

Co-Designing Mental Health Systems with Deaf Communities: A Rights-Based and Psychological Approach



Conference

Rome

24 - 25 September 2026

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Honorary President of European Society for
Mental Health of Deaf People

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Independent Deaf Advisor in Mental
Health

Ambassador of European Society for
Mental Health of Deaf People



What is Deaf Mental Health?

Deaf Mental Health

Mental health means:

Feeling good about yourself

Coping with stress

Expressing thoughts and feelings

Having supportive relationships

Living a healthy and meaningful life



Why are Deaf People at Higher Risk?

Deaf Mental Health Example:

A Deaf person may experience **depression** or **PTSD** not because of being Deaf, but because of:

- ✗ Communication barriers
- ✗ Social isolation
- ✗ Family cannot sign
- ✗ Lack of accessible mental health services
- ✗ Discrimination and stigma
- ✗ Trauma and abuse



We believe that:

1. Mental health is a human right.

Mental health is important for the well-being and quality of life of Deaf people.

2. Access to sign language is essential.

Early and lifelong access to sign language supports good mental health and communication.

3. Deaf people face barriers, not problems because of deafness.

Mental health challenges often come from communication barriers, social exclusion, and lack of accessible services.

4. Deaf people must be included.

Policies, health services, research, and professional training must respect Deaf people's rights, culture, and active involvement.

BELFAST STATEMENT ON MENTAL HEALTH AND DEAF PEOPLE

<https://www.youtube.com/watch?v=Zbt9sMaJzcl&t=1s>

BELFAST STATEMENT ON MENTAL HEALTH AND DEAFNESS

“

I want to live in a world where mental health services and information about these services are provided in sign language so as to make them accessible to the Deaf community.

Dr. Lisa Knappton

”

“The Belfast Statement is an assertion of the rights of all deaf people to be fully included in every aspect of civic life. Many things thoughtlessly and needlessly exclude them. Access to mental health and wellbeing services is their right. The Belfast Statement insists on the fullest vindication of that right. It really is time to bear the voices of deaf people”

DR. LISA KNAPPTON
HONORARY MEMBER OF WFD

“The Belfast Statement on Mental Health and Deafness addresses the needs of a mostly un-visible group in our society which is naturally excluded unless specific measures are taken to open the avenues to adequate health care and social participation.”

DR. LISA KNAPPTON
HONORARY MEMBER OF WFD

The Belfast Statement of 2014 (“Statement”) was not the right to effective communication access in the mental health services and information about these services are provided in sign language so as to make them accessible to the Deaf community. It is the responsibility of governments to promote access to services in sign language and they should be reminded of their duties regularly. Deaf persons should be given the opportunity to communicate in sign language at all stages of their treatment.”

In 2014, the 6th World Congress on Mental Health and Deafness in Belfast adopted the Statement. It has been endorsed by a number of organisations, including the World Federation of the Deaf (WFD), the European Society on Mental Health and Deafness, the British Deaf Association, Northern Ireland Human Rights Commission, Sense/Sense International (Deafblind organisation), and Disability Action (ND). Mary McAleese, former President of Ireland, has also endorsed the Statement.

Dr. Lisa Knappton, WFD Honorary President and the 2011 United Nations Human Rights Award, presented the first draft of the Statement at the 6th World Congress. She encouraged the Statement to be released and distributed to stakeholders concerned about mental health, including the World Health Organisation, governments, non-governmental organisations, national mental health care providers as well as families of those who are Deaf, Hard of Hearing and Deafblind persons who have mental health issues.

In her remarks at the World Congress, Dr. Knappton stated, “In my view, this Statement contains the basis of our identity: Deaf people’s need for respect of sign language and Deaf culture from the beginning. I want to live in a world where mental health services and information about these services are provided in sign language so as to make them accessible to the Deaf community. It is the responsibility of governments to promote access to services in sign language and they should be reminded of their duties regularly. Deaf persons should be given the opportunity to communicate in sign language at all stages of their treatment.”

The above also applies for those who are Hard of Hearing, Deafened and Deafblind. Sign language may not be their preferred means of communication. This being the case it is therefore important that mental health services recognise, accept and respect the individual’s preferred means of communication. This includes mental health services communicating with Deafblind individuals and for others the use of speech-to-text technology.

The Belfast Statement is recommended to anyone who is involved in mental health provision as a clear statement of the issues faced by people who are too easily marginalised.

World Congress

ON MENTAL HEALTH AND DEAFNESS

MENTAL HEALTH & DEAFNESS

FROM AROUND THE WORLD, MET IN

FROM 16-19 SEPTEMBER 2014

THE 6th WORLD CONGRESS ON

INCLUDING 300 DELEGATES

Belfast, Northern Ireland,

AND AGREED THE FOLLOWING:

BELFAST STATEMENT ON MENTAL HEALTH AND DEAFNESS

Affirming the right of Deaf, Hard of Hearing, Late Deafened and Deafblind individuals, including adults and children, as per the United Nations Convention on the Rights of Persons with Disabilities (UNCPRD), etc.

