DEAFNESS FORUM AUSTRALIA

May 2025

EXPLORING HELP-SEEKING EXPERIENCES IN THE HEALTH SYSTEM AMONG PEOPLE WITH DEAFNESS OR HEARING LOSS AND MENTAL HEALTH CONCERNS

Mental Health, Hearing Loss, and Pathways to Person-Centred Care

---

Author

Jane Lee

Our Gratitude

We deeply appreciate all the individuals who took the time to share their experiences and insights with us, whether through the survey or direct comments. Your perspectives are invaluable in guiding our efforts to enhance health system responses that truly meet the needs of the d/Deaf and hearing loss community. A heartfelt thank you also goes to the service providers who contributed their feedback; your input enriches our understanding and strengthens our commitment to meaningful improvements.

About Deafness Forum Australia

Deafness Forum Australia is the national independent citizen representative peak body for all Australians with hearing challenges, ear or balance disorders, and their families and supporters. Our purpose is to support Australians to live well in the community by making hearing health and wellbeing a national priority.

About the Author

Jane Lee is the National Director of Hearing Health at Deafness Forum Australia. She holds a Master of Bioethics, a Master of Public Health with a focus on Climate Change and Environment, and a Bachelor of Science in Social Science (Sociology/Anthropology). Jane has extensive experience in disability issues, women's health, mental health, health equity for Culturally and Linguistically Diverse (CALD) Communities, and environmental health. She is dedicated to building healthy communities by addressing the diverse determinants that enable individuals to thrive.

ISBN: 978-1-7641317-0-4

Acknowledgement of Country

We acknowledge the Traditional Owners of the land on which we live and work, and we pay our respects to Elders past and present.

Deafness Forum Australia is headquartered on Ngunnawal and Ngambri Country. As a national peak body, we recognise that our members and the communities we represent are located on many different Countries across this land.

Table of Contents

Executive Summary

This research explores the intersection between hearing loss and mental health and experiences seeking help in the health system, centring the voices of people who are d/Deaf, Deaf, hard of hearing, or who experience hearing loss. It also draws on the perspectives of carers and service providers to inform a more inclusive, culturally safe, and person-centred approach to care.

Through a community-informed process, this work seeks to understand the barriers faced by people with hearing loss when navigating health services, and to identify opportunities for immediate improvements in care alongside longer-term systemic reform.

Research Objectives

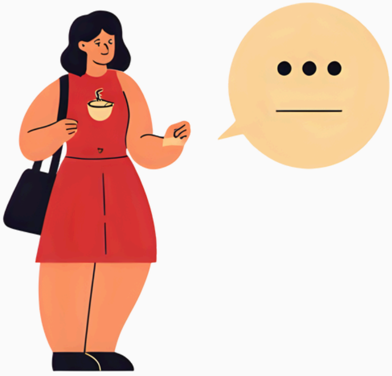
- **Primary:** To gather the lived experiences of people who are deaf, Deaf, hard of hearing or have hearing loss and mental health concerns to inform an educational framework for future healthcare professionals.
- **Secondary**
  - To identify actionable strategies that healthcare professionals can implement immediately to better support individuals with d/Deafness or hearing loss and mental health concerns, enhancing care delivery and outcomes.
  - To inform broader systemic opportunities for healthcare reform that promote person-centered care for individuals with d/Deafness or hearing loss and their families, ensuring equitable access, tailored support, and improved long-term well-being.

While this report focuses on the secondary objectives, insights related to the educational framework are included in a submission to government available on our website.

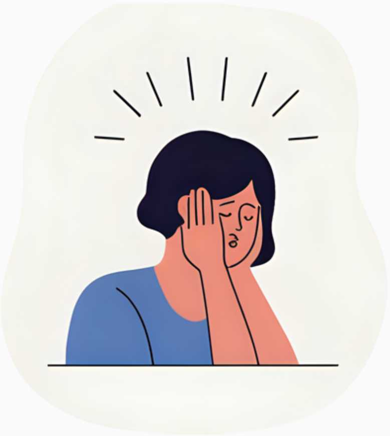
> *This work is grounded in the recognition that people with hearing loss are not a homogenous group.*

The findings highlight a range of reported systemic issues, from poor communication and perceived cultural incompetence to fragmented services and stigma. Importantly, the report also amplifies the strengths and resilience of the community, whose voices offer clear direction for meaningful change.

The research was informed by a survey of 50 participants, including individuals with hearing loss, carers, and service providers, as well as community feedback received through social media. A thematic framework analysis guided the interpretation of the data, allowing recurring experiences and insights to be initially grouped under seven themes, and further interpreted and analysed through a framework of nine categories.



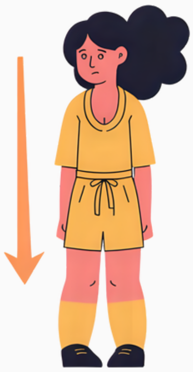
Communication barriers were among the most common concerns, with participants describing distress and disengagement caused by unclear speech, the absence of visual supports, and a lack of inclusive communication practices. In many cases, communication preferences were reported as being assumed rather than asked, leaving individuals feeling unsafe and excluded.



Mental health needs were often described as overlooked or unsupported. Participants reported high rates of stress, anxiety, social isolation, and depression, yet many said these concerns were rarely addressed in conjunction with their hearing needs. The emotional impacts of hearing loss—particularly for those who have experienced language deprivation or social exclusion—were perceived to be poorly understood in many healthcare settings.

Cultural safety also emerged as a potential gap. Respondents spoke about the lack of Deaf-aware and Auslan-fluent professionals, as well as services that they felt failed to reflect or respect their cultural and linguistic identities. Many participants called for trauma-informed, co-designed training and increased representation of Deaf professionals in healthcare spaces.

Fragmentation of care was another barrier frequently raised. Hearing and mental health services were often described as operating in silos, leaving individuals to navigate complex systems on their own. The lack of coordination was said to have led to missed care opportunities and compounded the distress many already felt.



Stigma continues to shape how people with hearing loss engage with health services. Participants described feeling judged or dismissed, and reported that a lack of understanding of both hearing loss and mental health created further barriers to seeking help.

Despite these challenges, participants shared strong, clear visions for what inclusive and effective care could look like.

Below are five overarching recommendation themes to inform and guide future initiatives:

1. Make Communication Inclusive

Embed accessible communication in every healthcare interaction. This includes using captions, written information, visual aids, and routinely asking patients how they prefer to communicate. Auslan interpreters, plain language, and face-to-face engagement must be standard practice.

2. Integrate Hearing and Mental Health

Develop shared care plans that reflect both hearing and mental health needs. Promote interdisciplinary models that offer coordinated, person-centred support across sectors, rather than placing the burden on individuals to connect fragmented services.

3. Boost Cultural Safety

Deliver co-designed, trauma-informed training that centres lived experience and focuses on d/Deaf culture, Auslan, and inclusive communication. Actively invest in d/Deaf-led services and workforce development to ensure healthcare reflects the communities it serves.

4. Raise Public Awareness

Launch education campaigns to challenge stigma and build understanding around d/Deafness, hearing loss, and mental health. Public awareness is essential to changing attitudes and creating more welcoming environments across healthcare and community settings.

5. Design Future Ready, Person-Led Care

Ensure systems are ethical, holistic, and led by the needs and identities of individuals. This includes embracing inclusive technologies, embedding accessibility in mental health strategies, and involving Deaf professionals in the design and delivery of care.

A comprehensive list of recommendations can be found at the end of this report.

This research represents a first step in a longer conversation.

It does not claim to test the feasibility of these recommendations, but rather offers a starting point informed by community experience.

The findings point to an urgent need for inclusive training, culturally responsive service design, and the dismantling of systemic silos between hearing and mental health care.

Above all, it calls for healthcare systems that listen, adapt, and act on the voices of those most affected.

Background

Context and Purpose

The Department of Health and Aged Care (the Department) engaged Deloitte to lead a public consultation (the Consultation) on an emerging mental health curriculum framework for undergraduate health degrees.

The intersection of hearing loss and mental health presents challenges for individuals who are d/Deaf or hard of hearing, yet these challenges are often underrecognised in healthcare systems.

The Consultation provided an opportunity to ensure that individuals with hearing loss would receive the appropriate support from health care practitioners.

This report outlines research that was conducted to inform the Consultation on the development of a mental health curriculum framework for healthcare professionals, specifically addressing the needs of individuals with hearing loss. The primary objective of the research was to inform the Consultation process. However, recognising the opportunity to gather broader insights, we also had secondary objectives to identify improvements in healthcare delivery, so we could further amplify our community's voices to enhance support elsewhere.

People with hearing loss, including those who are d/Deaf or hard of hearing, may experience distinct mental health challenges. These challenges have been associated with increased risks of anxiety, depression, social isolation, and other mental health concerns. Factors such as communication barriers and stigma surrounding hearing devices may exacerbate these issues. However, the specific needs of this group are often not sufficiently addressed in mental health education for healthcare professionals, which can lead to gaps in support.

This report presents the methodology and findings of the Survey conducted within the context of the Consultation process. While the findings informed the Submission, per our primary objectives, this report does not detail that submission. Instead, it focuses on the broader implications of the research, per our secondary objectives, highlighting the need for improvements in healthcare delivery and practical strategies to better support individuals with hearing loss.

The findings presented here are intended to contribute to ongoing discussions in healthcare and mental health education, as well as to inform future strategies for improving care for individuals with hearing loss.

The Link Between Hearing Loss and Mental Health

Hearing loss affects approximately 3.6 million Australians,[1] spanning a range from mild to profound impairment. While national data specifically examining the overlap between hearing loss and mental health conditions is limited, existing research consistently suggests that people with hearing loss suffer a higher incidence of mental health concerns than the general population.[2]

Individuals with hearing loss are at an increased risk of psychological and emotional difficulties, including anxiety, depression, social withdrawal, and loneliness. These challenges can arise from communication barriers, the mental strain of navigating a hearing world, and stigma associated with hearing devices or accessibility needs.

The Consultation

Acknowledging the need for enhanced mental health education among various healthcare practitioners, the Department of Health and Aged Care initiated a public consultation on the emerging mental health curriculum framework for undergraduate health degrees. The Consultation was led by Deloitte. The Consultation was open from 17 March 2025 to 18 April 2025.

Recognising the connection between hearing loss, d/Deafness, and mental health concerns, we participated in the Consultation. While our main focus is on supporting the d/Deaf and hard-of-hearing community, we believe that addressing their needs can lead to improvements benefiting the broader healthcare system and other communities.

The Survey

To ensure our work genuinely reflected the experiences and needs of our community, we conducted a one-week survey (the Survey). The Consultation was open for feedback from 17 March to 4 April 2025, with a last-minute extension to 18 April 2025. Due to this tight timeline, our survey period was necessarily brief.

The Submission

While the Survey responses were used to inform the Consultation, this report does not cover those specific aspects. For a detailed account of the Submission, including our comprehensive response and additional insights, please refer to the document: *'Our Response & Supporting Insights: Public Consultation on Emerging Mental Health Curriculum Framework for Undergraduate Health Degrees.'* You can access the Submission on our website or by contacting us directly.

---

[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] Hazel Gardner and Helen Goulios, A Review of the Literature Relating to the Hearing Health Care Workforce in Australia (Melbourne: Audiology Australia, 2022), https://audiology.asn.au/Tenant/C0000013/auda-literature-review-0122.pdf.

A Note on Language & Identity

The voices of people who are deaf, Deaf, hard of hearing, or who experience hearing loss are essential to the conversation around mental health and service delivery.

For this reason, the voices of people with lived experience have been central to this research, and care has been taken with language to reflect the diverse and unique experiences of those represented in this report.

We recognise that no single term will suit all individuals or communities. Our primary intention is to be respectful of how people understand and describe their own experiences. At the same time, the language used in this report has also been informed by the nature of our work, which spans both public health and disability advocacy. Because of this, we use a range of terms interchangeably that reflect both clinical and cultural perspectives.

Deaf (capital D)

is generally used to refer to individuals who identify as part of the Deaf community and who may use Auslan (Australian Sign Language) as their primary language. Deaf culture includes a shared history, language, and sense of identity.

deaf (lowercase d)

generally refers to the audiological condition of hearing loss and may include individuals who do not identify as part of the Deaf community.

Hard of hearing (HoH)

is generally used to describe people who experience a range of hearing loss and who may use spoken language, hearing aids or other assistive technologies, and who may or may not identify with Deaf culture.

