



The South African Society for Mental Health and Deafness

Scientific Meeting

24 July 2015

Weskoppies Hospital

University of Pretoria

Dr Funeka B. Sokudela, SASMHD

24 July 2015 Programme

Time	Topic	Presenter
08h30 - 08h45	Welcome and introduction	Dr Funeka Sokudela (Prof Roos)
08h45 - 09h15	The psychiatrist, mental health and Deafness	Prof Paul De Wet
09h15 - 09h45	Sensitization and psychosocial perspectives on Deafness	Ms Bridgette Mogale
09h45 -10h15	Psychological perspectives on Deafness	Mr Brandon Swanepoel
10h15 -10h30	Closure and planning for the future	Drs Funeka Sokudela

- The South African Society for Mental Health and Deafness (SASMHD) was launched on 12 March 2003 during a 3-day workshop in Worcester at the Institute for the Deaf and Lewensruimte.
- Mental Health includes healthy emotional, psychological and social development and the prevention and treatment of mental illness and other disorders.

- The special needs to consider in Mental Health care of the Deaf and people working in the field include language / communication skills, cultural and many other diagnostic and treatment aspects.
- SASMHD is concerned with the Mental Health of all Deaf people, whatever the age of onset, degree of deafness or mode of communication.

- Mental Health is a condition of well-being in relation to self and others characterized by such qualities as positive self-esteem, accurate perception of others and the world, stability and appropriateness in mood, balance and purposiveness in behaviour, dependable sense of identity and values, adaptability to one's environment, ability to engage in productive work and fulfilling love, and commitment to a source of devotion beyond oneself.
- As such, mental health is an active process, not merely the absence of illness. (Aist 1990)

- As Sign Language is often a Deaf person's first and only language, health services should make provision for this
- Without fluency in Sign Language, most health practitioners are unable to recognise symptoms of mental or physical distress in a Deaf person and thus cannot effectively treat him/her
- This fundamental communication failure is a serious infringement of their human rights and leads to inappropriate hospitalisation without informed consent, inappropriate treatment and aftercare.

- “The Deaf person’s greatest dream is to be accepted as a person in their own right.
- To be a full contributing member of society, who is entitled to all rights and all opportunities offered to other people, and to have the right to an own language and culture.”

Historical Perspective

- 1988 Launch of ESMHD - Rotterdam
- 1998 1st Mental Health and Deafness World Congress – Gallaudet University
- 2000 South Africa granted bid to host 3rd World Congress - Copenhagen
- 2003 Launch of SASMHD
- 2004+ Africa Workshop
World Congress
Africa Contact Group

Association to safeguard mental, physical health of deaf people

STAFF WRITER

THE founding meeting of an association formed to safeguard the mental and physical health of deaf people took place in Worcester yesterday.

The South African Association for Mental Health and Deafness meeting, held at the Institute for the Deaf, is to be followed by two days of talks for psychologists, teachers and others working with the deaf.

"Because deaf people cannot hear, they are isolated from others and this places tremendous stress on their daily lives," said Attie Smit, director of Lewensruimte centre for the deaf, a division of the Worcester institute.

"Consequently the deaf are more vulnerable to anxiety, depression, suspicion and psychosomatic illnesses. The situation is intensified because very few psychiatrists, psychologists,

social workers and others in the helping professions are fluent in sign language.

"Misunderstandings regarding the use of medication frequently occur, with negative consequences for the deaf patient."

Meetings are being held until Friday at Lewensruimte for teachers, psychologists, psychiatrists, social workers, nurses, occupational therapists, physiotherapists and ministers of religion.

The topics include the psychiatric diagnoses and treatment of deaf people, the most frequent psychiatric indispositions, communication with deaf patients, the education and mental health of deaf people and the treatment of young deaf people. Psycho-motor training will be given by appointment.

Inquiries to 023 342 0757 during office hours or 083 633 0701 after hours.

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Cape Times 13/3/03



2004 Africa Workshop for Mental Health and Deafness

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AFRICA DECLARATION (WORCESTER SA 2004)

On 1st October 2004, 100 delegates from 10 African countries at the First Africa Workshop on Mental Health and Deafness (AWMHD) meeting in Worcester, South Africa, agreed to the following "Africa Declaration on Mental Health and Deafness".

This AWMHD urges all African Countries to note that there are still many prevalent conditions in Africa, such as unequal access to education, information and services, which contribute to the high rate of abuse of Deaf¹ children, women and senior citizens, as well as traumatic life events and social deprivation, which lead to detrimental psychological consequences and mental health disorders among deaf people, from infant to adult levels.

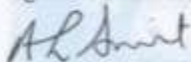
This AWMHD believes that the Human Right to "respect for private and family life" and "liberty and security" (particularly for people in mental distress) should include having access to health services, consultations and information in the Deaf person's language of his / her choice.

