

# *BSL Healthy Minds*

BSL Healthy Minds is a therapy service in BSL for Deaf people.



## **North West BSL Healthy Minds Evaluation Report October 2011 – November 2013**



Knowledge  
Transfer  
Partnerships

*BSL Healthy Minds*

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## Executive Summary

BSL Healthy Minds IAPT Service has been operating since October 2011 and this is an evaluation report to show how BSL Healthy Minds has been doing in comparison with National IAPT and highlighting issues and questions that have emerged as the Service developed.

### *National IAPT/BSL IAPT comparison figures at a glance*

	National IAPT	BSL IAPT
Recovery	44%	75%
Waiting Time to treatment		
Within 28 days	60%	67%
After 28 days	40%	33%
Declined treatment	29%	10%
Drop-outs	26%	8%
Not suitable/referred on/signposted	13%	10%/4%
Stepped up	-	16%
Referred on after treatment	12%	6%

The above figures are based on the 251 referrals show that BSL Healthy Minds is in comparison to the National IAPT figures is holding its own and is above average in many of the areas especially in the recovery section where BSL IAPT has a 75% recovery rate which is way beyond the national target of 50%.

Feedback was obtained from service users, stakeholders, staff/trainees and service user's close circle to find out how BSL Healthy Minds has been for them. In general, the feedback is positive but highlighted some areas that need addressing such as real life outcomes as the current data collection does not tell a full story about clients who have accessed the service, more partnership working is needed. Service users have said that they have benefitted from the service and one mentioned about the wait to access the service because of funding issues (this was during the time of PCT/CCG changeover and said why should those who use BSL have to fight to access a service.

The report also covered questions that are often asked by commissioners such as why can't Deaf people access mainstream services, what would happen if BSL Healthy Minds was not around, why are the costs high and the numbers low and should BSL Healthy Minds be using the 15% prevalence for its target figures.

From this evaluation gaps and development opportunities were identified such as setting up psycho-educational groups; anger management courses, confidence building and build up of self-help resources in sign language.

In conclusion, BSL Healthy Minds is the first and only equitable primary care mental health service for BSL users in the North West and in England and it is important that this service continues. The evidence is that it is excelling in targets compared to National IAPT figures especially in recovery and there is evidence that the demand is growing. BSL Healthy Minds is still in its infancy and many other mainstream IAPT services are seen as developing – BSL Healthy Minds should be treated with the same opportunity to develop.

### **Definitions:**

**Deaf BSL** – Deaf BSL means they are Deaf and a sign language user

**D/deaf** – Deaf (with a big D) means they are culturally Deaf and a strong member of the Deaf community and usually use sign language, deaf with a small d means they are deaf and usually do not use sign language and are not members of the Deaf community.

**Mainstream services** – in this report mainstream service refer to services that are accessed by the general public and are not catered to the needs of Deaf BSL users.

**BSL IAPT** - for the purpose of this report the name BSL IAPT (which is BSL Healthy Minds) is used to compare against National IAPT. There will be interchangeable moments throughout the report between BSL IAPT and BSL Healthy Minds.

## **Background**

SignHealth is a leading national charity that focuses on the health of Deaf people. SignHealth's mission to see a world where deaf people are as healthy as hearing people. Deaf people can find it hard to get equal access to health care and health information. Because of this, deaf people are more likely to experience mental and physical ill health. SignHealth has been working for over 20 years to improve the health of deaf people - initially in mental health and now more generally.

SignHealth offers a range of services such as Advocacy, Counselling, Supporting Living, Health Champions, DeafHope (Domestic Abuse), Outreach Services, SignTranslate and BSL Healthy Minds.

SignHealth also do national research/surveys and the latest they have been working on is a national study on the health of Deaf people. DeafHealth is the biggest deaf study in the UK. It will look at the health of deaf people and compare this to the health of hearing people. It will also look at the experiences of deaf people and compare these, e.g. communication problems, lack of respect, had to wait longer. The outcomes of this research will be published in March 2014.

## **BSL Healthy Minds**

In 2006 the Department of Health introduced a new primary care service to support people suffering with anxiety and depression based on a report by Lord Layard who said that it would be a cost effective preventive service with long term benefits.<sup>i</sup>

SignHealth expected that the national development would be accessible and appropriate for Deaf people who required low level psychological interventions and who would benefit from preventive support. This would then fill the gap of there being very little primary care mental health provision for Deaf people in England.