RECALLING & REAFFIRMING

– The Waverley South Africa Declaration of the 2008 World Congress on Mental Health and Deafness;
– The Red Bank, Australia Declaration of the 2003 European Society for Mental Health and Deafness; and
– The Universal Declaration of Linguistic Rights, UNHCR World Conference on Linguistic Rights, Barcelona, Spain, 9 June 1999.

RECALLING & REAFFIRMING

– The United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol, particularly General Principles (Article 2); General Obligations (Article 3); and
– The United Nations Convention on the Rights of the Child;

The 6th World Congress on Mental Health and Deafness proclaims that Deaf, Hard of Hearing, Late Deafened and Deafblind people, including adults and children, have a right to:

- Equality and non-discrimination;¹
- Accessibility;²
- Equal recognition before the law;³
- Access to justice;⁴
- Liberty and security of the person;⁵
- Freedom from torture or cruel, inhuman or degrading treatment or punishment;⁶
- Freedom from exploitation, violence and abuse;⁷
- Integrity of the person;⁸
- Liberty of movement;⁹
- Independent living and inclusion in community life;¹⁰
- Personal mobility;¹¹
- Freedom of expression and opinion, and access to information;¹²
- Respect for privacy;¹³

Affirming the right of Deaf, Hard of Hearing, Late Deafened and Deafblind individuals, including adults and children, to meaningful, effective and equal access to:

- Education;¹⁴
- Health;¹⁵
- Rehabilitation and rehabilitation;¹⁶
- Work and employment;¹⁷
- Adequate standard of living and social protection;¹⁸
- Participation in political and public life;¹⁹
- Participation in cultural life, recreation, leisure and sport;²⁰
- Early assessment and treatment;²¹

– Assessment by a qualified member equipped with mental, linguistic and cultural awareness of, and respect for, the needs of Deaf, Hard of Hearing, Late Deafened and Deafblind people;²²

– Mental health services comprising the needs and wishes of the individual;²³

– The individual’s preferred means of communication including sign language and speech-to-text technology;²⁴

– Mental health services that are person-centred, transparent and accessible;²⁵

– Mental health services that recognise, accept and respect the individual’s preferred means of communication including sign language and speech-to-text technology;²⁶

The 6th World Congress on Mental Health and Deafness thereby calls on governments, non-governmental organisations, mental health care providers and other interested stakeholders to:

– Prioritise and promote the right of Deaf, Hard of Hearing, Late Deafened and Deafblind people to recognition of their linguistic and cultural identity as well as possible to promote and protect their mental health;

– Prioritise and promote the accessibility of mental health services for Deaf, Hard of Hearing, Late Deafened and Deafblind people;

– Prioritise and promote the right to effective communication access in the mental health care system from an early age; ensuring evidence-based standards in mental health care practice and early intervention for Deaf, Hard of Hearing, Late Deafened and Deafblind people;

– Develop documentation projects in the provision of mental health care services planned and directed by Deaf, Hard of Hearing, Late Deafened, and Deafblind people;

– Encourage the sharing of best practices in mental health care services for Deaf, Hard of Hearing, Late Deafened and Deafblind people;

– Report back that demonstrates progress in mental health care services that are culturally and linguistically appropriate and accessible for Deaf, Hard of Hearing, Late Deafened and Deafblind people.

WORLD CONGRESS ON MENTAL HEALTH AND DEAFNESS
DELEGATES BY

Lisa Knappton

DR. LISA KNAPPTON
HONORARY MEMBER OF WFD

Tony Kelly

DR. TONY KELLY
HONORARY MEMBER OF WFD

Michael A. Schwartz

DR. MICHAEL A. SCHWARTZ
HONORARY MEMBER OF WFD

Dr. Lisa Knappton

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DR. LISA KNAPPTON
HONORARY MEMBER OF WFD

