

WHAT IS NEEDED
AND AN
EFFECTIVE
MODEL TO
CONSIDER

ACCESS TO 988 FOR ASL USERS

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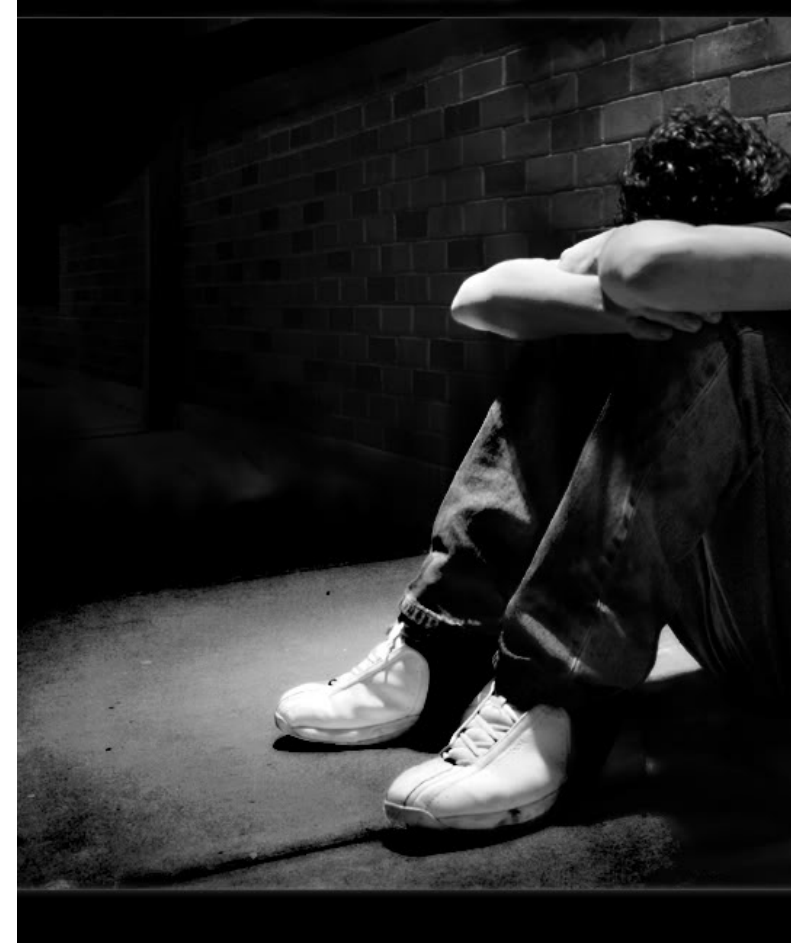


Steve Hamerdinger



CURRENT STATE

- If a deaf person wishes to reach 988 today, their options are:
 - Text, even though this increases possible misunderstanding,
 - Get a friend to call for them, or
 - Call through a relay services - which is essentially an interpreter.



“ILLUSION OF INCLUSION” (DR. NEIL GLICKMAN)

- VRS Interpreters provide a vital service, but there are problems.
 - You can't see (or hear) the actual caller.
 - Hearing person struggle with “What's Going On, Here?”
 - It's not a word for word transcription.



WHAT'S REALLY HAPPENING

- Dr. Robyn Dean's Realities of Interpreting
 - I must change the words you have chosen.
 - I will need to add and delete information during my translations.
 - I must form my own judgments about what each consumer means before choosing from among many possible translations.

The presentation you are listening to is not our presentation, but rather the interpreter's impression of our presentation.

Same when a client calls 988!

CONSIDERATIONS FOR INTERPRETERS DEALING WITH CRISIS CALLS

- Is the Interpreter trained to work with mental health calls?
- Can the deaf person trust that the interpreter will accurately interpret what was signed?
- Will the crisis counselor be able to separate the interpreter from the deaf caller?

RECOMMENDATIONS FROM NASMHPD

- A committee of state coordinators of Deaf Mental Health Care collaborated to develop recommendations.
- There are three main ones
 1. NASMHPD recommends that one National Call Center be established for people who are deaf and hard of hearing who are primary users of American Sign Language (ASL).

NASMHPD Recommendations for Effective Communication Planning and Response with Deaf Communities for 988

The recommendations and background that follow focus on a specific subset of people with hearing loss – those whose preferred language is American Sign Language (ASL).

The hope with 988 is that call centers will stabilize the vast majority of callers but also that the momentum pushes communities to scaffold comprehensive services in line with SAMHSA's [National Guidelines](#), regional or statewide crisis call centers that coordinate in real-time, centrally deployed 24/7 mobile crisis services, 23-hour crisis receiving and stabilization programs, and essential crisis care principles and practices like "no wrong door," a no-refusal drop-off policy for patients in need. Communities must develop each, points out Hamerding, with marginalized, underserved populations in mind, including deaf people. "At the moment, only a handful of states can address the deaf community," he says. "Most depend on ad hoc arrangements."

—February 22, 2022 #CrisisTalk article "988 and Deaf Services" (Hepburn, S.)

The societal bias towards hearing both increases the stress a deaf person in crisis experiences and makes it more difficult to find ways to communicate the distress they feel. The literature suggests that the effect of poor communication and cultural insensitivity will continue to increase emotional vulnerability, thus leading to feelings of hopelessness, which in turn, are associated with suicidal ideation. Research and experience suggest that direct services in ASL is most effective for people who are deaf and primary users of ASL to ensure trust and clear communication particularly when an individual who is deaf is in crisis.

NASMHPD recognizes the unique needs of people who are deaf and hard of hearing and has consulted with the Deaf Community to develop the following recommendations for accessing 988 for people who are Deaf/deaf and primary users of ASL.

- (1) NASMHPD recommends that one National Call Center be established for people who are deaf and hard of hearing who are primary users of American Sign Language (ASL). A critical component for services for deaf people is the experience of language and addressing issues related to language acquisition, language deprivation, and information deprivation.
 - NASMHPD recommends that this call center be modeled after the Disaster Behavioral Health Helpline for people who are Deaf and Hard of Hearing. The Disaster Distress Helpline, administered through Vibrant, is a single platform already in use for people who are deaf and hard of hearing. This Helpline uses ASL fluent counselors. See: <https://www.samhsa.gov/find-help/disaster-distress-helpline>

AN EFFECTIVE MODEL ALREADY EXISTS

- Disaster Distress Helpline Videophone (DDH VP).
 - A two-way face to face platform
 - Launched in May 2021.
 - Main focus on providing emotional support to callers who experience trauma related to disasters.
 - Consists of trained crisis counselors fluent in American Sign Language.



BEST PRACTICES LEARNED - DDH VP

- Traditional best practices for hearing hotlines differ from videophone.
 - Language.
 - Visual engagement.
 - Approach toward hearing callers.
 - Workspace set up.
- Visual vs voice contrast.
 - Safety assessment and caller responses.
 - Professional yet casual approach.
 - Body behavior/facial expressions.

PLATFORM POINT OF VIEW & HOW TO REACH THE DDH VP



FURTHER RECOMMENDATIONS FROM NASMHPD

- A committee of state coordinators of Deaf Mental Health Care collaborated to develop recommendations.
- The last two are:
 2. The Centralized 988 Call Center should have a mechanism to provide follow-up calls for deaf and hard of hearing callers.
 3. Each state should have a state coordinator of deaf mental health care to provide updated local resources to the national 988 call center for people who are Deaf/deaf and hard of hearing.



THANK YOU!