



National Deaf Mental Health Service (NDMHS)

The Barberry
Jasmine suite

Specialist services

Commissioners' information leaflet

Service description

Service type: Inpatient, day patient and community patient.

The Department of Health document, Towards Equity and Access: Best Practice (DoH, 2005), expounds the need for specialist deaf mental health service. It identified that deaf people find it difficult to access mainstream services and are more likely to get better in a signing environment.

The National Deaf Mental Health Service (Birmingham) provides a culturally, ergonomically and linguistically appropriate service to deaf and deaf-blind people with a range of complex needs. These may include severe and complex mental health problems, language deprivation or delay, personality disorder, developmental disorder, challenging behaviour or additional disabilities. Differential diagnoses may include typical mental illnesses but may also include complex and enduring mental health problems associated with multiple developmental deprivations, physical health conditions and negative psychosocial experiences.

The purpose-built Jasmine suite is situated in the Barberry and houses a 12-bedded (single en-suite) inpatient unit. It is staffed by internationally renowned clinicians with years of experience in the evidence-based practice of mental health and deafness. The day service is based within the main Barberry building and operates Monday to Friday.

Training and supervision packages can be commissioned.

Criteria for referral

- Deaf 18 to 65-year-olds requiring assessment, treatment or management of a suspected mental health problem.
- Assessment, consultancy and co-working to deaf clients from child, older adult and learning disability services are also available.
- Deafened and partially deaf people with suspected mental health problems will be assessed and signposted (or treated) as appropriate.
- Primary, secondary and tertiary referrals will be accepted.
- Deaf clients who may require co-working with the referrer, local mental health or learning disability service.

Care provided

- Professions represented within the deaf service are psychiatry, psychology, inpatient and community nursing, social work, occupational therapy, psychodynamic nurse counselling, family therapy, advocacy, speech and language therapy, interpreting and communication speciality, dietician, gym and pharmacy.
- Models of care include acute, recovery, community day service and rehabilitation.
- Models of therapy include cognitive behavioural therapy, systemic family therapy, psychodynamic therapy, and solution-focused therapy.
- Outpatient clinics are based in Birmingham and Derby. Regular visits are made by clinicians to Wales, Oxford, High Wycombe, Gloucestershire, and all over the Midlands depending on commissioning arrangements.
- Home visits are made where appropriate.
- Staff receive training in the deaf mental health speciality, including training in British Sign Language and deaf culture.
- Continuous development and delivery of education programmes to multidisciplinary agencies involved in health and social care, including training sessions promoting deaf awareness in the context of positive mental health.
- ADL support / social skills, symptom management.

Outcomes

- Evidence-based assessment, treatment and management.
- Service user and advocacy involvement in service delivery.
- Reduced inpatient length of stay.
- Enskilled and supported local community mental health teams (CMHT) and other services.
- Safe and effective partnership care programming.
- Equity of access.

Referral process

National Deaf Mental Health Service is happy to receive referrals from all areas. Where funding is assured and local community team for learning disabilities (CTLD) or CMHTs are in agreement we are happy to take referrals which, on the surface, may appear to be from any of primary, secondary and tertiary care.

In order to accept the referral we must have the written agreement of the client's GP and local CMHT or CTLD.

Once funding is approved, assessment will go ahead within 13 weeks, but this usually significantly less. Clinical reports, routinely provided to appropriate health and social care professionals, are provided as requested by the commissioner.

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