

English transcript of Clive Mason's interview with Richard D France and Herbert Klein on 12th May 2019

- based on live voiceovers by Susan Booth, Mark Schofield and Darren Townsend-Handscomb

Clive	<p>Hello and welcome to BSL Zone's Live Stream. My name is Clive Mason; we also have Richard D France, he's a poet, a writer and also a mental health campaigner. We also have with us, Herbert Klein, who is a mental health expert.</p> <p>During the live stream we want you to comment and also 'Like' what you're watching so that we know you are there!</p> <p>So firstly, a question for Richard: so, you've been within the mental health system for a long time and this morning we've watched the programme Getting Personal where you talk about your experiences. What do you hope that people who have watched that programme will take away from it?</p>
Richard	<p>That's an interesting question because you used a sign, the word 'hope', and I think that's something that I want to hear. I want the Deaf community to have hope for the future because there are people who have mental health issues that shouldn't feel they should avoid those issues. There is help and support out there and I want to use what you said, Clive, around 'hope'. I wish I could have had that, because ... in the programme I'm encouraging people to express themselves. I'd like deaf people not to hide their issues, and not hide mental health issues.</p>
Clive	<p>Yes. So, in Getting Personal, Richard meets Deepa Shastri and he takes her on a journey of his life. He talks about his writing, his poetry and also his own mental health related experiences. He's wanted to take his own life several times; Deepa asked him about that; and that's what Getting Personal is all about. For those of you who didn't get the opportunity to see it today, if you use the BSL Zone's own app or website, you can watch the programme there. Thank you, Richard.</p> <p>So, you talked in Getting Personal about the fact that you are bipolar and that you've experienced great highs and great lows; you have thought about taking your own life several times. Is it hard to talk about something that's so personal? Particularly on television and also during this live stream?</p>
Richard	<p>To me, the first time I was ill I was 23. I couldn't express my feelings or emotions, I found it incredibly difficult. Then, through time and later on, I attempted suicide, which was the result of being bipolar and it was the effect of decisions that I'd made for myself. Then I thought, I felt, I need to be open about this, because I'd like people to be understanding and empathise with my experience because I don't want other people suffering alone, I don't want people at home feeling depressed.</p> <p>I want people to know I've been through these mental health issues and you can recover; you can become better, and the way for that to happen is... I want people to learn to be open, like I was; there's nothing to lose from it. And from my experience, to encourage others in the Deaf community... those of you who have mental health issues, please find support. Please talk to your friends, believe in them, you have friends. In the community, I think, at the moment, maybe the support could be greater than it is. I think the future starts now by people being open.</p>

Clive	Yes, you were incredibly open. Interestingly, when I watched the programme this morning, your mum said “Richard doesn’t really ... he isn’t forthcoming with his emotions,” and I think that’s true for many people. They find it difficult to talk.
Richard	Yes, I feel that throughout my life... I have a lot of friends and have met lots of people, and I maybe find it easier to talk to women, perhaps? I don’t think men talk about their feelings, I think it’s a cultural thing, men talk about football; they go to the pub, they party. I don’t think they show their empathy, or understand my emotions. I think a high percentage of men don’t express themselves very well. I think now, well, we’re in 2019 and men should be encouraged to express their feelings, because keeping things to yourself won’t help and you’ve just got to put it out there.
Clive	Absolutely. I know that you, Herbert, have some statistics to compare men and women?
Herbert	Yes, that’s right. In 2017-2018 across the UK there were about 5,821 people who committed suicide, according to statistics from the Mental Health Foundation. 25% were women and about 75% men, so far more men than women were committing suicide at that time. But, when you look at the numbers of people who are engaging in therapy, about 62% who are women are engaging in therapy but only 38% of men. So, as you can see, as you say, men find it much harder to share their emotions; they put a strong front on, and of course that means they are more at risk.