**Access to qualified
Deaf professionals**

**Respected in
their dignity and
identity**

**Receive clear
information on
Mental Health**

**Communicate
in their
preferred
language and
communication
modality**

**Receive care from
qualified mental health
professionals**

Deaf Client

**Receive evidence-
based therapy**

**Be assessed using
appropriate assessment
tools**

**Fully participate in
decision-making**

**Give or refuse
informed consent
without
intermediaries**

CO-DESIGNING MENTAL HEALTH SYSTEMS WITH DEAF COMMUNITIES: OUR PROPOSAL

1.
**Collaborate with
associations
that represent
Deaf individuals**



2.
**Raise institutional
awareness**



3.
**Carry out
research**



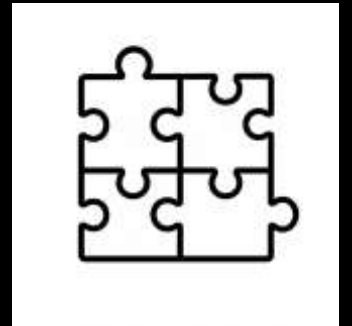
4.
**Train sign
language
interpreters**



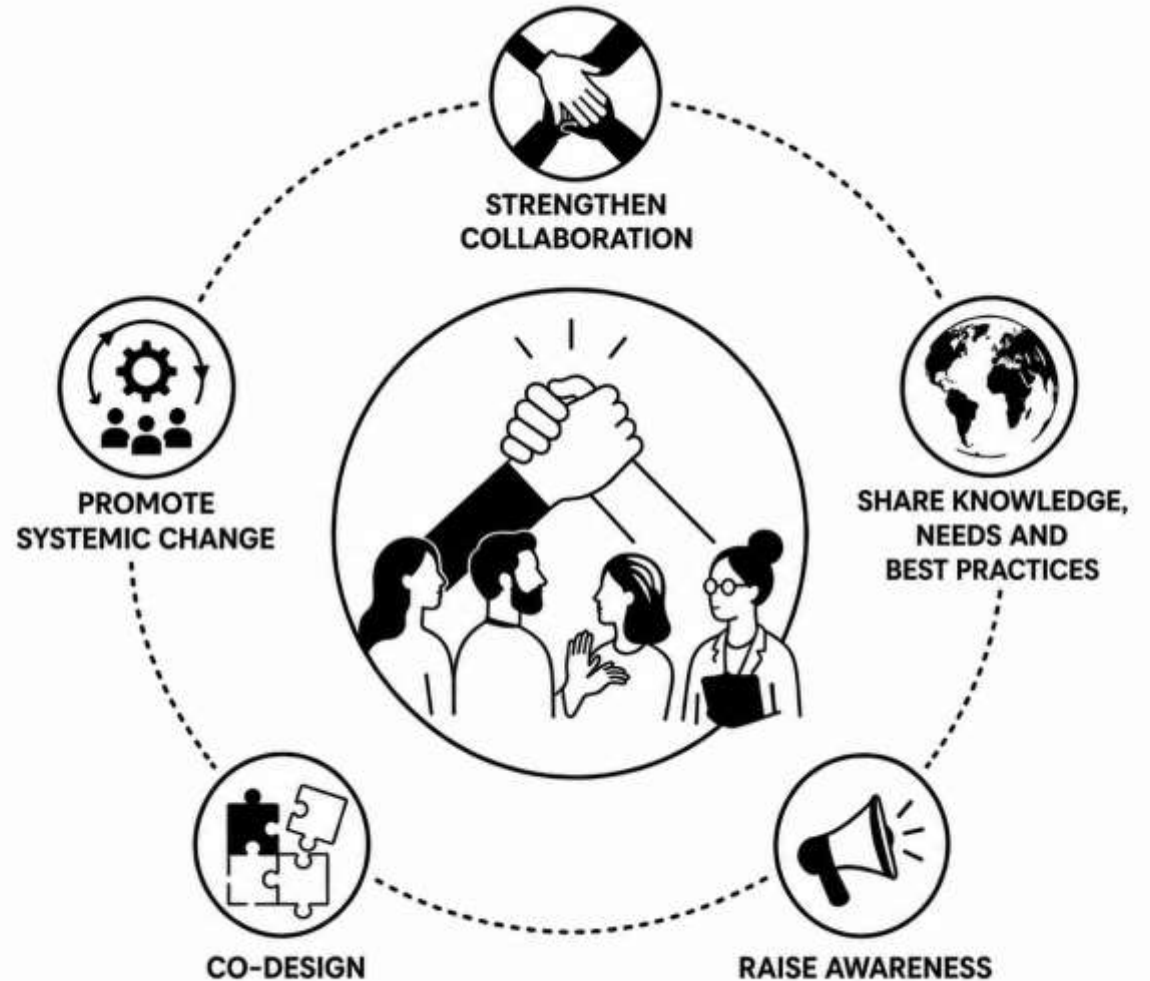
5.
**Train
professionals
in Mental
Health**



