

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

How to join the Zoom webinar

- **Online:** <https://dhs.wi.zoomgov.com/j/1606358142>
- **Phone:** 669-254-5252
- Enter the Webinar ID: 160 635 8142#.
 - Press # again to join. (There is no participant ID)

Reminders for participants

- Join online or by phone by 11 a.m. Central and wait for the host to start the webinar. Your camera and audio/microphone are disabled.
- [Download or view the presentation materials](#). The evaluation survey opens at 11:59 a.m. the day of the presentation.
- Ask questions to the presenter(s) in the Zoom Q&A window. Each presenter will decide when to address questions. People who join by phone cannot ask questions.
- Use Zoom chat to communicate with the WPPNT coordinator or to share information related to the presentation.
- [Participate live to earn continuing education hours](#) (CEHs). Complete the evaluation survey within two weeks of the live presentation and confirmation of your CEH will be returned by email.
- A link to the video recording of the presentation is posted within four business days of the presentation.
- Presentation materials, evaluations, and video recordings are on the WPPNT webpage: <https://www.dhs.wisconsin.gov/wppnt/2025.htm>

Behavioral Health Initiative and the Status of Mental Health Services for Individuals who are Deaf, Hard of Hearing, and Deafblind

Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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Office for the Deaf and Hard of Hearing (ODHH)

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Description

Participants will learn about the Behavioral Health Initiative within the Department of Health Services (DHS) Office for the Deaf and Hard of Hearing (ODHH). The BHI offers learning opportunities and supports related to behavioral and mental health for individuals who are deaf, hard of hearing, and deafblind. This presentation provides additional information for clinicians regarding how to work with this often underserved and marginalized population. In addition, national and Wisconsin specific challenges and needs will be discussed.

Learning Objectives

- Describe the three primary components of the Behavioral Health Initiative (BHI).
- Identify two challenges for Wisconsin based behavioral and mental health services for individuals who are deaf, hard of hearing, and deafblind.
- Explore learning opportunities for clinicians interested in working with this population.

Agenda

- Introductions
- Behavioral Health Initiative (BHI)
- Status of mental health services for individuals who are Deaf, Hard of Hearing, and DeafBlind (D/HH/DB)



About the BHI



**Behavioral
Health
Initiative**

[Behavioral Health Initiative Website](https://www.dhs.wisconsin.gov/odhh/bhi.htm)

<https://www.dhs.wisconsin.gov/odhh/bhi.htm>

About the BHI (2)

- Close the gap in health equity for individuals who are D/HH/DB
- Prioritize the areas of behavioral and mental health services to address overall community wellness and resiliency
- Raise awareness, support **community** members, and train **clinicians** and **interpreters**
- Collaborate with a variety of stakeholders

Tracks



Community



Clinicians



Interpreters

BHI Activities

- Ongoing meetings with stakeholders to identify state needs
- Creating connections within Department of Health Services (DHS)
 - ◆ Department of Care and Treatment Services (DCTS)
 - ◆ Bureau of the Prevention, Treatment, and Recovery (BPTR)
 - ◆ Adult Protective Services (APS)

BHI Activities (2)

Collaborations and partnerships:

- Regional community events at eight independent living centers (ILCs)
- Wisconsin Statewide Project Coordinator for Substance Use Disorders and Mental Health Services for the D/HH/DB
- Building Our Largest Dementia Infrastructure for Alzheimer's Disease (BOLD) grant
- Department of Corrections (DOC) Americans with Disabilities Act (ADA) coordinators

Community Videos

- [Life Changing Loss](#)
- [Depression and Anxiety](#)
- [Emotional Regulation](#)
- [Wellness A to Z](#)

Clinician Videos

- [Language Dysfluency and Differential Diagnosis with Deaf Patients](#)
- [Legal and Ethical Responsibilities When Serving Deaf Patients](#)
- [Social Fundamentals](#)
- [Fund of Information and Serving Deaf Individuals](#)
- [Mental Status Exams with Deaf Patients](#)
- [Working Effectively in Partnership with Language Interpreters](#)

