Western Oregon
UNIVERSITY

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My name is Dr. Denise Thew Hackett. I am currently an Assistant Professor at Western Oregon University with the Rehabilitation and Mental Health Program (RMHC). We have a Deaf track program where students in this track have career goals as a vocational rehabilitation or mental health counselors with the Deaf and Hard of Hearing population. Also, I am the Principal Investigator for the Deaf and Hard of Hearing Community Needs Assessment report that was submitted on December 30, 2016. Thank you for passing the SB 449a during the 2014 Legislature.

I am Deaf and American Sign Language (ASL) user.

My academic and professional training includes the following: Masters of Art in Counseling, Masters of Science in Clinical Investigation with Public Health Emphasis, and a Doctoral in Counseling Psychology. Additionally, I received the Ruth L. Kirschstein National Research Service Award (NRSA), which was a 3-year Postdoctoral Research Training from the National Institute of Health (NIH; T32 HL007937 (NHLBI)). Overall, I have over 15 years of academic and clinical experiences in mental health and public health, specifically with the Deaf, Deaf-Blind, and Hard of Hearing Communities. Prior to my relocation to Oregon in 2015, I provided direct clinical services with the Deaf Wellness Center in Rochester, NY for over 8 years.

Sadly, the Deaf, Deaf-Blind, and Hard of Hearing communities often get overlooked during tight budget times. Many people do not realize that having hearing loss is a hidden disability and often an isolating disability for many because of communication barriers involving with the dominant culture that predominantly relies on using the auditory mode.

In mental health, more than any other area, communication is of utmost importance. Without mental health providers who understand the nuances of hearing loss and communication preferences or mode, this at risk population is denied any therapeutic benefits from the services. Simply bringing in an ASL interpreter is not a solution, unless the interpreter has a certificate in mental health interpreting.

In my previous employment as a mental health clinician, at least 75% of these underserved populations who were transferred to my caseload after seeing another provider were often misdiagnosed. Even crueler, many of these were taking potent and unnecessary medications when they should not be taking them. Misdiagnosis happens when miscommunication and misunderstanding happen during therapy, even if qualified interpreters are involved in the session but that interpreter lacks

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mental health interpreting training (see Alabama's Mental Health Interpreter Training Project, www.mhit.org).

The Community Needs Assessment (CNA) report included some mental health data. Due to time crunch of the CNA project (8 months), many questions that required advanced approval from the Institutional Review Board (IRB) were not included. These questions pertain suicide and suicide ideation. Several published studies have indicated the rate of suicide attempts to be higher in this underserved population compared to the Hearing population. In one study, the rate of suicide attempts was 2.2% for Deaf while the rate for Hearing was 0.4% (e.g. Barnett, S., Klein, J. D., Pollard Jr, R. Q., Samar, V., Schlehofer, D., Starr, M., ... & Pearson, T. A., 2011). As an expertise in the mental health field, I will say that the rate of suicide attempts among this underserved population in Oregon will be significantly higher compared to the aforementioned study due to lack of equivalent access to mental health services.

The following are selected evidence from the CNA report on mental health:

1) Over half of respondents (55.1%; N=468) say they have felt emotionally upset over their treatment due to their hearing loss or deafness in the past year. Another 14.5% (N=123) are unsure if they have felt upset for this reason.

2) Over half (55.8%; N=467) think about their hearing loss or deafness at least daily. Only 17.3% (N=145) say they never think about it. Nearly as many (16.7%; N=140) say they constantly think about their hearing loss.

3) Over half (56.3%; N=419) of respondents have experienced taunts about their hearing loss or how they communicate during their lives. Nearly half (47.2%; N=348) have been belittled or taunted over their looks or speech. Another 46.8% (N=347) have been the subject of rumors or lies. Nearly half of 503 respondents (47.9%; N=241) have experienced situations involving harassment or taunts at school. Forty-three percent (N=216) also experienced such events in their own neighborhood.

4) A hard of hearing senior citizen with a unilateral hearing loss [hearing loss in one ear] who lives in urban setting stated, "*The mental health system [is where most barriers exist] primarily because most mental health professionals are not used to working with individuals with hearing loss, and the impact of hearing loss or whatever the mental health issue is. One obvious one is that hearing loss itself is causing isolation and depression because of the lack of human contact, or the person is being isolated for another reason and hearing loss is making it worse because they don't know how to reach out.*"

5) A deaf-blind male who relies on spoken language expressed grave concern related to research that indicated individuals with a combination of hearing and vision loss are considered at a higher risk for depression, "*I can definitely understand that now...The loss of independence.*"

6) A hard of hearing senior citizen with a unilateral hearing loss [hearing loss in one ear] who lives in urban setting stated, "*The mental health system [is where most barriers exist] primarily because most mental health professionals are not used to working with individuals with hearing loss, and the impact of hearing loss or whatever the mental health issue is. One obvious one is that hearing loss itself is causing isolation and depression because of the lack of human contact, or the person is being isolated for another reason and hearing loss is making it worse because they don't know how to reach out.*"

7) A Deaf woman who lives in an urban setting and uses ASL expressed anger with the shortage of Deaf counselors or mental health workers who use ASL. "*A serious barrier for me is not being able to get the mental health services I need because of insurance limitations. I don't want to see a hearing counselor.*"

8) A Deaf professional with mental health training discussed the current significant shortage of mental health providers who specialize in working with the Deaf and hard of hearing population, "*Compared with other providers of living and training, services here are nonexistent. We have three licensed mental health providers here in Oregon, and one doesn't really do clinical work anymore. One provides services [to Deaf and hard of hearing individuals] who receive Medicaid, but the other two cannot because of not being set up for Medicaid with Oregon Health Plan. With the current establishment here, private employers can't work with that system unless they want to provide services for free.*"

Let's work together and make Oregon the best place for every citizen to live, including this underserved population who are most in need of these services aren't left out in the cold. Please do not overlook this significant issue.

Please do not hesitate to contact me at thewd@wou.edu for additional questions.

Thank you,

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Knowing is not enough; we must apply. Willing is not enough; we must do ~ Goethe