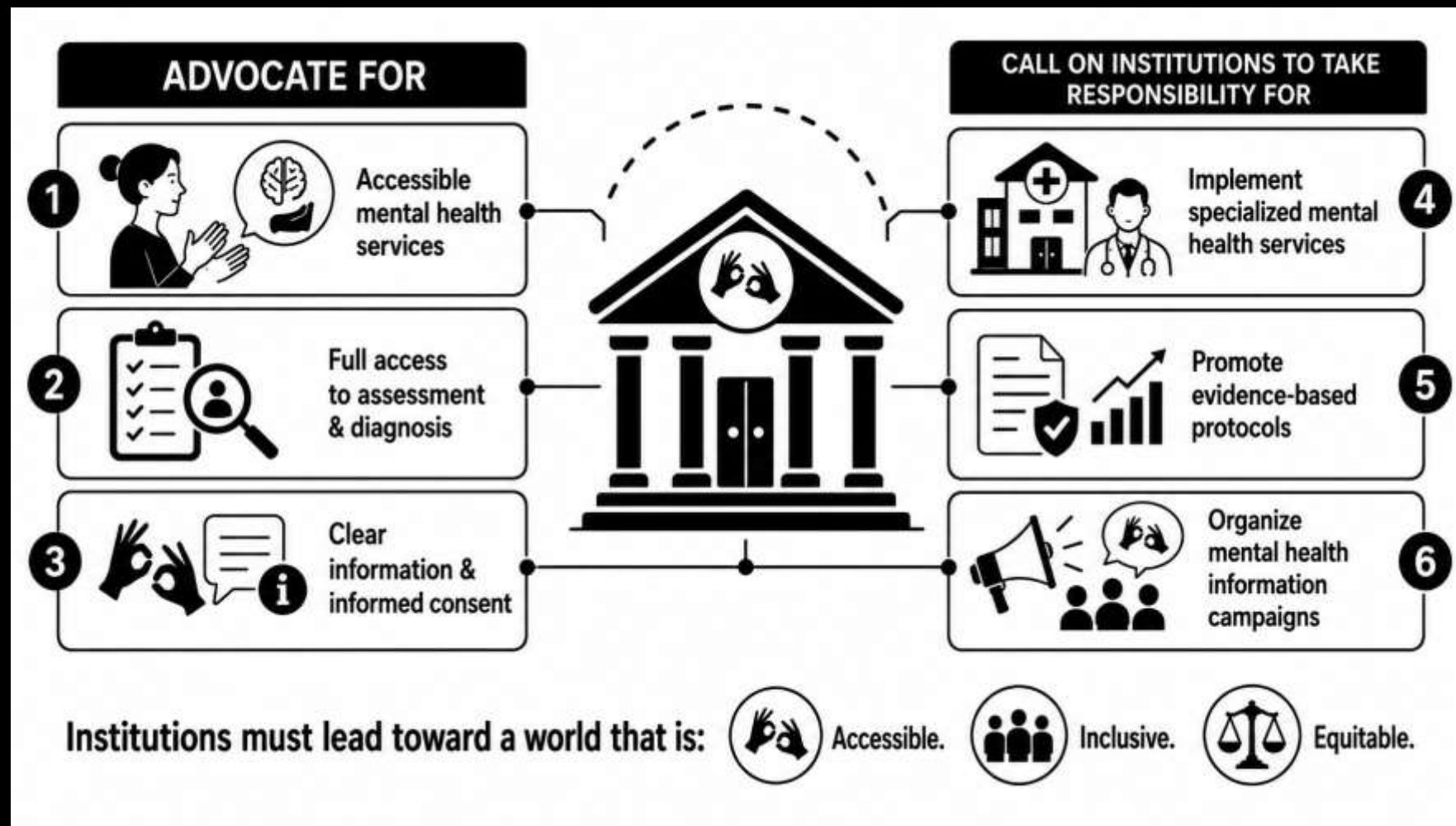
6.
**Implement
highly
specialized
services**