Hearing Loss

is typically used within public health and clinical contexts to describe the spectrum of reduced hearing ability. While useful in some settings, it may not always reflect how individuals view themselves or their experiences.

You may see combined phrases such as "Deaf, deaf and hard of hearing", or the use of "d/Deaf" throughout this report.

The use of "d/Deaf" is a convention that acknowledges the overlap between clinical and cultural identities, without privileging one over the other.

This is consistent with inclusive writing practices and advocacy approaches, particularly when a unified reference to both groups is needed.

Importantly, we avoid using the term "hearing impaired" in this report, as it is often viewed as deficit-based and stigmatising by many within the d/Deaf and hard of hearing communities. However, we recognise that some individuals—including participants in this research—continue to use this term to describe their own experiences. In these instances, we have retained the language as it was conveyed by the respondent, in order to accurately reflect their voice and perspective. We respect each person's right to define their identity in the way that feels most appropriate to them.

It is also important to note that not all people who are deaf, Deaf, hard of hearing or who experience hearing loss consider it to be a disability or a health condition. For many, it is simply part of their identity, community, or way of life. Assumptions or stereotypes that all d/Deaf or hard of hearing individuals share the same experiences can be misleading and unhelpful. However, this should not diminish the very real barriers people who are d/Deaf, hard of hearing or with hearing loss may face in communication, in accessing services, and in navigating a society that is often structured around hearing norms.

To better understand and respond to these barriers, it is also essential to apply an intersectional lens. This means recognising that individuals may experience overlapping forms of marginalisation—such as those related to race, gender, class, disability, or cultural identity—that intersect with their experiences of hearing and communication. These layers of inequity can compound disadvantage and shape how people engage with mental health services, advocacy systems, and community supports. By acknowledging these complexities, we can move towards more inclusive, equitable approaches to care and service delivery, and in doing so, work meaningfully towards achieving health equity for diverse d/Deaf and hard of hearing communities.

The focus of this report is specifically on the mental health experiences of people who are deaf, Deaf, hard of hearing or who experience hearing loss, and who have reported experiencing mental health concerns in connection with those experiences. The language used throughout reflects our commitment to respectful and inclusive research and advocacy. It has been informed by existing literature, feedback from the community, and conversations with people with lived experience. While this report does not explore intersectionality in depth, we recognise its importance in shaping people's diverse experiences and in understanding broader barriers to mental health support. By using inclusive language and acknowledging the complexity of identity, we aim to ensure that people's voices are meaningfully represented in our efforts to improve mental health outcomes and promote health equity.

Methodology

Objectives

- **Primary**
    - To gather the lived experiences of people who are deaf, Deaf, hard of hearing or have hearing loss and mental health concerns to inform an educational framework for future healthcare professionals.
- **Secondary**
    - To identify actionable strategies that healthcare professionals can implement immediately to better support individuals with d/Deafness or hearing loss and mental health concerns, enhancing care delivery and outcomes.
    - To inform broader systemic opportunities for healthcare reform that promote person-centered care for individuals with d/Deafness or hearing loss and their families, ensuring equitable access, tailored support, and improved long-term well-being.

Note: This report predominantly addresses our secondary objectives. For detailed insights related to our primary objective, please refer to our Submission to the Department of Health and Aged Care's public consultation on the emerging mental health curriculum framework for undergraduate health degrees. While there is obvious overlap between the Submission and this report, we have intentionally separated them to maintain clarity and ensure that we offer targeted recommendations. These recommendations in this report aim to address both immediate needs and long-term improvements in the healthcare system, extending beyond the specific scope of the Consultation.

Design

To gather feedback, we created a 14-question survey using SurveyMonkey. The Survey incorporated logic features to ensure respondents only viewed questions relevant to their demographics, based on whether they identified as consumers (individuals with d/Deafness or hearing loss, or their carers) or service providers. While the Survey was open to a broad audience, participation was purposively limited to individuals within the d/Deaf and hearing loss community or relevant providers, aligning with the Consultation's focus.

Although no participants were individually selected, the use of inclusion criteria and targeted promotion effectively created a purposive sampling frame, from which responses were collected in a random and voluntary manner.

Promotion

We conducted the Survey over one week, from 23 March to 31 March 2025, aligning with the limited timeframe available to provide feedback to the Department's Consultation. This brief period facilitated focused data collection but may have restricted the number and diversity of responses, as some potential participants might not have had sufficient time to participate.

To reach a wide audience within the d/Deaf and hearing loss community, we promoted the Survey through various channels:

- Facebook
- LinkedIn
- Targeted emails
- Our 'One in Six' newsletter.

These diverse promotion methods were purposively selected to engage community members most likely to have relevant experiences and insights, further reinforcing the purposive nature of the sampling strategy.

Response

We received 51 responses in total. One response was disqualified because it didn't meet our inclusion criteria: respondents needed to be either individuals or carers with d/Deafness/hearing loss, or relevant service providers. Additionally, 9 individuals shared feedback directly through comments on our Facebook posts promoting the Survey. While these Facebook comments weren't included in the quantitative data analysis (e.g. demographics), we reviewed them alongside the survey findings using qualitative research methods to enrich our overall understanding.

Analysis

We analysed the data using framework analysis, a structured method for examining qualitative data widely used in fields like healthcare, education, and social research. This approach provides a systematic way to organise and interpret complex datasets while maintaining transparency and rigor.

Framework analysis generally consists of 5 steps:[3]

1. Data familiarisation: Immersing in the data by reading and re-reading through it to gain an understanding and identifying initial themes.
2. Framework identification: Developing a categoric framework by using the themes and our objectives.
3. Indexing: Applying the thematic framework to the data by coding segments of text with appropriate themes.
4. Charting: Organising the coded data into charts or matrices to facilitate comparison and analysis.
5. Interpretation: analysing the charts to identify patterns, draw conclusions, and relate findings to our objectives.

---

[3]]Natalie K. Gale et al., "Using the Framework Method for the Analysis of Qualitative Data in Multi-Disciplinary Health Research," BMC Me[dical Research Methodology 13 (2013): 117, https://doi.org/10.1186/1471-2288-13-117

Generalisability

It's important to note that approximately **3.6 million Australians—around 14% of the population**—experience some degree of hearing loss.

While the exact number of people within this group who also face mental health concerns is unknown, research consistently shows they experience poorer mental health outcomes compared to the general population.

Due to the size of this population, our survey sample is not statistically representative, which limits how broadly the findings can be applied.

Additionally, as participation was voluntary, there is a risk of response bias—those with stronger opinions or more significant experiences may have been more likely to respond.

One in Six

Strengths

Our survey effectively captured rich, detailed insights from our targeted group, enhancing the credibility and relevance of our findings.

Key strengths include:

- **Rich qualitative data:** Open-ended questions enabled respondents to share personal experiences, providing valuable context on the challenges faced by the d/Deaf and hearing loss community.
- **Sample size for qualitative research**: The survey includes 50 valid responses, which align with the best practices in qualitative research. Studies suggest that data saturation—when no new themes emerge—can be reached with sample sizes ranging from as little as 9 to 17 responses.[4] Therefore, our sample size was sufficient for comprehensive theme exploration without redundancy.
- **Focused participant selection:** Targeting individuals with direct experience in d/Deafness and hearing loss ensured that responses were relevant and informed, enriching our data with firsthand perspectives.
- **Efficient data collection:** The one-week timeframe facilitated concentrated data gathering, allowing for timely analysis while minimising risks of data overload. This period was sufficient to capture diverse perspectives aligned with our research objectives.
- **Diverse promotion channels:** Utilising multiple platforms—Facebook, LinkedIn, targeted emails, and our 'One in Six' newsletter—expanded our reach within the target community, contributing to a broader range of feedback.
- **Triangulation of data sources:** Incorporating feedback from both survey respondents and Facebook commenters provided multiple perspectives on key issues. This approach enhanced the credibility of our findings by cross-verifying information from different sources.

---

[4]Monique Hennink and Bonnie N. Kaiser, "Sample Sizes for Saturation in Qualitative Research: A Systematic Review of Empirical Tests," Social Science & Medicine 292 (2021): 114523, https://doi.org/10.1016/j.socscimed.2021.114523

Limitations

Despite its strengths, the survey had limitations that may affect the representativeness and generalisability of our findings:

- **Sampling bias:** Participation in the survey was self-selected, leading to a higher number of responses from consumers and limited input from service providers. This imbalance may affect the representativeness of the findings, as service provider perspectives are underrepresented. The strong consumer presence also suggests that individuals with particularly strong opinions or experiences were more likely to respond, which may limit the generalisability of results to the broader community. Additionally, we did not capture diversity among consumers (e.g. age, location, ethnicity), which may further contribute to bias.
- **Limited generalisability:** The small sample size and non-random recruitment mean that our findings can't be confidently applied to all individuals with hearing loss or d/Deafness.
- **Brief data collection period:** The one-week timeframe may have restricted participation from individuals who might otherwise have contributed, reducing potential diversity in responses.
- Potential for bias in online surveys: Online surveys exclude individuals without internet access or those less comfortable using digital platforms, potentially underrepresenting certain groups.
- **Lack of demographic diversity:** Without detailed demographic data, it's challenging to assess whether all subgroups within the d/Deaf and hearing loss community were adequately represented. There was also limited service provider response, resulting in limited demographic diversity in that group.
- **Absence of follow-up**: Without follow-up mechanisms for clarification or elaboration on responses, some data may lack detail or context, limiting depth in analysis.

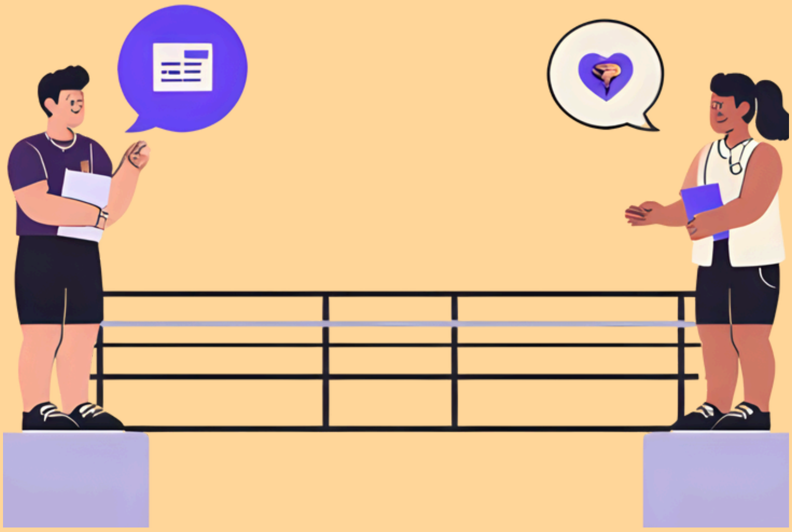
Research Summary

The Survey aimed to gather insights from individuals with hearing loss and mental health concerns, focusing on actionable strategies for immediate implementation by healthcare professionals and identifying systemic opportunities for reform.

Despite limitations such as potential sampling bias and limited generalisability, the qualitative data collected offer valuable perspectives on the challenges faced by the d/Deaf and hearing loss community.

By synthesising feedback from both survey responses and supplementary Facebook comments, we ensured a robust analysis that captures diverse viewpoints.

These findings serve as a foundation for informing initiatives and support strategies tailored to the unique needs of this community. This potentially can promote systemic improvements in healthcare delivery.



Findings

The following section summarise responses to the Survey questions and the Facebook comments. While quantitative data is included where available, we acknowledge that the total sample size of 50 participants is not statistically representative of the broader population. Additionally, some questions were directed specifically to providers, resulting in a smaller subset of only four provider responses. Given these limitations, we recommend interpreting the quantitative results with caution and focusing on the qualitative findings, which offer richer insight into participants' experiences and perspectives. While the quantitative data may suggest emerging trends, it should not be generalised to the wider population.

Icons are used to identify the emerging themes in the qualitative findings, as outlined in **Table 1**.

Direct quotes from respondents are included to support these themes and provide a deeper understanding of the community's experiences. These quotations reflect participants' own words and do not necessarily represent the views or endorsements of Deafness Forum Australia.

This section serves as a summary of the survey responses, highlighting the main themes and shared experiences of participants. Any observations about potential implications are preliminary; more detailed analysis will be part of the discussion in later sections of the report. Interpretation in this section has been kept minimal to centre the voices of respondents.

