Research Summary

Exploring Help-Seeking Experiences in the Health System Among People with d/Deafness or Hearing Loss and Mental Health Concerns.

3.6 million

NUMBER OF AUSTRALIANS[1] AFFECTED BY HEARING LOSS

Hearing loss has been linked to increased psychological distress, and poorer mental health outcomes.

The research aimed to better understand experiences of people who are deaf, Deaf, hard of hearing or have hearing loss,[2] and have associated mental health concerns, along with their carers and service providers, when seeking help through the health system.

Why this Research Matters

Hearing loss is associated with higher rates of stress, anxiety, depression, and other mental health concerns. Even mild hearing loss can worsen mental health.

Access to mental health support is often delayed or inadequate for people with hearing loss.

Limited data exists on the intersection of hearing loss and mental health, making research and action crucial.

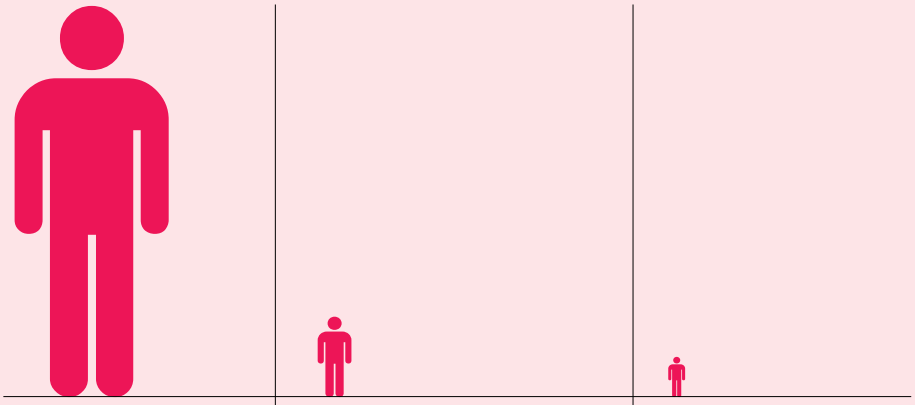
1. Australian Government Department of Health and Aged Care. (n.d.). Ear health. Retrieved April 2025 from https://www.health.gov.au/topics/ear-health/about
2. Our work spans public health and disability advocacy, so we use inclusive terms that reflect both clinical and cultural experiences. Deaf (capital D) refers to people who identify as culturally Deaf. deaf (lowercase d) refers to the audiological condition of hearing loss. Hard of Hearing (HoH) describes a range of hearing loss. Hearing loss is used broadly in public health. The use of "d/Deaf" is an accepted convention recognising the overlap between identities, without privileging one more. People may identify with one, all, or none of these. We respect each person's choice.

Who Participated?

50 survey respondents.

- 76% were people with lived experience of d/Deafness or hearing loss.
- Also included carers and service providers.

DEMOGRAPHICS



39
CONSUMER:
Person with lived experience of D/Deafness/ hearing loss

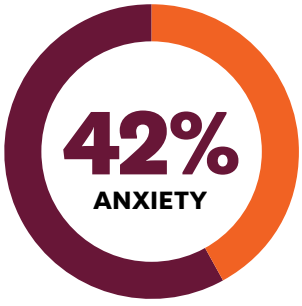
7
CONSUMER:
Carer/parent/legal guardian of person with lived experience of D/deafness/hearing loss

4
PROFESSIONAL:
Healthcare/service provider educator or other professional

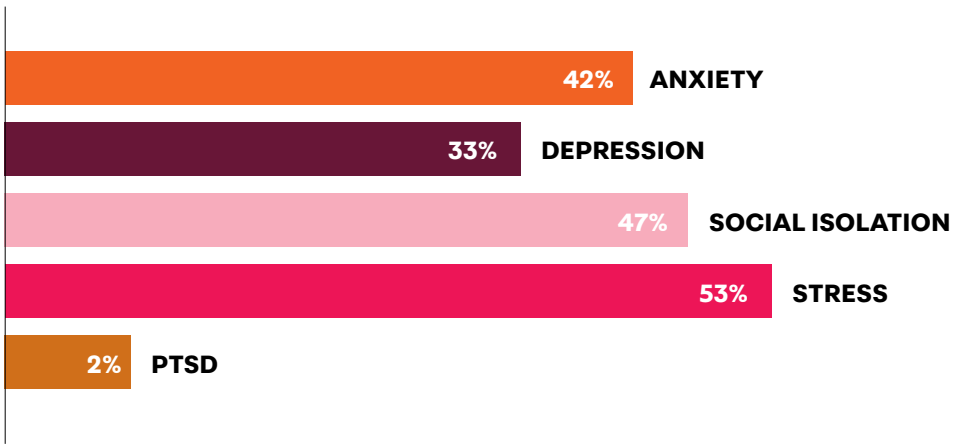
Note: findings are illustrative, not exhaustive, of the broader community's experiences

