

Mental Health of Adolescents with Hearing Impairment

Dr. Uma Kanagala
Associate Professor

Ms. S. Esther Hephzibah Angel, B.Sc.,
Dept. of Rehabilitation Science, Holy Cross College
(Autonomous), Tiruchirappalli – 620 002.

Abstract

Deaf and hearing impaired individuals face unique problems regarding communication. Researchers have found that deaf adolescents have more mental health difficulties than their hearing peers and within the deaf groups, those who use spoken language have better mental health functioning than those who use sign language. The period of adolescence is considered as a crucial and significant period of an individual's life. Usually, the adolescents with hearing loss have problems in communication, social interaction with emotional and psychological problems. The adolescents taken for this study are 50 hearing impaired students (23 females and 27 males) in the age group of 13-16 years studying in two special schools for the hearing impaired in Trichy. The objectives of the study were to study the socio-demographic characteristics, mental health, interpersonal relationships and the social interaction of adolescents with hearing impairment with their parents, teachers, peers and community. The researchers briefly explained about the research study to the teachers of standards VI – IX in the chosen special schools. With the help of the teachers the data was collected using the self prepared questionnaires. The findings indicate that the adolescents with hearing impairment were highly satisfied with the relationship with their parents, teachers, and peers and highly satisfied with the social interaction with their parents, teachers, peers and the community, were able to manage their stress and had a positive mental health.

Introduction

According to WHO, over 5% of the world's population – 360 million people (328 million adults and 32 million children) are hearing impaired. Adolescence is a transitional stage of physical and psychological human development that generally occurs during the period from puberty to legal adulthood (age of majority). The period of adolescence is considered as crucial and significant period in an individual's life. Psychologically, adolescence is the age when the individual becomes integrated into the society of the adults. It is the stage when the child no longer feels that he is below the level of his elders but rather an equal with them, at

least in rights. It also includes profound intellectual changes. These intellectual transformations, typical of an adolescent's thinking, enable him to achieve his integration into the social relationships of the adults which is the most general characteristic of this period of development. Usually, the adolescents with hearing loss have problems in communication, social interaction and have emotional and psychological problems. Research indicates that adolescents with hearing impairments have more mental health difficulties than their hearing peers and within the deaf groups, those who use spoken language have better mental health functioning than those who use sign language. Environment plays a major role in the development of the individual with hearing impaired as they have to meet special challenges in speech and language in the environment.

Objectives of the Study

- To study the socio-demographic characteristics of adolescents with hearing impairment.
- To study the mental health of adolescents with hearing impairment.
- To study the interpersonal relationships of adolescents with hearing impairment.
- To study the social interaction of adolescents with hearing impairment with their parents, teachers, peers and community.

Review of Literature

A review of studies related to the present study is as follows :

Deafness is a heterogeneous condition with far-reaching effects on social, emotional, and cognitive development. Mental health of deaf people was reviewed by Fellingner, Holzinger and Pollard (2012). Their review indicates onset before language has been established happens in about seven per 10,000 people. Increased rates of mental health problems are reported in deaf people. Many regard themselves as members of a cultural minority who use sign language. In their review, they describe discrepancies between a high burden of common mental health disorders and barriers to health care. About a quarter of deaf individuals have additional disabilities and a high probability of complex mental health needs. Research into factors affecting mental health of deaf children shows that early access to effective communication with family members and peers is desirable. They concluded that improved access to health and mental health care can be achieved by provision of specialist services with professionals trained to directly communicate with deaf people and with sign-language interpreters.

Huber and Kipman (2011) studied the mental health of deaf adolescents with cochlear implants compared to their hearing peers. They used the "Strengths and Difficulties Questionnaire" (SDQ) to assess the mental health problems of 32 adolescents (mean age 15.0 years) with cochlear implant (CI) and 212 normal hearing peers (mean age 15.0 years). Parent and teacher ratings for the CI subjects (ES emotional symptoms, HA inattention-hyperactivity, CP conduct-problems and PBS pro-social behavior) did not differ significantly from the results of normal hearing peers. However, teachers rated the CI group as significantly having peer problems (PP) very high (clinical) total difficulty scores (TDS). The SDQ results of the CI users correlated significantly with poor results in auditory performance and special school education. The age at CI implantation was not found to be a correlated with emotional, behavioral and social problems. The findings indicate that the mental health of deaf adolescents with CI is higher compared to that of normal hearing peers.