SignHealth worked in partnership with the British Society of Mental Health and Deafness (BSMHD) in 2009 to look at the feasibility of Deaf people accessing mainstream IAPT services. It was found not to be fully accessible<sup>ii</sup> for Deaf people as mainstreamed PWPs were unaware of the cultural issues that make up a Deaf persons life experience, the issue of communicating with a Deaf person, how

expensive and difficult it would be booking a qualified BSL interpreter and having a third person in the room which affects the therapeutic dynamic.

NHS North West agreed that a service was needed for Deaf people and a tender was put out in 2011 which SignHealth was awarded.

## **Clinical Commissioning Groups involved in contracting BSL Healthy Minds**

### **October 2011 – September 2012**

All the PCT's in the North West were involved commissioning BSL IAPT

### **October 2012 – March 2013**

All of the North West PCT's continued commissioning

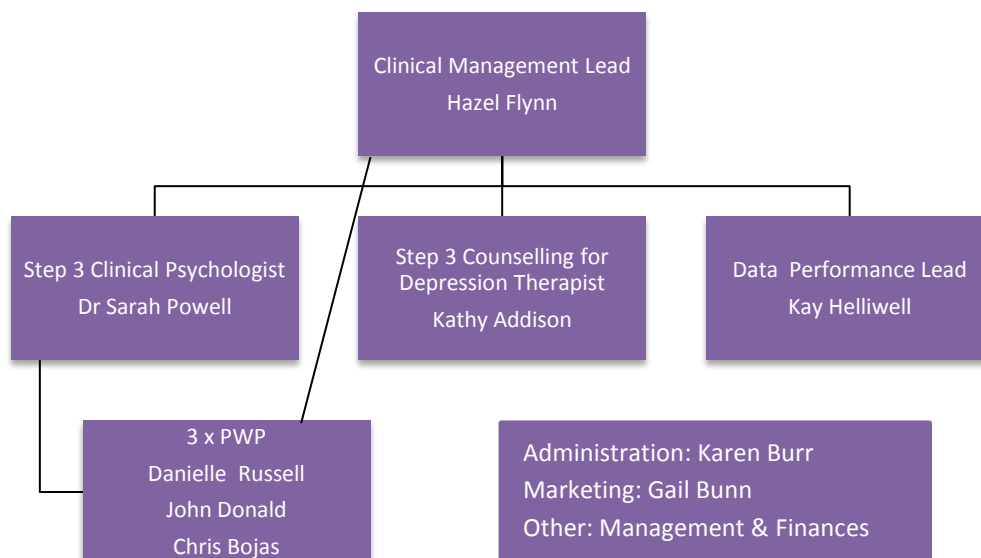
### **April 2013 - March 2014**

Greater Manchester, Liverpool CCG and Pan Lancs.

Cheshire Vale Royal CCG and South Cheshire CCG joined in September 2013.

The NHS changes from PCTs to CCGs had a big impact on negotiating further funding with many CCGs being unaware of the service despite much research and many attempts in finding the right commissioners who had responsibility for mental health provision in their area.

## **BSL Healthy Minds Staffing structure**



## Data Feedback – October 2011 – October 2013

### Referrals

- 251 have been through the service
- 81 have completed with 50 still in treatment.
- In April 2012 – March 2013 there were 127 referrals across 33 areas commissioned.
- April 2013 onwards (Pan Lancs, Greater Manchester, Liverpool with South Cheshire & Vale Royal from September 2013) there has been 75 referrals in 8 months with just 23 areas commissioned. This proves that there is an increase in accessing the service and potential is growing with projected figure of 150 by end of March 2014.

### Recovery

- 81 clients completed treatment with 75% making a recovery
- It must be pointed out that recovery is based on both (GAD/PHQ) assessment score scales and 25% did not recover on BOTH tools but 14% did recover based on one assessment tool. As for the rest some were stepped up for further treatment as needed longer support and some others came in with high scores and made a significant improvement but not recovered enough to be caseness.