Richard	I think at the same time, society is changing, you know, back in the past I think there was a very old-fashioned way that men were the providers, weren’t they? They brought money home to the family. I think things have changed, I think there are more single mothers, single fathers, people who bring up their children by themselves and without an opportunity to express how they feel. It’s difficult. I think technology has also changed things a great deal and how people communicate is very different. So previously, if I went to the shops to get a pint of milk, I’d go to a shop and have interaction with the shopkeeper; we’d say good morning and have a chat, but now things are moving so fast and everyone’s just looking at their mobile phones. I don’t think people are expressing their feelings. Herbert?
Herbert	Yes, I certainly think that more people are stuck in behind four walls at home, you know; previously people would know their neighbours and now people are strangers to each other. You don’t know who’s necessarily walking past your house. And equally, the contact that you do have with people is quite often through the phone, but it’s very hard to really engage in the way that we can, face-to-face. It can be nice to talk on the phone, but it is not the same as interacting face-to-face.
Richard	That’s right, I mean, we’ve seen so many Deaf Clubs close as well. Now is that because of technology, is it because people don’t bother because they’re just comfortable at home and they’re happy to watch TV and hold the remote all evening? But what about actually getting together and talking, what about signing to each other? I think finding a signing friend can be hard sometimes, you know; I just have a small group of friends and if I can meet someone for a chat and just have a pint or a visit and just spend time together, that’s a great thing. Why sit at home watching TV by yourself?
Herbert	Perhaps this is a little bit off the point, but if you compare deaf and hearing people, I think in fact in many ways they are similar, they have similar experiences of isolation and being able to engage with people. But when you look at the research on deafness, or on suicide facts surrounding the deaf population, there actually isn’t any research at all. In coroner’s reports, they don’t put deafness down as a feature, and so it may well be that, say, 15-20 deaf people have committed suicide, but we don’t know. I don’t think it’s a deaf or hearing thing, I

	think it's actually more an issue of people being depressed or lonely or having lost their jobs or having experience of abuse; a variety of reasons.
Richard	I think for me, the issue is, if hearing people want to get help, they can make a phone call, and they can get support through the phone, but what can deaf people do? Things have improved; you can send text messages, you can use Skype, but you know, some years ago, for me, there was nothing, essentially. The Samaritans exist, you could email them, you'd email them and you'd wait 48 hours for a response. That 48 hours could be too late. And for me it was.
Clive	Yes, and I think when you start with an emotional problem, if it's not treated, if you have no-one to talk to, then that situation actually becomes more of a crisis. Richard, I'm aware you were treated in nine different mainstream psychiatric hospitals and then finally you went to a deaf specialist unit where people used sign language. Can you explain the difference?
Richard	<p>When I was in mainstream psychiatric hospitals, all the patients were hearing, so everyone was speaking, so I had to lipread. I'd be looking intently at someone, trying to lipread what they were saying and that would make them paranoid and I would end up on the end of their fist, potentially! I'd ask what I'd done, to be told it wasn't nice of me to stare at them!</p> <p>Every day they'd be shouting and shouting, and typically, after breakfast, they'd disappear to the shop to buy beer. Then they'd get drunk and come back at lunchtime and fight, and there'd be arguments constantly. There were those who had been using drugs as well and I was thinking "why am I here?" No interpreters were provided; I was being told I could lipread and they thought I was the same as them, but I wasn't.</p> <p>When I first went into the deaf specialist unit, I was in a wheelchair, and I was nervous, and for someone to come in and say "Hello, would you like a cup of tea?" was incredibly kind. I remember the first night that I was there with my hearing aids in, I thought, when am I going to hear the fighting? And there was none, it was extremely quiet, and in the morning when the door opened and the nurse came in and signed "Good morning, come for breakfast" it blew my mind. I wasn't expecting that at all. All the nurses, all the doctors, the psychiatrists, the psychologists, all of them could sign, it was absolutely mind blowing. I couldn't believe how different it was.</p>
Clive	It's almost like you were dreaming, it didn't feel real?
