign language, creating a ‘barrier free’ communication environment, we understand our students and they understand us. We are working on developing resilience throughout the school so that children can have the tools to bounce back when problems arise. Our PSHE curriculum is enhanced to include NDCS Healthy mind work and our ICT curriculum includes modules at all ages on internet safety.

The next stage of the provision is having the skill and communication to identify when students have underlying needs that are unmet and assess students using a set of protective and risk factors.

The risk factors are probably quite predictable; family breakdown, trauma, financial or housing worries. But the key factor here is to what extent the child also has the protective factors to manage these problems such as good communication skills, somebody to talk and feeling secure within their family.

It's not rocket science; we need to build resilience by boosting the protective factors and support families to reduce risks. Evaluating the individual circumstances of young people really helps identify those who are vulnerable and allows us to implement an appropriate intervention.

For some children interventions may include mentoring, an increased 1:1 time to talk with an adult through emotions, the use of social stories, reflection times or sensory breaks.

For those who need more specialist help, a fully qualified, registered counsellor which can easily be found, except they must sign and have at least level 6 or equivalent in BSL, so basically it's like looking for a needle in a very large haystack.

However this year we found that needle and have achieved our dream, of providing fully inclusive counselling sessions for children and young people. We hope that by providing this we can boost the mental health of our young people in a world where they increasingly need this support.

This support does not come for free and in a world where budgets rule schools we had to find the money for this. We applied for a grant and were lucky to be awarded some money towards our counsellor, the rest we will provide with school funds, not because we are a wealthy school or have excess money but because we know this is paramount to the future of our children and young people.

The decision to put our money towards this is akin to so many parents who go without in order to provide their children with new equipment and when discussing our children's futures sacrifices are worth it.

The final stage of our approach would be working with our outpatients teams at Deaf CAMHS who are also facing the problem of an increased case load. However by undertaking our preventative strategies we hope to reduce some of their case load in the future.

This article has been written to encourage others to put mental health needs of deaf children and young people first, to use our model to develop understanding of mental health needs and to actively tackle the difficult subjects and emotions our young people face.

After all it is only when children feel safe and secure can they truly progress and achieve. The stigma attached to mental health is a problem in schools, as are the benefits of overturning it.

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