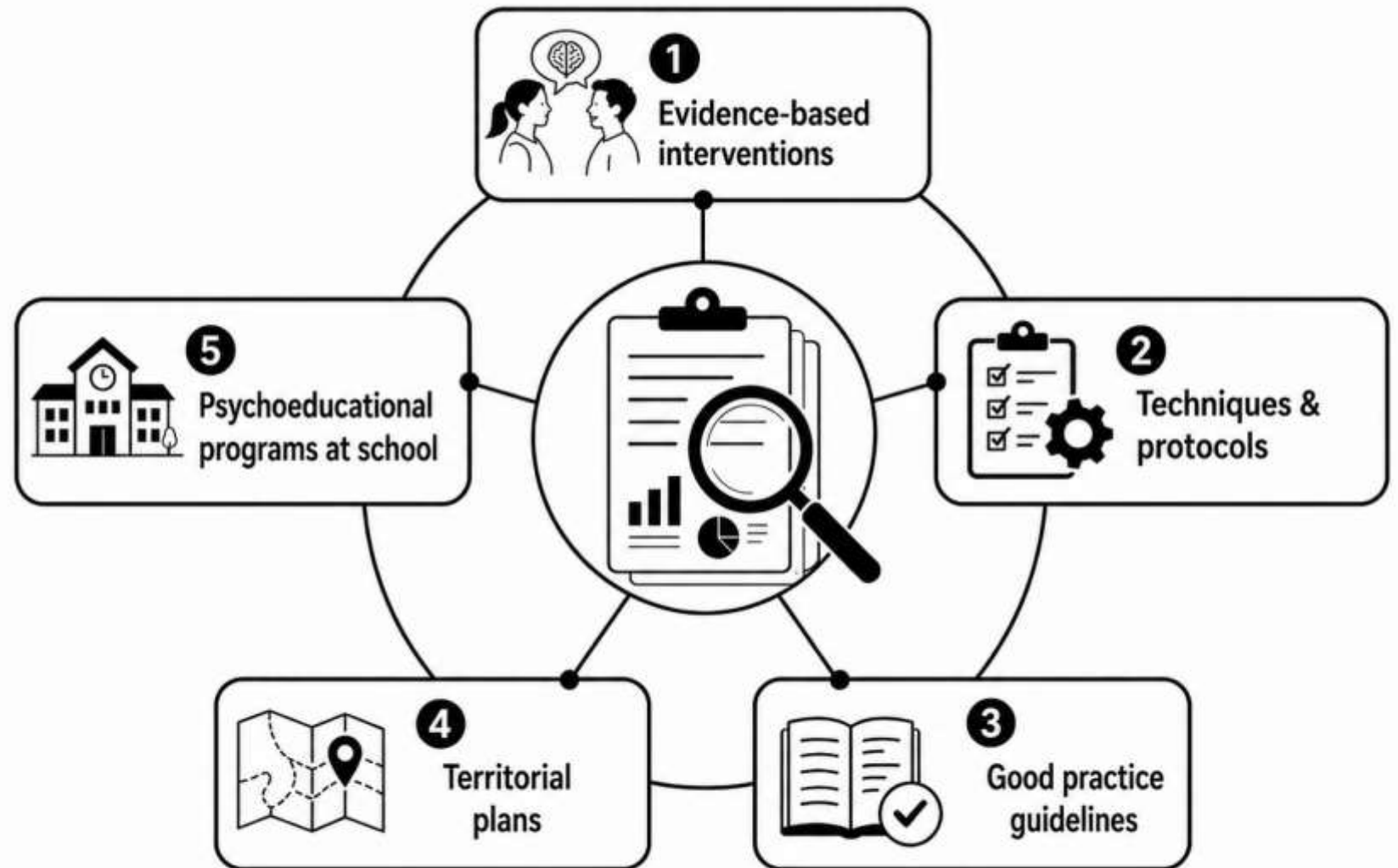
1. COLLABORATE WITH ASSOCIATIONS THAT REPRESENT DEAF INDIVIDUALS