Richard	It was. But it was the first time I felt people were actually listening to me. I felt it was the first time people were engaging with my mental health issues and understood me as someone with a Deaf identity. I was checking that they could actually understand me, and I could understand them perfectly. But in a hearing mainstream unit, it was just a fight, all the time, it was terrible.
Herbert	You're absolutely right, certainly in the specialist services. If, as a deaf person, I'm depressed and I go and see my GP, they would then refer me to the local service and the local service then refers me to the specialist service, so there is a long wait. Now Richard's been seen by a psychiatrist at nine different psychologist services and finally he's found help. How long did that take you?
Richard	It was a long time.
Clive	So, you experienced mainstream psychiatric hospitals again and again. Then finally you went to the deaf specialist unit, was that the last time?

Richard	<p>I had therapy through a specialist service, so my psychiatrist, psychologist sign, so I can express myself and get everything out, so they can respond to me, and that's been really good for me in understanding myself better, you know, it's really good for my health. I think the mainstream services are more like, "Try this tablet, try another tablet, try this tablet".</p> <p>I didn't get chance to actually say what I wanted to say and get anything out, but now I have, and then I'm challenged; "Why did you behave this way, what did you do?" They break it down. "How can you change your behaviour? What do you want? What do you want to achieve?" I'm asked, which I can respond to. So, some months in therapy was really, really valuable.</p>
Clive	<p>Absolutely wonderful, yes.</p> <p>So, you feel it's important, the fact that there are specialist deaf mental health services?</p>
Herbert	<p>Certainly, if you are in mental health services, people are often amazed at the improvement that they can make and the help that it's available to them, given the problems they've faced in the past, because there aren't many problems with communication. But of course, the staff know about Deaf culture and sign language; hearing and deaf staff work together; they all know how to do that as well.</p>
Clive	<p>So, if a deaf person is experiencing mental health crisis and ... is it easy for them to access specialist services or not?</p>
Herbert	<p>It's really difficult because we aren't an emergency service, so you have to go first to your local service and then be referred, and then there'll be a waiting list.</p>
Richard	<p>I was fortunate actually because of the relationship I had with my GP, who referred me through the CMHT (Community Mental Health Team).</p>
Clive	<p>What is that?</p>
Richard	<p>It's like a local psychological service, so it's local to where I live. I was referred to them first, I saw them through an interpreter, and then they said, "I understand Deaf issues," and I said, "Well, if you've only met one hard of hearing person before you met me, then you don't fully understand."</p> <p>But then the Community Psychiatric Nurse (CPN) from the Springfield University Hospital Deaf Adult Community Team visited me and said I needed a referral to a deaf psychiatric hospital. It wasn't an easy process.</p>
Herbert	<p>That's right. For example, if you're a child and you go to your GP, they are the primary service and they refer you to a secondary, for example, the Community Mental Health Team, and it's important that if the child has an issue, then they would go to a GP and be referred to the CAMHS, the Child and Adolescent Mental Health Services, and then, either of those services would refer to the third service, which will be a specialist service. It's not a straightforward process.</p>
Clive	<p>So, we have a question from Robin who's watching us this evening and they're saying that they are aware that more men commit suicide compared to women; is this the case within the Deaf community?</p>
Herbert	<p>Well the problem is that, as I said, coroners don't record whether someone is deaf or not, so although we have 5,821 in a year in the UK, that's across hearing and deaf people. How many of those people are deaf we just don't know.</p>

Clive	Right.
