

"THE CASE OF THE BEAU-VALLON": MENTAL ILLNESSES OF DEAF PEOPLE TO THE PSYCHIATRIC HOSPITAL

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SUMMARY

Objective: This article aims to examine data on Psychiatric diagnoses among deaf people in comparison with hearing people in the psychiatric hospital in Beau-Vallon.

Method: This work proposes to study the diagnostic data from the Summary Psychiatric Minimum (Résumé psychiatrique minimum: RPM) from the years 2000 until 2009 from the psychiatric hospital Beau Vallon and for which a hearing problem has been highlighted on Axis III. The sample data of the deaf population will be compared with the sample of the total population represented by all patients for the year 2008. Both samples were found to be equivalent after a Mann-Whitney test to study the relationship between two independent samples with quantitative data.

Results: The results show an overrepresentation of the diagnosis of psychotic disorders (40.7% against 29.3%), an equivalence of depressive disorders (18.5% against 18 %) but bipolar disorders were absent in the deaf while they were found in 5.7% of patients with normal hearing, an overrepresentation in the deaf population of anxiety disorders (11.1% against 3.4%), intellectual disabilities (37% against 13.4% in the hearing population) and an under-representation of personality disorders (25.9% against 61.2% in the hearing population)

Conclusion: In this example, several concepts can be put forward to demonstrate bias and prejudice in the specific diagnostic support for deaf people with psychiatric teams who are not specialized in the treatment of deafness

Key words: deafness – psychopathology – diagnosis – epidemiology - deaf population

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INTRODUCTION

Deaf and hard-of-hearing people represent a difficult population in the field of psychiatric healthcare due to the prejudices, which affect professionals of mental health about the deafness. For instance, psychiatry mainly awarded a natural predisposition to the paranoia, defining the most essential psychopathology associated with deafness (Virole 2006). Also, a profile of "primitive personality" of deaf people made by anxiety, impulsiveness and immaturity marked for a long time the descriptions of the mental disorders of deaf people (Ajuriaguerra 1972). The descriptions of deaf people's mental disorders omitted to take into account the sign language as a language leading to a "dumb observation" of mental disorders (Virole 2006).

Studies concerning the epidemiology of mental illnesses among deaf populations are rare. The deaf populations examined in these studies are variable and led by very different teams, in particular concerning their expertise in the field of deafness and knowledge of sign language. Studies could be separated in two different categories. On one hand, the studies led by unspecialized teams: we shall retain those of Rainer (1963), Grinker (1969) and Trybus (1983).

On the other hand, the studies led by teams specialized in the specific support of deaf populations. Those are the studies of Robinson (1978), Denmark (1985), Daigle (1994), Pollard (1994), Virole (1999), Haskins (2004), and Black (2006).

The most used categories in the axis I (according to the DSM IV classification) among deaf patients vary strongly in history. The first studies insisted on the importance of the psychosis. The deaf psychotic patients received mostly a diagnosis other than schizophrenia, the categories such as "not specified psychosis" being most frequently used (McEntee 1993).

These clinical observations show the confusion of clinicians in front of the polymorphic presentation of suffering deaf people. In contrast, mood disorders and substance abuse were considered as almost non-existent. The prejudices and the misunderstanding (even the contempt) of clinicians for the deaf culture may have contributed to this facts.

The recent studies, led by specialized teams in the deaf culture, show a very different reality. The most striking result is the low frequency of psychotic disorders (28%). This observation is coherent with the hypotheses of Daigle (1994), which suggests that the deaf psychiatric patients are less diagnosed as having a psychotic disorder in specialized psychiatry programs for deaf people. Furthermore, an important part of the deaf population was diagnosed as having mood disorders and anxiety disorders. The most surprising results concern those of the epidemiology of PTSD among deaf populations. Indeed, recent studies show that half of the population of deaf patients (51.5%) declared that they had a history of trauma and approximately a third of the population of deaf patients (29.7%) had received a diagnosis of PTSD. Besides the