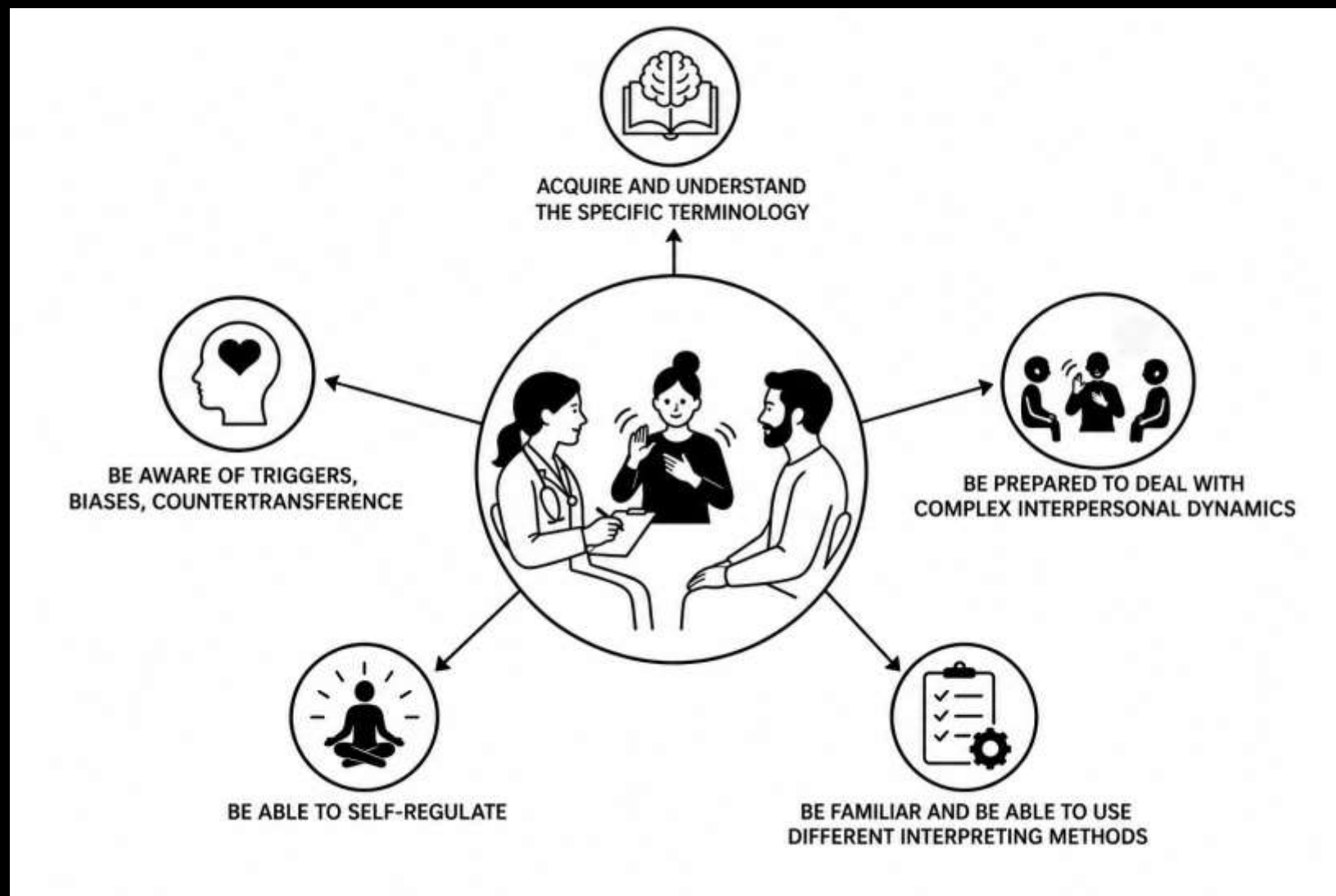
2. RAISE INSTITUTIONAL AWARENESS



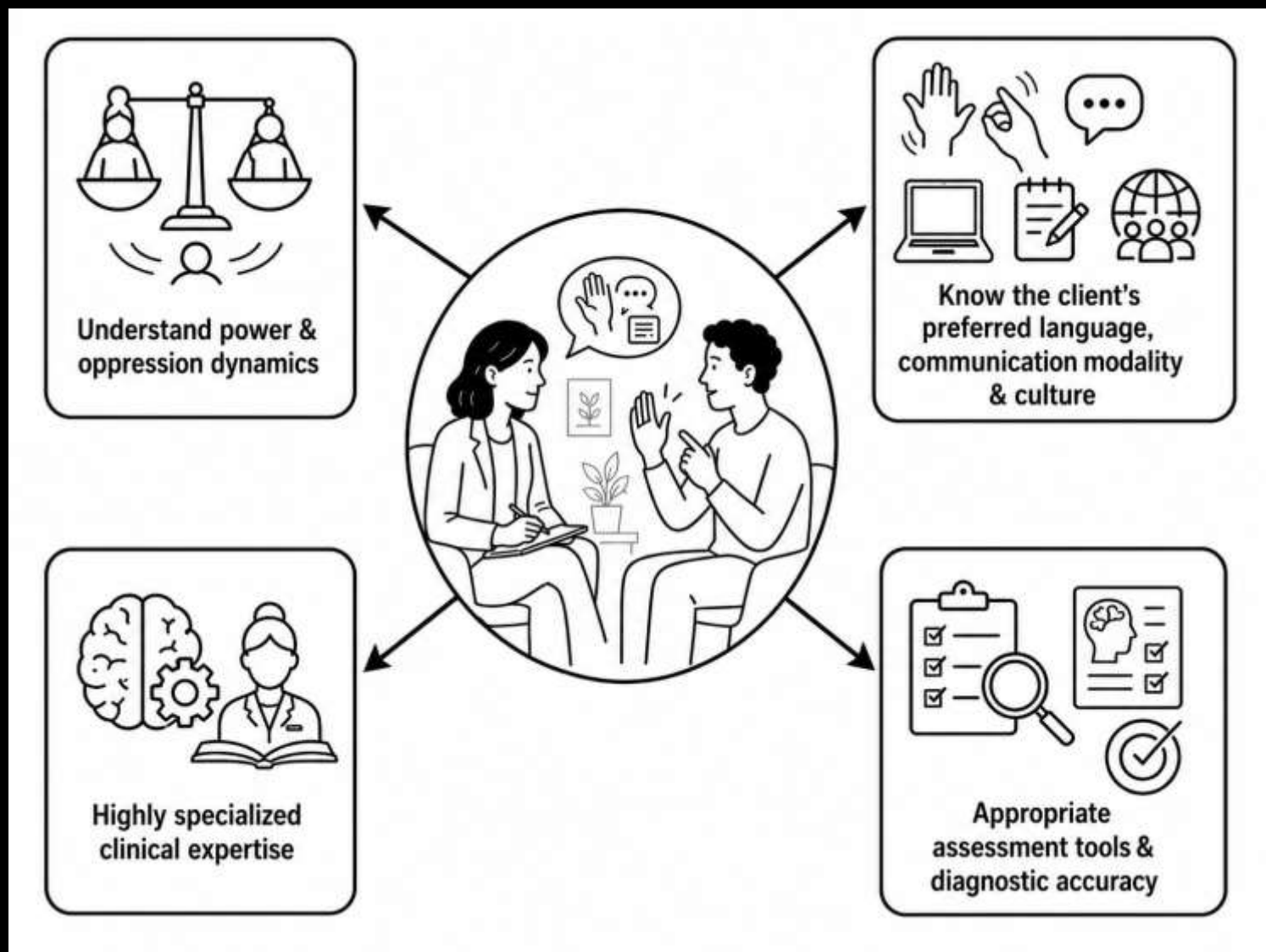
3. CARRY OUT RESEARCH