Richard	<p>I've talked to people in New Zealand about the men in their Deaf community, they have a high percentage of suicides. New Zealand have a culture, it's a very tough macho culture, very sort of sports oriented, and people get criticised for not being real men; so, there's a high percentage of those Deaf men that commit suicide.</p> <p>And recently here in this country, two Deaf men passed away, and it's sensitive to talk about now, with respect to their families. The Deaf community is a small community and so with those recent losses in our community through suicide, it's a very sensitive thing for us, it's very topical.</p>
Herbert	<p>That's right and I think in reality we don't know what percentage of those were deaf, but my guess would be, and I may well be wrong to say this, 15-20 people in a year who are deaf. And that would be year-on-year. People tell me stories; I hear sad news and my gut feeling is that there are 15-20 people; each of them will have their own personal issues, access issues potentially, family or work issues, so there will be different reasons for each.</p>
Richard	<p>And don't forget as well, there's a difference between male suicides and male self-harm, you know, behaviours like cutting.</p>
Herbert	<p>And there's much more, many more people self-harm.</p>
Clive	<p>And that is it the same in terms of more men than women? We don't have the evidence as such. Gosh, that's very powerful. That's interesting.</p> <p>So, if a problem comes up and you're trying to get services that are appropriate, through specialist deaf services, I think many deaf people are concerned that they aren't able to access those specialist services such as you were, Richard. The stories are that it's incredibly difficult, why is that?</p>
Herbert	<p>Remember, that with each GP, think about how many deaf people they see; they might meet a deaf person two, three, four times in a year. Now, if they saw a lot of deaf people then they would learn, and potentially they would even know sign language or they would understand people who use sign language. So, if there was a GP just for deaf people, then of course that would work much better and lots more deaf people would go to them.</p> <p>I think there are 8,000 GPs across the UK and how many deaf people are there in each area for those GPs? So, there might be a large GPs' practice with 10 deaf people as part of the population, then of course some will have more health problems, some will have less, but they will see that</p>
Clive	<p>I think many deaf people are concerned that when they try and get access to mental health services such as therapy, it often has to be via an interpreter because they're meeting a mainstream professional. Often, they give up because, as you talked about, Richard, they don't understand Deaf culture; they may have met one deaf person and assume that you're all the same. And the interpreter will just do their job, but perhaps the other professional isn't really aware of their particular needs.</p>
Herbert	<p>But, if you look at the CCGs, that's the Clinical Commissioning Groups, there are about 291 across the country, 60% of them ...</p>
Clive	<p>In terms of providing services using sign language or via an interpreter?</p>

Herbert	For example, regarding the provision of interpreters or ensuring that I have access, 40% won't. Now some are good, some are not so good. Some have fantastic services and provide interpreters; others are very poor. Now if they are ... it's similar to the NHS where you have a variety of people. Maybe, for example, good managers will be brought in and work well, and then of course people change jobs, so you lose the experience in the practice.
Richard	I think one issue in the Deaf community is they are not confident when visiting their GP, to really say what they want to say. I think the typical experience would be the GP is sat at their computer typing notes, and that doesn't instil confidence in them talking to their GP. I think that if GPs perhaps made themselves a bit more deaf friendly and behaved in a different way, just some simple things that would help, but they're quite naive as to what deaf people need, in order for them to ask for the help they need. So, making services accessible with signing is a really important thing and I think that this needs to start somewhere and it should start with the GPs and communication in the GP's room.
Herbert	I think, when you look at the CCGs, they need to engage better with the Deaf community. Equally, the Deaf community needs to work with the CCGs and explain how to become aware, for example, working through Healthwatch. Now, the Healthwatches work in different communities; they will have general representation from ethnic groups and disabled groups, but there's quite a low representation from deaf people and they will find interpreters.
Richard	I think the problem for me is, at the end of the day, decisions are made for the Deaf community by hearing people, and how do they really understand what we really need? You know, so I think Healthwatch is a good thing, but how do they really empathise with us? That's what I feel.
Clive	Yes, that's tricky. I hate to interrupt, but we have another question. This is from Joanna and she's asking about your books, Richard; she'd like to buy them. Could you tell me a little bit more about what your books are about?
