Deaf Victoria's submission to the Discussion paper: suicide prevention and response strategy

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About Deaf Victoria

Deaf Victoria, established in 1982 provides both systemic and individual advocacy to deaf and more recently, hard of hearing consumers. These services are provided with Auslan (Australian Sign Language), recognising it is the first language of many in the deaf, deafblind and hard of hearing community. Deaf Victoria is the only remaining active and funded state-based advocacy organisation for deaf and hard of hearing people in Australia. Our board is community-led, centering the lived experience of deaf and hard of hearing people and all our staff members have a lived experience of deafness.

Deaf Victoria's vision for their community: deaf and hard of hearing people to experience equality, opportunity, and connection, and are valued for their unique contributions towards a diverse society.

Deaf Victoria represents deaf and hard of hearing interests in various state government settings and works with other disability groups and our peak organisation, Deaf Australia to ensure those we represent can participate on equal footing in society and fully activate their citizenship with pride.

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Discussion: Suicide prevention and response strategy

Vision

Deaf Victoria supports the vision of zero suicides, as outlined in the *Suicide prevention and response strategy.*

Principles

Deaf Victoria supports the principles of the response strategy and has grounded their recommendations for initiatives within these principles.

Priority Areas

Workforce and community capabilities and responses

The current suicide prevention and response workforces have significant issues with capability to respond to the needs of deaf and hard of hearing people with regards the necessitated cultural competency and Auslan language skillsets.

Lived experience partnerships

We believe that a codesigned and collaborative partnership with deaf, deafblind and hard of hearing people will lead to the delivery of more accessible suicide prevention and response initiatives and actions for this diverse community.

Whole-of-government leadership, accountability and collaboration

Deaf Victoria believes that deaf, deafblind and hard of hearing populations are currently under-resourced across many areas of government-funded services. We believe that adequately addressing equitable access to Auslan-language social services will contribute to lessening compounding risk of suicide, i.e., unemployment/underemployment and deafness.

Data and evidence to drive outcomes

There is less data on deaf and hard of hearing persons unique experience of suicidality, recognising barriers to completing mainstream data collection modes such as phone interviews about primary health and trouble accessing the census in Auslan. While we can access qualitative data about the experiences of deaf and hard of hearing people and offer recommendations based on their lived experience of using suicide prevention services or the general mental health system.

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Priority Groups

Deaf, deafblind and hard of hearing community should be added to the list of priority groups as a separate and finite group.

Deaf Victoria recognises the unique intersection of many deaf, deafblind and hard of hearing community members between identity both as a person with disability as well as a person who is culturally and linguistically diverse (CALD), recognising Auslan as a distinct language to English with its own linguistic form. We recognise intersectional identities within our deaf and hard of hearing community, including First Nations deaf people, refugees, migrants and diversity across gender and sexuality.

The deaf and hard of hearing community

According to the Listen Hear report, one in six Australians has some degree of hearing loss and this is expected to increase to one in four by 2050 (Access Economics 2006). For many of these populations with hearing loss, Auslan is, or will become their first language. In 2021, the government census recorded that there are 4,355 Auslan users who live in Victoria. As well as this, 6,919 Victorians described themselves as non-verbal (Australian Bureau of Statistics 2021). Auslan was first officially recognised as a legitimate language by the Australian Government in 1987 in a white paper on the languages of Australia (lo Bianco 1987). Later, in 1991, Auslan was recognised as an Australian Community Language (Dawkins). Although Auslan is acknowledged as a legitimate Australian Community Language, access to information, education, services and everyday communications in Auslan is sparce. Thus, many deaf and hard of hearing people experience through their home lives, schooling, medical care, employment and social interactions a lack of access and disconnectedness their whole lives.

Adhering to the social model of disability we believe deafness itself is not disabling but rather societal attitudes or inherent barriers to access and inclusion in the broader community that render deaf and hard of hearing people as such. We advise the Victorian government to make available suicide prevention and mental health resources, support services and crisis interventions in a variety of languages and modalities to best suit deaf, deafblind, and hard of hearing individuals.

Available evidence suggests that deaf people may be at increased risk of suicide due to their greater likelihood of experiencing known risk factors for suicide such as social isolation, physical health problems (Turner et al. 2007), mental illness (Turner et al. 2007; Brown and Cornes 2014; O'Hearn and Pollard 2008), childhood abuse and self-perceived poor quality of life (O'Hearn and Pollard 2008).