Interpreter Videos

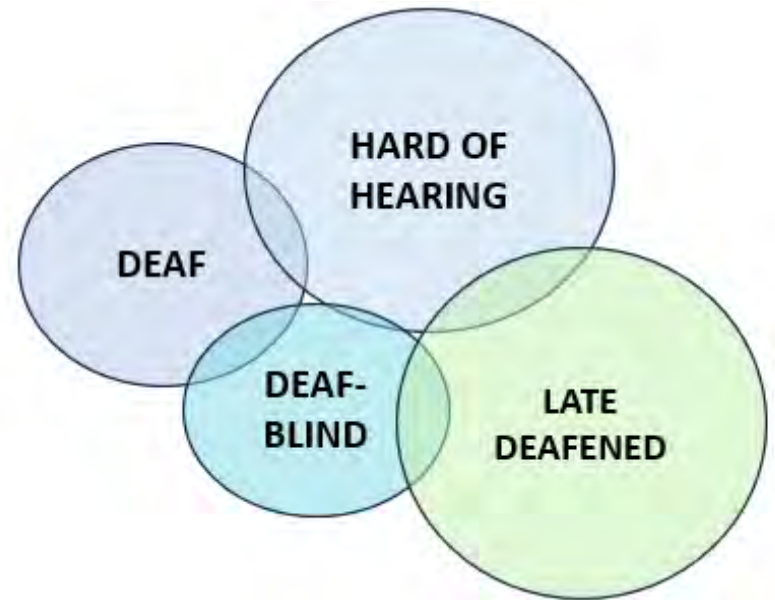
- [Introduction to Mental Health Interpreting](#)
- [Evaluations and Assessments](#)
- [Mental Illness and Disorders](#)
- [Evaluations and Assessments](#)
- [Core Principles for Practice Professionals](#)
- [Principled-Reasoning](#)

Status of Mental Health Services for People Who are D/HH/DB

- Diversity
- Higher incidence of mental health and substance use disorders (MH/SUD)
- Data challenges
- National challenges
- Training limitations
- Wisconsin challenges
- Wisconsin-specific needs

Diversity

- Different identities and needs (Medical vs. Cultural):
 - ◆ Deaf
 - ◆ Hard of Hearing
 - ◆ DeafBlind
 - ◆ Late Deafened
- Inappropriate terminology:
 - ◆ Hearing impaired
 - ◆ Deaf and dumb
 - ◆ Deaf mute



Higher Incidence of MH/SUD

- **Anxiety and depression**

- ◆ 25% for deaf adults compared to 22% for hearing adults (Source: [Prevalence of Anxiety or Depression Diagnosis in Deaf Adults](#))

- **Heavy alcohol usage**

- ◆ 33% for deaf adults compared to 12% for hearing adults (Source: [Alcohol and Drug Use among Deaf and Hard of Hearing Individuals: A Secondary Analysis of NHANES 2013-2014](#))

Data Challenges

- No differentiation between Deaf and Hard of Hearing
- No accommodation for use of American Sign Language (ASL) or other hearing technology
- Telephone-based statewide and national surveys
- Limited knowledge of culturally and linguistically appropriate services (CLAS) specific to D/HH/DB
- No one place to collect complete information

National Challenges

- Few MH/SUD providers that can communicate directly through ASL
- Limited number of providers that are Deaf and Hard of Hearing
- Interpreter shortages
- Lack of funding for communication access
- Misdiagnosis and/or inappropriate treatment due to lack of cultural and linguistic competency by hearing providers

Training Limitations

- Limited access to supervision for graduate students needing communication and interpreting services.
- Challenges with passing national examinations (Source: [Association of Social Work Boards \(ASWB\)—2022 ASWB Exam Pass Rate Analysis](#) p.17).
- Access to clients who are D/HH/DB and seeking services.

Wisconsin Challenges

- People who are Deaf and Hard of Hearing in Wisconsin are considered a marginalized group with the largest gaps in MH/SUD services (Source: [2019 Wisconsin Behavioral Health Systems Gaps Report](#))
- Wisconsin has fewer MH/SUD services available from ASL fluent providers compared to neighboring states (Source [Minnesota Deaf and Hard of Hearing Adult Mental Health Services](#))

Wisconsin Challenges (2)

- There is a low number of available providers that are fluent in ASL.
- [Psychology Today](#) lists six clinicians that offer services via ASL:
 - Single resource that changes often due to self reporting, can be inaccurate
 - Two clinicians that identify as deaf—should be four
 - Four hearing providers—no mechanism for rating ASL fluency
 - No providers specializing in substance use disorders that utilize ASL that have identified themselves

Wisconsin-Specific Needs

- Identify and support more providers that can communicate directly via ASL
- Create a statewide system of services that specifically supports D/HH/DB
- Build provider capacity through educational resources and training to all MH/SUD providers and crisis intervention services

Wisconsin-Specific Needs (2)

- Fund full communication access
- Recruit hospitals and clinics to provide supervision towards licensure to increase the availability of deaf and hard of hearing providers
- Expand pool of qualified mental health interpreters

Training opportunities

- BHI and ODHH Roadshows – Spring 2025
- Wellness Day April 12, 2025 – Appleton, WI



Picture of ODHH staff and Dr. Jaime Wilson – Wellness Day 2024

Q&A



Thank You!

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