Richard	Yes, I have four books and the first one is about when I jumped. I went to hospital for an operation on my feet and back. I wrote a book of poetry; I was a bit crazy on morphine, actually, at the time! The second one I wrote on the Bluebell ward, which is poetry. The third one is like a biography, about what happened in my psychiatric experiences, and the fourth is about Deaf people hearing voices – do we, or what? This weekend at Deaffest I'll be there with my books; you're very welcome to come and see me.
Clive	Can you tell us more about Bluebell ward?
Richard	That's a specialist deaf psychiatric ward that's in London in Tooting. It has a link to Springfield University Hospital doesn't it, Herbert?
Herbert	Yes.
Richard	It's a national Deaf centre. It's one of three in the UK; we have them in London, Birmingham and Manchester.
Herbert	We don't have any in Scotland and Wales.
Richard	That's right. For me, it's a really special place. The staff are both deaf and hearing, when they begin work there, they have to learn to sign, they must sign. Within two years Herbert?

Herbert	If you have new hearing staff, they need to learn to at least Stage 2 within three years.
Clive	I just wanted to say that if deaf people are watching this who are affected by the issues that are being discussed, and they want to consider going to their GPs, can you give them some advice as to the best way of approaching that?
Herbert	<p>If you're feeling sad or very emotional, first of all, go to your GP, talk to close friends, talk to your family. If you're feeling very, very stressed and you feel like you can't relax, stop what you're doing, take a breather and try to relax.</p> <p>There's a Mental Health Awareness Week video that the BDA has which shows you five things you can do to help you, so it's well worth watching. It says that the first thing is talk to close friends, the second is talk to your family, the third one is to change, do more activity, walk, help yourself relax, see your GP to get help as well...</p>
Richard	<p>For me, I know that some people will feel dark and feel depressed and when that happens, go to a safe place. If that's with your friends, go to a safe place.</p> <p>If you feel you can't tell your family, just like I felt, I felt like I couldn't talk to my parents... find friends that you trust, friends you trust 100%, that's a safe place. Say how you feel, because for me that worked. I had to see my GP, but without seeing my GP I couldn't have access to any other services - I had to go.</p>
Clive	This is a question from Joanna: are hearing health professionals going to be taught the best way to refer a deaf person for help? Do you have a procedure, are you out there teaching?
Herbert	It depends on the CCG, again. The CCG may provide Deaf Awareness training, or in the case of our Springfield Hospital, a lot of medical students come to us for training. They're learning to be psychiatrists, psychologists, OTs and so on. They'll be trained with us for 6 months and then go back into the NHS services. It's the same in Manchester and Birmingham; they train them too.
Richard	At the moment I'm delivering talks where I just talk about my experiences. I'm working with the police service at the moment because I want them to know a service user's perspective. I'm hoping that they'll understand about prioritising communication, not simply having a go at people. I do hope that in the future, the police will improve their communication techniques.
Herbert	I think it's really important, as Richard is a deaf service user and it's brilliant of him to do this – I hope he'll be doing more training, and other people too, as there are many more people like him. It's important that they share their experiences. It's all very well me talking about my work, but what about what Richard has actually been through personally? People can learn from his training, learning how to cope.
Richard	It's interesting because Herbert's perspective and my own are different and we do debate some things, but we learn new things every day! Don't we?
Herbert	Yes.
Clive	We've now got a question from Sarah: are you aware of an experience whereby a CCG has refused to fund a deaf person to access specialist help, ideally with sign language? Are you aware of situations like that happening?