Correlates of mental health disorders among children with hearing impairments were studied by Fellingner, Holzinger, Sattel, Laucht and Goldberg (2009). The aim of this study was to elucidate factors related to the high rate of mental health disorders seen in those with impaired hearing, including social factors and audiological measures. A representative sample of 95 pupils (47 females, 48 males; mean age 11y 1mo, range 6y 5mo to 16y, SD 2y 7mo) with hearing impairments of at least 40dB and normal non-verbal intelligence (IQ 97.5, SD 19.5), was assessed audiotically and with a structured clinical interview giving both current and lifetime diagnoses, and the "Strengths and Difficulties Questionnaire" (SDQ). Detailed social information was gathered from parents and teachers. Point and lifetime prevalence rates for any psychiatric disorder (32.6%; 45.3%) and depression (7.4%; 26.3%) were higher in the hearing impaired than in general population samples and they were not related to the degree of hearing loss. There was a relation between having a lifetime diagnosis and the child's ability to be understood within the family (25.6% vs 7.7%, odds ratio 4.12 [1.2-14.1], $p=0.02$). Internalizing mental health disorders were between three and six times more likely in those who had been teased, maltreated by classmates, or isolated. It was concluded that the increased risk of depression in those who have been teased, isolated, or maltreated is not peculiar to deafness, but the ability to make oneself understood is, and is modestly related ($r=0.22-0.34$) to the probability of these adverse experiences.

In the past decade, the living conditions of hearing impaired children have been changing due to new technologies and mainstreaming in schools. The

majority of population-based studies in deaf pupils were conducted before these changes started to take place. Fellingner, Holzinger, Sattel and Laucht (2008) studied the mental health and quality of life in deaf pupils. Their study aimed to evaluate the current situation regarding aspects of mental health and, for the first time, quality of life in a representative sample of deaf pupils. The sample stems from a population of 1,45,000 pupils attending the first to ninth grades during the school years 2003-2005 in Upper Austria. From 186 children with bilateral hearing impairment of at least 40 dB registered at the centre for special education for children with sensory impairments, 99 with a performance IQ above 70 were included in the present study. Parents and teachers completed the strengths and difficulties questionnaire (SDQ), while parents and children were administered the inventory for the assessment of the quality of life in children and adolescents (ILC). Results indicated that deaf children scored significantly higher on the SDQ than their counterparts from normative samples according to both parent and teacher ratings. Differences were most marked with regard to conduct problems, emotional problems, and peer problems, and less marked for hyperactivity / inattention. While parents of deaf children had a generally positive view of their children's quality of life, deaf children provided a more complex picture, stressing areas of dissatisfaction. Mental health and quality of life were found to be unrelated to the child's degree of deafness.

Research Methodology

The methodology deals with the research design, sampling, variables, tool and the procedure for data collection and analysis of data.

- **Research Design** : This study is a descriptive type of research as it aims to describe the mental health problems prevalent among adolescents with hearing impairment.
- **Sample** : The total sample taken for this study is 50 students (23 females and 27 males) with hearing impairment. These students are from two special schools for the hearing impaired *viz.* Doular's Higher Secondary School for Deaf (35) and Maharishi Vidhya Mandhir (15) located in the urban area, in the age group of 13-16 years studying in VI to IX standards.

Variables

Independent Variables

- **Age** : refers to the chronological age of the target group. In this study the samples were collected between the ages of 13 to 16 years.

- **Sex** : relates to the gender of the respondents. The respondents were both male and female.
- **School** : refers to the institution in which the adolescents with hearing impairment are studying.
- **Degree of disability** : refers to the level of hearing loss of the chosen adolescents. It includes both the deaf and hard of hearing.

Dependent Variable

- **Mental Health** : concept related to the social and emotional wellbeing of individuals generally relating to the enjoyment of life, ability to cope with stresses and a sense of connection to others.

Measurement Instrument

The researchers prepared a schedule for the socio-demographic variables, a questionnaire for relationships, interaction and stress management and to find out the mental health of adolescents with hearing impairment.

Procedure for Data Collection

The researchers briefly explained about the research study to the class teachers of standards VI – IX. With the help of the teachers the data was collected using the prepared questionnaires.

Analysis of Data

The responses were analyzed. Frequencies and percentages were calculated for the responses.

Results and Analysis

The findings and results of the present study are as follows:

Table 1

Socio Demographic Details of Adolescents with Hearing Impairment

S.No	Variables	Frequency	Percentage
1.	Age		
	a. 13 years	14	28.0
	b. 14 years	21	42.0
	c. 15 years	11	22.0
	d. 16 years	4	8.0
2.	Sex		
	a. Male	25	50.0
	b. Female	25	50.0
3.	Degree of Disability		
	a. Deaf	50	100.0
	b. Hard of hearing	0	0
4.	Type of school		
	a. Special school	15	30.0
	b. Residential special school	35	70.0

- A little less than half of the respondents (42%) were in the age group 14 years and a little more

than quarter (28%) were in the age group of 13 years and a little less than quarter (22%) belonged to the age group of 15 years. Very few (8%) respondents were in the age group 16 years.