This AWMHD now calls upon the Governments of all African countries to legally recognise Sign Language (s) and take steps to ensure that health information is made accessible in the Deaf patient's own language, to enable all to fully participate in decisions related to their own health, including prevention, diagnosis and treatment of health and mental health problems. Also, in the long term, to ensure that all teachers of the Deaf learners should be required to have national sign language skills and Deaf education knowledge before starting to work at resource centres for the Deaf.

This AWMHD strongly emphasises that accessible communication in the patient's own language is absolutely essential to obtaining informed consent to all forms of treatment. Informed consent is vital in any situation when an individual may be harmed by losing his/her Right to Liberty, if consent was not obtained in a language accessible to the Deaf person, particularly in the case of voluntary or compulsory admission to psychiatric care.

This AWMHD calls upon each African Country to ensure that their Mental Health legislation includes mandatory requirements for appropriate and effective communication support to be provided, at no expense to the Deaf patient, at the time of admission or as soon as practicable thereafter within a maximum of seven days.

Signed on behalf of 100 Africa Workshop delegates.



Reverend A. L. Smit
Chair of the Africa Workshop Organising Committee

¹ In this declaration the term "Deaf" includes hard of hearing, deafblind as well as those who experience hearing loss later in life.

MH SIG Action Plan 2004



3rd Mental Health and Deafness World Congress

"Mental Health and Deafness in a Caring Society"



W E L C O M E



26 - 30 October 2005
Worcester
South Africa

Second Announcement

Registration
Documentation

Call for Papers
and Abstracts





Lewensruimte, Worcester

3rd MHD World Congress

- Endorsed by
the **Deaf Federation of South Africa**,
the **Deaf Federation - Western Cape**
the **SA Federation for Mental Health**
and the **World Federation of the Deaf**

3rd MHD World Congress

- The 3rd World Congress was sponsored by local groups and international groups including the Friends of Effatha Foundation in the Netherlands
- The conference was managed by the National Institute for the Deaf - Worcester



Third Mental Health and Deafness World Congress 2005

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WORCESTER DECLARATION

(South Africa 2005)

At the 3rd Mental Health and Deafness World Congress (MHDWC 2005) held from 27 to 30 October 2005 in Worcester South Africa, the congress made up of 335 delegates from 57 countries agreed to the following "Worcester Declaration on Mental Health and Deafness".

The MHDWC 2005 urges all countries to note that there are still many prevalent conditions in the world, such as unequal access to education, information and services, which contribute to the high rate of abuse of Deaf¹ children, women and senior citizens, as well as traumatic life events and social deprivation, which lead to detrimental psychological consequences and mental health disorders among Deaf people, from infant to adult levels. Special and urgent attention to the plight of Deaf children in general, those with multiple disabilities and those who are traumatised are not negotiable.

The MHDWC 2005 believes that the human right to "respect for private and family life" and "liberty and security" (particularly for people in mental distress) should include having access to health services, consultations and information in the Deaf person's language of his / her choice.

The MHDWC 2005 now calls upon the governments of all countries to legally recognise Sign Language (s) and take steps to ensure that health information is made accessible in the Deaf patient's chosen language, to enable all to fully participate in decision making related to their own health, including prevention, diagnosis and treatment of health and mental health problems. Also, in the long term, to ensure that all teachers of Deaf learners should be required to have national sign language skills and Deaf education knowledge before starting to work at resource centres for the Deaf.

The MHDWC 2005 strongly emphasises that accessible communication in the patient's chosen language is absolutely essential to obtaining informed consent to all forms of treatment. Informed consent is vital in any situation when an individual may be harmed by losing his/her right to liberty, if consent was not obtained in a language accessible to the Deaf person, particularly in the case of voluntary or compulsory admission to psychiatric care.

The MHDWC 2005 calls upon all countries to ensure that its mental health legislation includes mandatory requirements for the provision of appropriate and effective communication support at no expense to the Deaf patient, whenever a Deaf person needs access to mental health services – including hospitalisation.