	National IAPT	BSL IAPT
Recovery	44%	75%

*Note: The above National IAPT figures were based on the Quarterly IAPT Dataset Report: Final Q2 2013/14 summary statistics & related information published 30<sup>th</sup> January 2014 (Line 15)*

### Waiting Times

	National IAPT	BSL IAPT
Waiting Time		
Within 28 days	60%	67%
Over 28 days	40%	33%

*Note: The above National IAPT figures were based on the Quarterly IAPT Dataset Report: Final Q2 2013/14 summary statistics & related information published 30<sup>th</sup> January 2014 (Line 5)*

67% are seen within 28 days – this is a very good figure compared to National IAPT and despite initial problems with communication, bookings and staffing. At the start of the pilot there were problems with staffing which meant a waiting list occurred; there was a time delay with training of PWP's to actually seeing clients; booking rooms at GP surgeries took up a lot of time as they did not know the role of the PWP's and many surgeries do not have rooms available or do not want to allow their rooms to be used. In some areas this is still the case and because the PWP's manage their own diary and they book rooms to see clients which highlights the communication barriers in some surgeries which impacts on the waiting time.

## ***Reasons why therapy ended***

### ***Declined Treatment***

Out of 251 referrals 24 people declined treatment.

	National IAPT	BSL IAPT
Declined Treatment	29%	10%

### ***Drop outs***

Out of 251 referrals (50 still in treatment) there were 21 drops outs.

	National IAPT	BSL IAPT
Drop outs	26%	8%

### ***Not suitable for service/referred on/signposted***

25 clients were assessed and deemed not suitable for IAPT service.

	National IAPT	BSL IAPT
Not suitable/referred on	13%	4% - 10%

The majority was down to language/communication issues. The 20 referrals were deaf people who communicate orally therefore do not use sign language but were suitable for IAPT service and they were referred onto mainstream services though not fully ideal. The 5 of the 25 clients that were assessed where not suitable due as they misunderstood the service i.e. one had issues with money, wanting to access a computer course and one wanted to go to a day centre for elderly people they all were signposted to the relevant agencies.

### ***Stepped Up***

25 clients (16%) stepped up to higher treatment.

	National IAPT	BSL IAPT
Step Up	-	16%

There is no reference to Step Up figures in the National Audit to make a comparison.

All clients were stepped up to Step 3 provision within BSL Healthy Minds services such as Step 3 Counselling for Depression and Step 3 Cognitive Behavioural Therapy.

### Referred on after starting treatment

	National IAPT	BSL IAPT
Referred on after treatment	12%	6%

14 clients were referred on after starting treatment to a service that meets their needs. Examples are BSL Counselling, BSL Specialist Service Sex Offender Treatment, and Social Work with Deaf people, the following are mainstream services: psychology, CMHT, alcohol recovery, Domestic Violence course and Substance misuse in which there are no specific services for Deaf people.

*Note: The above National IAPT figures were based on the Quarterly IAPT Dataset Report: Final Q2 2013/14 summary statistics & related information published 30<sup>th</sup> January 2014 (Line 7)*

### Where are referrals from?

Referral Source	Number	%
Self Referral	118	46
GP	43	17
Community Mental Health Team	11	4
Local Authority Social Services	30	12
Voluntary Sector Org	3	1
Mainstream Mental Health services	28	11
Education Services	1	0
Other	17	7

This clearly shows that Deaf people can access BSL Healthy Minds and that there is a need for the Service. Self-referral is the highest referral method which is positive evidence that Deaf people are aware of the Service and making the decision themselves to seek help, however there is still a need to continue to inform Deaf people of the Service. The referrals from GP's are also quite high which is linked to promotion from BSL Healthy Minds to sign language interpreter services who attend health centres with Deaf patients and when appropriate will inform staff of the Service.

### Reason for referrals

Reason	Number	%
Depression	46	18
Mixed Anxiety/Depression	44	17
General Anxiety	16	6
Recurrent depressive	12	5
Social Phobia	4	2
Panic Disorder	2	1
Agoraphobia, OCD, Mental disorder, PTSD, Alcohol related, Bipolar	5	2
Not provided	122	49

Reasons Deaf people are accessing the services are: Domestic Violence, Communication barriers due to deafness, Relationships, Abuse past/present, Physical/Sexual abuse, Isolation, victimisation in Deaf community, Self harming/suicidal thoughts, Substance abuse



This provides concrete data that Deaf people do suffer from domestic violence and all other forms of abuse rather than having to rely on anecdotal evidence and are accessing the Service for the right reasons.

Deaf people do not receive the subliminal messages that hearing people have the benefit of everyday e.g.: hearing radio programmes that will provide up to date information, written self help information, television programmes and picking up daily conversation that happen in public situations. Even simple English or subtitles, although will suit some Deaf people, the majority of the Deaf population have an average reading age of around 8 years of age <sup>iii</sup> and so a lot of subtle information is missed or not understood. An example of this is when the AIDS/HIV campaign was in the media providing information on safe sex many Deaf people believed that their diagnosis of being HIV Positive meant that they had not contracted the illness as their test results were positive and so did not receive treatment and continue their lifestyle that impacted on other Deaf people they had relationships with.