Richard	Well, my experience was in a mainstream psychiatric hospital; when I requested an interpreter I was repeatedly told I couldn't have one, and they said "It's the funding," I said

	<p>“The funding is nothing to do with me, I’m the patient with the mental health issues and I need to communicate,” So that problem was solved by them bringing in an university student who wanted to learn sign language. She was the one to support me. So, back then, the CCG wasn’t helping my situation in any way. It is difficult at the moment. Herbert, I think you’ve got more experience of this than me?</p>
Herbert	<p>Well there is a new law, which is called the Accessible Information Standard 2016, which states they must provide access and if they refuse, you need to let them know about it. The Accessible Information Standard means that you have the power, as a deaf person, and CCGs cannot refuse to provide interpreters, you can’t refuse. If I don’t understand English, for example, they should provide interpreters or make text information more visual, and so on. So deaf people need to be aware of that, the NHS Accessible Information Standard (AIS).</p>
Clive	<p>We’re here during this BSL Zone live stream and we’re able to inform those that are watching, but those who aren’t watching may not be aware. I suppose it’s about how you get that information out there - what would be your advice?</p>
Herbert	<p>I agree with you. I mean, I now work as a freelance trainer, so quite often, I realise that it’s very difficult to get people to understand relationships, say between CCGs and PALS and the CMHT and CAMHS and so on. It is confusing, and then you’ve got Healthwatch as well. So, part of what I do is training around this, to help people understand how these different organisations fit together so that you can actually work with them to make improvements.</p>
Clive	<p>That means waiting, but people need help now, that’s the issue.</p>
Richard	<p>Yes, people can look at the SignHealth website, there’s information available there, and if they feel that it’s not accessible, they could contact the BDA, the British Deaf Association, because they support Mental Health Awareness Week. So, contact them this week, please, and ask for help.</p>
Herbert	<p>And also, you could go to your GP and ask for a specialist service for help ...</p>
Clive	<p>What do you mean? Can you give some examples?</p>
Herbert	<p>Mental health services for deaf people. They’re in Manchester, Birmingham and London. Say my GP refuses to refer me to specialist services, I can actually ask the specialist service to write to my GP on my behalf to explain, if need be.</p>
Clive	<p>How will people know where those specialist services are in the first place?</p>
Herbert	<p>They have a website. If you Google ‘deaf mental health services’, you’ll see a list of them.</p>
Clive	<p>And then you can get the list.</p>
Herbert	<p>It’s the same for children; if you Google ‘Deaf CAMHS’, you can ask them for advice and support on how to engage with your GP to get a referral.</p>
Richard	<p>And you said there were three centres, in London, Birmingham and Manchester. So does London cover the south?</p>
Herbert	<p>Yes.</p>

Richard	Birmingham, the Midlands? And Manchester, the northern part of the country, so really, depending on where you live you should know which centre to contact.
Clive	Great. Another question, this is from Neil and this is specifically to you Herbert. Are suicide attempts linked to barriers that people experience in connection with their family, language, identity, and also education failure? Often, people feel that they've failed through those experiences; are they linked to potential suicide attempts?
Herbert	That's a really difficult question. Clearly if you don't have communication with your parents, then trying to find someone else that you can communicate with and sign with would really help. Even on Facebook, you can ask people for help, or you can try and find a deaf centre, or try to find different ways where you can get some help from someone else who can use sign language with you.
Richard	That can be very difficult, I think deaf people do experience difficulties with so many of them growing up in hearing families. As we all know, many of us go through the same experiences; it's not always the same, but still, as Herbert said, I'd advise people to find a friend. Sign. Don't think negatively about yourself because you are worth it – you are human and you're totally worth it. You are beautiful and everything; you just need to be with the right people around you, and it's not always that someone's family is the best place for them. You need to find a place where you find that self-worth.
Clive	That's beautiful. Absolutely. We have a question from George: do you think it's important that psychiatrists should have a minimum of Level 6 BSL? George's psychiatrist has and he felt very comfortable and supported with that. Do you feel that that's important?
Herbert	Yes. Certainly, The Royal College of Psychiatrists have supported deaf people. I think maybe 60 psychiatrists can sign and across the three services and the children's service, those who have, for example, worked in those three services and then moved to other areas to work, they've got some signing experience and some deaf experience as well. And so, there are a lot of psychiatrists who have some sign language experience and it's spreading slowly.
