

February 16, 2021

Representative Tawna Sanchez

Chair, House Committee on Behavioral Health Care

Oregon State Legislature

900 Court Street NE

Salem, Oregon, 97301

Re: HB 2585

Dear Representative Sanchez,

I feel very strongly about improving mental health services for deaf and hard-of-hearing individuals in the state. In 2010, one assessment found just 15 mental health professionals in the Portland-Salem area who know ASL. Based on my research, that number is not much higher twelve years later. I am actually looking for a therapist now and am more comfortable with seeing a woman, but it seems like there is only a handful of therapists who can sign or are familiar with Deaf culture. Among the thousands of hearing therapists who offer a wide variety of therapeutic approaches and have various specialties, I have narrowed down to one therapist who is Deaf and knows ASL but whose office is an hour's drive, and an art therapist in Portland.

There are more than 186,000 Oregonians living with hearing loss. Hearing loss is an “invisible” disability. As such, the majority of Deaf, Hard of Hearing and Deaf-Blind individuals in the state are woefully overlooked and underserved. They encounter discrimination, oppression and barriers to employment on a daily basis. There is a dire shortage of professionals who have the training, experience and linguistic competence to assess and address the mental health needs of deaf individuals.

Studies show that deaf individuals experience social-emotional difficulties at a rate as high as two to three times that of their hearing peers. Deaf children and adults are three to five times more likely to have a serious emotional disturbance than their hearing peers. The lack of or use of underqualified interpreters can lead to diagnostic errors during assessment. And the list goes on.

House Bill 2585 would provide an opportunity for Oregon Health Authority (OHA) to investigate and make recommendations for Deaf, Deaf-Blind, and Hard of Hearing Oregonians so that they could receive adequate mental health services in Oregon. An advisory committee would provide much-needed information, education, and training, and serve to improve the mental health needs of Deaf, Deaf-Blind, and Hard of Hearing Oregonians during their lifetimes. Please support House Bill 2585, and thank you for your consideration.

Sincerely,

Anne G. Liversidge, Ph.D.

12630 NW Barnes Rd. #6

Portland, Oregon, 97229

References:

Black, P., & Glickman, N. S. (2006). Demographics, psychiatric diagnoses, and other characteristics of North American deaf and hard-of hearing-inpatients. *Journal of Deaf Studies and Deaf Education*, 11(3), 303–321.

Glickman, N. (2013). *Deaf mental health care*. New York, NY: Routledge

Leigh, I. W., & Pollard, R. Q (2011). Mental health and deaf adults. In M. Marschark & P. E. Spencer (Eds.), *Oxford handbook of deaf studies, language, and education* (2nd ed., Vol. 1). New York, NY: Oxford University.

Luckner, J., & Bowen, S. (2006). Assessment practices of professionals serving students who are deaf. *American Annals of the Deaf*, 151(4)

National Association for the Deaf. (2003, May 03). Position statement on mental health services. Retrieved from www.nad.org/issues/health-care/mental-health-services/position-statement