



Dr Magteld Smith

T: +27(0)51 401 9111 | info@ufs.ac.za | www.ufs.ac.za

26 – 28 October 2018

**Coalition for Global Hearing Health
9th International Conference**

© Copyright reserved
Kopiereg voorbehou

UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIVESITHI YA
FREISTATA



UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSAPPE

- Background
- Introduction
- Methods
- Results
- Discussion
- Limitations
- Conclusion

T: +27(0)51 401 9111 | info@ufs.ac.za | www.ufs.ac.za

- Hearing Loss (HL) is used as an umbrella term which includes all types and degrees of HL
- Research conducted highlighted that many individuals with HL have additional disabilities and a high probability of complex mental health needs
- Confusion and ignorance exist in private and public mental health practice
- Successful intervention requires an understanding of;
 - socio-economic status
 - age of onset of HL
 - patient's choice of language
 - different communication methods
 - patient's cultural identification
 - medical and educational history and the type of HL.

- No published statistics available
- Specialised in/out patient mental health programmes are rare
- Research conducted highlighted that many individuals with HL have additional disabilities and a high probability of complex mental health needs
- Rostami, Bahmani, Bakhtyari et al. (2014:43) stated that depressive symptoms are more prevalent in patients with HL than in hearing people and argued that the typical methods of assessing depressive symptoms among patients with HL are inadequate and unreliable.
- According to Black & Glickman (2006:303), high levels of anxiety disorders were in 39.1 % of patients with HL compared to 8.8 % in hearing patients. Furthermore, patients with HL are more likely to experience physical, sexual and emotional abuse than their hearing peers


According to Watt & Davis (cited in Beresford, Clarke & Greco, 2010:193), a study in the United States found significantly higher rates of depression among persons with HL compared to hearing persons. It was found that mild depression was found in 40 % in persons with HL versus 17 % of hearing persons.

- Providing therapy to patients with various degrees and onset of HL raises important ethical considerations for psychiatrists related to;
- competence; confidentiality; assessment, diagnosis, evaluation; mode of different mode of communication methods and using interpreters.
- In evaluating and addressing these, psychiatrists must provide ethical treatment.
- All of these factors would influence the psychiatrist therapy techniques and use of resources.

- sensitize psychiatrists to the importance of knowledge and expertise concerning patients with HL.
- the study aims to establish to what extent psychiatrists are aware of the special needs of patients with HL,
- how they cope with the patient with HL in therapy,
- and how they relate to potential ethical issues involved.

- The study is a quantitative, descriptive study using information gained from a questionnaire.
- In this quantitative study information gained from the pertinent literature was used to compile a questionnaire relating to psychotherapy and HL.
- The researcher, who is born with bilateral severe to profound HL and a cochlear implant recipient formulates questions based on her own experiences in receiving therapy.
- A pilot study was conducted by sending a test questionnaire to 15 Registrars (trainee psychiatrists) in the Department of Psychiatry, School of Medicine, Faculty of Health Sciences of the University of the Free State.

- A total of 820 psychiatrists were registered with the Health Professions Council of South Africa (HPCSA) 2016, of which , 641 psychiatrists were members of the South African Society of Psychiatrists (SASOP) which represent 78.17 % of all registered psychiatrists. No sampling was done as all the 641 psychiatrists were asked to partake in this study.
- All the answers to each question were collated and analysed using the Directorate for Institutional Research and Academic Planning's EvaSys survey software by making use of the email password method in order for respondents to complete the questionnaire online.

- 
- Hard copy questionnaires were provided to those participants who preferred to make use of this method. Completed hard copy questionnaires were scanned at the EvaSys scan station and the responses were captured automatically with no further manual data capturing necessary.
 - Methodological errors were anticipated, as not all the recipients of the survey responded to the questionnaire.

- Although invitations were e-mailed to all 641 members of the South African Society of Psychiatrists only 57 psychiatrists (6.8%) completed the survey. The findings of the survey cannot be extrapolated to all psychiatrists registered in SA. Therefore the results presented only pertain to those who completed the study.
- On enquiry 60% of psychiatrists who completed the questionnaire had previously evaluated patients with congenital HL and about the same number had evaluated a patient with post-lingual HL.

- When asked how they would feel during a new consultation with a patient with HL
 - 10% felt competent
 - 45% felt somewhat competent
 - 25% described feeling wary
 - 18% would feel perplexed
 - 23% feels incompetent to manage the patient with HL
 - number of patients with HL
 - exposed to per year, 20% had not consulted any patients, 64% had seen less than 5 patients, 13% had seen 5 to 9 patients, 4% had managed more than 10 PWHL.

- When respondents were asked the different types of HL they were knowledgeable about
 - 84% were familiar with conductive HL
 - 67% with sensorineural
 - 21% with central HL
 - 26% with functional HL
 - 39% with mixed HL and
 - 32% knew about genetic HL
 - 54% did not know how a patient was diagnosed
 - 95% of respondents had no knowledge of the WHO classification of different types and degrees of HL
 - 67% were familiar with different communication methods

- Concerning the use of different listening assistive devices
 - 61% were familiar.
 - 1 thought that a hearing aid would restore normal hearing
 - 41 respondents did not
 - 14 were unsure
- Concerning cochlear implants,
 - 39% had knowledge of this procedure
 - 90% felt it would not fully restore hearing to the recipient.

