Modelling BSL-IAPT and Standard IAPT accessed by Deaf people

Online questionnaire

DEMOGRAPHIC INFORMATION:

Age: _____ years

Gender: Male ☐ Female ☐

Ethnicity:
☐ White: British
☐ White: Irish
☐ White: Any other white background (please state) _____
☐ Black or Black British: African
☐ Black or Black British: Other Black background (please state)
_____
☐ Asian or Asian British: Indian
☐ Asian or Asian British: Bangladeshi
☐ Asian or Asian British: Pakistani
☐ Asian or Asian British: Other Asian background (please state)
_____
☐ Mixed: White and Black African
☐ Mixed: Any other mixed background (please state) _____
☐ Chinese
☐ Other ethnic group (please state) _____
☐ Prefer not to say

Are you: ☐ Deaf ☐ Hard of hearing ☐ Hearing ☐ Deafblind ☐ Deafened

This questionnaire concerns access to IAPT services for Deaf people who use British Sign Language (BSL), not deaf people who might be hearing aid users and use spoken language. BSL is a minority language formally recognised by Government as a language separate from English (it is not a visual version of English). BSL users have their own culture and community. We are interested in how your service has responded to any Deaf BSL user who has accessed it and how you as a therapist have worked or would work with a BSL user.

Do you know any British Sign Language?

Yes ☐ No ☐

If yes, please tick to indicate your level of BSL:

☐ Grew up using BSL
☐ Use BSL now as a main/preferred language
☐ Level 1 BSL qualification
☐ Level 2 BSL qualification
☐ Level 3/NVQ 3 BSL qualification
☐ Level 4 BSL qualification
☐ Level 6/NVQ6 BSL qualification
☐ Other: Please state: _____

How involved are you with the Deaf community and Deaf culture?

☐ Not involved at all   ☐ Involved a little   ☐ Often involved   ☐ Very much involved

What is your highest school/college/university qualification?

_____

What is your current job title?

_____

Your role within the IAPT service you work for?

_____

How long have you worked in your IAPT service?

☐ Under 1 month
☐ 1-3 months
☐ 4-6 months
☐ 7-12 months
☐ 1-2 years
☐ 2-3 years
☐ 3-4 years
☐ Over 4 years

Which NHS Trust do you work for/does your service fall under?

_____

YOUR SERVICE

Which kind of IAPT services do you currently work for?
- ☐ BSL Healthy Minds (a named specialist IAPT service for Deaf BSL users)
- ☐ An IAPT service serving the general population
- ☐ Both
- ☐ Other   Please state:_____

Please explain more about your role within IAPT services.
e.g. Are you based in one service or several? If several, is this to cover a bigger area, because you specialise in one type of therapy, because you specialise in seeing a particular client group etc?

Within the Stepped-Care model used by IAPT, which steps does your service provide? (please select all that apply):
- ☐ Step 1: Primary care / IAPT service
- ☐ Step 2: Low-intensity primary care / IAPT interventions
- ☐ Step 3: High-intensity primary care / IAPT interventions
- ☐ Step 4: Interventions delivered through mental health specialist teams
- ☐ Step 5: Interventions delivered through inpatient care and crisis teams

What type of mental health difficulties does your service offer to support? (please select all that apply)
- Step 1:
  - ☐ Moderate to severe depression with a chronic physical health problem
- Step 2:
  - ☐ Depression: mild
  - ☐ Panic disorder
  - ☐ Post-traumatic stress disorder (PTSD)
  - ☐ Generalised anxiety disorder (GAD)
  - ☐ Obsessive compulsive disorder (OCD)
  - ☐ Social phobia
- Step 3:
  - ☐ Depression: moderate to severe
  - ☐ Depression: mild to moderate for people who do not response well enough at step 2
  - ☐ Panic disorder
  - ☐ Post-traumatic stress disorder (PTSD)
  - ☐ Generalised anxiety disorder (GAD)

- ☐ Obsessive compulsive disorder (OCD)
- ☐ Social phobia

What type of therapy(ies) does your service offer? (please select all that apply)

- Step 1:
  - ☐ Assessment/referral/active monitoring
  - ☐ Collaborative care (at Step 1, this is defined as liaison with Primary Care services for patients from groups with particular needs)
- Step 2:
  - ☐ Guided self-help based on cognitive behavioural therapy (CBT)
  - ☐ Psycho-educational groups
  - ☐ Computerised cognitive behavioural therapy (CBT)
  - ☐ Behavioural activation (BA)
  - ☐ Structured physical activity
  - ☐ Other. Please state: _____
- Step 3:
  - ☐ Cognitive behavioural therapy
  - ☐ Interpersonal psychotherapy (IPT)
  - ☐ Behavioural activation (BA)
  - ☐ Couple therapy
  - ☐ Counselling
  - ☐ Brief dynamic interpersonal therapy (DIT)
  - ☐ Eye movement desensitisation and reprocessing (EMDR)
  - ☐ Other. Please state: _____

Where does your service accept referrals from?