#	Icon	Theme	#	Icon	Theme
1	🗣️	Communication	5	🤝	Respect and Understanding
2	🎯	Individualised Support	6	🌐	Community Diversity
3	🏛️	Systemic Change	7	⚖️	Ethical Referral
4	🌱	Holistic Care			

Table 1. Initial Themes Key

Demographics

There were 50 valid responses to the Survey comprising:

- 39 (76%) persons with lived experience of hearing loss
- 7 (14%) carers
- 4 (8%) were providers, including:
    - 2 support coordinators
    - 1 clinical psychologist
    - 1 teacher of the deaf

Table 2. provides an overview of demographics.

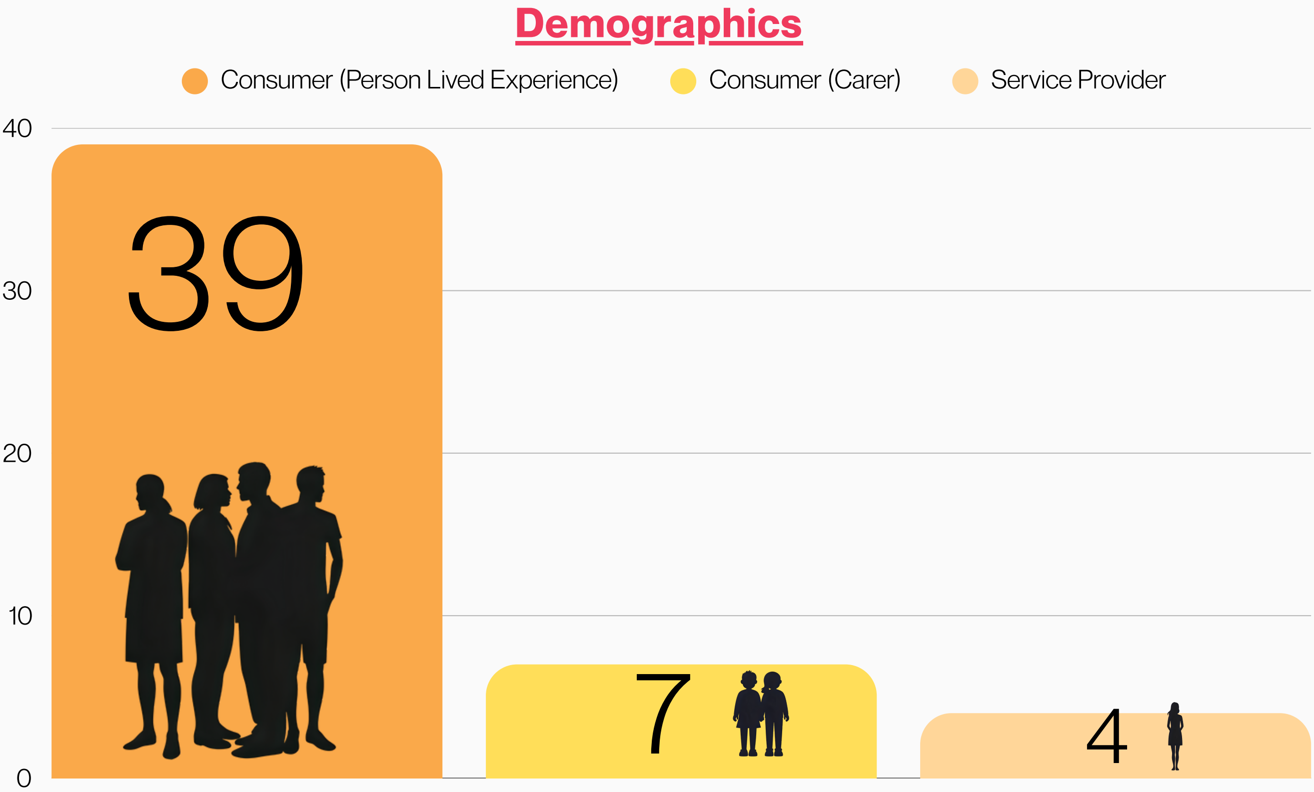


Table 2. Demographics

No other demographic information was collected.

Mental Health Concerns Faced by Individuals resulting from d/Deafness/Hearing Loss

Among survey participants with d/Deafness or hearing loss, the most commonly reported mental health concerns were:

1. Stress (53%)
2. Social isolation (47%)
3. Anxiety (42%)

Depression was also reported by one in three respondents (33%), while a smaller proportion (2%) identified post-traumatic stress disorder (PTSD).

These findings suggest that many individuals in this community experience emotional and psychological impacts related to their hearing loss.

Table 3. provides overview of self-reported mental health concerns.

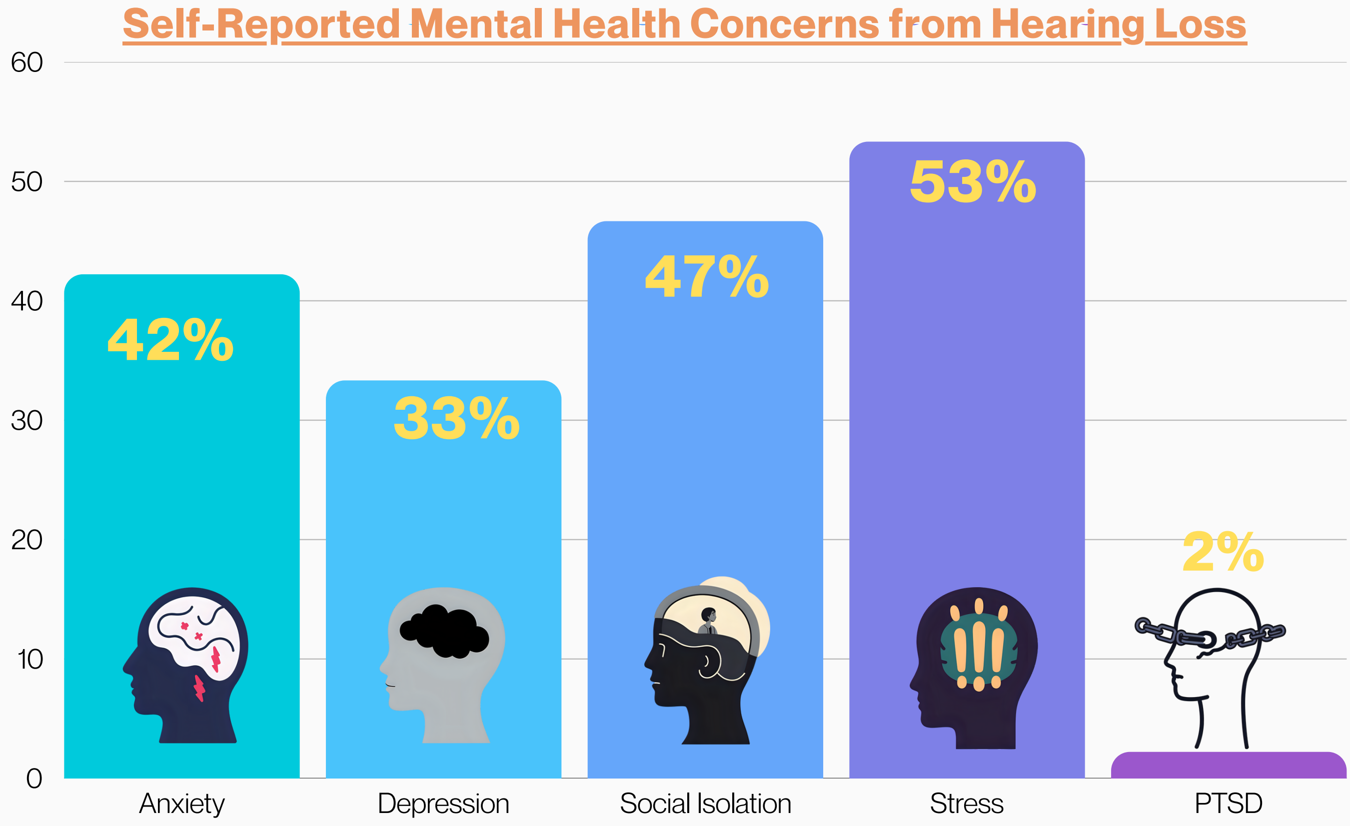


Table 3. Self-Reported Mental Health Concerns Resulting from Hearing Loss

How can health professionals better support people with hearing loss and mental health Concerns?

Survey responses highlighted several consistent themes regarding how health professionals could better recognise and support individuals with deafness or hearing loss who experience mental health concerns. These findings reflect the lived experiences of individuals and their carers and provide insight into systemic gaps and opportunities for improvement.

Improve Basic Communication Practices

Many respondents shared difficulties with everyday communication in health settings. Common concerns included professionals not facing the person when speaking, shouting, speaking unclearly, or relying solely on verbal instructions.

"They could start by looking at you when they speak!"

"Make their services more accessible. I don't want to wait in a waiting room wondering if someone has called my name, or have you facing away from me at your computer while talking..."

"Learning how to communicate without shouting. Which is what my GP did and then saying to [me] 'you're very deaf'! Dah!!! I already knew that."

🗣️🤝

Acknowledge the Mental Health Impact of Hearing Loss

Some respondents felt that the connection between hearing loss and mental health concerns such as anxiety, frustration, or isolation is not always recognised in clinical practice.

"By realising that it is a very common issue with HoH [hard of hearing] people and that frequently the person isn't aware that their hearing loss is a substantial factor in their poor mental health."

"Understand the cause and effect of hearing loss on mental health. Give time to an individual to share their needs."

🌱

Use Creative, Individualised Communication Tools

Respondents described a need for more flexible and personalised approaches when discussing mental health, especially where standard methods (such as verbal questioning) may not be effective.

"By realising, we need more support, than just getting hearing aids and sending us on our way. We are still socially isolated and feel like we have to stay away from being involved in community or making new friends simply because we can't hear everything."

"Staff could use a communication board with emojis or photos... the individual can simply point to the one that best matches how they are feeling."

"They need to be creative with alternative methods of communication that suit the individual, so that they can have the sorts of deeper conversations that are necessary to effectively assess a person's state of mental health."

Suggested tools included visual prompts, regular mood-tracking, or pictorial boards. These methods were seen as potentially helpful, particularly in aged care or where communication preferences vary.

🎯🗣️

Provide Access to Deaf-Aware or Auslan-Fluent Professionals

Some participants stated that access to mental health professionals with appropriate cultural and communication awareness was limited. This included professionals who understood Deaf culture or could communicate in Auslan.

“Refer them to Deaf mental health specialists.”

“More experience with deafness and how to support them.”

“Having clearer understanding of the simple things they can do to make interactions with [Deaf and Hard of Hearing] DHH people more accessible. Going to a medical appointment and not hearing everything that has been said is very anxiety provoking.”

🗣️🤝

Respect the Person and Their Lived Experience

Respondents emphasised the importance of being treated with respect and considered as a whole person—not just through the lens of a diagnosis or disability.

“Not put us in the too hard basket for starters! Patience and clear communication are the two major keys.”

“See the person in front of them as a whole and to seek understanding about hearing issues and the effect on daily life.”

“A Deaf person knows the problems they face better than a health professional.”

Some noted that small actions, such as reviewing patient history in advance, could improve the quality of care.

“Firstly read the patient’s file. So many time [sic] my child (adult now) would go to an appointment and they would not even know they are deaf.”

🤝

“A Deaf person knows the problems they face better than a health professional.”

Support Systemic Change Through Training and Inclusion

Several responses called for structured training on Deaf awareness, communication tools, and the lived experience of hearing loss.

“Essential training including experience of profound deafness in everyday living...”

“Spend a day being unable to hear.”

These suggestions point to the potential benefit of empathy-building experiences in professional development.

🏛️ 🎯

What's missing in mental health support for people with hearing loss?

Survey responses identified several areas where mental health support could be improved for individuals with hearing loss.

The most commonly reported gaps were:

1. Insufficient understanding of impact of hearing loss on mental health (80%)
2. Lack of communication tools or strategies to support those with hearing loss (70%)
3. Lack of integrated care plans that address hearing loss and mental health (58%)

Less frequently reported gaps included:

- Inconsistent or unclear referral pathways to appropriate mental health support (5%)
- Limited Auslan proficiency among mental health professionals (5%)
- Inadequate cultural competence (3%)

These responses suggest that more work is needed to:

- Improve health professionals’ awareness of the psychological effects of hearing loss
- Develop accessible and flexible communication strategies
- Support coordinated care that addresses both hearing and mental health needs

These findings are based on self-reported experiences and may indicate areas where further training, clearer systems, and cross-sector collaboration could improve support.

