

ORIGINAL RESEARCH

The Unmet Needs of Deaf Prisoners: A Survey of Prisons in England and Wales

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ABSTRACT

There are limited data on the prevalence of deafness amongst prisoners and even less on their mental health problems. A survey of prisons and young offender institutions in England and Wales was carried out to ascertain the number of deaf and hard of hearing prisoners and to estimate what proportion may need a mental health assessment. The survey identified 135 deaf or hard of hearing prisoners with a minority using sign language (9.6%) and the majority being hearing aid users (88.1%). A small number of prisoners was identified as needing a mental health assessment though it is very likely that the numbers identified are an under estimate. Prison staff have difficulty in meeting the needs of deaf prisoners. All newly remanded prisoners should be asked about deafness on reception and further training is required for prison officers to ensure adequate awareness of, and communication with deaf inmates.

KEYWORDS

deaf prisoners, forensic mental health, prison psychiatry, identification, recommendations

Implications for practice

- Need to be able to identify and appropriately interview deaf prisoners.
- Need to be aware of difficulties in assessment process for non-specialist staff.
- Appropriate referrals to the specialist deaf forensic units.

Background

There is currently very little literature on the epidemiology of deaf offenders though deaf people are over represented within prison populations^{1,2}. In the United States, it is estimated that between 35-40% of prison inmates suffer from some kind of hearing loss and between 13-20% of prisoners suffer from significant hearing loss³. A prison census carried out in the United Kingdom found that most prisons which took part in the

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study had deaf or hard of hearing inmates⁴ and a more recent project has attempted to interview profoundly deaf prisoners in England⁵. The authors estimated that between sixty three and one hundred sign language users are in prison at any one time⁶, but accurate figures are not recorded by the prison service.

The mental health of deaf prisoners is difficult to assess because of communication barriers, lack of sign language interpreters, lack of deaf awareness and reliance on diagnostic classification systems which are culturally biased towards the western hearing population. The inadequacies of reception screening programmes have been highlighted by some deaf prisoners⁷. While it is recognized that mental health problems are common among deaf prisoners⁸, little is known about the prevalence or the nature of such problems within UK prisons.

Deaf prisoners are likely to be kept in higher levels of security than is necessary due to failure of the prison based programmes to meet their criminogenic needs. The lack of awareness about deaf cultural issues seems to be endemic within prison services, which often fail to distinguish between hearing impairment as an audiological problem and deafness as a cultural identity¹⁰. Deaf prisoners are at a greater risk of social isolation and when under stress, they are less likely to utilise distraction strategies such as watching television or phoning friends and relatives⁷. Communication with prison staff remain a major problem¹⁰ and it is not uncommon for staff to rely on note passing, which presents considerable difficulty if the deaf inmate is unable to understand written English⁷. A survey conducted in 1996 revealed that none of the UK prisons had communication devices such minicomms or teletext televisions¹¹.

The aims of this survey were to estimate the proportion of deaf and hard of hearing people

within prison institutions in England and Wales, the proportion of those who need a mental health assessment and to identify areas for further service development and research.

Method

The survey was approved by the Department of Health. An ethics committee opinion was sought but as the survey was a service evaluation only with no patient identifiable data collected, ethics committee approval was not required.

A self completion questionnaire was sent to all 139 prisons and young offender institutions for males and females in England and Wales. All establishments were telephoned prior to the questionnaires being sent out and if possible, a contact person was designated such as a Health Care Worker or a Disability Liaison Officer. The questionnaire was sent to the Governors of all the establishments as well as the contact person (if identified). The questionnaire pack was supplemented with a letter from the Department of Health supporting the survey.

The questionnaire contained five items designed specifically for the purpose of this study. The participants were asked whether in the last two weeks, they had prisoners within their establishment:

- With language difficulties (including speech problems or the use of mime or gestures) within their institutions.
- Who use a hearing aid.
- Who communicate using sign language.

If they had any deaf prisoners, they were asked to describe:

- Any difficulties they had in meeting the needs of deaf prisoners

- Whether any deaf prisoner within their establishment needed a mental health assessment.

Results

One hundred and fifteen completed questionnaires were returned, a response rate of 83%. Only twenty three prisons (including seven with places for young offenders) failed to return their questionnaires. Those who responded included prisons for both men and women and were widely distributed around the country. There was no particular pattern seen to the non-responders.