Clive	So you're talking about level 6?
Herbert	That's certainly challenging, there are only a few at that level.
Richard	For me, the psychiatrist should communicate on the level that I communicate, so for me, I'd expect a minimum of level 6. I expect to be understood and I expect them to understand what issues deaf people face and issues of our identity.
Clive	Deaf culture.
Richard	Deaf culture, and that's important because, you know, what we go through at school, what we go through in terms of bullying, things that hearing people don't experience. I need psychiatrists to understand that. I need them to have an understanding of the Deaf experience and our culture.
Herbert	Level 6, I think a lot of psychiatrists may well have that because there are people who really have a commitment and a passion to work with deaf people, so I don't know how many there would be but I do think there are quite a lot of psychiatrists who have that level of fluency.

Clive	Again, a question from Neil: how do you think the mental health system for deaf people has been improved, or has it?
Herbert	Okay, so I've worked in mental health for 30 years and I would say there have definitely been improvements, because more and more deaf people themselves are working in mental health services; there's nurses, psychologists, OTs and so they are more able to engage with their patients. I remember when I first started, mental health and the deaf community were two aliens; they were completely separate from each other. Now there's more cross over, there's more integration and actually people are much more open minded; they are more willing to work and share information about mental health services.
Richard	And I think at the same time, you know, there are people who are more service users, those who've had in-patient stays and those who are able to talk about it, who are able to feed back through panels to the services, make service improvements. I think things are better now, I think there's a better awareness now, they're better because the BDA and SignHealth are there; they know that there are these issues, they are working to make things better and I think services have been slow to improve, but it's better than before.
Clive	Got lots of questions coming from our audience. I want to make sure I include them. This from Neil: the National Health Service and the police don't have sufficient deaf awareness or awareness of interpreters and the importance of appropriate people being used. What can we do about that? How can we improve the NHS and the police?
Herbert	Deaf organisations such as Action on Hearing Loss, RAD, the BDA and so on, they have done training. Now, I don't know who has done the training but certainly this has happened. Kings College have certainly been teaching Year 1 and Year 2 medical students who are going to become the GPs and psychiatrists of the future. They've had training as well. I don't know how many people nationally have had training, it's really difficult to know.
Richard	But there's also the PLOD scheme for deaf people; Police Link Officers for Deaf people. So, as far as I'm concerned, I think that's one of the best ways because it means that people can have some signing ability, which is better than there being no signing at all.
Herbert	Again, I've really noticed the number of police who can sign has been increasing.
Clive	Sorry, having to interrupt again. We have a question from Carolyn, who talks about the CCGs and the need for them to have better respect for a deaf person's choice of wanting access to a specialist service because of the communication. Often it can be linked to where the deaf person lives, so it can be a postcode lottery in terms of accessing or not accessing services, so perhaps one person's experience is very positive, where another's wouldn't be. How can we improve that?
Herbert	My advice always is that deaf people themselves should get involved in Healthwatch groups so that they can liaise with CCGs, because once you're in Healthwatch you can offer training, you can offer advice and you can help them improve. If deaf people aren't represented in Healthwatch groups, then there's no way of CCGs getting information.
Clive	How can deaf people get involved? If anybody watching now thinks, "Yes, I want to be part of that," how would they do it?
Herbert	Okay, so you certainly can join, you would say you would work as a representative from the deaf community.

Clive	Deaf organisations?
Herbert	Yes. I think, as I said, there are 151 Healthwatches across ... I think there are 22 deaf people already involved in various Healthwatches and they work with the CCGs to better improve on complaints from deaf people, to improve their awareness and so on. What I hope is that every deaf person ... every Healthwatch has a deaf person in it. I think that would really transform things.
Richard	I remember the previous campaign for BSL recognition, I think we need the same for mental health services for deaf people. We need to campaign, and we need people backing Deaf clubs or backing centres for Deaf people?
