

Final List of 34 Research Priorities

Disease Burden Theme

1. Investigate whether the prevalence of major mental illnesses or disorders in the deaf population, as measured by the *Kessler 6* and other priority measures, and adapted for communication suitability, is the same or different from the prevalence of these in hearing people.
2. Investigate the prevalence, methods, risk factors, and protective factors (e.g., resilience and social networks) associated with suicidality in deaf versus hearing populations.
3. Investigate whether there are disparities in how physicians (psychiatrists and primary care physicians) prescribe neuroleptic medications for deaf versus hearing patients.
4. Investigate what variables, particularly language competencies, correlate with and predict overt acts of violent behavior in deaf people served in the mental health system.
5. Conduct a demographic study to define and measure the prevalence of deafness so that we can accurately measure utilization of services.
6. Determine whether the hypothesized disorder of “language deprivation with deficiencies in behavioral, emotional and social adjustment” is a valid and useful construct (see N. Glickman (2009) *Cognitive Behavioral Therapy for Deaf and Hearing Persons with Language and Learning Challenges*, p. 333).
7. Investigate the prevalence of aggression, violence, and self-harm in deaf adults and children served in public mental health settings.
8. Taking into consideration how sign language and communication assessments are done in the deaf mental health field with deaf adults and children who have limited communication abilities (i.e., language-deprived or language-dysfluent), develop and standardize a communication assessment tool capable of documenting these individuals’ communication strengths and weaknesses, and which is useful for planning and delivering appropriate services.
9. Develop, implement, and evaluate an instrument assessing trauma symptoms in deaf children and adults (inclusive of language impoverishment and adverse sociocultural experiences as possible sources of trauma) that is useful with individuals with varied linguistic competencies, including those with no formal language competencies (e.g., pictorial/visual modalities).
10. Conduct a longitudinal study of deaf children and youth, from birth through high school, comparing those identified as developmentally disabled with those not identified as such, to determine risk and protective factors associated with mental health, developmental, and substance abuse problems.

Treatment Theme

11. Adapt and validate existing best practices for addiction treatment and prevention, for use with deaf persons with diverse communication abilities and methods, who are served in the public mental health system.
12. Examine existing outcomes measures commonly required by the Substance Abuse and Mental Health Services Administration, and state and local mental health authorities, to determine the linguistic and sociocultural appropriateness of these measures for deaf individuals.
13. Employ longitudinal research methodology to design and evaluate the effectiveness of existing or new early intervention programs in fostering the mental wellness of deaf children and their families
14. Develop and examine the effectiveness of telehealth and web-based applications for psychoeducation and mental health and substance abuse service delivery to deaf individuals in multi-site locations.
15. Investigate the treatment effectiveness of various psychiatric medications with deaf persons with varying clinical presentations.
16. Create and evaluate a peer support program for deaf persons in recovery from mental illness.
17. Develop and investigate the effectiveness of treatment approaches to improve outcomes for deaf children, youth, and adults post-trauma, including sexual and physical abuse and the potentially traumatic experience of language deprivation.
18. Compare the cost, effectiveness, and consumer satisfaction of mental health services provided directly by communication-fluent service providers versus services provided through sign language interpreters working in partnership with non-signing providers.
19. Examine the effectiveness of methodologies used to adapt evidence-based practices for deaf people in achieving mental health and addiction recovery-related outcome measures.

Research Infrastructure Theme

20. Establish the policy and practice of listing American Sign Language on surveys that ask about language preference.
21. Create and make available a library of high quality research instruments and outcome measures translated into American Sign Language.
22. Establish and fund a national program (e.g., via “center grant” mechanisms) to conduct high-quality ASL translation of mental health-related measures.

23. Create a forum for mental health and addiction database sharing regarding deaf populations, which allows for secondary data analysis and intra-field research collaboration.
24. Create pre- and post- doctoral research fellowship opportunities and an associated placement network to increase preparation for deaf mental health research careers.
25. To improve recruiting, research agendas, and research methods, involve persons from the Deaf community early and intensively, throughout the research enterprise.
26. Work towards advancing awareness within the National Institutes of Health, especially the National Institute of Mental Health, and the National Institute for Disability and Rehabilitation Research, regarding the need for mental health and addiction-related research with deaf populations.
27. Increase the activity of persons in the deaf mental health field within national professional research organizations.
28. Facilitate research career information sharing and mentoring for deaf doctoral-level researchers in order to enhance their research skills, opportunities to secure fiscal support, and involvement with productive research enterprises.
29. Develop pipeline programs to foster interest and skills in deaf mental health research among students from elementary school onward, including employed persons. (This supports recommendations made by the *Health Care Careers Task Force for the Deaf and Hard of Hearing Community* (2011-2012).
30. Establish and fund a program (e.g., via “center grant” mechanisms) to develop (rather than merely adapt) deaf mental health-related measures, and conduct multi-site validation activities.
31. Establish and fund a program (e.g., via “center grant” mechanisms) to develop and/or adapt products designed to educate and/or facilitate the recovery deaf persons in the public mental health system, useful across the entire range of deaf consumers’ communication abilities.
32. Working with the National Association of State Mental Health Program Directors, foster collaboration and liaison with the NASMHPD Research Institute, Inc. to promote deaf mental health research.
33. Work with the National Institute of Health and similar agencies to expand their venues and opportunities for continuing education regarding deaf mental health research.
34. Pursue Small Business Innovation Research grants and other collaborative grants to develop and disseminate deaf mental health products.