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Level	Contributing (risk) factors	Protective factors
Individual deaf and hard of hearing person	• Acute isolation arising from language barriers at home, community, government services and employment • Greater likelihood of physical health issues • Higher rates of mental illness to hearing populations • Self-perception that their quality of life is lacking	• Access to Auslan and bilingualism from birth • Early intervention services link individuals with deaf adult role models
Relationship	• Around 95 percent of deaf children have hearing parents. This translates into language barriers when children cannot communicate with parents in Auslan, their primary language (Access Economics 2006). • Difficulty in communicating reads to greater likelihood of experiencing child abuse (O'Hearn and Pollard 2008).	• Parents who learn Auslan, enabling communication and then connection • Introduction to deaf and hard of hearing peers
Community	• Isolation from community and society • Lack of contact with peers • Limited psychoeducational materials in Auslan, deaf and hard of hearing don't know when and where to go for mental health and wellbeing support • Limited Auslan psychotherapy for Auslan users • Barriers to accessing mental health and wellbeing treatment, care and support • Legal problems • Financial problems (including housing and employment) • Contact with the justice system • Contact with social services and child custody issues	• Attending Deaf community events, connecting with peers • Access to deaf role models • Community has an awareness and adapts communication methods • Access to services like Karli Health Centre who offer Auslan fluent and culturally competent service to deaf and hard of hearing Victorians • Efforts to develop an Auslan Mental Health First Aid program

Society	• Mainstream media: news in Auslan limited to emergencies, significant impediments to accessing information that enables participation in democracy and citizenship • Systemic audism and ableism: medical, educational, workplace settings posing significant access barriers. Professionals dismissing deaf access and needs. • Higher rates of unemployment and underemployment • Barriers to accessing education • significant variation in literacy levels • Lower levels of financial stability	• Society provides accessible events for deaf and hard of hearing people • Governments and media promote deaf role models

Table adapted from State of Victoria 2022, pp. 13-14, [The Victorian suicide prevention and response strategy | Engage Victoria]

Suicide prevention and response initiatives and actions

Summary of prioritised recommendations

Deaf Victoria's Recommendation	Priority Area	RCVMHS Recommendation
a) Victorian Government to work with the hard of hearing and deaf community to co-design a 24/7 Auslan suicide hotline.	Workforce and community capabilities and responses Intersectional and targeted approaches for groups disproportionately affected by suicide. Lived experience partnerships	6 – Part (5) collaborate with its funded non-government helpline services to improve helplines connections with mental health and wellbeing services and to assist people to find and access treatment, care, and support.
b) Victorian Government to work with the hard of hearing and deaf community to co-design a 24/7 emergency services Auslan video call option to 000.	Workforce and community capabilities and responses Intersectional and targeted approaches for groups disproportionately affected by suicide. Lived experience partnerships	34 - Part 5. Enable the development of digital technologies to support the delivery of language services that assist access to and engagement with mental health and wellbeing services.

c) Victorian government to work with deaf and hard of hearing community to establish an acute community intervention service which can provide service in Auslan and reach deaf people in their homes and communities when they are at risk of suicide.	Lived experience partnerships Workforce and community capabilities and responses Whole-of-government leadership, accountability, and collaboration	34 – Working in partnership with and improving accessibility for diverse communities
d) Victorian government to upskill primary care networks and workforces in Auslan language skills and to develop cultural competency in deaf culture.	Workforce and community capabilities and responses Whole-of-government leadership, accountability, and collaboration	34 - Working in partnership with and improving accessibility for diverse communities
e) Victorian Government to support the Australian Institute of Health and Welfare to publish data about the risks faced specifically by deaf and hard of hearing people.	Data and evidence to drive outcomes.	34 – Part 4 (regarding Mental Health and Wellbeing Division responsibilities) collects, analyses and reports on data on the mental health and wellbeing of Victoria's diverse communities for planning and funding purposes and to improve transparency in mental health and wellbeing outcomes for diverse communities

Inaccessible aural based services: suicide hotlines, emergency services hotline

Many deaf, deafblind and hard of hearing people are unable to directly access suicide hotlines owing to the aural nature of the service, instead requiring Auslan, tactile Auslan, captioning, lipreading, picture exchange communication (PEC), visual vernacular, deaf interpreting or international sign language for Deaf migrants and refugees. Many deaf, deafblind and hard of hearing are unable to contact emergency services or the *Acute Community Intervention Service* which also offer phone-based aural contact. There is need for both a suicide hotline and emergency services triage which has a 24/7 video call option in Auslan. Currently, when a first responder does arrive to the home of a deaf person, the language barriers persist, and deaf people are unable to have information to inform their choices and give consent regarding treatments.