➤ Concerning Deaf Culture

- 60% were familiar

➤ When asked whether or not spoken language could be directly translated into Sign Language

- 20% answered yes, 53,6% said no, while 26,8% of correspondents were unsure

➤ Concerning how ethical it was to use Sign Language Interpreters in Psychotherapy

- 55.6% felt it was ethical

- 16.7% regarded this as being unethical

- 27.8% were unsure

- 22% regarded the use of the patient's friend or family member to facilitate the therapeutic process as being ethical, 59% as being unethical while the rest (18%) did not know.

- Psychiatrists were asked if all patients with HL had the same communication needs
- 92% answered no while 8% answered yes
- When questioned about using a 'notetaker'
- 55% said they would
- 18% answered no, while 27% felt unsure
- When asked if they would be willing to pay for the services of a note taker,
- 7% were willing to do this! 49% were not prepared to pay for these services
- 44% were unsure
- All the respondents were willing to provide pen and paper for their patients

- When asked if the speed of information processing captured by the patient was considered to be similar to that of hearing patients
- 27% agreed while 73% said no
- **Concerning ethical issues:**
- 16% felt that the patient's HL would influence their objectivity while the other 84% felt it would not
- 86% acknowledged they would be prepared to grant additional time for a consultation without extra cost
- In state hospital practice length of consultation is not a restricting factor

- Relating to having a third person such as a Sign Language Interpreter present during the consultation cause privacy issues for the patient
- 54% of respondents felt it would cause extensive privacy issues
- 3% felt it would not
- 43 % stated it would have a moderate effect on the patient's right to privacy.
- Concerning having enough knowledge to engage with patients having HL in therapy
- 77% felt they did not have sufficient knowledge,
- 88% felt they lacked the necessary skills and expertise needed to offer effective therapy.

- 76% considered it unethical to manage such patients without having the necessary expertise
- 91% acknowledged it would be unethical to refuse to evaluate a patient with HL if there was no other psychiatrist working within a 100 kilometre radius
- **Concerning PWHL's level of intelligence**
- 13% felt they might be tempted to underestimate the patients IQ
- 78 % did not know how a PWHL's intelligence levels were tested
- **When asked about the incidence of psychopathology in PWHL compared to the general population,**
- 53% gauged it to be higher

- Survey was e-mailed to 78% of the psychiatrists registered in SA in 2016 (n= 641), only 57 psychiatrists (6.8%) responded, which may be due to avoidant behaviour as only 10% of responders felt competent to manage a patient with HL, while 23% admitted to feeling completely incompetent, while the remaining two thirds felt they had various levels of competency. With such a small response rate the findings are not representative of all psychiatrists registered in SA
- 2 respondents manage more than 10 patients with HL per year
- About one in five respondents do not manage any patients with HL

- More than 90% of acknowledged that PWHL do not have the same communication needs
- All the psychiatrists in the study were willing to provide a pen and paper if their patient requested it
- Concerning the specific types of HL, 40% of respondents had never evaluated a patient having congenital HL while 40% had never evaluated for post-lingual HL
- Almost a third were unfamiliar with the various communication methods used by patients with HL
- The majority of respondents (88%) would not be tempted to assume that patients with HL have lower levels of intelligence, 78% admitted they did not know how the intelligence levels of these patients were assessed

➤ Practical aspects of interaction with PWHL

- Prior to the consultation, about sixty % of the respondent's secretaries would use family members rather than electronic media to communicate information to new patients

➤ Use of Sign Language

- More than half of respondents did not know anything about Sign Language and about 14% regarded (erroneously) that Sign Language Interpreters needed to be registered with the Health Professions Council of South Africa
- Almost half of the respondents believed the Sign Language Interpreter could be trusted to relay information accurately, while only 20% reckoned (incorrectly) that spoken language could be directly translated into Sign Language

➤ Summary of Ethical Issues

- More than three quarters of respondents did not think they had the necessary knowledge, skills and expertise

➤ Financial Aspects

- Although most respondents were willing to accommodate PWHL to a certain point such as not charging for extended consultations, when additional capital outlay was needed to pay the cost of a Sign Language Interpreter, a Professional Notetaker - most respondents were reluctant to do this

➤ Confidentiality

- Almost 95 % of respondents felt that having a third party involved during the interview, could cause privacy issues for the patient. 80 % felt it would not be ethical to do an injustice to the patient's rights to confidentiality





Thank You
Dankie

Dr Magteld Smith

T: +27(0)51 401 9111 | info@ufs.ac.za | www.ufs.ac.za

26 – 28 October 2018

Coalition for Global Hearing Health
9th International Conference

© Copyright reserved
Kopiereg voorbehou

UNIVERSITY OF THE
FREE STATE
UNIVERSITEIT VAN DIE
VRYSTAAT
YUNIVESITHI YA
FREISTATA



UFS·UV
HEALTH SCIENCES
GESONDHEIDSWETENSAPPE