- ☐ GP
- ☐ Self-referral
- ☐ Other statutory service
  - Please give examples: _____
- ☐ Private, voluntary or independent sector agency
  - Please give examples: _____

Are any of the professional therapists working within your service Deaf BSL users?

☐ Yes   ☐ No   ☐ Don't know

If yes, please give details

_____

Which therapy delivery methods does your service offer? (please select all that apply)

- ☐ Web-based guided self-help
- ☐ One to one email discussion
- ☐ One to one SMS/text discussion
- ☐ One to one by telephone
- ☐ One to one via webcam

☐ One to one via NGT Service (also known as Text Relay, TextDirect and Typetalk)
☐ One to one in person
☐ Group therapy in person
☐ Other. Please state:

_____

Does your service offer 'collaborative care' support specifically for patients on antidepressant medication?
(Collaborative care can be described as regular follow-up contact e.g. by phone, from a care manager (or person in similar role) to check on symptoms, drug management and liaise with primary care team)

☐ Yes   ☐ No

How is your 'collaborative care' support delivered?

☐ We do not offer collaborative care
☐ Email
☐ SMS/Text
☐ Telephone
☐ Webcam e.g. using Skype, Glide, FaceTime
☐ One to one via NGT Service (also known as Text Relay, TextDirect and Typetalk)
☐ Other, please specify _____

YOUR TRAINING

Have you undertaken the IAPT PWP training?

☐ Yes   ☐ No

If yes, what kind of training?
_____

Have you completed any training which focuses on social inclusion?

☐ Yes   ☐ No

Have you undertaken any training on how to work with Deaf BSL users?

☐ Yes   ☐ No

If yes, can you tell us more about this?

WORKING WITH DEAF PEOPLE

The following questions concern Deaf people who use British Sign Language (BSL), not deaf people who might be hearing aid users and use spoken language. BSL is a minority language formally recognised by Government as a language separate from English (it is not a visual version of English). BSL users have their own culture and community. We are interested in how your service has responded to any Deaf BSL user who has accessed it and how you as a therapist have worked or would work with a BSL user.

How do you publicise or inform people about your service? (do you have a website, produce leaflets, etc.

How accessible do you feel the information about your service is to for Deaf BSL users?
☐Very accessible   ☐Somewhat accessible   ☐Somewhat inaccessible   ☐ Very inaccessible

What do you do to ensure that Deaf BSL users are aware of your service?

Has your IAPT service ever provided a service to Deaf BSL users?

☐Yes   ☐No   ☐Don't know

Have you ever provided a service to Deaf BSL users?
            ☐Yes   ☐No

If yes, how many Deaf people have you provided therapy to within IAPT?
(you may estimate) _____

How have Deaf BSL users been referred to your service in the past?
(please select all that apply)
            ☐GP
            ☐Self-referral
            ☐Other statutory service
                        Please state an example:_____

☐ 3rd sector agency

Please state an example:_____

☐ Not applicable

☐ I don't know

If your service accepts self-referrals, how common is it for Deaf BSL users to self-refer?

☐ We do not accept self-referrals

☐ Common

☐ Quite common

☐ Somewhat common

☐ Not so common

☐ Happened once

☐ Never happened

☐ I don't know

How easy do you think it is for a Deaf person to make a self-referral to your service?

☐ Easy   ☐ Somewhat easy   ☐ Not at all easy   ☐ We do not accept self-referrals

Please state your reason:_____

How do you think a Deaf BSL user would make a self-referral to your service? (please select all that apply)

☐ We do not accept self-referrals

☐ By SMS/text message

☐ By NGT Service (also known as Text Relay, TextDirect and Typetalk)

☐ By letter

☐ Online e.g. email, message through webpage

☐ By videophone e.g. Skype, Glide, FaceTime

☐ Other   Please state:_____

How would a self-referral from a Deaf BSL user be responded to? (please select all that apply)

☐ We do not accept self-referrals

☐ By SMS/text message

☐ By NGT Service (also known as Text Relay, TextDirect and Typetalk)

☐ By letter

☐ Online e.g. email, message through webpage

☐ By videophone e.g. Skype, Glide, FaceTime

☐ Other   Please state:_____

When a referral is received, is it likely to specify any of the following: (please tick all that apply)