It is vital to maintain BSL Healthy Minds in order to provide much needed basic information regarding 'how to take care of their mental health' and develop a sense of being responsible for their own wellbeing and being confident to be able to do that or know where to go to get the information and support should things go wrong.

### ***Referrals since April 2013***

<b>April 2012 – March 2013 (1 year)</b>	<b>127</b>
<b>April 2013 – November 2013 (8 months)</b>	<b>75</b>

The figures above highlight that for 2013-2014 there will be an increase in referrals within 21 commissioned areas with an increase to 23 areas from September 2013. It is important to recognise that the 2012-2013 referral numbers was over 33 commissioned areas.

***Referrals from non-commissioned areas*** since April 2013 are **6**. The cost to provide psychological therapy for these 6 outside referrals on an IFR basis is around £13,500 (£2250 per person). Should more definite costs be required this can be obtained at a later date.

## **Highlighted points**

- **Number of referrals**

- October 2011 till June 2012 there was limited provision due to the development and training of PWP's and this is reflected in the numbers. It must be also noted that the service is still developing; Deaf people are still needed to be educated of this service; sourcing referral avenues; informing GP's of this service is a timely exercise.
- 33 commissioned areas in April 2011-March 2013
- 21 commissioned areas then 2 at later stage from April 2013 onwards

The numbers have fluctuated based on the number of CCG's being involved however the latest figures show positive potential as this is just from mainly 23 commissioned areas only since April 2013 and this should show a higher figure overall by March 2014 compared to the year before with 33 commissioned areas.

- **Waiting Times** – linked to issues regarding room booking at GP surgeries and a number on a waiting list particularly with Step 3 therapy. The client is informed of potential new dates and is aware of any waiting time. Room booking difficulties is with the surgery who either does not accept outside bookings or rooms are block booked by a dietician, podiatry service or other local mainstream IAPT service - this is an area that will need to be addressed.
- **Not suitable for service** – it must be noted that the majority that are not suitable are suitable for IAPT but not BSL IAPT as they do not use sign language. This shows that there is a gap in service provision for deaf non-sign language users.
- **Reasons for accessing service** – it must be noted that there are several reasons that are related to being Deaf i.e. isolation, communication barriers, victimisation in Deaf community. A BSL PWP is the best resource for understanding and working with these cultural issues effectively.
- **Recovery** – it must be recognised that the BSL IAPT recovery rate of 75% is exceptional compared to many other services who are struggling to reach the national target of 50%. This shows that it is having a positive impact on many Deaf people who access the Service. This is because the PWPs are Deaf BSL users. It is most unlikely that the recovery score would be the same if the Deaf client received treatment via a mainstream service due to lack of understanding of Deaf Culture and communication issues and possibly a higher drop out rate.
- **Referrals from non-commissioned areas** – this is a low figure because promotion in non-commissioned areas stopped after funding was not continued. There were also a large number of referrals that were still in the system that BSL Healthy Minds continued to provide a service even though funding was no longer available in order to ensure the client had continuation of care and able to receive treatment and reach an appropriate ending.

Within the non commissioned parts of the North West, the Deaf community are aware that they no longer have access to BSL Healthy Minds and this is causing resentment and increased anxiety. However, the nature of the Deaf population is that they do not complain but withdraw and for those people their mental health problems have potential to escalate to the point that they will

require more in depth treatment at a later date should they present at any NHS mainstream mental health service.

- **April 2013 figures** show that there is an increase in service access which highlights that awareness of the Service is reaching the Deaf community but there is still a way to go as BSL HEALTHY MINDS has not found the very isolated Deaf people who struggle to access any mainstream, hearing resources.

## **Feedback**

Feedback has been obtained from 4 strands that use BSL Healthy Minds services – Stakeholders, Service Users, Service User Circle and Staff/Trainee PWP's. This is by no means a quantitative review but a qualitative review of those who have accessed or have involvement with/provide the service.

### **Stakeholders**

The organisations that were approached mainly engage with BSL Healthy Minds on a contractual basis and make regular referrals to the service.

#### *Accessibility*

Some found the service very accessible but some found it fairly accessible – this is due to the fact that there is no contact with the organisation who referred after referral is made (BSL IAPT is for the client) however it is recommended to follow up with the organisation to find out what could be improved.