Table 4. provides an overview of where mental health support could be improved.

Where Mental Health Support Could Be Improved

Table 4. Where Mental Health Support Could be Improved

Lessons from lived experience for training future healthcare workers

Respondents identified several areas where healthcare education could be improved to better support people with hearing loss and mental health challenges.

Deafness is a Sensory Issue – Not a Cognitive One

Some respondents reported being treated as if hearing loss affected their thinking or decision-making abilities.

"That people who are deaf just can't hear – they are not mentally deficient."

Training takeaway: Healthcare students should be taught that hearing loss is a sensory condition, not an intellectual one. Clear distinction between cognitive and sensory issues is essential to avoiding assumptions and providing respectful care.

🤝

Make Deaf Awareness and Communication Skills Core Training

Negative experiences were often linked to poor communication. Respondents described frustration when professionals spoke while turning away, covered their mouths, or became visibly impatient.

"Deaf awareness training should be a priority."

"Don't cover your mouth or turn away when speaking."

"It would be great if healthcare workers didn't get frustrated communicating with us. I already have to deal with my own frustration."

Training takeaway: Students should be trained in basic Deaf awareness, including facing the person when speaking, speaking clearly (not loudly), using interpreters appropriately, and being aware of how mask-wearing can obstruct communication.

🗣️🎯

Understand How Hearing Loss Affects Mental Health

Respondents linked hearing loss to experiences such as social withdrawal, low self-esteem, and increased risk of anxiety or depression.

"…If a person is feeling isolated and depressed or anxious about not being able to communicate, they will not feel motivated to participate in activities, including exercise groups, and they will not feel like improving or maintaining their health is worthwhile if they are deeply depressed…"

"Past negative experiences make me fearful of addressing my mental health with health professionals."

Training takeaway: Include content on the emotional and psychological effects of hearing loss, particularly for older adults or people newly adjusting to hearing changes.
🌱

Ensure Ethical, Culturally Safe Referrals

Concerns were raised about inappropriate referrals and commercial practices in hearing service.

"Refer Deaf people to Deaf mental health specialists, just like [Other] people are referred to [Other] specialists."

"…Selling someone a hearing aid, knowing it will provide little or improvement in communication at great financial cost is fraudulent."

Training takeaway: Education should include guidance on ethical practice, including referrals based on clinical need, not sales, and respect for the role of Deaf mental health specialists.
⚖️

Provide Individualised Communication and Support

Several respondents described not receiving enough time or information to understand their hearing condition, treatment options, or long-term impact.

“Take the time to explain. Be patient… allow them to ask questions and to grieve.”

Training takeaway: Encourage future professionals to provide patient-centred communication, allowing time for questions, emotional processing, and clear explanation of available supports.

🗣️🎯

Include Real-World, Lived-Experience Training

Respondents strongly supported training that involved experiential learning, such as simulations or stories from people with hearing loss.

“Spend a day without hearing.”

“Try functioning while listening to a radio station out of tune.”

Training takeaway: Use simulations, case studies, and guest speakers with lived experience to build empathy and practical insight.

🏛️

Recognise Diversity Within the Community

Not everyone with hearing loss identifies as Deaf, uses Auslan, or benefits from hearing devices.

“We are in limbo – not part of the hearing world, not yet part of the Deaf world.”

“Recognise that not everyone with hearing loss has Auslan.”

Training takeaway: Education should reinforce that people with hearing loss have diverse communication needs, identities, and preferences, and professionals must tailor their approach accordingly.

🌐🗣️

Essential Mental Health Competencies to Support d/Deafness/Hearing Loss

This question was directed to providers only. Among the four respondents—one of whom identified as a health practitioner—several key competencies were highlighted as important when supporting people with hearing loss and mental health needs.

The three most commonly selected competencies were:

1. Ability to recognise and understand the impact of hearing loss on mental health (75%)
2. Knowledge of mental health conditions commonly experienced by individuals with hearing loss (75%)
3. Ability to develop integrated care plans that address both hearing loss and mental health needs (75%)

Other competencies identified included:

- Understand when to use respectful and person-centred language (50%)
- Understanding language deprivation (50%)
- Skills for effective communication with patients who have hearing loss (25%)

Notably, none of the provider respondents reported “recognising signs of hearing loss” as a competency they currently possessed or prioritised.

These findings suggest a perceived need for further development in:

- Integrated care planning
- Culturally safe communication
- Recognition of the impact of language deprivation

However, these insights should be interpreted with caution due to the small provider sample size and absence of direct consumer feedback for this specific question.

Table 5. provides an overview of essential mental health competencies.

Note: Although responses from service providers were limited, consumer feedback in other questions still offered valuable insights into the competencies health professionals need to support individuals with hearing loss and mental health needs.

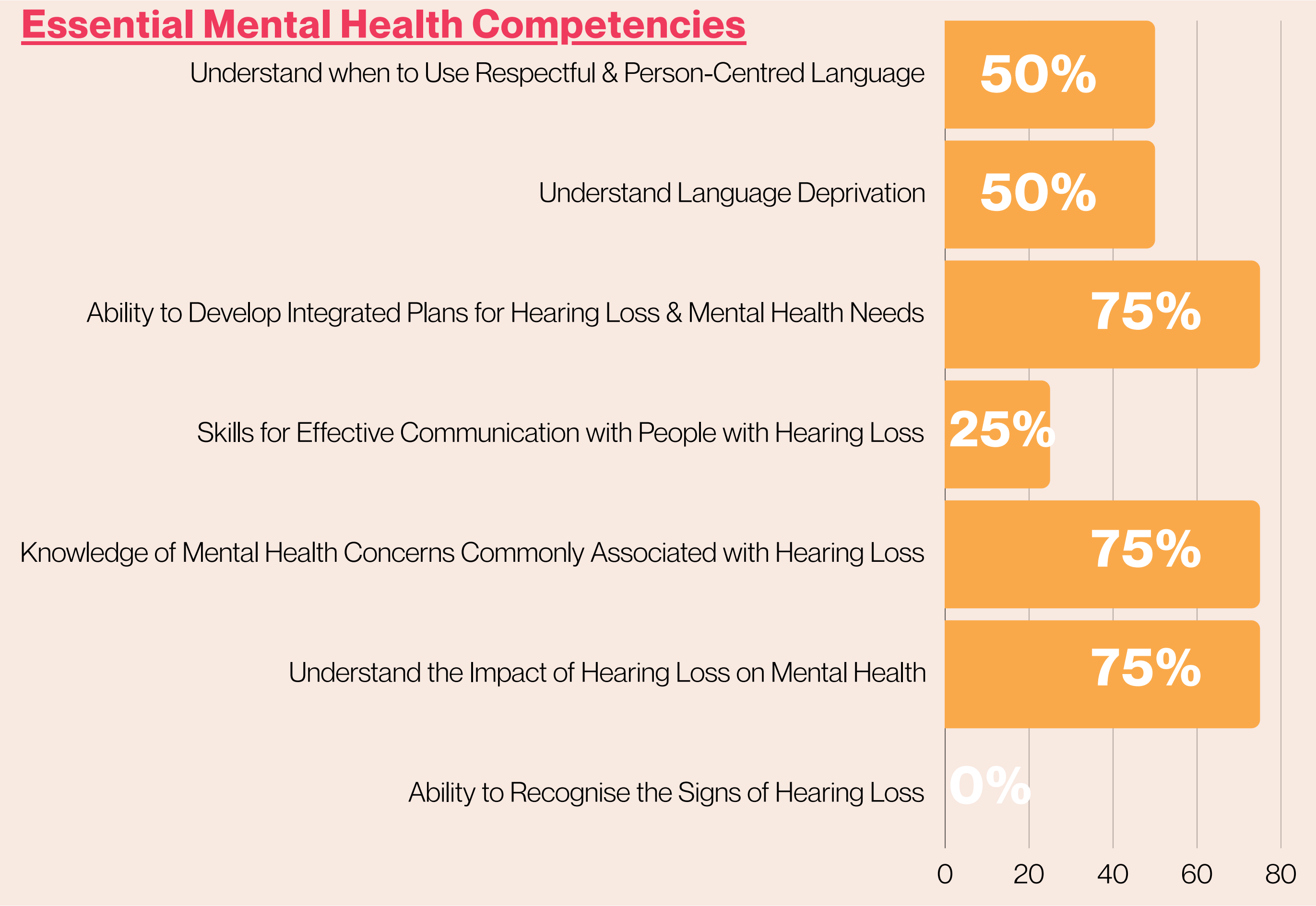


Table 5. Essential Mental Health Competencies

Key Gaps in Current Health Professional Education Regarding Intersection of d/Deafness/Hearing Loss and Mental Health

Survey responses indicate several gaps in current health professional education that may leave providers unprepared to support individuals with hearing loss and mental health needs.

Training Gaps in Deafness and Mental Health

Some respondents reported that existing training programs do not cover topics related to deafness or its impact on mental health.

“As far as I am aware, there is no formal training in this area within academic psychology qualifications. Courses focusing on professional psychology qualifications do not cover deafness or its impact.”

🌱 🏛️

Limited Training on Hearing Loss and Mental Health

Respondents also pointed out that many health professionals are unaware of how hearing loss affects mental health, particularly among young people.

“Ability to understand the impact hearing loss has on mental health – particularly teenagers.”

This suggests the need for more education on how hearing loss can affect emotional and psychological well-being, especially in younger populations.

🌱🗣️

Gap in Direct Communication Skills with d/Deaf Clients

Several respondents identified communication barriers, particularly the over-reliance on interpreters. They emphasised the importance of developing direct communication skills, such as fluency in Auslan, to improve care.

“Mental health professionals have no idea about deafness or how to communicate with a deaf person… Auslan interpreters is not the answer. Professionals need Auslan fluency.”

These comments suggest that more specialised training in communication, Deaf culture, and the mental health impacts of hearing loss could better equip health professionals to support d/Deaf and hard-of-hearing individuals.

🗣️🎯

Factors Related to Interdisciplinary Practice

Shift in Healthcare Models

Responses suggest the need to shift from the traditional medical model to a more inclusive socio-cultural model when addressing mental health within the d/Deaf and hearing loss communities. This shift would encourage healthcare providers to take a broader, systemic view of mental health.

"*The medical model regarding mental health is prominent within Australia, and I would like to see a more socio-cultural model and systematic lens within the undergraduate curriculum be included more often in shaping the thinking of future clinicians.*"

🌱🏛️

Understanding Deaf Trauma and Language Deprivation

Several respondents noted the need for healthcare providers to understand the unique experiences of trauma and language deprivation among d/Deaf individuals and how these factors influence mental health.

"Understand the causes of deaf trauma and why it happens, and understand language deprivation and how it impacts on mental health, and how to communicate with a deaf person."

These responses point to the importance of targeted training and better interdisciplinary collaboration to address these complex issues.

🎯🗣️

Interdisciplinary Communication and Collaboration

Effective interdisciplinary practice requires healthcare professionals to understand how to communicate effectively with d/Deaf individuals, particularly in mental health settings. Understanding Deaf culture and developing skills in Auslan can significantly improve care.

These insights reinforce the need for specialised communication strategies tailored to the needs of the d/Deaf community.

🗣️🎯

Supporting Current Students

Survey responses emphasised the importance of real-life experiences and inclusive approaches in the training of current students.

Real-Life Case Studies and Experience

Responses highlighted the value of integrating real-life case studies into education. One participant shared that their overseas training already included such approaches in a way that was more holistic and less medicalised:

“I trained overseas where this is already embedded in a non medicalised [sic] and less individualistic way…”

🤝🏛️

Difficulties Supporting Deaf Individuals with Mental Health Needs

Respondents noted the challenges professionals face when supporting d/Deaf individuals with mental health needs. One respondent with lived experience mentioned that many professionals lack the skills to engage effectively with Deaf people facing mental health issues:

“I am Deaf and have been all my life. I’ve faced many mental health challenges, and so have others. However, professionals have no idea how to access a Deaf person with mental health issues.”

🌱🤝

Supporting Current Practitioners

Survey responses pointed to the need for more support and continued education for practitioners working with d/Deaf and hard-of-hearing individuals in mental health settings.

Expand Perspectives in Ongoing Education

One response suggested their training overseas had better equipped them with a range of perspectives on mental health—something they felt was lacking in Australia.

🌱🏛️

Build Competence in Deaf-Specific Practices

Responses suggest a need for training that includes direct engagement with Deaf clients, without over-relying on interpreters. There was also a focus on trauma-informed and culturally responsive care.