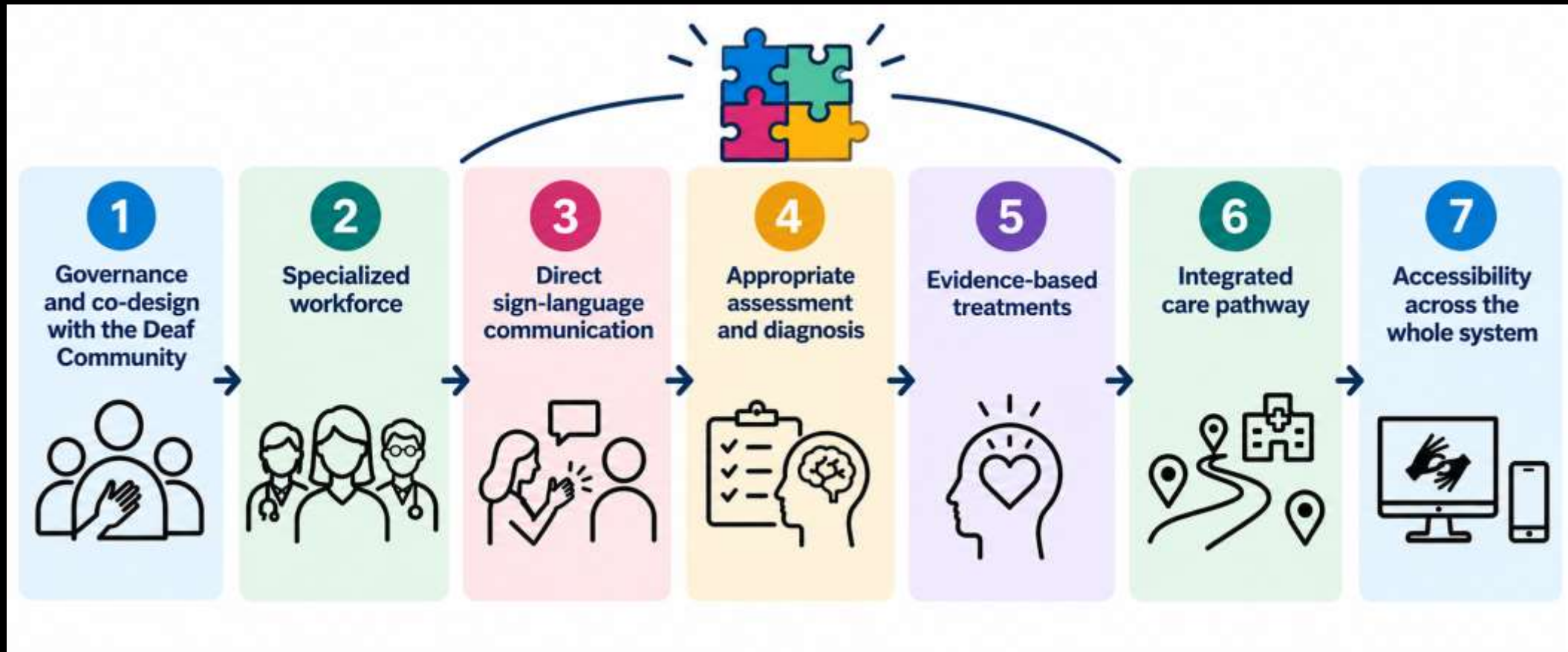
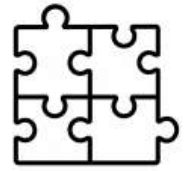
4. TRAIN SIGN LANGUAGE INTERPRETERS