#### *Satisfaction*

There is a 100% satisfaction rate with the outcome of contact with the service and would use/recommend the service to others however many felt the service could be improved from a commissioning perspective as well as following up after referral.

#### *Catering for the needs of Deaf people*

It was said that they would be able to cater for the needs of BSL users but not as well as BSL Healthy Minds and know something but not fully aware about the cultural needs of BSL users.

#### *Other comments*

***'The referral process is fairly straightforward and direct work with clients is positive'  
from a referrer to the service***

***'There needs to be a clearer definition of roles and responsibility i.e. 'clinical, developments,  
contracts & performance' - from a Contractor***

## **Staff/Trainee Psychological Wellbeing Practitioners**

### **BSL Healthy Minds meet the needs of Deaf people?**

***'Big time – being a Deaf PWP means can pick up clues and get information out of them quicker and if they were mainstreamed with an interpreter – it won't get picked up.'* Trainee PWP**

***'It means that BSL users can get support quickly and can access the service in their own language. It is very important to get support initially before the problems get worse – BSL Healthy Minds provides this.'* Trainee PWP**

***'BSL Healthy Minds is the first primary care service for Deaf people. It is important to have Deaf BSL PWP's as they are able to adjust their communication method to match the Deaf client'. Qualified PWP***

***'Yes, but not 100% as we do not cater for oral deaf (especially those with strong deaf identity) and I feel that we should do.'* Qualified PWP**

### **Barriers**

Many of the PWP's face barriers in their jobs, below are the common problems they face:

- Promoting service to potential mainstream referrers
- Booking rooms
- Referral to specialist services are not accessible to Deaf people
- Lack of Deaf awareness with GP surgeries
- Lack of consistent funding

### **Other comments**

***'Mainstream services can't provide a quality service because it is a cultural issue with many Deaf people. BSL PWP means better outcomes.'***

***'We have made a major impact for the lives of several deaf people but the funding issues make it difficult for us to do promotion work effectively. It is difficult to inform the Deaf population of where it is available and also having to apply for funding frequently. Hearing people NEVER have this at all!'***

### **Service Users**

The information comes from the Patient Experience Questionnaire:

- 93% return rate which is a very good response rate.
- 87% said they are very satisfied with the service.
- The average satisfactory score for each PWP is 33 out of a possible 35 (questions that are asked – contacting the service, waiting time, choice of treatment, telling therapist problems, communication with therapist, feelings after therapy, start to finish experience)

- Comments from Service Users

***My experience from start to finish is really good as I have learned so much new and learned how to solve problems.***

***Easy communication with my therapist***

***This is the first time I have had therapy without an interpreter or using a therapist that gets my level of understanding. This has helped me understand the process fully.***

## **Service User Circle**

The Service User Circle is the immediate/close circle of support that the service user has to access. These are the comments from one close observer of the service user who has received BSL HEALTHY MINDS service.

### ***Before BSL Healthy Minds***

Life for the service user was very difficult, became very stressed, very low and very hard to motivate and it was very upsetting to see.

### ***After BSL Healthy Minds***

Could see a very positive change, happier, more open about their worries, better communication, less stressed and a lot more outgoing.

### ***If BSL Healthy Minds were not around***

Relationship would have collapsed as would not have been able to cope with it anymore. It felt like it was coming to the verge of being hit but now it's not going to happen as positive changes have been made.

### **Other comments**

***'Had to wait a while until funding was approved. I feel it is not fair as hearing people get it straight away deaf people never do, always fight, fight, what for so that we can get therapy in BSL'***

## **Outcomes**

Outcomes of the service user who access BSL Healthy Minds is mostly addressed in the Patient Experience Questionnaire (PEQ) however information is very limited as it does not ask about the impact on their life after therapy is finished. This is something that BSL Healthy Minds needs to consider as it is increasingly becoming a requirement for many commissioners.

However for this evaluation report, a Service User with her permission has kindly given more details about how BSL Healthy Minds has worked for her.

### ***Case Study***

Olivia (not real name) did not know about BSL Healthy Minds until her GP referred her to the service as she suffered from severe panic attacks.

Olivia felt that the service helped her with most of her problems and has improved her life greatly – the service has helped her reduce her panic attacks which in turn enabled her to go out more and enjoy life.

Olivia said that she dreads to think what would have happened if the service was not available. Olivia said she probably would have been sectioned as felt her mental health was worsening each year. She has had several therapies in the past linking to the same problem either via interpreter or 1:1 but none have helped until now (BSL Healthy Minds) for which she is so glad to have accessed.