“Anyone doing training in anything to do with mental health should be taught Deaf trauma, Auslan, and working with a Deaf person directly without having to use an interpreter.”

🗣️🌱🎯

Survey participants proposed various ideas to improve the education of health professionals about the intersection of deafness, hearing loss, and mental health. These suggestions often focused on experiential learning, increased cultural awareness, and a more comprehensive curriculum.

Use Experiential Learning to Build Empathy

Many respondents recommended immersive activities, such as wearing noise-cancelling headphones or role-playing communication barriers, to help practitioners better understand the challenges of living with hearing loss:

“Let them be deaf for a day.”

These activities are seen as powerful tools for fostering empathy and recognising the daily struggles associated with hearing loss and its impact on mental well-being.

🌱🎯🤝

Learn Directly from Lived Experience

Respondents strongly supported including Deaf speakers, case studies, and lived experience stories in training.

“Hear stories from people with lived experience of good/bad audiological service.”

“A face-to-face seminar setting for sharing personal experiences.”

This would provide practitioners with practical insights into the challenges faced by the Deaf and hard-of-hearing community.

🤝🏛️

Teach Deaf Culture, Audism, and Inclusive Practice

Many respondents recommended educating practitioners about Deaf culture, Audism,[5] and inclusive, respectful interaction.

"Learn about Audism and collaborate with Deaf mental health specialists."

This approach is seen as essential for developing more respectful and effective care.

🌱🌐🤝

Improve Communication Skills and Language Training

There was a strong call for training in Auslan and alternative communication strategies. Some respondents suggested that practitioners should have the tools to communicate directly with d/Deaf individuals rather than relying on interpreters.

"Learn Auslan and understand healthy adaptation to signed languages."

This would ensure better communication and understanding between practitioners and their d/Deaf clients.

🗣️🎯

Consider the Broad Impacts of Hearing Loss

Several responses highlighted that hearing loss affects all aspects of life—from daily interactions to emotional wellbeing.

"Recognise that hearing loss is not just about losing sound."

"Exhaustion daily from straining to hear… staying home is a relief but isolating and depressing."

Education and training should address these realities and their psychological toll.

🌱🎯

Include Cross-Disciplinary and Systems-Focused Approaches

Some respondents suggested incorporating interdisciplinary collaboration, bringing together fields like audiology, psychology, and disability studies.

"Interdisciplinary collaboration… will be useful for developing a suitable curriculum."

This highlights the importance of a more integrated approach to care.

🏛️⚖️🌐

---

[5]is the belief that hearing people are superior to deaf or hard of hearing people. It can come from both hearing and deaf individuals and often shows up as judging deaf people by how well they speak or fit into hearing culture. Source: Encyclopaedia Britannica, s.v. "Audism," last modified April 4, 2024, https://www.britannica.com/topic/audism.

Closing Words

In closing, respondents shared a range of additional insights related to education, service delivery, lived experience, and broader social issues. These perspectives offer important reminders about the complexity and individuality of deafness and hearing loss, and how these factors intersect with mental health.

“Not everyone in the Deaf community is the same… don’t assume everyone can lipread.”

Recognise Individual Experiences and Avoid Stereotypes
Respondents stressed that the Deaf and hard-of-hearing community is diverse, with different communication preferences, cultural identities, and experiences.

“Not everyone in the Deaf community is the same… don’t assume everyone can lipread.”

This reinforces the importance of avoiding assumptions and tailoring support to the individual's unique needs.

🗣️🤝🌐

Address the Broader Impact of Hearing Loss
Respondents highlighted that hearing loss is not just about sound but affects energy, dignity, and connection.

“It takes away your independence and dignity.”

🌱🎯

Understand the Psychological Toll of Related Conditions

The impact of conditions like tinnitus and misophonia was also raised, with calls for better inclusion in training and awareness.

🌱🎯

Respect Language and Communication Choices
There were reminders to respect Auslan users and avoid promoting hearing devices as the only solution.

🗣️🤝🌐

Improve Communication in Clinical and Public Settings
Frustrations were shared about everyday communication barriers in hospitals, shops, and other public settings.

🗣️⚖️

Provide Relevant Adult Learning Opportunities
Some people felt left behind by existing Auslan education, particularly adults who acquire hearing loss later in life.

“I need class-based life skills delivered to and for people like me.”
🎯🌐

Support Deaf-Led Expertise and Workforce Representation
Respondents called for more Deaf professionals in the sector and better collaboration with Deaf mental health specialists.

🏛️🤝

Highlight Strengths, Not Just Barriers
Some responses acknowledged resilience, creativity, and the importance of kindness and compassion in care

🌱🤝

Need for Greater Public Awareness and Understanding

Many commenters shared that people without hearing loss often misunderstand or make assumptions about those who are d/Deaf or have hearing loss. This can contribute to frustration and communication challenges.

“The hearing impaired would not have to wade through the ignorance of those who are blessed with normal hearing.”

“Comments like you can hear when you want to. Or you are not paying attention.”

These insights suggest a need for public education to improve understanding and foster more respectful, informed communication.

🗣️🤝

Encouraging Visibility and Reducing Stigma Around Hearing Aids

Several people emphasised that hearing aids should not be hidden. Wearing them openly was seen as promoting confidence, normalising hearing loss, and encouraging clearer communication.

“Stop hiding your hearing aids. They don't have to be discreet. We don't need to be ashamed of being hearing impaired. . .We don’t choose our glasses to be discreet. We choose them to make a statement.”

These comments suggest opportunities for awareness campaigns and educational efforts that promote self-advocacy and positive identity among hearing aid users.

🌱🤝

Negative Experiences with Hearing Services Providers

Some commenters shared concerns about how hearing services are delivered, including the use of potential fear-based messaging and the perceived commercialisation of care.

“Tell Audiologists that they must stop frightening older people with ‘If you don't wear your hearing aid you'll get dementia’.”

“Bunch of incompetents. Does your survey cover for questions/issues like this?”

“I’m struggling after concussion and lost hearing. I had to beg to get help — shouldn’t have to.”

These experiences suggest there may be gaps in person-centred care and a need for more ethical and transparent practices in hearing support services.

🏛️ ⚖️

Barriers to Support and Participation

Commenters described challenges accessing appropriate support, often resulting in social withdrawal and reduced participation.

“Very debilitating, hate not hearing what ppl are saying, very embaresing [sic], avoid ppl...”

“The ‘decline’ is because one is shafted every which way and it takes great inner strength to stay on top of things.”

This suggests the importance of responsive, accessible services that support full participation and inclusion.

🎯 🗣️

Personal Resilience and Achievement

Several commenters shared examples of adapting to hearing loss and achieving success in personal and professional life. Coping strategies included humour, focus, and resilience.

“I was able to do anything I put my mind to. . .”

“Told I couldn't ride a bike.......I sure did.......told I couldn't ski......I loved to snow ski and did so very well.”

“My daughter… is a high achiever in English and a highly accurate lip and speech reader.”

These reflections highlight the value of strength-based approaches and the potential role of peer mentorship and community support.

🤝🌐

Importance of Clear and Respectful Communication

Concerns were expressed about poor communication practices which created unnecessary barriers.

“Simple manners is to face the person you are talking to.”

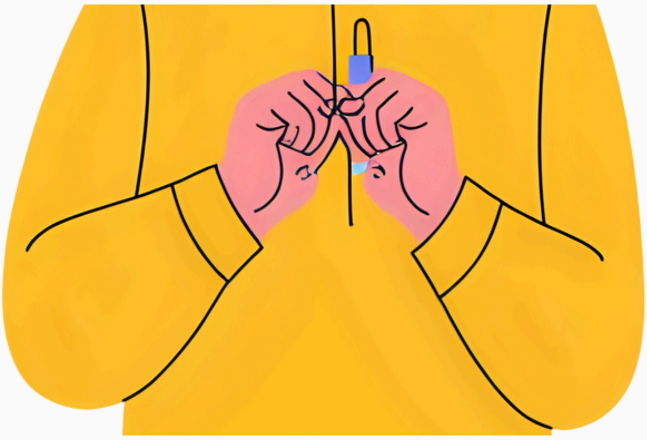
“It is the words of those who mumble and those who walk away…”

This points to the value of inclusive communication training for professionals and the public to support respectful interaction.

🤝 🗣️

Summary of Findings

Initial Takeaways



1. Mental Health Concerns Are Prevalent

Stress (53%), social isolation (47%), and anxiety (42%) were the most reported mental health issues among people with hearing loss. This finding highlights the need for greater attention to the mental health and well-being of individuals with hearing loss.

53% ↙

Stress

47% ↙

Social Isolation

42% ↙

Anxiety

2. Communication Barriers Were a Recurring Theme

Respondents highlighted persistent communication challenges with healthcare providers, especially regarding a lack of visual cues, clear speech, and inclusive interaction. This finding calls for an urgent shift toward training healthcare professionals in inclusive communication practices. These include using clear face-to-face communication, respecting individual preferences, and utilising visual aids to support better understanding.

3. Incorporate Lived Experience into Training and Education

Many respondents expressed support for including lived experience speakers and experiential learning opportunities. This could improve empathy and practical communication skills for future health professionals.

4. System Gaps Point to a Need for More Integrated, Culturally Responsive Care

Respondents identified systemic gaps in current healthcare models, calling for integrated, culturally responsive approaches. This suggests a shift from a purely medical model to a socio-cultural model of care that recognises Deafness as a cultural and linguistic identity. It also suggests a need for more robust ethical frameworks that guide practice, ensuring equitable care that respects diverse needs.

5. Diversity Within the Community Should Be Recognised

Deaf and hard of hearing individuals have varied communication preferences and cultural identities. Avoiding one-size-fits-all approaches is key to providing effective and respectful care. This emphasises the need for personalised care options that reflect the diversity within the community.

Discussion & Analysis

This section presents an analysis and discussion of the findings collected through our survey. A categorical framework was used to organise and interpret participants' responses, helping to identify recurring themes and key ideas that speak to the experiences and needs of people with hearing loss in the context of mental health care.

The categories emerged primarily from the data itself—shaped by a close reading of participants' perspectives, emotions, and lived experiences. However, the development of these categories was also informed by the broader objectives of the project. This dual approach ensured that the analysis remained grounded in evidence while still reflecting the intended scope and focus of the work.

While the findings are not intended to be broadly generalised, the analysis does highlight important areas of concern and opportunity. These insights point to systemic issues, service gaps, and areas where targeted improvements could make mental health care more inclusive and effective for individuals with hearing loss.

By centring lived experience and reflecting on the nuances within participants' feedback, this discussion aims to support more informed, empathetic, and responsive approaches to service delivery and policy development.

The framework is divided into the following nine categories:

1	Development & Implementation Activities	This category examines the process of creating and delivering mental health education (both formal and informal) that integrates hearing loss, ensuring healthcare professionals are trained to address both issues.
2	What Professionals Need to Know (Competencies	This category defines the essential competencies—knowledge, skills, attitudes, and behaviours—that professionals must possess to effectively care for individuals with hearing loss and mental health challenges.
3	Communication & Making Services Accessible	This category focuses on ensuring clear and accessible communication in healthcare settings for individuals with hearing loss, incorporating tools like assistive technologies, interpreters, and tailored communication strategies.

4	Collaborative and Holistic Care	This category highlights the importance of a team-based approach to care, ensuring healthcare professionals work together to address both mental health and hearing loss in a comprehensive, person-centred manner.
5	Practical Tools & Strategies	This category explores practical, evidence-based methods and interventions that healthcare professionals can apply to address the challenges of managing mental health and hearing loss in real-world settings.
6	What Gets in The Way (Barriers to Support)	This category identifies and addresses barriers—such as stigma, access issues, and resource shortages—that hinder individuals with hearing loss from receiving the mental health support they need, proposing solutions to overcome these obstacles.
7	Making the Healthcare System More Inclusive	This category focuses on strategies to make healthcare systems more inclusive and accessible to individuals with hearing loss, advocating for systemic changes to ensure equal access to care.
8	Listening to Lived Experience	This category underscores the importance of incorporating the lived experiences of individuals with hearing loss and their carers into the planning and delivery of mental health services to ensure care is responsive and person-centred.
9	Future Preparedness	This category looks ahead to future healthcare needs, focusing on how professionals should adapt to emerging technologies, evolving societal expectations, and shifting healthcare landscapes to meet the challenges of treating individuals with hearing loss.

