



# Third Mental Health and Deafness World Congress 2005

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## WORCESTER DECLARATION

(South Africa 2005)

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**At the 3<sup>rd</sup> 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 Deaf<sup>1</sup> 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

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<sup>1</sup> In this declaration the term “Deaf” includes hard of hearing, deafblind as well as those who experience hearing loss later in life