Signed on behalf of 335 delegates



Rev. A L Smit
Congress Chairperson



Dr. P H de Wet
Scientific Committee



Dr F B Sokudela
Scientific Committee

¹ In this declaration the term "Deaf" includes hard of hearing, deafblind as well as those who experience hearing loss later in life

Worcester Declaration

- Bringing attention to all countries about MHD
- Urging respect for human rights of Deaf people
- Calling for the recognition of Sign Language(s)
- Emphasising the need for accessibility of health services to all and the legislation thereof

C. Africa Contact Group Worcester October 2006

- Met at a pre-congress workshop held at the 3rd World Congress in Worcester
- Executive committee elected and made up of 10 members from N, S, E, W and Central Africa “The Committee of Ten”

Africa Contact Group Worcester October 2006

- Part of the aim of forming the ACG was to reinforce links and form a foundation for an African Society Of Mental Health and Deafness
- Ultimately (will) have representatives in all African countries (regions)
- Promotion of access to mental health services for the Deaf



تحت إشراف كتابة الدولة المكلفة بالأسرة والطفولة والأشخاص المعاقين



المنتدى المغربي للصم بفاس

ينظم

المنتدى الدولي الأول للصم بالمغرب

1^{ER} FORUM INTERNATIONAL DES SOURDS AU MAROC

تحت شعار:

"لِنَتَّحِدَ جَمِيعًا حَوَاجِزَ الصَّمَمِ"

"Défions tous les obstacles de la surdit "

"Breaking the barriers of deafness together"

أيام : 30 نونبر و 1-2-3 دجنبر 2006

بقصر المؤتمرات - فاس

بمساهمة:

MAROKKOFONDS - HOLLANDE

وبشراكة مع:

القدرالية الدولية للصم

MAROKKO•FONDS



Africa Contact Group Morocco December 2006

- Definition of executive committee
 - Chairperson – Arssi Abdelaziz (Morocco)
 - Vice-Chairperson – Makhosini Makhubu (SwazInd)
- Consolidation of relationships with existing organizations (Effatha Foundation)
- Emphasis on formation of MHD Societies and promotion of MHD
- Emphasis on links



AFRICA CONTACT GROUP FOR MENTAL HEALTH AND DEAFNESS

AFRICA DEAF DECLARATION 2011

The 3rd Africa Workshop of the Africa Contact Group for Mental Health and Deafness, held in Ezulwini, Swaziland, from 7 to 11 February, 2011, attended by 130 delegates (79 Deaf and 51 hearing), representing 32 African countries, agreed to the following declaration.

The 3rd Africa Workshop (herein after Workshop) wishes to inform all relevant role-players and stakeholders in the public and private sector that the delegates vigorously participated in discussions and resolutions regarding working together for a better future for Deaf people and their families in Africa. The Workshop invites all entities of society to join efforts to give effect to the theme “Working together for a better future for Deaf people and their families in Africa”.

The Workshop urges governments that have not done so yet, to put laws and regulations in place to ensure that Sign Language takes its rightful place alongside other official languages in countries – specifically in schools and other education and training settings – to give equal access to Deaf people in school and tertiary education. The Workshop urges governments to put into place criteria, rules and regulations to require that teachers of the Deaf are proficient in Sign Language within two years after entering Deaf education.

The Workshop expresses concern that Deaf children of hearing parents are not exposed to Sign Language in their early childhood, and urges relevant government departments; NGO’s and schools to put into place support programmes for parents to learn Sign Language soon after the birth of the Deaf child.

The Workshop requests that all relevant parties in society include Deaf people in decision-making processes.

The Workshop demands that the United Nations Convention on the Rights of Persons with Disabilities be adhered to, specifically where it refers to Deaf people. The Workshop calls on African countries to ratify the United Nations Convention on the Rights of Persons with Disabilities, and to ensure that legislation is aligned

Framework

- From Sensitization to Action
- A work in progress
- Not just about language

The Evolution of a Framework

- Individuals within a Society
- Society defined
- Potential obstacles to action
- Potential solutions to obstacles
- About what we have – and not what we don't¹

AFRICA

- **Deaf-World**
 - Societies for the Deaf e.g. DEAFSA
 - Moroccan Association of the Deaf
- **Mental Health**
 - African Association of Psychiatrists and Allied Professions and Regional and Country examples
- **Mental Health and Deafness**
 - No African Society of Mental Health and Deafness so far – bottom-up approach?
- **Country examples growing**
 - SASMHD e.g. National involvement?
Regional involvement?

OTHERS

- **Global societies for the Deaf**
 - European : The Dutch example
 - American , Australian and others
- **Global Mental Health Societies**
 - World Federation of Mental Health And Deafness
 - Regional/ Country societies e.g. ESMHD, SASMHD
 - World Federation for Mental Health
 - World Psychiatric Association and others
 - Regional mental health societies

Terms of Reference

Mental Health

Deafness

Deafness

- Deafness :
“Deaf people = members of a language minority whose native language happens to be a signed language”¹
- People with limited hearing
- Deaf-Blind
- Signed language
- Total Communication

Deafness ≠ Disability ?

