

Deaf people and suicide

This is a summary of a literature review of research into suicide in the deaf called “Suicide in the deaf: a literature review”. The review was done by The Centre for Suicide Prevention at the University of Manchester in partnership with SignHealth.

All research mentioned in this summary is fully referenced in the literature review.

What is a literature review?

A literature review is a search for research papers on a particular topic. In this case the topic was ‘suicide in the deaf’. Initially the researchers found 95 papers on deafness and suicide. However, when they looked at them more closely, many of the papers were not relevant. In fact they found only four papers about deafness and suicide: Boyechko 1992, Critchfield et al 1986, Dudzinski 1998 and Black & Glickman 2006. The research for all four papers took place in the USA. No UK research could be found.

It should be noted that the Centre for Suicide Prevention identified weaknesses in the research methods for all four papers. Because there were only four papers, the researchers then looked at other related topics: sensory impairment, tinnitus, deafness and depression, to see if they could find more information.



What was the aim of the review?

To provide a summary of the literature on suicidal behaviour in deaf individuals.

We wanted to establish:

- How often deaf people committed suicide
- Whether there were any particular risk factors (i.e. what might make deaf people more likely to commit suicide)
- To see if there were any effective approaches to preventing suicide among deaf people
- To see if the type of deafness made a difference (e.g. if the person was born deaf or became deaf – were there different risk factors?)

Why was a review of research into deaf people and suicide needed?

Suicidal behaviour is an important issue. In 2004, there were 5,863 deaths as a result of suicide in the UK.

There is evidence that mental illness may be more common amongst the deaf population than amongst the hearing population. Deaf people also face additional difficulties in accessing health services. For example, the Royal National Institute for the Deaf (RNID) did a survey, *A Simple Cure* showing that, after visiting their GP, more than 35% of deaf people were unclear about what was wrong with them

because of communication problems. And 19% of deaf people had missed more than five NHS appointments because of communication problems. If deaf people cannot communicate with their doctor, how can they receive support when they have a mental health problem such as depression?

Another reason SignHealth applied for funding from the Big Lottery Fund for the literature review was because from their work with D/deaf people with mental health problems they were extremely concerned, as were the Deaf community and professionals working in the field, that suicide rates could be disproportionately high. This feeling was based on hearsay and anecdotes. They wanted to find out if they were right to be worried about the suicide rate, and whether there was any reliable research into deaf people and suicide, before seeking funding for primary research.

The Department for Health's National Suicide Prevention Strategy for England (2002) does not specifically mention deaf people although it does seek to "promote the mental health of socially excluded and deprived groups". This is why it was important for the National Centre for Suicide Prevention to do the literature review so that any findings could be used as part of the national strategy for suicide prevention.

How many deaf people commit suicide?

We still don't know for sure.

Do deaf and hearing people have the same suicide rate?

According to the RNID, the estimated number of people in the UK who are deaf or hearing impaired is 9 million (this figure is composed primarily of those who are elderly and have become hard of hearing).

If the suicide rate amongst deaf people is no greater than that in the hearing population (i.e. around 10 per 100,000 per year) then we might expect approximately 900 suicides per year by those who are deaf or hearing impaired. Based on the rates of self-harm in the general population (i.e. around 300–500 per 100,000 per year) we might expect between 27,000 and 45,000 self-harm presentations to hospital each year by those who are deaf or hearing impaired.

There are about 50,000 to 75,000 Deaf people who use British Sign Language (BSL) as their primary means of communication. If the rate of suicidal behaviour by people who are BSL users was no greater than that in the hearing population, we would expect approximately 5–7 suicides per year by those who are BSL users, and between 150 and 400 people harming themselves.

What figures did the literature review discover?

Some of the small studies did indicate higher suicide rates for deaf people but because the studies are so small, it is difficult to know what the real picture is. Using figures from one of the research papers there could be an average of 12 suicides of hearing impaired people (including BSL users) every year.

There was no evidence of research that distinguished between sub-groups, such as those who are hard of hearing, deafened, born deaf, sign or do not sign.

Research suggests that levels of depression are higher among deaf people, and that they are at a greater perceived risk of self-harm than those who are hearing. Similarly, for those suffering from tinnitus, results appear to suggest that rates of suicide are higher than in the hearing population. One study found that deaf in-patients were rated by staff as at a higher risk of self-harm than hearing in-patients.

This may mean that rates of suicidal behaviour amongst deaf and hearing impaired people are higher than for hearing people.



Do deaf people and hearing people commit suicide for similar reasons?