Olivia was asked if she had a choice of service which would she go for – Deaf service or hearing service? At first she said initially would not go for Deaf service but has been proved wrong with BSL Healthy Minds and would now 100% go with a Deaf service and expressed that she is very happy with BSL Healthy Minds especially reducing the panic attacks which she thought would never happen.

Olivia went on to say that this is the first time she has had therapy without an interpreter, or using a therapist that understands/gets my level of understanding. This has helped me understand the process fully. Her therapist was very good, broke it down to an understandable level of her level of English/BSL which helped her understand the process fully and helped her reduce her panic attacks.

### ***Discussion***

It seems that the reason why she has been through many therapies for the same problem is communication and cultural issues – not one therapist has understood her needs until BSL Healthy Minds came along. This shows that BSL Healthy Minds is a vital service to many Deaf BSL users when they access it.

## Finances

To date the cost of a session is £180 which covers the whole cost of running the BSL Healthy Minds service. This includes full recovery cost in which many services fail to include in their overall cost.

The costs are based on 10 clients per week over 40 weeks (to allow for holidays/sickness/no shows)

	Cost
PWP + on costs	<b>£30,000</b>
Supervision & Management	<b>£8,000</b>
Administration Support	<b>£8,000</b>
IT Support	<b>£3,000</b>
Marketing & Promotion	<b>£1,000</b>
Ongoing Training	<b>£7,000</b>
Travel	<b>£9,000</b>
<b>Total</b>	<b>£66,000</b>
Central Overheads (10%)	<b>£6000</b>
<b>Total</b>	<b>£72,200</b>
Cost Per session	<b>£180</b>

## Quality

BSL Healthy Minds is a Service that is very heavily committed to quality and achieving high standards. The nature of the Deaf community means that it is even more of a requirement of the Service to be confidential at all times which includes strict data inputting procedures and client confidentiality using IAPTus as a data performance and outcomes tool which uses the N3 connection server.

BSL Healthy Minds follows national standards such as IAPT guidelines and NICE; takes into account documents/guidelines published by Department of Health and are members of British Psychological Society as well as British Association for Counselling and Psychotherapy.

BSL Healthy Minds has been awarded Level 2 status on the IG Toolkit which is a business partner equivalent status. This shows that they are committed to providing an ethical and professional Service by achieving more than the basic Level 1 which is the minimum requirement.

Staffs receive weekly Clinical Case Management Supervision and Clinical Supervision on a fortnightly basis.

There are regular BSL Healthy Minds meetings with all staff where general issues are discussed and in addition there are regular group sessions to discuss a specific topic which addresses the need for continuing professional development.

## Monitoring and Evaluation

BSL Healthy Minds has IAPTus as its main data performance tool. All staff have access at various levels of authority depending upon their role within the Service. This is monitored to ensure all client and data are up to date on a daily basis.

Information in IAPTus is accessed by Clinical Supervisors, Data Performance Lead and Administrator to ensure it is filled in correctly and appropriately. Both Clinical and Case Management Supervisors access this information in supervisions with PWPs.

The Patient Experience Questionnaire (PEQ) is given to the client at the end of therapy and they return by post to SignHealth head office in Beaconsfield. The Administrator files the form and inputs onto IAPTus which then feeds into statistical records and if appropriate discussed in Case Management Supervision.

If there are any concerns regarding data inputting or conduct this is addressed in Case Management Supervision or if appropriate for all the Team the issue is placed on the team meeting agenda.

## Commonly asked questions

### Why can't the service for Deaf people be mainstreamed?

It is unrealistic to expect that mainstream IAPT services can provide a culture and linguistic service for Deaf BSL clients.

There are many factors that contribute to the unsuitability of Deaf people accessing mainstream IAPT services.

**Communication** is vital to the therapy provision. It becomes an issue immediately if the PWP/CFD/CBT therapist is a hearing person if they are not BSL fluent and have no Deaf Awareness or understanding of the cultural issues. Should a mainstream practitioner arrange a BSL interpreter there are usually difficulties i.e.: interpreters need to be booked in advance, there are few interpreters who have mental health knowledge and it is extremely difficult because of the limited pool to have the same interpreter at each session which will clearly impact the effectiveness of the therapy and working alliance. The cost of the service provided is also more costly as the interpreter fees of £230 (average) need to be added.