A total of 135 deaf prisoners were identified, of whom 119 (88%) wore hearing aids, 13 (9.6%) used sign language and 3 (2%) were described as having "language difficulties" related to deafness, though no further information was available on this small group. Of this group, 127 (94%) were adult males, 4 (3%) were adult females and 4 (3%) were young offenders.

In the week beginning 16th December 2005, there were 76,463 prison inmates in England and Wales¹², giving a ratio of 1:566 deaf to hearing prisoners. In contrast, the ratio of deaf to hearing people in the general population is 1:1500, although, this ratio increases to 1:7 if considering people with any degree of hearing loss. Our finding is consistent with other studies, that deaf people are over represented in prisons.

Out of 135 deaf/hard of hearing people identified, only 7 (5%) were deemed to be in need of a mental health assessment, although in one case, a prisoner was described as being severely depressed, but not to be in need of a specialist assessment.

Over half of the respondents (53.5%) stated that prison staff had encountered no major problems and did not anticipate having one should they have deaf prisoners. However,

some of the described a range of problems they encountered. Common themes included lack of staff able to use sign language, poor access to sign language interpreter services, lack of resources for proper assessment of deaf prisoners and lack of access to specialised services for deaf prisoners. Other difficulties included a delay in getting an interpreter, limited hearing aid batteries, a lack of funding for specialist deaf services, and health and safety concerns, for example, deaf prisoners being unable to hear the fire alarm or understand warnings about different things.

Two of the respondents stated that they have adequate facilities for deaf prisoners (although these facilities were unspecified), two are purchasing induction loops for hearing aid users, and one prison is working with the British Deaf Association in Wales to improve services. A total of five of the respondents said that they have one or more staff member who can sign, although the degree of competency of signing was not stated.

Discussion

The types of difficulties mentioned by the penal establishments reflect with clinical findings when undertaking assessments of deaf prisoners, who often complain of the lack of interpreters, communication, facilities and activities available to them whilst in prison.

The Disability Discrimination Act (DDA)^{13,14} and 'Prisoners with Disabilities'¹⁵ should be addressing discrimination for Deaf prisoners as service providers have a legal duty to make reasonable adjustments in order to make their service accessible to individuals with a disability. Prison officers with some specialist training in disabilities known as Disability Liaison Officers (DLOs) have been introduced to the prison service and they have responsibility for identifying prisoners with disabilities and ensuring that their needs are met. However, they are reliant on prisoners identifying themselves as having a disability or being detected via the prison reception

screening process and it is not clear that either of these is effective.

There were problems encountered throughout the process of gaining the information from the prisons and YOIs, of which the main problem was difficulty in the identification of deaf/hearing impairment prisoners by the prison staff. There were also discrepancies of information obtained on the same prisoner, for example, in one case the respondent reported that a prisoner did not need a mental health assessment, but then stated he suffered from severe depression.

Workers in the healthcare centres in most prisons completed the questionnaires, but it is likely that those centres would not hold a reliable record of the number of people suffering from hearing impairment throughout the prison.

The results show that there is a significant number of Deaf and hard of hearing prisoners within the prison system. However, it is highly likely that the number represents only a fraction of the true population of Deaf and hard of hearing prisoners within prisons and YOIs in England and Wales. It is likely that the number of sign language users is also an underestimate, since many Deaf people would try to rely on lip-reading in an environment where no-one else signed and those filling in the questionnaires are unlikely to have the knowledge or the skills to differentiate between sign language users and other Deaf prisoners.

Although the results indicate that only a small number of deaf/hard of hearing identified prisoners were thought to be in need of a mental health assessment, these results were unlikely to be reliable, as in most cases, those who filled in the questionnaires were not mental health professionals and did not have British Sign Language skills. It may also be possible that some unidentified deaf prisoners

who are quiet and not problematic could be suffering from unrecognized mental health problems.

It was encouraging, nonetheless, that many prison staff showed a great interest and asked for assistance in which they could improve their facilities for Deaf prisoners. There were a number of problems that the prison staff identified, including the lack of funding which was mentioned in several questionnaires. Prisons complained that they did not have enough funding to get equipment, such as induction loops, fitted, even in places like the Healthcare wing. Many prisons did not have staff who could sign or who had done Deaf Awareness training in order to assist in addressing deaf prisoners' needs. Certain prisons also identified difficulties they had sustained in getting interpreters and gaining appropriate guidance.