☐ That the person is Deaf
☐ That the person is a BSL user
☐ Whether an interpreter is required
☐ Their cultural requirements
☐ I have no idea, it has never happened

How would you rate your personal Deaf awareness?
☐ Excellent ☐ Good ☐ Average ☐ Little knowledge ☐ No knowledge

How would you rate your insight into Deaf culture?
☐ Excellent ☐ Good ☐ Average ☐ Little knowledge ☐ No knowledge

How experienced are you at working with patients who are Deaf BSL users within your IAPT service?
☐ Very experienced
☐ Quite experienced
☐ Somewhat experienced
☐ Not so experienced
☐ Not at all experienced

If you have worked with Deaf BSL users within your IAPT service, how did you communicate with them? (please select all that apply)
☐ One to one through BSL
☐ One to one through some basic signs
☐ One to one through lipreading
☐ One to one through pen and paper
☐ Through a BSL interpreter
☐ I have not worked with any Deaf BSL users
☐ Other_____

Which of your services are available for Deaf patients? (please select all that apply)
☐ Step 1
☐ Step 2
☐ Step 3
☐ Step 4
☐ Step 5

If you have worked with Deaf BSL users within your IAPT service, do you think they are:
☐ As likely to receive a service in Step 1, 2 or 3 as hearing users with the same mental health difficulty
☐ Less likely to receive a service in Step 1, 2 or 3 than hearing users with the same mental health difficulty
☐ More likely to receive a service in Step 1, 2 or 3 than hearing users with the same mental health difficulty
☐ I have not worked with any Deaf BSL users

If you have worked with Deaf BSL users within your IAPT service, do you think they are:

- [ ] As likely to receive a more intensive service from Step 4 or 5 as hearing users with the same mental health difficulty
- [ ] Less likely to receive a more intensive service from Step 4 or 5 than hearing users with the same mental health difficulty
- [ ] More likely to receive a more intensive service from Step 4 or 5 than hearing users with the same mental health difficulty
- [ ] I have not worked with any Deaf BSL users

If you have worked with Deaf BSL users within your IAPT service, do you think the length of treatment is:

- [ ] About the same as for hearing users with the same mental health difficulty
- [ ] Shorter than that for hearing users with the same mental health difficulty
- [ ] Longer than that for hearing users with the same mental health difficulty
- [ ] I have not worked with any Deaf BSL users

If you have worked with Deaf BSL users within your IAPT service, do you think the number of appointments they receive is:

- [ ] About the same as for hearing users with the same mental health difficulty
- [ ] Less than that for hearing users with the same mental health difficulty
- [ ] More than that for hearing users with the same mental health difficulty
- [ ] I have not worked with any Deaf BSL users

If you have worked with Deaf BSL users within your IAPT service, do you think the number of people completing treatment is:

- [ ] About the same as for hearing users with the same mental health difficulty
- [ ] Less than that for hearing users with the same mental health difficulty
- [ ] More than that for hearing users with the same mental health difficulty
- [ ] I have not worked with any Deaf BSL users

If your service offers telephone 'collaborative care' support for patients who are on antidepressant medication, how would this work for Deaf BSL users?

Would you offer group therapy to a Deaf BSL user?

☐ Yes ☐ No

If group therapy were offered to a Deaf BSL user, would this be with a group of hearing people?

☐ Yes ☐ No ☐ Not applicable – group therapy would not be offered

If offered, how would you ensure this was accessible for them?

_____
_____

Would a Deaf BSL user be given the opportunity to choose any of the following options with regard to their allocated worker: (please select all that apply)

☐ IAPT worker of the same gender
☐ Hearing IAPT worker with a BSL/English interpreter
☐ Hearing IAPT worker who can use BSL
☐ Deaf IAPT worker who can use BSL
☐ Other   Please

state:_____

Would you accommodate a request from a Deaf BSL user to be seen in an alternative location?

☐ Yes ☐ No ☐ Sometimes ☐ Don't know

Would you accommodate a request from a hearing person to be seen in an alternative location?

☐ Yes ☐ No ☐ Sometimes ☐ Don't know

Does your service ever offer a menu of providers?

☐ Yes ☐ No ☐ Don't know

Would the same menu of providers be offered to a Deaf BSL user?

☐ Yes
☐ No – we would offer a different menu
☐ No – we would only offer a limited menu

☐ No – we don't offer a menu of providers to anyone
☐ I don't know

Do you or your service have close relationships with other services which may work with Deaf BSL users?