The following discussion and analysis on the next section will be broken down into these categories.

This foundational category explores how to design and deliver effective education that integrates both hearing loss and mental health. This can be formal education, such as through university curriculum, or informal, such as broader awareness or workforce development. It sets the stage for systemic change by focusing on how training is developed and implemented, ensuring that healthcare professionals are equipped with the tools, insights, and cultural awareness required for inclusive care.

Respondents described gaps in how professionals are trained to support individuals with hearing loss—particularly when those individuals also experience mental health challenges. Common issues included poor communication, limited psychological support, and a lack of cultural or linguistic awareness. These shortcomings were not just frustrating—they contributed to isolation, distress, and diminished trust in healthcare systems.

A key concern raised was the dominant framing of hearing loss through a medical model, which treats it solely as a physical deficit. This framing ignores the profound psychological, emotional, and social impacts of hearing loss—such as reduced independence, low self-worth, and reluctance to seek mental health care. In particular, conditions like tinnitus and misophonia—both of which can severely affect mental well-being and frequently co-occur with hearing issues—are rarely acknowledged in training or care. What is needed is a more holistic model.

Participants also identified a perceived gap in formal education: the absence of core topics such as language deprivation, Deaf trauma, identity, and cultural competence. These omissions perpetuate misconceptions, such as the belief that all d/Deaf or hard-of-hearing individuals use hearing aids or that Auslan is optional. As a result, care often feels impersonal, misaligned, or even alienating.

What Needs to Change

Respondents called for immediate reform in how education is delivered, not just what is taught. Key development and implementation strategies include:

- Integrating lived experience into training design through co-production models.
- Embedding inclusive training content in university curricula and continuing professional development (CPD).
- Creating practical toolkits for communication strategies (e.g., basic Auslan, visual supports.
- Improving ethical guidelines around referrals and commercial pressures.
- Running public awareness campaigns to address stigma and promote respectful communication.
- Developing a long-term workforce development strategy to sustain inclusive care.

Experiential learning—such as hearing loss simulations, real-world case studies, and guest speakers—was strongly recommended as a way to build empathy and real-life insight. Professionals should not only learn about communication equity and trauma-informed care but experience the barriers firsthand to understand their impact.

Public and Ethical Considerations

Beyond clinical settings, respondents described frequent communication breakdowns in public services and everyday spaces, reinforcing feelings of exclusion. Others raised ethical concerns about being pressured into buying hearing aids or receiving biased referrals. These experiences call for stronger accountability frameworks and community-informed public education efforts.

Despite these challenges, many shared stories of resilience—developing coping strategies such as lipreading, visual communication, and community building. These strengths should be seen as core components of inclusive care, not exceptions.

Table 6. outlines some potential development and implementation activities to improve systemic change around educating providers around d/Deafness, hearing loss and mental health.

#	Activity	Description	Outcome	Suggested Responsible Stakeholders
1	Co-Design Inclusive Training Modules	Collaborate with people with lived experience to co-design training that includes trauma-aware and culturally affirming content.	Reflects real needs, builds empathy, and supports responsive care.	Universities, education providers, advocacy groups
2	Develop Core Communication Toolkit	Create practical resources (e.g., Auslan basics, visual supports, communication guides) usable across clinical settings.	Supports respectful, accessible, low-stress care interactions.	Clinical educators, Deaf representatives, disability support services
3	Embed Training into Curricula	Roll out co-designed modules across university and CPD programs; ensure accreditation by professional bodies. Ensure all training materials are accessible in digital formats—e.g., captioned, interpreted, or visually supported—to reflect inclusive design principles.	Ensures long-term integration of inclusive care principles.	Universities, AHPRA, CPD providers
4	Establish Peer Learning & Mentorship	Create structured peer learning groups or mentorship frameworks to support reflective practice and ongoing development of inclusive care skills.	Reinforces inclusive practices over time, reduces professional isolation, and supports continuous learning.	Health services, clinical educators, professional associations, CPD providers
5	Ethical Referral and Sales Guidelines	Develop and enforce ethics guidelines around referrals and commercial pressures. Provide mandatory training.	Prevents coercive practices; supports informed, transparent decisions.	AHPRA, ACCC, consumer groups
6	Public Awareness Campaign	Promote respectful communication, stigma reduction, and accessibility in public spaces.	Enhances community-level inclusion and reduces social isolation.	Health departments, media, transport authorities
7	Long-Term Workforce Strategy	Create a national plan for sustained investment in inclusive education, partnerships, and reform.	Strengthens the entire system's capacity for inclusive, person-centred care.	NDIA, health departments, workforce bodies

Table 6. Potential Development & Implementation Activities

Note: This research does not assess whether these activities currently exist or are underway. Nor does it offer operational guidance. It recognises the complexity of health systems and the significant work already happening in many sectors.

While training is essential, broader systemic reforms—such as adequate time, staffing, and support services—are also critical to enable inclusive care.

This section identifies the suggested competencies that professionals should develop to provide effective, culturally competent, and emotionally safe care. These competencies guide what professionals should know and practice, in contrast to the previous section, which addressed how such knowledge should be taught and embedded into systems.

Effective care requires more than clinical knowledge—it demands empathy, cultural responsiveness, and a commitment to inclusive values. Professionals should recognise the emotional toll of hearing loss and how it intersects with mental health. This includes understanding experiences of trauma, language deprivation, and social exclusion.

Communication is at the heart of care.

Professionals should use direct, accessible, and respectful communication strategies that reduce stress and build trust. This includes facing the person when speaking, using clear visual cues, gently checking for understanding, and learning direct methods like basic Auslan where possible. Assumptions must be avoided—not everyone signs, lip-reads, or uses hearing aids. Professionals should always check communication preferences.

A trauma-informed, strength-based approach is essential. Professionals should focus on empowering individuals, not 'fixing' perceived deficits. They should understand the diversity of Deaf/HoH identities, respect autonomy, and support collaborative decision-making.

These suggested competencies also include the ability to make ethical referrals, advocate for inclusive environments, and engage in public education to combat stigma and promote visibility.

Table 7. provides an overview of recommended competencies for health professionals.

#	Competency Area	Strategy or Tip
1	Understanding the Psychological Impacts of Hearing Loss	Recognise the deep mental health impacts of hearing loss, including grief, hearing fatigue,[6] and trauma. Challenge ableist[7] assumptions and view hearing loss as a sensory—not cognitive—condition.
2	Understand Common Mental Health Conditions Among This Population	Understand how hearing loss affects mental health presentations across the lifespan. Adapt assessments and identify trauma from delayed diagnoses or sudden hearing loss.
3	Use Direct, Accessible, and Respectful Communication	Communicate clearly and naturally. Face the person, use visual aids, and check for understanding. Respect diverse communication preferences. Learn direct methods (e.g., basic Auslan) to reduce interpreter dependency.
4	Cultural Competence and Diversity	Understand the diversity within the d/Deaf and HoH community. Learn about Deaf identity, language rights, and systemic audism. Avoid assumptions about language or identity.
5	Trauma-Informed, Strength-Based Care	Apply a care approach rooted in lived experience and autonomy. Avoid deficit-based language. Support emotional processing and person-led decision-making.
6	Integrated and Holistic Care Planning	Address hearing and mental health in a single, person-centred care plan. Allow space for emotional and psychological needs.
7	Ethical Referral Practices	Refer to culturally competent or Deaf-led providers where possible. Avoid fear-based or commercial service models. Maintain confidentiality, especially when interpreters are involved.
8	Experiential and Community-Informed Learning	Learn through real-world case studies, simulations, and lived experience. Build empathy and insight through practice, not theory alone.
9	Public Education and Awareness	Engage in efforts to reduce stigma and normalise hearing loss. Promote visibility, inclusive environments, and clear information about hearing health.
10	Understand Assistive Technology	Know the realistic benefits and limitations of hearing aids, cochlear implants, and related tech. Help individuals make informed, non-coerced decisions.

Table 7. Recommended Competencies for Health Professionals

---

[6] Tiredness from concentrating to hear and understand all day. Source: American Academy of Audiology, "Fatigue and Hearing Loss," American Academy of Audiology, https://www.audiology.org/consumers-and-patients/hearing-and-balance/fatigue/.

[7] Ableism is discrimination that treats people without disability as "normal" and views those with disability as less capable or inferior. Source: Ableism. Encyclopaedia Britannica. https://www.britannica.com/topic/ableism

Communication & Making Services More Accessible

Accessible communication should not be a luxury—it is a fundamental requirement for safe and effective mental health care. Respondents consistently described how communication barriers created exclusion, distress, and harm. These ranged from a lack of Auslan-trained staff and poor speech clarity to the unavailability of visual supports. These challenges suggest that these are not isolated experiences but potentially widespread and deeply consequential.

Many people emphasised the diversity of communication needs within the d/Deaf and hard-of-hearing community. Assumptions that people can lip-read, prefer spoken language, or want to use hearing aids can lead to unsafe and alienating care. Instead, **participants called for services that ask, not assume—inviting individuals to define how communication should happen.**

Accessible care requires tools, empathy, and systemic support:

- Practical tools such as mood boards, captioning, and communication cards must be routinely available—not just when requested.
- Workforce training should embed communication equity, cultural competence, and trauma-informed practices, including the role of Deaf interpreters and the need to reduce reliance on interpreters where direct communication is feasible.
- Public education campaigns are needed to challenge stigma and promote more respectful everyday interactions, especially in healthcare, education, retail, and transport settings.

Participants also pointed out that accessible communication starts with service design. Services should be co-designed with Deaf and hard-of-hearing communities to ensure they reflect lived experience.

Importantly, participants asked for providers to make communication options explicit—offering, not waiting to be asked.

Finally, effective communication is about more than just language—it's about connection, respect, and safety. Small gestures—like facing someone when speaking, learning a few words in Auslan, or simply asking **"How can I best communicate with you?"**—were described as transformative.

Table 8. provides some communication strategies and tips that could be applied broadly across different settings, including health settings and more general settings.

#	Area of Focus	Strategy or Tip	Why It Matters
1	Everyday Interaction	Ask, "How can I best communicate with you?"	Respects individual preferences and avoids assumptions
		Speak clearly—not louder—and avoid covering your mouth.	Reduces miscommunication and frustration
		Face the person you're speaking to; maintain eye contact	Supports lip-reading and visual cues; builds trust
2	Language Access	Learn basic Auslan or key phrases	Demonstrates respect for Deaf culture and autonomy
		Employ Auslan-trained staff and Deaf interpreters where possible and when requested.	Promotes linguistic and cultural safety
3	Alternative Communication Tools	Use visual aids, mood boards, or communication cards	Reduces reliance on speech; supports emotional expression
		Offer written communication options or live captioning	Supports diverse needs, especially in high-stress moments
4	Cultural Competency	Include Deaf cultural awareness in training	Reduces stigma and improves person-centred care
		Avoid assuming lip-reading or speech as preferred modes	Prevents miscommunication and harm
5	Education and Empathy Building	Integrate lived experience voices into training programs	Builds empathy, insight, and practical skills
		Use experiential learning (e.g., role-play or noise-cancelling headphones)	Deepens understanding of access barriers
6	System Design	Co-design services with Deaf and hard-of-hearing individuals	Ensures relevance and accessibility
		Reduce reliance on interpreters by supporting direct engagement where possible	Empowers autonomy and reduces disconnection
7	Public Awareness	Launch campaigns about respectful communication with people who have hearing loss	Reduces stigma and promotes inclusion in everyday settings
8	Organisational Change	Build inclusive policies that embed accessible communication into service standards	Supports systemic, long-term improvement
		Ensure feedback loops include d/Deaf voices	Improve service quality and builds trust

Table 8. Strategies to Improve Communication Accessibility

While communication is foundational, it is not the whole solution. People with hearing loss need services that address their whole person—not just isolated symptoms. The next section explores how care can become more collaborative, integrated, and person-centred.

Collaborative & Holistic Care

Respondents called for a more holistic approach to care—one that sees the person as a whole, not as separate clinical issues to be treated in isolation. Many shared stories where care was fragmented: hearing needs addressed in one place, mental health concerns in another—with little coordination or mutual understanding between providers.

Key issues raised:

- 58% of respondents said care plans rarely addressed both mental health and hearing loss together.
- Mental health impacts of hearing loss—such as social withdrawal, anxiety, and trauma—were often overlooked or minimised.
- Referrals often felt inappropriate, inaccessible, or based on assumptions rather than needs, with participants calling for more ethical, culturally competent pathways—including d/Deaf-led services.

