Evaluating the effectiveness and cost-effectiveness of British Sign Language Improving Access to Psychological Therapies: an exploratory study

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Declared competing interests of authors: Alys Young sits on an expert reference group convened by the Royal College of Psychiatry and the charitable organisation SignHealth, in order to draw up guidelines for commissioners of primary mental health services for Deaf people. Katherine Rogers is chairperson of the British Society for Mental Health and Deafness. Steve Pilling is in receipt of funding from the National Horizon Scanning Centre to develop care pathways for the Improving Access to Psychological Therapies programme. Rachel Belk works part-time in a NHS clinical role as a genetics counsellor, where she occasionally works with Deaf patients. Claire Dodds works as a freelance British Sign Language/English interpreter, occasionally within health-care settings.

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Plain English summary

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Plain English summary

British Sign Language (BSL) is a fully grammatical visual language separate from English. Rates of anxiety and depression are much higher among Deaf people who use BSL than among the general population. This study compares two kinds of service for Deaf people experiencing mental health problems. In the first, namely standard Improving Access to Psychological Therapies (IAPT), the therapist and Deaf person usually communicate using a sign language interpreter. In the second, the therapist is a Deaf person who uses the same language as the client, namely BSL. We wanted to find out which was best at helping the Deaf client to recover and which was better value for money. However, before we could do that we also needed to develop some new measurement tools. The ones usually used to assess progress in therapy and how healthy someone feels were not available in BSL. We also needed to find out about whether or not there were differences in how standard IAPT services treated Deaf BSL users. We have now developed new versions in BSL of common assessments used to measure anxiety, depression and health. We have found out that there is little difference in the recovery levels of Deaf people who use either BSL-IAPT or standard IAPT. However, this result is not strong because most standard IAPT services had seen hardly any Deaf people. It is not certain whether or not BSL-IAPT is better value than standard IAPT using an interpreter to achieve the same outcomes for clients.

A BSL version of this summary is available (https://video.manchester.ac.uk/faculties/edfa2331ca0cd9a14d717cb1d233466f/da8e9941-a83f-4f9e-9a79-3517206d7745/).

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