report of the frequency of traumas among deaf patients, the main question that arises is of the role of linguistic skills as a risk factor for PTSD. Indeed hearing patients present proportionally less PTSD. Concerning the diagnosis of mental disorders associated with substance abuse, data demonstrate that the problem is more developed for the deaf inpatients. A reason could be that numerous deaf outpatients are involved in programs of residential treatment where they are overseen and where they have less access to drugs and alcohol. Concerning mental disorders of axis II (according to DSM IV classification), the rate of mental retardation observed in the majority of the studies must be nuanced. On one hand, where studies are led in non-specialized teams, the diagnosis of mental retardation is mostly inappropriate due to the misunderstanding of sign language. On the other hand, studies led in specialized units are also biased. Indeed, patients followed in specialized centers have behavioral disorder. While for hearing persons with a mental retardation there exists a panel of solutions of placement, in the case of deaf patients, specialized services appear as the only solution. The high rate of personality disorders can be related to the specificity of the family model of deaf persons living in a hearing family like ninety percent of the deaf. The impact of the deafness on the family links can cause a dominating role of the mother and the exclusion of the father. However the attachment to the mother is intermittent due to the difficulties of communication which leads to attachment difficulties (Black 2006). The influence of the circle of acquaintances of deaf people on their mental health is regularly pointed out. Remember that among 17.2% of deaf patients a recent loss of a neighbour is demonstrated as a factor that precipitates hospitalization in Black's study. This result shows the deaf person's dependence on their circle of acquaintances, explaining maybe the large number of dependent personalities observed in several studies.

OBJECTIVES

This example intends to study the epidemiology of mental disorders among deaf inpatients in a psychiatric hospital. The data is derived from the Minimum Psychiatric Summary (RPM: *Résumé psychiatrique minimum*) of the year 2000s until 2009 of the hospital psychiatrique du Beau-Vallon situated in Saint-Servais on the heights of Namur in Belgium.

The Minimum Psychiatric Summary is the compulsory recording imposed by the Belgian Ministry of Health. It gathers a certain number of data concerning patients that are hospitalized in psychiatric departments. The aim is to collect the sociodemographic data of the patient, the diagnosis and the problems in the admission, the data of treatments, the diagnosis and the residual problems at the exit. The diagnostics are coded according to the multiaxial classification of the DSM-IV. As a reminder, the multiaxial classification of the DSM-IV includes five axes:

- Axis I: Clinical Disorders (all mental disorders except Personality Disorders and Mental Retardation);
- Axis II: Personality Disorders and Mental Retardation;
- Axis III: General Medical Conditions (must be connected to a Mental Disorder);
- Axis IV: Psychosocial and Environmental Problems (for example limited social support network);
- Axis V: Global Assessment of Functioning (Psychological, social and job-related functions are evaluated on a continuum from mental health to extreme mental disorder).

The diagnostics put on the Axis I and on the Axis II were held for patients where deafness was present on the Axis III. Deafness corresponds to diverse codes according to CIM-9 classification (international classification of diseases):

- 389 Hearing loss;
- 389.0 Conductive hearing loss;
- 389.1 Sensorineural hearing loss;
- 389.2 Mixed conductive and sensorineural hearing loss;
- 389.7 Deaf nonspeaking, not elsewhere classifiable;
- 389.8 Other specified forms of hearing loss;
- 389.9 Unspecified hearing loss.

No physicians of the hospital had knowledge of sign language or a specific training on special aspects of deafness.

METHOD

This work aims to study the diagnostic data stemming from the Minimum Psychiatric Summary (RPM) of the year from 2000 until 2009 for the psychiatric hospital of the Beau-Vallon where deafness was present on the Axe III. The data of the sample of the deaf population will be compared with the sample of the global population represented by all the patients for the year 2008. Both samples were considered equivalent after a test of Mann-Whitney allowing to test the relation between two independent samples presenting quantitative data.

