Learning Centre
Queensland Centre for Mental Health Learning

Deaf Aware - Mental State Examination - Clinical guide

This tip sheet aims to guide clinicians in providing sensitive and effective assessments of Deaf individuals, considering their unique communication needs. Collaboration with qualified interpreters and caregivers will help to ensure a more accurate assessment, fostering better outcomes for Deaf people in mental health settings.

Appearance

Hearing devices



- Take note of any assistive hearing devices such as hearing aids, cochlear implants, FM systems, or voice captioning equipment.
- The type of device used can provide insight into how much they can hear, what they can hear, and the persons communication preference or need.

Behaviour

Interpreter cues



- Deaf individuals often maintain eye contact with the interpreter rather than the clinician.
- Deaf Auslan users will sometimes ‘act out’ a conversation or interactions - this is a normal feature of Auslan.
- Emotions may be expressed differently through Auslan, and at times may appear more intense, leading to misinterpretation. For example, what may appear as an emotional outburst, may in fact be usual emotional expression in Auslan.

Speech

Speech and vocalisation



- Deaf individuals have unique speech patterns.
- While Deaf individuals may use speech, some may struggle to modulate the loudness of their voice or may choose not to voice as they sign.
- These variations should be assessed within the context of the person’s communication history and preferences.

Spatial use and sign language



- Pay attention to the use of space during communication.
- Deaf individuals with autism may use smaller signing space or sign repetitively, often in a manner that minimizes eye contact.
- Understanding these nuances can help differentiate between communicative style and potential co-occurring conditions.

Auslan vs. signed English



- Auslan is the recognised language of the Deaf, however many Deaf have been taught Australian Signed English in school.
- Some Deaf individuals may switch between the two forms based on context or emotional state. Feedback from the interpreter is essential for understanding these shifts in communication.

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Mood

Assessing mood baseline



- Establish a baseline for mood through collaboration with the interpreter and caregivers.
- Time perception and creating accurate sequential timelines may be a challenge for some people.

Affect

Variability in emotional expression



- Deaf individuals often have a broader emotional range, intensity and reactivity.
- This can lead to affect appearing incongruent.
- To improve accuracy, check with the interpreter or caregiver for additional context, of emotional expression.

Neurovegetative symptoms



- While neurovegetative symptoms (such as sleep and appetite disturbances) are typically consistent, the timeline for their onset may be difficult to assess, due to differences in emotional expression.

Perception

Paranoia and trust issues



- Paranoia can be prevalent in Deaf individuals, particularly those with histories of trauma.
- Limited sensory input can make it difficult for them to predict unsafe situations, leading to feelings of mistrust and social isolation.

Hallucinations and misinterpretation



- Many Deaf people may experience auditory hallucinations but may not fully comprehend what they are hearing.
- This makes it harder to identify true auditory hallucinations versus misinterpretations of environmental stimuli.
- Some may hear occasional or distressing noises, e.g. tinnitus.
- It’s crucial to assess these experiences with sensitivity.

Self talk



- Just like hearing people speak aloud to themselves to remember things, Deaf individuals may use Auslan to cue their memory.
- This behaviour is normal and serves as a cognitive tool for memory, but consistency of this behaviour and feedback from caregivers can help distinguish it from other potential signs of mental health conditions.

Thought and flow/Thought content

Abstract thinking



- Deaf individuals may have varying abilities to grasp abstract concepts.
- The best information may come from the interpreter and the caregiver's assessment of the fluency of sign or congruence with the persons usual communication pattern.

False beliefs and vulnerability



- Due to limited exposure to information, some Deaf individuals may be more vulnerable to false beliefs, including those shared by trusted figures.
- This makes them significantly vulnerable e.g. to fringe groups, religious groups, money making schemes, etc.

Judgement

Evaluating judgement



- As with false beliefs, some individuals may lack the necessary foundation of knowledge to make sound judgements.
- Their decision-making ability should be evaluated based on the information available to them and their capacity to process it, rather than assuming judgement is impaired.

Insight

Reduced information exposure



- Deaf individuals may have limited access to casual conversations and incidental learning, impacting their insight into various aspects of life, including health and decision-making.
- When assessing insight, it's crucial to distinguish between lack of clarity due to limited information and poor insight due to mental health/ cognitive concerns.

Cognition

Cognitive screening



- Standard cognitive tests may not be applicable to Deaf people, particularly when it comes to word recall.
- Use caution and consult the interpreter about the most accurate signs for any cognitive assessment.

Key clinical takeaways

1. **When booking an interpreter**, ask if a 'Certified Professional' with mental health experience is available, to improve the accuracy of your assessment.
2. **Leverage the Interpreter's Expertise:** They are not just interpreting — they are offering a cultural and linguistic perspective critical to accurate assessment.
3. **Be Aware of Language Deprivation Syndrome (LDS):** People who did not have access to language in their critical developmental years may display behaviour that seems inconsistent with their emotional state, or with that of hearing individuals. Click here for more information on LDS
4. **Understand the Role of Communication:** Differences in communication style (e.g. Auslan vs. Signed English) may affect emotional expression and cognitive processing. Adjust your approach to ensure you're truly understanding the person's experience.
5. **Adapt Your Approach:** Time perception, thought processes, and emotional expression may differ from what's expected in hearing individuals. Remain flexible and seek additional context from interpreters, caregivers, or other professionals in the Deaf community.
6. **Deaf culture** has its own language, values and traditions. Auslan is the chosen language of the Deaf community, and has its own vocabulary, grammar and syntax

This resource was developed in collaboration with

Deafness & Mental Health
Statewide Consultation & Liaison Service

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