Clive	I've got two questions from our audience that I need. This is from Carolyn; she states that three years ago NHS England consulted with the deaf community in terms of future planning. They made a number of promises, took our views on board and it seems that our views have been ignored, what's happened?
Herbert	Promises for what, sorry?
Clive	Services to the deaf community, I think they asked for our views and NHS England consulted with the deaf community and made promises.
Herbert	<p>I think we have to be clear, NHS England fund mental health services for children and adults, for deaf people. There are 10 Deaf CAHMS, in York, Newcastle, Manchester, Birmingham, Nottingham, Oxford, London, Cambridge, Maidstone and then Taunton. So there are 10 centres which are paid for nationally, plus there are the three specialist services we've mentioned already, Manchester, Birmingham and London; the NHS England does already pay for those services.</p> <p>But those are really aimed at people who are very ill, in crisis, and it's different for children. With adults, they'll be more seriously ill, but with children, it's more a holistic approach to the whole family. Children are assessed in home and school visits to make sure they're in the right schools and that their families understand how to communicate with them and so on.</p> <p>But, the BSMHMD (British Society for Mental Health & Deafness), have campaigned about this, trying to change things, for many, many years. And previously deaf people weren't allowed to become nurses.</p>
Clive	So, there have been improvements?
Herbert	Absolutely there have, they ran a campaign and it has been successful. Progress is slow but it is progress.
Clive	We have a question now from George: do you think that the closure of Deaf clubs and the lack of access to information has contributed to the deterioration of deaf people's mental health?
Richard	I feel yes, I think that's right, with Deaf clubs closing, where do you people meet? Society has changed; you see more cafes and bars and social spaces, libraries, community centres, arts, museums, places where friends can talk.
Herbert	I'm not so sure that closing Deaf clubs has led to an increase in mental health problems. I think deaf people now have more choices about what they do; they can be involved in churches, there can be different sports groups, different ethnic groups and so on.

Richard	I think it goes back to what I said earlier, technology has made the community more isolated.
Clive	Because they're focussed on their phones, they're more than likely to be alone.
Richard	We were talking about it earlier; people are just playing on their phones, meeting people less.
Herbert	I think Richard, that's the same for hearing people too. I know that for deaf people there are more communication issues, but I think that's also true for hearing people.
Clive	I have a question from Janet: did the NHS sign an agreement with the BDA to do anything?
Herbert	Not that I know of, I don't know. With the British Deaf Association?
Clive	The National Health Service.
Herbert	Certainly, there's a BSL Charter which has been signed by some NHS areas.
Clive	And what happened once they've signed? Were improvements made? In terms of mental health services.
Herbert	It's a question ... I don't know the answer to that. But certainly now, VRS (Video Relay Services) are gradually spreading throughout NHS services, which would mean interpreters on demand, and we're hoping that technology increases and improves that in the future. Again, that's a slow burner.
Clive	I think it's very clear that deaf people prefer that face-to-face communication, I mean, there are improvements in technology, but is it enough? You know, if a deaf person is feeling distressed now, are they able to meet somebody appropriate?
Herbert	Compare it to 30 years ago, there were no counsellors. Now we have Deaf4Deaf counsellors, we have SignHealth, we have mental health services that provide for deaf people. I think 24 deaf people have trained as counsellors so, you know, it's not enough and we need more. And there are ... you can, as a deaf person, pay for hearing or deaf therapists privately who can also provide a service in sign language, so it's great.
Clive	Well time is running out. It's been an excellent conversation and we have many people still wanting to ask questions! I think it's been very worthwhile; a very valuable discussion and I think it's important that deaf people have been able to access this and watch this live stream discussion. Thank you so much.
Herbert	Thank you.
Clive	It's time to end but don't forget you can watch Getting Personal and it's Richard's story that you will be watching. You can watch this at any time on our app, on our website and also again at 10 o'clock tonight on the Together channel. Thank you for watching, goodbye.