5. TRAIN PROFESSIONALS IN MENTAL HEALTH



6. IMPLEMENTATION OF HIGHLY SPECIALIZED SERVICES



The Deaf Indonesian community

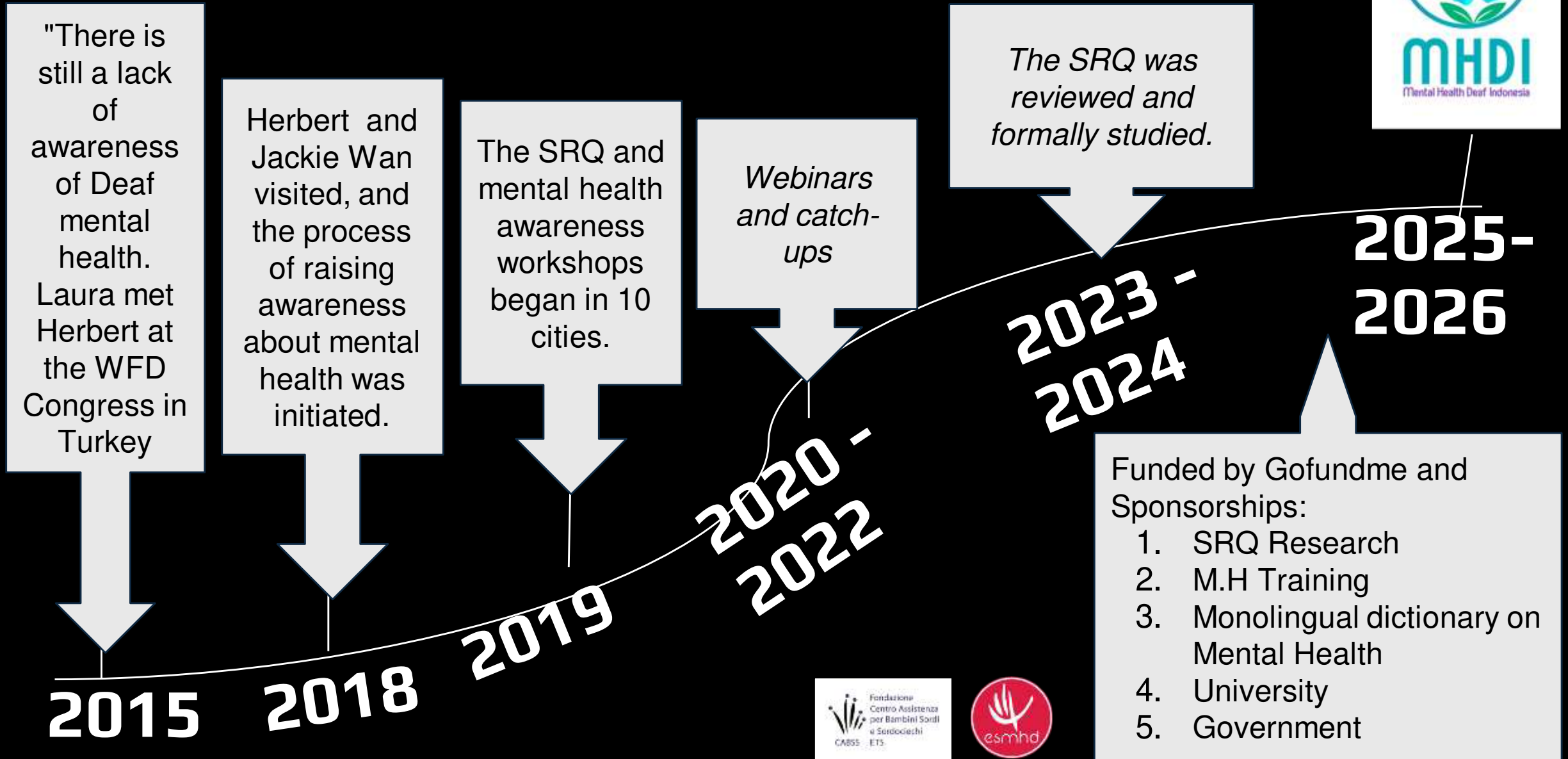


PLJ - Indonesian Sign Language Interpreting services

Gerkatin -Movement for Indonesian Deaf Welfare

Pusbisindo - Indonesian Sign Languages training (Bisindo)

The Journey of the Indonesian Deaf Mental Health Team



Self-Rating Questionnaire (SRQ) Survey in 2024

- 350 men & 286 women, 20 cities
- 30% suicidal thoughts
- 89% mental health issues
- 70% unemployed
- 40% unhappy
- 36% felt worthless
- Deaf people are at high risk - isolation, unemployed, lack of social skills, family hold back deaf person from the deaf community, high abuse, oppression and discrimination

Deaf Mental Health Training 2025

Starbucks Foundation, PLJ, Pusbisindo, Gerkatin, UGM and UNPAD Universities at Jakarta, Bandung and Yogyakarta.

2025 – Deaf Mental Health Problem

	JAKARTA	BANDUNG	YOGYAKARTA	SOLO
How many with Mental Health Problems	77%	79%	80%	77%
Total respondents	17/22	15/19	16/20	33/43
How many with suicidal thought?	32%	32%	45%	28%

- **High numbers** of Deaf with mental problems and similar in each city.
- 77-80% of Deaf experiencing mental problems is **higher** compare to hearing people
- 28-45% of Deaf with suicidal thoughts is significant in terms of **psychological urgency** in need of help
- Health care providers need to be aware and collaborate with Deaf to assist in managing Deaf mental problems whether through **promotion/education**, or **intervention/therapy/medication**.

DEAF INDONESIAN MODEL



Angkringan #14
Breaking Barriers of Disability and Mental Health:
Learning from Indonesian Deaf Communities

Tamu Super:
Dr. Stefania Fadda
 Head of the European Society on Mental Health and Deafness (ESMD) and Director of the Assistance Center for Deaf and Deafblind Children
Herbert Klein
 Independent Deaf Activist in Mental Health
Amang Yama
Dr. Pedytia Putri Hertini

Hosts:
 Baitu, 20 November 2024
 10.00 - 17.00 WIB
 Hybrid: Zoom Meeting & Fakultas Psikologi UGM

Dokter Sekarang!
bit.ly/Angkringan14CRP

Follow us on:
 @ugm @ugm.ac.id @psikologi.ugm.ac.id @0807 9969 1281



WORKSHOP KESEHATAN MENTAL TULI

Mendukung advokasi dan peningkatan pelayanan kesehatan mental bagi Tuli di Indonesia.

Waktu Pelaksanaan:
16 November 2024
 10.00 - 16.00 WIB

Ruang Multimedia Kampus Semanggi
 Universitas Katolik Atma Jaya

Kami Mengundang Anda untuk Berpartisipasi:

- Para Psikolog dan Psikoter yang berdomisili di Jakarta
- Para Mahasiswa Psikologi dan Psikoter yang berdomisili di Jakarta
- Para Guru SLB yang menangani murid Tuli
- Yayasan dan Praktisi yang bekerja di Sektor Kesehatan Mental
- Rekan-rekan lainnya yang ingin membantu untuk meningkatkan kesehatan mental bagi para Tuli di Indonesia

Contact Person
 +6287800173676 (Nahemia)

BIAYA WORKSHOP
 Rp 150.000 / orang
 (Termasuk makan siang, snack dan e-sertificate)

Bank Mandiri KCP RS Jakarta
 122 - 000 - 203 - 005 - 6
 a/n Fakultas Psikologi Unika Atma Jaya

KIRIM BUKTI TRANSFER DAN ID LINK BERIKUT UNTUK MENDFTAR:
<https://forms.gle/rjv5Q2ag7YwksY72>



Thank You!



Contacts:

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