A different perspective¹

- Deaf people do not see themselves as disabled
- Deaf people are visual people

A different perspective¹

- It is like saying there is something the matter with:

Left vs Right-handedness

Xhosa vs Swahili

Arabic vs French

A different perspective¹

“disabilities arise when society fails to accommodate its physical and social environment to the range of human variation that it contains...the shortcomings [are] in the environment [and not the so-called disabled person]”

Culture

Deaf Culture

- DEAF-WORLD¹
“ a class or group of people with common characteristics or pursuits and a particular way of life”
- Diverse but united group of people like in any other culture (born Deaf, Deaf later in life etc)
- Hearing people are not unwelcome but have to stay the course – SENSITIZATION?

Potential obstacles to individual and group work

Potential obstacles

- Those things that get in the way of progress
- The things that **DIVIDE**
- The things that **OPPRESS**
- The things that **EXCLUDE**

- Mentally ill Deaf people - a double minority

Poverty

Stigma

Stigma

As measured in the Social Impact Scale (SIS) 4 factors of perceived stigma⁶:

1. Social rejection
2. Financial security
3. Internalized shame
4. Social isolation

Potential solutions

Societal solutions

- The things that **UNITE** us in our diversity
- The things that **LIBERATE** us
- The things that make us **BELONG**

- DEAFSA
“nothing about us without us”
- Health For All

What we have and can give

“the important thing is what we have and not what we don’t”¹

*“ Nothing once begun should be abandoned
unless it is proved to be morally wrong”*

Mahatma Gandhi

SASMHD

1. Deaf persons and their families are faced with enormous communication barriers when they need to access mental health care and services. The risk is that they are misdiagnosed, which results in inappropriate treatment. Communication difficulties often lead to the incorrect use of medication. Lack of Deaf friendly information contributes to years of suffering of Deaf persons from conditions that can be treated effectively over a short period of time. Psychiatrists and psychologists specialising in mental health and deafness identified several Deaf-specific concerns mental health professionals should be aware of when diagnosing and prescribing treatment.
2. The SASMHD
 - 2.1. provides a network and database for mental health professionals and workers who render services to Deaf persons and their families who experience mental health difficulties. This national and international network offers the opportunity to exchange and broaden knowledge and expertise beneficial for both service providers and users (Deaf persons and their families) of services
 - 2.2. promotes positive health and wellbeing for Deaf persons and their families through deaf friendly information and support to mental health service providers
 - 2.3. advocates Sign Language proficiency amongst mental health professionals and workers
 - 2.4. supports the training of Deaf persons in mental health professions
 - 2.5. organise and coordinate special interest groups or forums e.g. hearing parents of Deaf children, Deaf parents of hearing children, Deaf children with hearing parents, hearing children with Deaf parents, Deaf professionals in mental health, teachers of Deaf learners, mental health and wellbeing forum, medication concerns
 - 2.6. identify areas for research and liaise with research and training centres
 - 2.7. strive to build a diverse and committed membership basis



Chairperson: Dr. F Sokudela
Vice-Chairperson: Prof. P de Wet
Secretary: Rev A Smit

For more information on the SASMHD, write to
The Secretary, SASMHD
E-mail: secretary@sasmhd.org

2015

THE SOUTH AFRICAN SOCIETY FOR MENTAL HEALTH AND DEAFNESS



*Promoting the mental
health and well being
of Deaf persons and
their families*

South African Society for Mental Health and Deafness

Application for Individual Membership

The main purpose of the SASMHD is to promote the mental health and wellbeing of Deaf persons and their families by advocating accessible, appropriate and affordable mental health services, the creation of a network of deaf-friendly mental health professionals and workers, the distribution of relevant information and knowledge, and by demanding respect for the rights of Deaf patients and their families in line with statements from the global mental health and deafness movement, the provisions of the UN Convention on the Rights of Persons with Disabilities, and the Mental Health Care Act 17 of 2002.

I would like to become a member of the SASMHD

Title:			
Name:	Surname:	Occupation:	
Tel:	Cell:	Fax:	
Address:			
E-mail:		Website:	
Special interests, Specialisation			
Questions, Requests, Remarks			

Send application to the secretary at secretary@sasmhd.org.

For additional information please visit our website www.sasmhd.org.za/main or e-mail info@sasmhd.org.

Membership fee for one year: R100.00

Internet payment to:

Bank: Absa Bank ♦ Account name: SASMHD ♦ Account nr: 407 492 4791 ♦ Code: 632005

SWIFT code: ABSAZAJJ

A receipt and certificate of membership will be issued on receipt of payment.

We are looking forward to welcoming you as member of SASMHD.

Kind regards

Dr Funeka Sokudela
Chairperson

Office bearers:
Chair: Dr. Funeka Sokudela (psychiatrist)
Vice-Chair: Prof. Paul de Waal (psychiatrist)
Secretary: Rev. Atille Smit (pastoral counsellor and life coach)
Treasurer: Mr. Ernest Kleinschmidt (linguist & accountant)



Handspesl



www.sasmhd.org

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