BSL Healthy Minds cannot offer telephone sessions which is a main requirement for many mainstream IAPT services. This type of access for mainstream services contributes to their overall figures which makes it possible for them to achieve higher figures. However, if they were able to offer it online – would they be able to use sign language to the Deaf person? Instant messaging is not an option as English is not the first language of many Deaf BSL users.

The cost of using an **interpreter** would be approximately £230 per session as an interpreter with specialist mental health training is required and they charge a higher fee. The total cost of an interpreter for 9 sessions would be £2079 which is in addition to PWP/CFD/CBT therapist/service cost. This is not a cost effective way of delivering a service.



A further consideration regarding the use of BSL interpreters is which budget the fees are paid from as quite often services will have not have a specific budget for interpreting costs and if they do it is usually very limited and used for other languages ie; Urdu, Punjabi and so on. The mainstream service waiting times will be affected as a qualified interpreter who is able to commit to regular weekly appointments is sought and agreed.

Having a **third party** in a therapeutic session impinges on the working relationship. Nuances and subtleties are lost when an interpreter is involved in the dynamic compared to just a therapist and client in the therapy room.

It has been addressed in the report regarding client's reasons of accessing the service being linked to specific Deaf issues – the mainstream therapist would have problems working with these issues which inevitably lead to the client being unable to resolve any cultural specific difficulties effectively. **Cultural and language awareness** is vital to the therapist understanding and ability to provide a good therapeutic experience for the Deaf client and this is not in place when a mainstream service attempts to offer treatments with non Deaf aware practitioners.

Each therapist regardless of modality must have regular supervision and management support – would the supervisor have Deaf awareness and sufficient understanding of BSL to be able to provide their supervisee with appropriate support in order to work effectively and advise regarding risk issues?

For a mainstream IAPT service to **train up** a number of interested therapists to communicate with Deaf people this would take at least 6 years in order to become fluent and work therapeutically with a Deaf person. Time away from their daily work to learn sign language would be required which has a cost implication and is approximately £150,000 per person over 6 years. Whilst the therapist is away on BSL courses they are not providing therapy therefore there is potential for the mainstream service to develop longer waiting lists and not meet their own IAPT targets.

In summary, Deaf people could access mainstream services but it would not be cost effective, targets would not be reached, Deaf people would not receive an accessible service which would result in their full potential not being achieved.

### **If there was no BSL IAPT – what would happen?**

Without specific provision for Deaf BSL users, inequity of access to mental health services would resume and Deaf people would return to being treated as second class citizens.

Without a BSL IAPT service, the current situation of high mental health statistics would continue (40% of Deaf population -121,000) and would still need to be addressed. There would be no mental health primary care service for Deaf people which is equal to hearing people. This is the first time Deaf, BSL users have had access to a service they can trust and feel they are 'heard'. The Service is the first of its kind in the world and is innovative in every sense.

Deaf BSL users would access mainstream services with a BSL interpreter – this would increase costs by at least double that of a hearing person. For example based on the projected 150 BSL users to March 2014 accessing mainstream IAPT service, the total cost would be £311,550 to pay for interpreters. However, IAPT services may not book interpreters because of the difficulties of identifying an

appropriate person, nor be consistent in providing a service this would inevitably result in high drop out rates and complaints.

Having no access to a primary care service Deaf BSL users would suffer from unnecessary long term mental health conditions that could be easily addressed at an earlier stage. They would require specialist tertiary care at a rate of £500 a day. A recent case of a Deaf person who was admitted as an inpatient and then supported in the community by the specialist mental health and Deafness unit has been reported that the CCG has paid approximately £250,000 for their care when the problem could have easily been resolved with BSL IAPT service.

Hearing people can access many mental health services and there is more than one choice – for Deaf people there is no choice if BSL IAPT is unavailable.

### **Is the prevalence of 15% correct?**

Yes, this is the correct figure to use.

The North West Deaf population is 12,738 and based on the formula that national IAPT use 50% of the total population will present mental health issues at the GP, the figure is now 6369 and 15% of that is 955.

Therefore the 15% prevalence of the North West Deaf BSL population is 955 and this is the figure need to measure against.

### **Why high costs and low numbers?**

The unit cost of £180 per session is a realistic cost in providing a service as a whole. However, in comparison if the service was provided by a mainstream IAPT provider and based it on the current target of 150 Deaf BSL clients the cost of interpreters would far exceed the cost of contracting the BSL Healthy Minds service.