Key Findings

Most common self-reported mental health concerns:



SELF-REPORTED MENTAL HEALTH CONCERNS RESULTING FROM HEARING LOSS



Flexible, individualised approaches, that include simple adjustments, like facing the person, speaking slowly, or using visual aids, could improve understanding and reduce stress.

THEME	SUMMARY
Communication	Frustration expressed with communication barriers in healthcare. Flexible, individualised approaches, that include simple adjustments, like facing the person, speaking slowly, or using visual aids, could improve understanding and reduce stress.
Individualised Support	d/Deafness and hearing loss affects people in different ways, so mental health care needs to be flexible and personalised. Respondents expressed support that takes into account both their hearing needs and emotional well-being.
Systemic Changes	Respondents pointed out gaps in healthcare professionals' training. They suggested that training should include topics such as Deaf culture, communication strategies, and the mental health impacts of hearing loss.
Holistic Care	d/Deafness and hearing loss often impacts more than just hearing—it affects energy, mood, relationships, and independence. A holistic approach to care is needed that acknowledges the emotional and psychological aspects of hearing loss.
Respect and Understanding	Respondents expressed the need to be treated with respect, and not have assumptions made about their capabilities due to their d/Deafness and hearing loss.
Community Diversity	People with d/Deafness and hearing loss are not a homogenous group. There are diverse communication preferences, and mental health services should reflect this diversity.
Ethical Referral	Clearer pathways for referrals are needed to ensure people with d/Deafness and hearing loss are directed to the right mental health services that cater to their needs.

Key Implications

1. **Communication Barriers**
   - Lack of visual supports and unclear speech create distress and disengagement.
   - Preferences often assumed, not asked.
2. **Overlooked Mental Health**
   - Emotional impacts of d/Deafness and hearing loss (e.g. stress, social isolation) often go unsupported.
   - Mental health rarely addressed alongside hearing needs.
3. **Gaps in Cultural Competence**
   - Shortage of Auslan-fluent and d/Deaf-aware professionals limits safe care.
   - Services often lack cultural or linguistic alignment.
4. **Fragmented Services**
   - Hearing and mental health supports operate in silos.
   - Lack of coordination leads to missed care opportunities.
5. **Stigma Reduces Help-Seeking**
   - Misunderstanding and stigma around d/Deafness and hearing loss and mental health deter access.
   - Individuals feel excluded or judged.

These insights are shared in the spirit of learning and collaboration and should not be interpreted as clinical evaluations or audits of service delivery.

Top Recommendations

1. **Make Communication Inclusive**
   - Use captions, visuals, written info, and ask how people want to communicate.
2. **Integrate Hearing & Mental Health**
   - Create shared care plans that reflect both needs and personal goals.
3. **Boost Cultural Safety**
   - Train staff in Deaf culture and Auslan.
   - Support d/Deaf-led services.
4. **Raise Public Awareness**
   - Campaign to reduce stigma and build understanding of d/Deafness and hearing loss and mental health.
5. **Design Future-Ready, Person-Led Care**
   - Ensure referrals are holistic, ethical, and focused on the unique individual's needs.
   - Incorporate inclusive technology and real-world training shaped by lived experience.

About this Summary

This summary is based on qualitative research that reflects the lived experiences of participants, with care taken to represent the findings accurately and respectfully. The findings are illustrative rather than exhaustive and should be interpreted within the context and limitations of the research. While the research highlights potential areas for improvement, it was not designed to assess the current availability, effectiveness, or feasibility of specific services, policies, or practices, nor to evaluate existing services or test the feasibility of implementing recommendations. This summary is not intended as clinical, medical, or mental health advice.

For more detailed information, please see the full report at www.deafnessforum.org.au.

This document is a conversation starter. It highlights lived experiences to inform future progress.

By addressing these potential gaps in care, we can break down barriers, reduce stigma, and create a more inclusive healthcare system for all.