The National Relay Service (NRS) only has Auslan-language supports available between 7am and 6pm from Monday to Friday. If someone requires after hours support to contact a suicide hotline or first responders' team, there is no available option. Using the NRS requires knowing how to use the Skype software platform

which involves: signing up, downloading new software, creating an account, logging in, then waiting for the next available relay officer. This is an administrative and time-extensive burden not experienced by hearing people who are able to dial 000 and immediately be placed through to an operator. In an acute mental health crisis these burdens are an additional risk factor which may be contributing to suicide among the deaf and hard of hearing community. We recognise availability of text-based services which utilise written English- however these are often not accessible to people with Auslan as a first language and/or for deaf migrants and refugees.

- **Recommendation (a)**: Victorian Government to work with the hard of hearing and deaf community to co-design a 24/7 Auslan suicide hotline
- **Recommendation (b):** Victorian Government to work with the hard of hearing and deaf community to co-design a 24/7 emergency services Auslan video call option to 000.
- **Recommendation (c**): Victorian Government to work with deaf and hard of hearing community to establish an acute community intervention service which can provide service in Auslan and reach deaf people in their homes and communities when they are at risk of suicide.

Inaccessible primary care networks

Primary care networks involved in suicide response are currently designed with accessibility barriers to deaf access to suicide prevention services. If a deaf person goes directly to the Emergency Department, there may or may not be an interpreter available within a reasonable time frame. Without timely access to an interpreter in the emergency room, deaf people cannot accurately be triaged according to priority, they may have lessened ability to involve themselves in decisions about their treatment options owing to communications barriers.

> *"At 10am the next morning, the nurse told me there was no interpreter available. I had to wait longer so an interpreter could be sourced for me to see the doctor. After waiting for hours and hours, I was admitted straight into the ward at 3pm. This occurred without discussion, and I had no idea what was happening. I was panicking because I had not yet seen a doctor with an interpreter, and this was not what I agreed to.*" (Deaf Victoria 2015)

If professional interpreters cannot fill the necessary time slot, then family and friends may feel it is necessary for them to step in. A child of a deaf adult should not be placed in a situation where they need to interpret about their parent's health. For persons requiring interpreter in primary care, the use of family/friends can lead to misinterpreting of information such as obscuring disclosure of family violence. Fear of communication breakdown and language deprivation at any stage of help-seeking may increase risk for Deaf populations contemplating suicide.

> *"My daughter, she can hear. She's now 11 years old. And she comes with me a lot of the time because I don't leave her at home on her own. And the doctor will go, 'Oh, great. She's here', and they treat her like an interpreter. But my daughter doesn't understand medical words. She's 11 years old. She doesn't understand*

> *the implications of what certain things mean. The name of medications are often long and complicated, and she doesn't understand that. So, it's not something she feels comfortable doing either."* (Lee et al. 2021, p. 1975).

As well as the language barrier, there may also be cultural misunderstandings arising in primary care. For example, culturally deaf people will knock on the table or tap their foot on floorboards as a tactile way to get someone's attention. Without Deaf awareness training opportunities, a receptionist in triage may incorrectly recognise this as aggression, which may impact the implemented medical response to their suicidality. In an academic article, Lee, et al. utilised the qualitative collection of lived experience about difficulties in accessing primary care services for deaf individuals, both deaf participants and interpreters delineated the need for Deaf Awareness Training for primary care workforces (2021, p.1976).

- **Recommendation (d):** Victorian government to upskill primary care networks and workforces in Auslan language skills and to develop cultural competency in deaf culture.