A collaborative, holistic model means professionals work together, but also with the individual, honouring their insight and agency. This approach involves:

- **Integrated care planning:** Creating shared plans that reflect both mental health and hearing needs, while centring the person's own goals and communication preferences.
- **Interdisciplinary collaboration:** Audiologists, mental health professionals, general practitioners, and Deaf support workers should coordinate—not duplicate or ignore—care efforts.
- **Lived experienced leadership:** Training, service design, and evaluation should be guided by people who have experienced both hearing loss and mental health challenges
- **Strength-based, trauma-informed care:** Professionals must move beyond deficit models and see resilience, identity, and adaptation as core to effective support.

Ultimately, holistic care is about dignity and continuity. It's about making sure that no part of a person's health—mental, emotional, or sensory—is left behind. This requires systemic reform, workforce training, and most importantly, a shift in how we define "good care."

Practical Tools & Strategies

This section explores practical, evidence-based interventions that professionals could adopt in real-world settings to better support people experiencing both mental health challenges and hearing loss. The focus is on tangible, immediately applicable tools that improve care delivery.

Survey participants provided a rich set of insights into tools and techniques that can improve healthcare for people with hearing loss.

They are a guideline, not a checklist, and can be adopted in both health and community settings with little cost and but with potential profound impact.

Table 9. provides an overview of practical strategies for healthcare professionals.

#	Strategy	Description	Why It Works
1	Face the Person When Speaking	Always face the person directly, speak clearly (not loudly), and avoid covering your mouth.	Supports lip-reading, fosters trust, and reduces stress from unclear communication.
2	Use Visual Communication Tools	Use mood boards, communication cards, written prompts, or emojis to support dialogue.	Easy to implement and helps individuals express themselves without relying solely on spoken language.
3	Ask, "How can I best communicate with you?"	Begin each interaction by asking about communication preferences.	Centres the person's needs, builds rapport, and avoids harmful assumptions.
4	Integrate Auslan and Basic Sign Language into Practice	Learn key signs or collaborate with Auslan-fluent staff when possible.	Enables direct communication, affirms cultural identity, and reduces interpreter reliance.
5	Provide Quiet, Visually Accessible Spaces	Design spaces with low noise, visual alerts (e.g. screens), and accessible signage.	Reduces sensory overload, supports focus, and improves access for people with hearing loss.
6	Include Mental Health in Hearing Care Plans (and Vice Versa)	Ensure collaboration between audiologists, psychologists, and GPs.	Promotes integrated, holistic care and prevents gaps in service delivery.
7	Provide trauma-informed care	Understand Deaf trauma and language deprivation; offer sensitive, respectful support.	Builds emotional safety, reduces re-traumatisation, and ensures culturally aware care.
8	Take a person-centered approach	Involve individuals in decision-making; respect lived experience and preferences.	Enhances dignity, fosters engagement, and improves health outcomes through shared decision-making.
9	Offer Written Summaries After Appointments	Provide written notes, diagrams, or take-home summaries of key points.	Helps individuals process information at their own pace and improve recall.

Table 9. Practical Strategies for Healthcare Providers

What Gets in the Way? (Barriers to Support)

The findings highlight several barriers that individuals with hearing loss face in accessing mental health care, emphasising communication challenges, a lack of awareness among healthcare providers, and systemic service gaps. Addressing these barriers is essential to improving mental health outcomes for this population and ensuring that their unique needs are met with dignity and respect.

The most significant barrier identified is communication. Healthcare providers often fail to consider the needs of individuals with hearing loss, such as speaking while turned away or relying solely on verbal instructions. These practices hinder effective engagement in care. Simple solutions, like speaking directly to the patient, using clear language, and asking about preferred communication methods, can greatly improve interactions and patient satisfaction.

Another key issue is the lack of recognition of the mental health impact of hearing loss. Many professionals overlook the emotional toll of hearing loss, such as anxiety, isolation, and stress, which can delay access to needed mental health support and worsen distress. The research suggests increased training to help healthcare providers better understand the psychological effects of hearing loss and approach care with greater empathy and attention to the individual's emotional needs.

Cultural competence is also a major barrier, especially for d/Deaf individuals. The shortage of mental health professionals fluent in Auslan (Australian Sign Language) or knowledgeable about Deaf culture makes it difficult for individuals to find care that respects their identity and communication preferences. Expanding access to culturally competent services and ensuring mental health professionals are trained in Deaf culture and Auslan would help bridge this gap.

Systemic gaps in care delivery further complicate access to support. Hearing health and mental health services are often treated separately, creating fragmented care that fails to address the whole person’s needs. The responses stresses the importance of integrated care models, where multidisciplinary professionals collaborate to provide coordinated support.

Finally, respondents indicate that healthcare professionals often lack training in Deaf culture and the impact of hearing loss on mental health. And are unaware of the specific needs of individuals with hearing loss, especially in the case of late-onset hearing loss or younger patients. The feedback advocates for better education in these areas, including experiential learning opportunities to foster empathy and improve communication skills.

To overcome these barriers, the research suggests:

Number 1

IMPROVING COMMUNICATION PRACTICES

Number 2

INCREASING AWARENESS OF THE MENTAL HEALTH IMPACTS OF HEARING LOSS

Number 3

EXPANDING ACCESS TO CULTURALLY COMPETENT CARE

Number 4

PROMOTING INTEGRATED MODELS

These suggestions will help create a more inclusive and effective mental health care system for individuals with hearing loss, ultimately improving their access to appropriate and compassionate support.

Overcoming barriers is only the first step. True inclusion requires a healthcare system that is intentionally designed to meet the needs of people with hearing loss. The following section considers what it takes to build a system that is not just reactive—but proactively inclusive.

Making the Healthcare System More Inclusive

Building on the previous analysis of barriers, making the healthcare system more inclusive for individuals with hearing loss demands systemic changes that ensure equitable access to care and fully address the needs of this community. At the heart of this is the need for intentional inclusion—ensuring that the voices of individuals with hearing loss are not only heard but also central to the ongoing conversation around mental health and healthcare access.

The most immediate and critical need is for improved communication practices within healthcare settings. In tandem with communication improvements, addressing the mental health impacts of hearing loss is crucial. Many healthcare professionals fail to fully recognise the emotional toll of hearing loss, which can lead to issues like anxiety and isolation.

Cultural competence is also a significant factor in creating an inclusive healthcare system. The shortage of mental health professionals fluent in Auslan (Australian Sign Language) or knowledgeable about Deaf culture presents a substantial barrier to effective care. The healthcare system should invest in training professionals to understand the nuances of d/Deaf culture and language, ensuring that individuals with hearing loss can access services that respect their identity and communication needs.

Additionally, the need for integrated care is paramount. As noted, hearing health and mental health services are often siloed, making it difficult for individuals with hearing loss to receive comprehensive care.

Ultimately, to create a healthcare system that is more inclusive, it is imperative to center the voices and needs of individuals with hearing loss. This requires systemic changes that prioritise clear communication, cultural competence, integrated care, and professional education. By adopting these strategies, the healthcare system can better serve individuals with hearing loss, offering them the respect, understanding, and comprehensive care they deserve.

At the core of systemic change is the need to listen—really listen—to those with lived experience. The next section centres the voices of individuals with hearing loss and explores how their insights must shape every aspect of mental health service design.

Listening to Lived Experience

The lived experiences of people with hearing loss are vital to shaping mental health services that are accessible and truly responsive. Their voices—including those of carers—must guide the design and delivery of care.

Incorporating personal stories into training helps professionals understand the real-world barriers faced by d/Deaf and hard of hearing individuals. Respondents suggested immersive strategies like “spend a day being unable to hear” to build empathy and inform practice.

Deafness is not a uniform experience; it varies widely. As one person noted, *“Deafness is an individual journey that comes with various mental health challenges.”*

This calls for a shift from purely clinical approaches to ones that address emotional, social, and psychological needs. Care plans should reflect lived experiences, as individuals are best placed to articulate what support they require.

Communication remains a major barrier. *“Difficulties with communicating with health professionals and their support staff make me avoid going to them,”* one respondent shared, underscoring the need for mandatory deaf awareness training. As another put it, *“I would really love to see access to free deaf awareness training for these workers, maybe even compulsory.”*

Participants also called for clearer, more accessible information about hearing loss and treatment options. Personalised, well-communicated care empowers individuals to make informed choices.

There was a strong desire for more d/Deaf professionals in health care. As one person said, *“More Deaf workers in this industry would help people with hearing loss.”* Their presence promotes cultural competence and a sense of being understood.

Listening to lived experience is essential—but not enough. Healthcare systems must act on what they hear, adapting to changing needs and technologies. The final section of this discussion outlines a path forward for future-ready, inclusive mental health care.

> *“Deafness is an individual journey that comes with various mental health challenges.”*

Future Preparedness

This section of the discussion explores how the mental health and hearing care systems must evolve to meet the changing needs of people with hearing loss. It considers how professionals can adapt to emerging technologies, societal expectations, and evolving service landscapes, with a focus on building a more responsive, inclusive, and sustainable system.

Findings from the survey underscore the critical need for health professionals to future-proof their practice by developing greater awareness, adaptability, and respect for lived experience. The voices of those directly affected by hearing loss and mental health challenges have informed the shape and substance of this analysis, as they are best placed to speak to the barriers, gaps, and opportunities in the current system—and what needs to change. Their insights reveal the urgent need to strengthen preparedness for a future where communication, equity, and cultural safety are prioritised within healthcare practice and policy.

This section does not aim to be definitive but rather presents a starting point for conversations about what future-ready, person-centred care could and should look like.

Planning for Future Care

Participants in the study highlighted that hearing loss can lead to significant and persistent mental health challenges, including stress, social isolation, anxiety, and depression. This was most strongly expressed by people with lived experience, with over half (53%) identifying stress and nearly half (47%) reporting social isolation as ongoing concerns. These findings reinforce that hearing loss is not only a sensory issue but one that intersects deeply with emotional wellbeing. Preparing for future care requires that this link be recognised not as an adjunct, but as integral to all aspects of hearing and mental health service design.

One participant reflected:

“Understand the cause and effect of hearing loss on mental health. Give time to an individual to share their needs.”

This quote captures the core of future preparedness—health professionals must be equipped with the knowledge and time to listen and respond meaningfully.

Reframing Training for Future Professionals

A strong theme to emerge from the data was the need for comprehensive training that embeds Deaf awareness and mental health literacy. Respondents called for this to be a central part of health education, not a supplementary module. As one respondent noted:

"Deaf awareness training should be a priority."

Respondents advocated for experiential learning approaches—such as role plays, simulations, and immersive experiences—to help professionals understand the real-world impacts of hearing loss. Suggestions included wearing noise-cancelling headphones or navigating a day without hearing, so as to better grasp the cognitive load and emotional toll associated with communication barriers. These learning tools were seen not just as informative, but transformative.

This points to a broader issue of empathy and embodiment: that effective care in the future will rely not just on technical knowledge, but on the ability to understand, validate and adapt to diverse ways of experiencing the world.

Ethical Practice and Service Navigation

Future preparedness must also consider the ethical delivery of services, including how professionals make referrals, discuss treatment options, and communicate the likely outcomes of interventions. Several participants expressed concern that current practices do not always prioritise transparency, particularly when commercial interests—such as hearing aid sales—intersect with clinical care. One participant expressed this bluntly:

"Selling someone a hearing aid, knowing it won't work, is fraudulent."

This comment reflects the pressing need for stronger ethical frameworks that guide practice. A future-focused system must ensure that all referrals are evidence-based and culturally safe, including routine referral to Deaf mental health specialists where appropriate.

Inclusion, Identity and Belonging

Participants also reminded us that the future of care must account for the diversity within the d/Deaf and hard of hearing community. Not everyone identifies as Deaf, uses Auslan, or benefits from assistive technologies. A one-size-fits-all model of care is insufficient. As one person with hearing loss noted:

"We are in limbo—not part of the hearing world, not yet part of the Deaf world."

This underscores the importance of developing systems that can respond to a spectrum of identities and communication preferences, rather than relying on fixed categories.

Respondents also identified the need for care that is person-centered and culturally informed—where communication tools are tailored, where grief is acknowledged, and where mental health is understood in the context of broader life experiences, including music, relationships, and independence.