- Half (50%) respondents were male and remaining half (50%) were female.
- All the respondents (100%) were deaf.
- Majority of the respondents (70%) were studying in the residential school and more than quarter (30%) were in the special school.

Table 2

Relationship with Others of Adolescents with Hearing Impairment

S.No.	Variables	Frequency	Percentage
1.	Parent – Child Relationship		
	a. Highly satisfied	43	86.0
	b. Satisfied	7	14.0
	c. Not Satisfied	0	0
2.	Teacher – Student Relationship		
	a. Highly satisfied	41	82.0
	b. Satisfied	9	18.0
	c. Not Satisfied	0	0
3.	Peer Relationship		
	a. Highly satisfied	41	82.0
	b. Satisfied	7	14.0
	c. Not satisfied	2	4.0

- Majority of the respondents (86%) were highly satisfied in their relationship with parents.
- Majority of the respondents (82%) were highly satisfied with the relationship with their teachers.
- Majority of the respondents (82%) were highly satisfied, with the relationship with their peers.

Table 3

Social Interaction with others of adolescents with Hearing Impairment

S. No.	Variables	Frequency	Percentage
1.	Social Interaction with Hearing Peers		
	a. Highly satisfied	35	70.0
	b. Satisfied	14	28.0
	c. Not satisfied	1	2.0
2.	Social interaction with Teachers		
	a. Highly satisfied	44	88.0
	b. Satisfied	6	12.0
	c. Not satisfied	0	0
3.	Social interaction with Parents		
	a. Highly satisfied	38	76.0
	b. Satisfied	12	24.0
	c. Not satisfied	0	0
4.	Social interaction with Community		
	a. Highly satisfied	30	60.0
	b. Satisfied	19	38.0
	c. Not satisfied	1	2.0

- Majority of the respondents (70%) were highly satisfied and more than quarter (28%) were just satisfied with their interaction with hearing peers.
- Majority of the respondents (88%) were highly satisfied with their social interaction with teachers.
- Majority of the respondents (76%) were highly satisfied and less than quarter (24%) were satisfied with their social interaction with their parents.
- More than half (60%) of the respondents very highly satisfied and less than half (38%) were satisfied and only (2%) of the respondents were not satisfied with the social interaction with the community.

Table 4

Stress Management of Adolescents with Hearing Impairment

S. No.	Variables	Frequency	Percentage
1.	Stress Management		
	a. Highly Manageable	25	50.0
	b. Manageable	22	44.0
	c. Not manageable	3	6.0

- Half of the respondents (50%) were highly able to manage their stress, less than half (44%) could just manage their stress.

Table 5

Mental Health of Adolescents with Hearing Impairment

S. No.	Item	Frequency	Percent
1.	I feel depressed at the slightest failure		
	a. Yes	27	54.0
	b. No	23	46.0
2.	I have a refined way of expressing emotions		
	a. Yes	30	60.0
	b. No	20	40.0
3.	I give expression to my emotions violently		
	a. Yes	27	54.0
	b. No	23	46.0
4.	I feel lonely		
	a. Yes	20	40.0
	b. No	30	60.0
5.	I am satisfied with what I am		
	a. Yes	34	68.0
	b. No	16	32.0
6.	I often get angry with other people		
	a. Yes	14	28.0
	b. No	36	72.0

- A little more than half (54%) of the respondents felt depressed and a little less than half (46%) do not feel depressed at the slightest failure.
- A little more than half (60%) of the respondents feel they have a refined way of expressing emotions and a little less than half (40%) do not have this.

- A little more than half (54%) of the respondents feels expression to the emotions violently and a little less than half (46%) do not express this.
- A little less than half (40%) of the respondents feels loneliness and a little more than half (60%) did not feel lonely.
- A little more than half (68%) of the respondents are satisfied with what they have and a less than half (32%) are not satisfied with what they have.
- A majority of the respondents (72%) do not often get angry with other people while a little more than quarter (28%) feel they often get angry with other people.

Summary & Conclusion

Deaf and hearing impaired individuals face unique problems regarding communication. Researchers have typically found that deaf adolescents have more mental health difficulties than their hearing peers and that, within the deaf groups, those who use spoken language have better mental health functioning than those who use sign language. The period of adolescence is considered as crucial and significant period of an individual's life. Psychologically, adolescence is the age when the individual becomes integrated into the society of the adults. Usually, the adolescents with hearing loss have problems in communication, social interaction and have emotional and psychological problems.

Over all the respondents were highly satisfied with the relationship with their parents, teachers, and peers. A majority of the respondents were highly satisfied with the social interaction with their parents, teachers, peers and the community. Almost half of the respondents were highly able to manage their stress. Considering the positive responses the adolescents with hearing impairment had a positive mental health.

References

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