The relationship between inadequate childhood communication experiences and adult mental health of deaf Australians: a qualitative study

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Aims/Objectives: What was the purpose what you did? Why is your topic important? What did you want to change? What difference did you want to make?

Deaf adults face higher levels of adverse mental health compared to hearing counterparts. In addition to the many everyday life stressors faced by people irrespective of background, deaf people, as members of a linguistic and cultural minority group, confront many additional stressors due to communication difference.. We aimed to understand Deaf peoples' perspective on how early life communication access may have influenced adverse mental health outcomes in adulthood so that more appropriate interventions can be employed within family and education and by mental health services.

Methods/Process: Who was involved? What did you do? (100 words)

We conducted one-on-one semi-structured interviews with 16 deaf adults who were i) born deaf or became deaf before the age of 5, ii) were aged 18 to 74 years, iii) were Auslan (Australian Sign Language) users and iv) who self-identified with mental health challenges v) residing in Australia, and vi) not being subject to Guardianship or other formal supported decision-making arrangements. Interview transcripts were translated, transcribed, and inductively coded using reflexive thematic analysis to construct themes related to the research aim.

Results: What did you find? What changed? What difference did you make? What did you learn?

Participants reported exhaustion, anger, anxiety, depression, suicidal ideation, and trauma, which they described as being primarily associated with barriers to early life communication access and which arose from interactions with people who could not sign within the family and at school. Early life communication barriers were related to intrinsic stresses, including language dissonance, identity confusion, (cross-cultural) code-switching, and distrust, and extrinsic exclusionary treatment, including bullying, condescension, marginalisation and ostracism.

Conclusion: How could other people use what you found out? What would you recommend other people do based on what you did and what you found out?

The results highlighted the saliency of internal and external stressors in participants' lives. There is a need to adapt interventions and support strategies to meet the diverse needs of deaf communities. Positive communication environments need to be made available and accessible, deaf individuals' cultural and linguistic identities supported, and the cultivation of inclusivity to ameliorate adverse mental health outcomes for deaf people. Linguistically and culturally responsive clinical interventions are also imperative, challenging the conventional 'one-size-fits-all' approach. By disseminating these findings to governmental and mental health service agencies, the researchers aspire to positively influence future service provision for deaf individuals.

Alignment with the Conference Theme: How does your proposal address the conference theme of 'New Frontiers'? How does your proposal showcase something new we can do to make the world a better place for people with disability? (50 words)

Absence of studies addressing mental health outcomes of Deaf Australians

No qualitative study of deaf adults has examined how and why childhood communication access influences mental health outcomes

Research goal: propose recommendations leading to new frontiers in support strategies

New frontier in Australian research: author/presenter has lived experience of deafness.