A Systems-Level Response

80% of participants reported that health professionals lacked a clear understanding of how hearing loss impacts mental health. Seventy percent identified a lack of appropriate communication tools. These findings point to a broader systemic issue: that existing services and training structures are not yet fit for purpose. While some promising practices were identified, participants made clear that future preparedness will require coordinated, cross-sectoral responses that centre lived experience, prioritise access and inclusion, and build capability across the workforce.

Responses suggest that we are at a critical juncture. Healthcare professionals, educators, and policymakers alike must ask how services can better evolve to respond not only to the current realities of hearing loss and mental health, but to those of the future. The insights shared in this research call for a shift in mindset—from treating hearing loss as a clinical condition to understanding it as a whole-of-life issue with profound implications for wellbeing and care.

The insights shared are valuable in guiding policy reform, professional training, and service design toward a more just and responsive future—one in which people with hearing loss are seen, heard, and supported in every part of the health system.

Conclusion

This research was guided by a simple but powerful belief: that people with hearing loss have the right to mental health care that sees, hears, and understands them—not in spite of their hearing loss, but in full recognition of it.

The stories shared throughout this research reflect the deeply layered and personal nature of navigating both hearing loss and mental health concerns. Many described feeling unheard, unseen, or excluded—not just from conversations, but from care itself. Others offered stories of strength, creativity, and connection—evidence that when care is accessible, respectful, and person-centred, it can be transformative.

This research speaks directly to the systemic issues that continue to shape service delivery—from the over-medicalised-model of hearing loss, to the absence of d/Deaf-led perspectives in care design.

We hope this report contributes to a broader conversation about inclusion and equity in healthcare—one that does not see hearing loss as a barrier to overcome, but as a fundamental part of the person and their experience. It is not enough to accommodate difference after the fact. We must build systems that expect, respect, and reflect diversity from the start.

The voices of people with lived experience were central to this research. Every effort has been made to ensure language and framing reflect their realities, and the recommendations that follow are drawn directly from their insights. Equally, the experiences of health professionals and service providers were essential to this research. Their reflections offered valuable context, highlighting the structural and systemic constraints within which they operate, and identifying opportunities for practical and policy-level change.

What follows are a set of practical recommendations—drawn directly from what people told us they need, what providers said they want to do better, and what the evidence tells us is achievable. These recommendations are rooted in the belief that hearing loss should never be a barrier to being understood, and that true person-centred care must include the whole person—their culture, their language, their history, and their identity.

Recommendations

The recommendations below are designed to meet two objectives:

- To identify actionable strategies that healthcare professionals can implement immediately to better support individuals with d/Deafness or hearing loss and mental health concerns, enhancing care delivery and outcomes.
- To inform broader systemic opportunities for healthcare reform that promote person-centered care for individuals with d/Deafness or hearing loss and their families, ensuring equitable access, tailored support, and improved long-term well-being.

The recommendations are not listed in any particular order of priority and are divided into two categories accordingly to the above objectives.

Immediate Actions for Healthcare Professionals

NO. 1 ↙

Use Clear, Face-to-Face Communication

Always face the patient, speak clearly, and avoid covering your mouth. Where possible, reduce background noise and distractions to support effective communication. These small adjustments are critical to making communication inclusive and person-led.

NO. 2 ↙

Check and Respect Communication Preferences

Begin every appointment by asking: “How do you prefer we communicate?” This helps to normalise individual choice and lays the foundation for safe, respectful care. Communication accessibility must be seen as a core competency, not an optional consideration.

NO. 3 ↙

Validate the Emotional Impact of Hearing Loss

Recognise hearing loss not just as a physical condition but as a lived experience with deep emotional and psychological dimensions. Acknowledging the connection between hearing and mental health is essential to holistic care.

NO. 4 ↙

Provide Written Summaries and Visual Supports

Use written notes, diagrams, or visual aids to reinforce understanding—particularly during moments of stress or when complex information is shared. These tools enhance communication inclusivity and support accessibility for all patients.

NO. 5 ↙

Avoid Over-Reliance on Interpreters Alone

While Auslan interpreters are vital, inclusive communication involves more than translation. Use plain language, visual cues, and alternative supports tailored to the person’s preferences and abilities.

Immediate Actions for Healthcare Professionals (Continued)

NO. 6

Learn the Basics of Deaf Culture and Auslan

Even a small understanding of cultural norms or key Auslan signs signals respect, reduces power imbalances, and supports cultural safety in clinical environments.

NO. 7

Acknowledge Hearing Fatigue

Check in during appointments to see how the person is coping. Build in pauses or breaks to reduce mental strain and show respect for the emotional effort required to engage in clinical conversations.

NO. 8

Recognise and Adapt to Diversity Within the Hearing Loss Community

There is no single d/Deaf or hard-of-hearing experience. Tailor your care to meet the person's cultural identity, language preferences, and lived reality—moving away from one-size-fits-all approaches.

NO. 9

Integrate Mental Health and Hearing in Care Plans

Build care plans that reflect both hearing and mental health needs. Allow time for emotional processing and create space for both physical and psychological dimensions in routine care planning.

NO. 10

Optimise Clinical Environments for Visual and Sensory Access

Fund and implement facility-level changes to ensure health services are quiet, visually accessible, and welcoming to Deaf and hard of hearing people. Design should be informed by users and co-created with the community.

System-Level and Structural

NO. 1

Reform Medical Education

Embed co-designed training programs into health education at all levels, incorporating Deaf-led content and real-world simulations. Focus on building communication skills, cultural competence, and trauma-informed practice from the outset of professional development.

NO. 2

Prioritise Ethical and Inclusive Communication Training

Make inclusive communication training mandatory for all healthcare staff—not just clinicians. This includes how to engage ethically and respectfully, understanding the role of communication tools beyond spoken language, and valuing diverse ways of expressing and receiving information.

NO. 3

Expand Training on Mental Health Conditions Related to Hearing Loss

Ensure that mental health curricula include specific modules on how hearing loss intersects with conditions such as depression, anxiety, language deprivation trauma, and late-onset psychosocial stress. This training should include lifespan considerations and the impact of delayed or sudden hearing loss.

NO. 4

Provide Training on Assistive Technology

Include education on the benefits, limitations, and ethical use of hearing aids, cochlear implants, captioning services, and other communication technology. Ensure professionals can guide individuals in making informed, non-coerced decisions.

NO. 5

Develop Practical Communication Toolkits

Create standardised toolkits (e.g., Auslan basics, communication boards, visual supports) for use across clinical and community health settings. These should be co-designed with d/Deaf individuals and adaptable to varied service environments.

System-Level and Structural (Continued)

NO. 6

Shift from a Medicalised to a Socio-Cultural Model of Care

Recognise d/Deafness as both a cultural and linguistic identity. Reframe healthcare models to incorporate these perspectives, moving beyond narrow clinical definitions and towards whole-person, person-led care.

NO. 7

Strengthen Ethical Frameworks for Hearing and Mental Health Services

Ensure hearing and mental health professionals operate within robust ethical frameworks. This includes transparency in referrals, separating clinical guidance from commercial interests, providing full disclosure on the efficacy of interventions, and referring to culturally appropriate services such as Deaf mental health providers.

NO. 8

Support Ongoing Professional Development

Offer regular training opportunities to deepen knowledge on issues like language deprivation, Deaf trauma, and the long-term psychological impacts of hearing loss. Learning must evolve alongside the needs of the community.

NO. 9

Establish Peer Mentorship and Reflective Practice Networks

Support structured peer learning groups and mentorship models to encourage continuous improvement in inclusive care practices and reduce professional isolation.

NO. 10

Invest in d/Deaf-Led Mental Health Services

Fund and expand services designed and delivered by d/Deaf professionals. These models promote trust, cultural alignment, and person-centred care, while reinforcing Deaf leadership in healthcare.

System-Level and Structural (Continued)

NO. 11

Increase Representation of d/Deaf Professionals

Actively recruit, train, and support d/Deaf individuals to enter and thrive in healthcare roles—especially within mental health services. Representation drives inclusion, visibility, and systemic change.

NO. 12

Recruit and Deploy Auslan-Proficient Staff

Ensure d/Deaf consumers can access Auslan-trained staff or d/Deaf interpreters across clinical settings where requested. This should be standardised across the public health system and supported through funded workforce development.

NO. 13

Launch National Public Awareness Campaigns

Design and deliver campaigns to reduce stigma around both hearing loss and mental health. Use these campaigns to promote accessibility across public life, normalise inclusive practices, and raise awareness of communication diversity.

NO. 14

Establish a Centralised Resource Hub

Create a publicly accessible platform listing Deaf-friendly services, interpreter availability, culturally competent providers, and rights-based information. Co-design this tool with community members to ensure it reflects real needs.

NO. 15

Ensure Sustainable Funding for Communication Support

Treat captioning, interpreters, and communication aids as essential components of healthcare delivery—not optional extras. Funding must be stable, scalable, and embedded in health infrastructure planning.

System-Level and Structural (Continued)

NO. 16

Embed Accessibility in All Mental Health Strategies

Incorporate hearing loss and d/Deaf perspectives into all national and state-level mental health frameworks. Involve people with lived experience at every stage of policy design, service planning, and evaluation to create lasting, future-ready reform.

NO. 17

Implement a National Inclusive Workforce Strategy

Develop a cross-sector plan to invest in long-term inclusive workforce development—integrating education, health, disability, and mental health systems. This strategy should include sustainable funding, career pathways, and interprofessional collaboration.

NO. 18

Build Inclusive and Sensory-Friendly Clinical Environments

Fund and implement facility-level changes to ensure health services are quiet, visually accessible, and welcoming to d/Deaf and hard of hearing people. Design should be informed by users and co-created with the community.

NO. 19

Embed Lived Experience in Service Design, Governance, and Evaluation

Ensure individuals with hearing loss and Deaf culture are active partners in designing, governing, and evaluating health and mental health services.

These recommendations aim to improve immediate care and support long-term reforms for more inclusive, culturally competent healthcare for people with hearing loss.

They reflect insights from the research but do not assess feasibility or implementation. Further planning, research, analysis, and collaboration are needed to explore their real-world application.

About this Report

This report is based on qualitative research and reflects the lived experiences and perspectives of participants. These accounts are personal and should be understood within the context and limitations of the study's design. The views expressed by participants are their own and do not necessarily represent those of Deafness Forum Australia.

Every effort has been made to ensure the information is accurate and respectful at the time of publication. However, the content is intended for general information only and should not be taken as professional or clinical advice. Any actions taken based on this report are at the reader's discretion.

Recommendations included are drawn from the research but were not tested as part of this project. Mention of any individual, organisation, or service is not intended to endorse, criticise, or cause harm.

Deafness Forum Australia accepts no liability for any loss, harm, or consequences arising from the use or interpretation of this report.

Appendix 1: Survey Questions

#	Survey Questions	Consumer/Provider
1	Please indicate which of the following best describes you. If more than one category applies, please choose the perspective you most want to share.	Both
2	What specific mental health challenges have you or the person you care for faced due to d/Deafness/hearing loss?	C
3	How do you think health professionals could better recognise and respond to support individuals with d/Deafness/hearing loss and mental health issues?	C
4	What aspects of mental health support do you feel is most lacking or poorly addressed by current health professionals when it comes to individuals with d/Deafness/hearing loss?	C
5	Reflecting on your overall lived experience in the health and care support system, what should be considered when training future health care workers?	C
6	Please list your profession/job title.	P
7	What essential mental health-related competencies should be included in a curriculum framework for healthcare providers who may support individuals with d/Deafness/hearing loss and mental health challenges?	P
8	What are the key gaps in current health professional education regarding the intersection of d/Deafness/hearing loss and mental health?	P

Appendix 1: Survey Questions (Continued)

#	Survey Questions	Consumer/Provider
9	Are there any factors related to interdisciplinary training or practice that could affect how d/Deafness/hearing loss or hearing health is addressed in an undergraduate curriculum?	P
10	Reflecting on your experiences as a student (could be current or past), how could you have been supported to learn mental health content in your studies?	P
11	What do you wish you had learned during your undergraduate training about mental health that could have helped you support those with d/Deafness/hearing loss?	P
12	Is there anything happening in your sector/area of expertise that could impact introducing a mental health curriculum framework?	P
13	What activities, changes or other things do you think would be needed to introduce a mental health curriculum framework for undergraduate students?	Both
14	Is there anything else you would like to share that we should consider?	Both

Contact Us

Deafness Forum Australia

hello@deafnessforum.org.au
Email

www.deafnessforum.org.au
Website

@deafnessforum
Facebook

DEAFNESS FORUM AUSTRALIA