☐ Yes ☐ No ☐ Don't know

If Yes, please state the examples of other services _____

How would your service contact a Deaf BSL user with whom the service has lost contact during a treatment course?
_____
_____

If your service is unable to provide a service for Deaf people where, if anywhere, would you refer them to?
_____
_____

How confident are you in identifying mental health problems in Deaf people who are BSL users?
☐ Very confident
☐ Quite confident
☐ Somewhat confident
☐ Not so confident
☐ Not confident at all

How confident are you in identifying whether Deaf people have difficulties with coping with their depression and/or anxiety?
☐ Very confident
☐ Quite confident
☐ Somewhat confident
☐ Not so confident
☐ Not confident at all

What do you think the main challenges are for you as a therapist in providing an IAPT service to a Deaf person who uses BSL?

WORKING WITH BSL/ENGLISH INTERPRETERS

Have you worked with a BSL interpreter within your service?
☐ Yes   ☐ No

How easy is it for your service to organise a BSL/English interpreter?
☐ Very easy   ☐ Quite easy   ☐ Difficult   ☐ To my knowledge it
has never been done

If the interpreter failed to attend, would you:
☐ Book another appointment
☐ Use another means of communication
                    Please state what:_____

Are you / your service aware there are different levels of qualification for BSL/English interpreters?
☐ Yes   ☐ No

How would your service judge whether the interpreter is suited to the Deaf BSL user?

If you were seeing a Deaf BSL user for a course of sessions with an interpreter present, would you use the same interpreter throughout?
☐ Yes, always
☐ Not always, but aim to do so
☐ No, it's not possible
☐ No, I would not consider this to be important

ASSESSMENTS

Were you aware of the existence of the reliability-tested BSL versions of the IAPT assessment tools?

☐ Yes ☐ No

Have you or your service undertaken assessment of any Deaf BSL users in any of the following ways:

	Yes I have assessed Deaf BSL users in this way	No I have not assessed Deaf BSL users in this way	My service has assessed Deaf BSL users in this way	I don't know if my service has assessed Deaf BSL users in this way
Using reliability tested BSL versions of GAD-7, PHQ-9 or WSAS				
Using other recorded BSL versions of GAD-7, PHQ-9 or WSAS (not reliability tested)				
Using a BSL/English interpreter to translate the GAD-7, PHQ-9 or WSAS 'live'				
Reading the GAD-7, PHQ-9 or WSAS aloud, with the patient lip-reading				
Asking the patient to complete the written English versions of the GAD-7, PHQ-9 or WSAS themselves, online				
Asking the patient to complete the written English versions of the GAD-7, PHQ-9 or WSAS themselves, on paper				

When working with a Deaf BSL user, how would you usually undertake assessments such as PHQ-9, GAD-7 and WSAS?

☐ In written English, on paper
☐ In written English, online
☐ Using a BSL/English interpreter
☐ In spoken English, with the patient lip-reading
☐ Using a recorded BSL version of the assessment
☐ Other, please specify

_____

RECORDING INFORMATION ABOUT DEAF BSL USERS IN YOUR SERVICE

The minimum data set that must be recorded by IAPT services only records disability (hearing). Does your service record any additional information about language use?

☐ Yes   ☐ No   ☐ Don't know

If so, do you record BSL within the language use field/section?

☐ Yes
☐ No, we record it elsewhere
☐ Don't know
☐ We do not record information about language use for any patients

☐ We do not record information about language use for Deaf BSL users

Are Deaf BSL users identified in any other way in the written and/or digital records?

If this information is recorded in the digital records, in which field/section of your service's database is it recorded? (e.g. under a customised interpreter booking section)

FOLLOW-UP INTERVIEW

We would like to invite approximately 20% of respondents to this questionnaire to take part in a short interview (face-to-face or video/telephone) to further discuss responses, either from the survey overall or from your response in particular.

If you are willing to be contacted about this follow-up interview, please complete your contact details below. These identifying details will be held separately from your questionnaire responses and only used by the research team to make contact with you if they want to invite you to have an interview.

Name:

_____
_____

IAPT Service Name:

_____

Preferred means of contact (this is how we would contact you to discuss arrangements for interview).

☐ Email _____
☐ Telephone_____
☐ Skype _____
☐ FaceTime _____
☐ SMS/Text _____

Thank you very much for your time in completing this questionnaire. If there is anything else you would like to tell us, please put any comments in the box below:

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[                                                                ]
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Finally, having completed the questionnaire, could you confirm you are still happy for us to include your responses in our analysis?

☐ Yes, I am still happy for you to include my responses
☐ No, I have changed my mind. Please withdraw all my responses from the data set