The small number of studies that have been carried out on suicide with deaf and hearing impaired people have shown that risk factors for poor mental health are similar in deaf and hearing populations. These include, for example, family and relationship problems and feelings of hopelessness.

Common Risk Factors related to suicide

Risk factors for suicide in the deaf population (from the literature review)	Risk factors for suicide in the general population (Kapur and Gask 2006)
<ul style="list-style-type: none"> ■ Hopelessness and less social support ■ History of mental illness ■ Family, peer and relationship problems ■ Depression ■ Anger and self-esteem issues ■ Academic problems ■ Loss of someone 	<ul style="list-style-type: none"> ■ Being male ■ Depression ■ Alcohol or drug related problems ■ Separated, widowed or divorced ■ Social isolation ■ Recent discharge from psychiatric care ■ Serious physical illness ■ Losing a job, or likely to lose it ■ Current involvement with police ■ Prison ■ Certain occupations (e.g. farmer, doctor, dentist, lawyer)

Some researchers have identified risk factors that are more specific to people who are deaf. For example, deaf children born to hearing parents are more likely to experience depression than deaf children with deaf parents. This may be a particularly significant risk factor as 90% of deaf children are born to hearing parents. According to research deaf children can feel excluded by the hearing world which affects their ability to acquire fundamental social skills for later life and may lead to poor self-esteem. Poor self-esteem has been identified as a factor contributing to suicide.

Conclusion

The literature review clearly shows that previous research has largely overlooked the issue of suicide in the deaf and hearing impaired population.

Therefore, new research with large, representative samples using a variety of deaf-friendly study designs is needed to increase understanding of suicidal behaviour in deaf people.

Currently, reporting and understanding of the incidence, prevalence, risk factors, and effective prevention strategies for suicidal behaviour in those who are deaf remains extremely limited.¹

¹ A *Sign of the Times* (DH 2003) recognises the need for new research, stating that: "Service planning is hampered by a lack of knowledge concerning the demographics of the deaf community... and the lack of a solid evidence base for specialised clinical interventions."



Research won't happen quickly. What about preventing suicide now?

Making Positive Connections (Deaf Connections 2006) makes recommendations for improving services to prevent suicide. For a copy of this report:

Tel: 0141 420 1759

Fax: 0141 429 6860

Email: enquiries@deafconnections.co.uk

Web: www.deafconnections.co.uk

Counsellors with a knowledge of Deafness, fluent in BSL, can be found via:

SignHealth's Counselling Service – counselling@signhealth.org.uk or go to www.signhealth.org.uk.

The NHS's three specialist services for deaf adults with mental health problems can provide support in some situations.

London

Tel: 020 8675 2100

Text: 020 8675 2200

Fax: 020 8675 2266

Email: oldchurch@swlstg-tr.nhs.uk

Web: www.swlstg-tr.nhs.uk/nds

Birmingham

Tel: 0121 678 2005

Text: 0121 678 2477

Fax: 0121 678 2179

Email: maureen.james@bmsht.nhs.uk

Web: www.bsmht.nhs.uk/patient&carer/patient&carer2/DeafServices.htm

Manchester (Prestwich)

Tel: 0161 772 3400

Text: 0161 772 3407

Fax: 0161 798 5853

Email: jdu@bstmht.nhs.uk

Web: www.bstmht.nhs.uk

People need to be aware of the possible association between suicide and deafness, particularly those in regular contact with deaf and hearing impaired individuals. For example, if practising audiologists and otologists knew of the possible increased risk of suicide among tinnitus sufferers, they could refer their clients for a mental health assessment.

Schools and colleges could consider developing guidelines. One study of deaf schools in the USA showed that although the majority of participating schools considered suicidal behaviour to be a problem among students, almost one-third had no established guidelines for responding to suicidal behaviour. The most common response to a student threatening suicide was administrative, e.g. contacting a supervisor or writing a report. In some schools the policies were exclusively administrative in nature. The least common was psychosocial, i.e. some form of care or talking therapy for the student.

What next?

The literature review, along with the evidence of problems accessing health services, and the increased risk of mental health problems in deaf people, shows there is an overwhelming need for new comprehensive research into suicide in the deaf. This would improve understanding of the incidence, prevalence and risk factors for deaf people and identify effective prevention strategies for suicidal behaviour.

SignHealth will keep you updated on progress. In the meantime, if you would like a full copy of *Suicide in the deaf: a literature review - 2007* then go to the SignHealth website www.signhealth.org.uk to download a copy. Alternatively, e-mail info@signhealth.org.uk, phone SignHealth on 01494 687600, or minicom 01494 687626.