Referral numbers appear low compared to mainstream services but for a Deaf service the figures are positive as information and de-stigmatising occurs in the Deaf community. Historically, Deaf people if they presented at their GP would have been living with their problems for many years and so would be entrenched. This has led to a referral to the specialist, tertiary mental health and Deafness unit which has created fear within the Deaf community and an avoidance of disclosing their mental health problem.

BSL Healthy Minds is a developing Service and still in its infancy (2 years). Mainstream IAPT services are accepted as still developing and BSL Healthy Minds began 3 years after mainstream IAPT and therefore needs an opportunity to continue to gather evidence through the minimum data set and outcome measure.

## **Additional Information**

BSL Healthy Minds has been considering how it can expand and differentiate its services and has identified the following as potential developments:

- Resources and materials translated into British Sign Language (for example if are required to follow new assessments/measurement tools – they would need to be translated into BSL & has cost implications)
- Psycho educational groups
- Anger management course
- Confidence building course
- Online Therapy

BSL Healthy Minds has access to other projects delivered by SignHealth and clients have the benefit of accessing these services if appropriate.

- Deaf Hope – domestic violence project
- Deaf Health Champions – to improve Deaf sign language users' personal experience, equality of access, choice and control over health care
- Deaf Health project – a major research project researching into the physical health of Deaf people. Some significant findings have emerged from the research which SignHealth will attempt to address once the information has been disseminated nationally early 2014.

## **Continuing BSL Healthy Minds beyond March 2014**

It is crucial that BSL Healthy Minds continues for many reasons:

- It is the first and only equitable primary care mental health service for BSL users in the North West and in England
- It is excelling in targets compared to National IAPT figures
- Projected figures show an increase for 2014-2015 and beyond
- It is still a developing service like many other mainstream IAPT services and should therefore be treated the same with equal opportunity to continue to grow
- The Deaf community are becoming aware of the Service and this promotion work needs to continue
- The financial investment of training Deaf PWP's and Step 3 CfD therapists would be wasted. Mainstream providers will not employ qualified, Deaf therapists as hearing clients would not work with a Deaf practitioner with an interpreter. But there is an expectation that Deaf clients would work with a hearing practitioner with an interpreter!

- BSL Healthy Minds has the privilege of having a KTP Associate who is undertaking a 2 year evaluation on the service and creating a robust business case to improve, enhance and develop different strands for BSL Healthy Minds.
- The University of Manchester are undertaking a 2 year RCT that commences March 2014. The research will consider the cost effectiveness of BSL Healthy Minds and mainstream IAPT services. The outcome of this research will have a huge impact on how IAPT services are provided for Deaf BSL users.
- There is a wealth and breadth of experience and knowledge from the professionals who are involved in the training, Service set up and delivery of BSL Healthy Minds which has never been developed previously and is not replicated anywhere else in the world.

As CCG commissioners you are buying into the concept of a psychological therapy service in BSL that trains and employs Deaf people to provide professional, ethical and consistent IAPT compliant, NICE recommended treatments in the clients own culture and language. The people involved in this unique development are renowned leaders in the field of Mental Health and Deafness and are supported by many in particular Professor Alys Young a Professor of Social Work and Director of Social Research with Deaf People at University of Manchester who endorses the service by saying *'the BSL Healthy Minds project has for the first time in the UK provided access to primary mental health services for Deaf people that are linguistically and culturally appropriate'* she then goes on to say *'speaking as a mental health practitioner I have only the highest regard for the BSL Healthy Minds and know that if such a service had existed in the past many of the service users with which I worked would have experienced far better personal outcomes'*.<sup>iv</sup> The Department of Health have been involved in working with BSL Healthy Minds to ensure that this Service has the best opportunity to succeed and continue to provide vital evidence of the mental health needs of the Deaf population.

## References

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<sup>i</sup> Layard, R., Clark, D., Bell, S., Knapp, M., Meacher, B., Priebe, S., Turnberg, L., Thornicroft, G., & Wright, B. (2006). The depression report; A new deal for depression and anxiety disorders. The Centre for Economic Performance's Mental Health Policy Group, LSE

<sup>ii</sup> SignHealth (2013). Why BSL Healthy Minds. Available: <http://www.signhealth.org.uk/index.php?pageID=119>. Last accessed 18/12/2013

<sup>iii</sup> Conrad, R. (1979) The Deaf School Child London : Harper Row

<sup>iv</sup> Professor Alys Young (letter to BSL Healthy Minds 18<sup>th</sup> December 2013) endorsement letter to support BSL Healthy Minds – Available to read in Appendix 1