

Study finds South Carolina to be the most accessible to Deaf and Hard of Hearing (DHH) for Mental Health Services

Deaf and hard of hearing (DHH) American Sign Language users experience significant mental health–related disparities compared with non-DHH English speakers. A study measured mental health and substance use treatment facilities’ noncompliance to Section 1557 of the Affordable Care Act (ACA), which requires health care facilities receiving government funds to provide effective communication access, such as a sign language interpreter, to DHH patients.

Using nationally representative data from the Substance Abuse and Mental Health Services Administration, we found that 41 percent of mental health facilities and 59 percent of substance use treatment facilities receiving public funds reported not providing services in sign language in 2019 and were thus noncompliant with the ACA’s mandate to provide accessible communication to DHH patients.

This study mapped these data to display state-level noncompliance, and made detailed recommendations at the policy, facility, and provider levels. These include monitoring noncompliance among government-funded facilities, expanding state-by-state mental health licensure reciprocity and telehealth policies to improve access to American Sign Language–fluent mental health professionals and addiction counselors, establishing systematic processes to collect information on disability-related accommodation needs, and increasing the workforce of DHH American Sign Language–fluent providers.

Most health care providers, including mental health providers, are inadequately prepared to meet the needs of DHH American Sign Language users. They lack knowledge of DHH people’s culture and language, including their values and social norms, as well as the systems of oppression that DHH people face. This disconnect between many clinicians and DHH clients contributes to mistrust that can weaken a patient’s ability to seek help and stay in treatment and can reduce the overall efficacy of treatment.³¹ Repeated encounters with these barriers justifiably fuel negative perceptions and avoidance of the mental health care system,³² frequently resulting in delayed treatment, misdiagnoses, inappropriate treatment, exacerbation of mental health problems, and increased length-of-stay.

As a result of language dysfluency caused by language deprivation, psychiatric assessment of DHH American Sign Language users is complex. Mental health providers must understand the trauma that is frequently associated with communication barriers such as past refusals to accommodate communication needs; given this and other concerns, the providers need to invest a considerable amount of resources in the assessment process. This requires effective health care communication between DHH American Sign Language–using patients and their care team.

In total, 17 states had 50% or more of mental health facilities in noncompliance. South Carolina had the lowest prevalence of facilities in noncompliance (16%), whereas Wyoming had the highest prevalence (64%).

Because South Carolina has a statewide service system for patients who need services in ASL, we have been able to ensure that patients have access to not only SCDMH programs and services but have raised the bar for access to all services. This has included providing orientation to deafness for other agencies, providing specialized training for interpreters and advocating on behalf of patients when they face barriers to service delivery.

Read the article in Health Affairs at this link:

[Communication Access in Mental Health and Substance Use Treatment Facilities for Deaf American Sign Language Users](#)