Quantitative data needed: deaf and hard of hearing suicide risk

Deaf Victoria does not have access to any publicly available quantitative data about the number of self-harming incidences, suicide attempts and suicide completions within the deaf and hard of hearing community. This lack of data significantly hinders attempts to design, implement and evaluate suicide prevention initiatives for the deaf, deafblind, and hard of hearing community. The Victorian Suicide Register (VSR), facilitated through the Coroners Court of Victoria, publishes statistics about at-risk groups such as Aboriginal and Torres Strait Islander peoples, young people, ex-servicemen from the Australian Defence Force. We recognise that the VSR is looking to extend their statistics to LGBTQI+ and CALD communities, we encourage this action and also request for data pertaining to deaf and hard of hearing people and other people with disability (Australian Institute of Health and Welfare [AIHW] 2022)

- **Recommendation (e):** Victorian Government to support the Australian Institute of Health and Welfare to publish data about the risks faced specifically by deaf and hard of hearing people.

Building the capacity of workplaces to respond and prevent suicide

Currently Employment Assistance Fund (EAF) under Job Access provides Auslan 1 funding at maximum, $6,000 per year. Job Access was founded in 2006 and Auslan level 1 funding has not risen during that time, this has not recognised inflation costs, rise in interpreter wages or cost models created by implementation of the National Disability Insurance Scheme (NDIS). At current, most freelance interpreters will charge approximately $80 per hour with a two-hour minimum for booking. An agency may charge approximately $120 per hour with a two-hour minimum for booking. Consequently, the Employment Assistance Fund does not provide enough funding to allow for Deaf people to build and maintain strong workplace relationships and develop healthy workplace culture. At $6,000 per year, a deaf or hard of hearing person will need to use their funding to meet with management rather than interpret social events like lunch with colleagues. This experience of acute isolation may impact suicidality among deaf and hard of hearing people, especially with the combination of already working in high-risk industries and workplaces. We would like to see this value of $6,000 raised to reflect the current cost model under the National Disability Insurance Scheme (NDIS).

- **Recommendation (f)**: Victorian Government to work alongside the whole of the government to support a comprehensive review of Job Access EAF Auslan Level 1 Funding which is currently only $6000 per annum, leaving deaf and hard of hearing people extremely isolated in the workplace.
- **Priority area**: Whole-of-government leadership, accountability, and collaboration
- **RCVMHS**: Recommendation 16 - Establishing mentally healthy workplaces

Currently there is no in-language Employment Assistance Program (EAP), with Auslan-users needing to arrange for interpreter to access mainstream EAP services or to use different funding models to discuss the workplace such as therapy through the NDIS. However, the NDIS is legally not responsible for funding workplace supports which should be managed through Job Access and EAP. We would like to see the development of an in-language Auslan EAP program.

- **Recommendation (g):** Victorian Government to support the development of an Auslan-language Employment Assistance Program to ensure deaf, deafblind and hard of hearing people can establish mentally health workplaces.
- **Priority area:** Whole-of-government leadership, accountability, and collaboration, intersectional and targeted approaches for groups disproportionately affected by suicide.
- **RCVMHS:** Recommendation 16 - Establishing mentally healthy workplaces.

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Definitions:

Deafblind: someone who experiences both vision loss and hearing loss, may identify culturally as Deaf, Blind or DeafBlind. More info: Deafblind Victoria

Deaf: The capital D denotes people who culturally identify as Deaf. The Deaf community has different tiers of membership and in some instances will involve hearing people such as Children of Deaf Adults (CODA). In Australia, Auslan is the primary language of the culturally Deaf.

deaf: lower case 'd' is often used to discuss those with some form of hearing loss, this involves a wide variety of presentations of hearing loss right across the lifespan.

Hard of Hearing: This term is predominantly used for deaf people who may choose to utilise assistive technologies and may have experienced oral intervention or have become deaf post oral language acquisition.

Deaf interpreters: qualified deaf professionals who are bilingual in both Auslan and English and are skilled in breaking down the interpretation done by the Auslan/English interpreters. This additional service ensures that diversity of communications needs within the deaf community is acknowledged and accounted for. Common populations that may use a Deaf interpreter include First Nations people, refugees, and migrants all of whom may be fluent in a sign language other than Auslan. Deaf interpreters work with the knowledge that people become deaf across the lifespan and/or learn Auslan at different stages of life to varying levels of fluency.

Auslan/English interpreters: From oral or written English to Auslan, or from Auslan to oral or written English. Involves complex metalinguistics and high levels of knowledge about deaf culture. Many of these interpreters are hearing people and work to facilitate communication between deaf people and hearing people.

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