RESULTS

The sample of deaf inpatients during the period between from 2000 until 2009 was twenty-six patients (some of them have been hospitalized several times) (see figure 1).

DISCUSSION

This results show bias and prejudices in the diagnostic of deaf psychiatric populations by unspecialized teams in the care of the deafness. The following points can be underlined:

- An over-representation of the category "Schizophrenia and the other psychiatric disorders" (40.7% against 29.3%). This difference can be explained by the important part of psychotic disorders among the deaf populations (14.8% against 7.4%) while in each population schizophrenia was represented in a nearly equivalent way (25.9% against 21.9%).
- An equivalence of depressive disorders (18.5% against 18%). Furthermore, bipolar disorders are

absent in the deaf population while 5.7% of the hearing patients present the disorder.

- An over-representation of anxious disorders in the deaf population (11.1% against 3.4%).
- An over-representation of mental retardation in the deaf populations (37% against 13.4% in the hearing population).
- A sub-representation of personality disorders (25.9% against 61.2% in the hearing population).

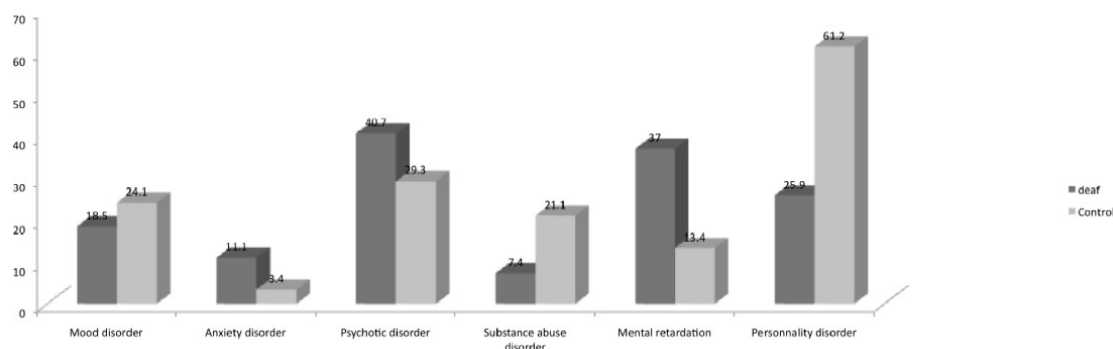


Figure 1. Diagnoses of patients in two groups; deaf and not deaf

These examples show certain limitations. Firstly, the studied population results from a hospital where the majority of the services host women (95 % of the studied population). Secondly, the studied deaf population was based on the study of the RPM which presents limitations concerning highlighting of somatic diagnostics (Axis III). Indeed documents are filled in at the end or after the hospitalization of the patient and frequently physicians omit to specify all somatic diagnoses. However deafness is a diagnosis that is not difficult to determine for a patient. Data analysis frequently demonstrated that the diagnosis of deafness appeared only on the diagnosis at the moment of exit or entry, which demonstrates the lack of rigor with which these documents are filled in. That is the reason why we assume that the deaf patients population must certainly be more numerous than the twenty-six patients found over the studied period.

CONCLUSION

This study shows to what extent deaf or hard-of-hearing people can be hospitalized in spite of the absence of severe mental illness. While the hearing population can usually be treated for numerous problems of mental health, deaf people have limited resources due to the limited knowledge of mental health professionals in the field of deafness and its cultural and linguistic specific aspects which has a considerable impact on their capacity to estimate and to intervene in a precise manner. The majority of the deaf patients who need psychiatric support are taken care off by the traditional care network. However, several studies continue to reveal the problems of wrong diagnosis, the

denial of appropriate services and the lack of sustainable resources meeting the difficulties when dealing with deaf patients in traditional psychiatric units. Regrettably, the lack of specialized units where mental health problems of deaf people are properly dealt with, is cruelly lacking in the entire world.

These a long way to go to establish an equivalent support for the deaf populations in comparison with those received by their hearing peers.

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