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The Association Between Early Life Access to Communication and Mental Health Outcomes Among Deaf People

Findings from interviews of 16 deaf Australians and a
National Survey of the Australian Deaf Community

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1: Background

- Deaf and hard of hearing (DHH) Australians report higher rates of adverse mental health outcomes.
- Early communication experiences are crucial in shaping mental health outcomes.
- Limited research exists on how DHH individuals perceive the impact of early communication on their adult mental health.

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2: Study Objectives

- To explore perceptions of the association between early life access to communication and mental health outcomes in adulthood among deaf Australians based on interviews of people with lived experience.
- To quantify associations between different indicators of early communication access and anxiety, depression and suicidal behaviour using national survey data.

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3: Methods

- Study Design:** Mixed-methods approach

1. **Qualitative:** Thematic analysis of 16 in-depth interviews.
2. **Quantitative:** Retrospective cohort survey (340 participants).

- Survey accessibility:** Questions translated into Auslan.

- Key variables:** Early life communication access (age at which participant learnt Auslan, Auslan skill level, age participants became deaf, primary and secondary school types, feeling included in family conversation, access to deaf spaces before 18 years of age).

- Mental health outcomes (anxiety, depression, suicidal ideation, general mental health).

- Analysis:**

1. Thematic analysis: Minority Stress Model, Acculturation Theory and Deaf Community Cultural Capital Framework.
2. Logistic regression models.

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4: Key Findings (Qualitative)

- Participants perceived inadequate early communication as detrimental to mental health.
- Early interventions were often deficit-based and viewed unfavourably.
- Internal and external stressors stemmed from interactions with non-signers, particularly in family and school settings.
- Deaf adults were able to implement strategies as positive enablers to enhance mental health

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4: Key Findings (Qualitative)

- Protective factors:

- Access to a shared, accessible language (Auslan) in family, school and community settings.
- Cultural validation through access to culturally safe spaces, deaf peers and deaf role models.
- Engagement with the Deaf community.

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5: Key Findings (Quantitative)

- **Mainstream schooling and mental health risks:**

- Higher odds of depression for those who attended mainstream school vs. deaf school:

OR (Primary School): **3.55** (95% CI: 1.44-8.75).

OR (Secondary School): **2.63** (95% CI: 1.05-6.62).

- Higher odds of suicidal ideation for mainstream school attendees (with/without a deaf facility) compared to deaf school:

OR (Mainstream school with deaf facility, Primary): **3.83** (95% CI: 1.79-8.21).

OR (Mainstream school with deaf facility, Secondary): **2.78** (95% CI: 1.15-6.68).

OR (Mainstream school without deaf facility, Primary): **4.10** (95% CI: 2.2-8.28).

OR (Mainstream school without deaf facility, Secondary): **2.38** (95% CI: 1.04-5.42).

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5: Key Findings (Quantitative)

- **Feeling included within the family conversation:**

- Higher odds of anxiety and poor general mental health outcomes for those who felt not included in family conversations compared to people who felt included in family conversations:

OR **2.44** (95% CI: 1.06-5.62).

OR **2.76** (95% CI: 1.47-5.18).

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5: Key Findings (Quantitative)

•Access to Deaf spaces before age 18:

- Higher odds of adverse mental health for those without access to deaf spaces by 18 years of age compared to people who had access to deaf spaces by 18 years of age.

OR: 1.73 (95% CI: 1.04-2.89).

Results remained significant after adjusting for confounding variables (age participant learnt Auslan, participants' current Auslan skill level, age participant became deaf, type of school participant attended, participant's inclusion in family conversations and participant's access to deaf spaces before 18 years old).

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5: Key Findings (Quantitative)

•Auslan skill level :

- Higher odds of adverse mental health for those with basic Auslan skill level compared to those who were fluent.

OR: 0.44 (95% CI: 0.21-0.96).

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6: Discussion

- Early life communication barriers are linked to higher rates of anxiety, depression, and suicidal behaviour.
- Schools play a crucial role in shaping mental health outcomes.
- Holistic approaches are needed, including:
 - Language access (Auslan).
 - Culturally safe spaces.
 - Peer and mentor support opportunities.

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7: Conclusion & Implications

- Families, education providers and policymakers must prioritise language access and cultural inclusion.
- Early intervention should shift from deficit-based models to empowerment-based approaches.
- Further research and policy and practice changes are needed to improve mental health outcomes for deaf Australians.

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8: Thank You!

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- Questions & Discussion