This survey highlights the need for further service development within the prison service with regard to the training of prison officers in recognizing the presence and needs of deaf prisoners, but also in how to manage their communication needs on a day to day basis. Following the reporting of the results to the Department of Health, the Prison Service has now incorporated sections on managing communication needs and deaf awareness into the prison service manual for officer training, as well as introducing a question in the initial reception screening questionnaire which asks if the prisoner has any disability including deafness.

Another major need is for the prison service to identify how many deaf prisoners there actually are in prison and to address their mental health needs. In order to further research this, a project has been started with the support of the Department of Health, which involves the development of a Deaf prison in-reach team which will provide

mental health assessments to a number of Deaf prisoners in order to identify how many are mentally disordered, and to then make recommendations regarding appropriate placement. It is likely that this second, more detailed project will be concluded in 2012, following which it will report to the Prison Service and Department of Health.

Conclusion

Our results suggest that it is essential to recognise Deaf people as a vulnerable group within the prison system and in order to facilitate this, a question has been added to the reception questionnaire that attempts to screen for Deafness on entry to prison by asking about any disability including deafness at the initial health check.

Furthermore, there should be standardised Prison Service directives for all penal establishments regarding technical aids, e.g. minicomms, induction loops although this has not yet been implemented by the Service.

Finally, as an initial step, trainee prison officers are now given information in their training manual about managing communication and deaf awareness. It is recommended that basic Deaf awareness training should be mandatory for prison officers, with BSL training, Deaf awareness training, and mental health and deafness training being mandatory for Disability and Diversity Officers, although it must be acknowledged that the costs of this may be prohibitive.

Conflict of interest

Dr Manjit Gahir is the Lead Clinician of a high secure mental health service for deaf men. Dr Monteiro and Dr O'Rourke are both employed by an independent sector hospital which provides medium and low secure services for deaf men.

Acknowledgements

The survey was funded jointly by the

Department of Health and Trent Strategic Health Authority. Thanks to the following for help in the survey design: Dr Imran Jamil, Consultant Forensic Psychiatrist, Calverton Hill, Ramsdale Park, Calverton, Nottinghamshire, NG5 8PT; Mr Steve Richardson, Project Manager, BID Services for Deaf People, Ladywood Road, Birmingham, B16 8SZ; Dr Tahira Ellahi, Specialist Registrar, Bolton Salford & Trafford Mental Health NHS Trust, Prestwich Hospital, Manchester, M25 3BL

References

1. Department of Health. *Mental Health and Deafness: Towards Equity and Access*. Response to Consultation Document. London; 2005.
2. Krienert J L, Henderson M L, Vandiver, D M. Inmates with Physical Disabilities – Establishing a Knowledge Base. *The South-West Journal of Criminal Justice* 2003; 1(1): 13-23.
3. Vernon M, Miller K. Obstacles Faced by Deaf People in the Criminal Justice System. *American Annals of the Deaf*. 2005; 150(3): 283-291.
4. Monteiro, B (1999). Personal communication.
5. Richardson S. *Deaf Prison Project*. [http://www.publicservice.co.uk/feature_story.asp?2710\(03/03/2004\)](http://www.publicservice.co.uk/feature_story.asp?2710(03/03/2004))
6. Gibbs A, Ackerman N. Deaf Prisoners: Needs, Services and Training Issues. *Prison Service Journal*. 1999; 122: 32-33.
7. Fiskin R. *The Deaf in Prison*. Unpublished dissertation undertaken during a Cropwood Fellowship. 1994.
8. Department of Health. Sign of the Times: *Modernising Mental Health Services for People who are Deaf*. Consultation Document. London; 2002.
9. Young A, Monteiro B, Ridgeway S. Deaf People with Mental Health Needs in the Criminal Justice System: A review of the current literature. *Journal of Forensic Psychiatry*. 2002; 11 (3): 556-570.
10. Egan, D (1996). Deafness Behind Bars. *See Hear!* March, 8-9
11. Her Majesty's Prison Service. *Survey of Provision for the Physically Disabled*. HM Prison Service. London; 1996.

12. Her Majesty's Prison Service. Population Bulletin – weekly 16th December 2005. HM Prison Service. London; 2005.

13. Disability Discrimination Act. London: The Stationary Office Limited; London; 1995.

14. Disability Discrimination Act. London: The Stationary Office Limited; London; 2005.

15. Prison Service Order 2855. *Prisoners with physical, sensory or mental disabilities*, HM Prison Service; London; 1999.