

13 October 2021



Auslan mental health services can't match demand

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"The deaf community is not unlike a small country town like the one I grew up in. Our privacy is hard to protect when you might bump into service providers at the supermarket or even at work."

Government wants to relax captioning rules for Foxtel

Fearful of proposed changes to the rules for captioning on subscription television? The Government issued a discussion paper that needs close consideration and a strong response.

Not just an older person's problem

Hearing loss is on the rise in the younger population, so it is not just an old-age problem. Recreational and occupational noise - things young people listen to, the events they go to and the jobs they choose are causing hearing loss to start at a younger age.

Parenting with hearing loss

Gael Hannan writes that being a mother has been the most wonderful relationship in her life and the most challenging.

"As I waited for my son to be born, I felt that my role as a mother was to give him three things: love, safety, and the communication skills to help him make the most of life's opportunities. But I worried that my severe hearing loss would cause problems in safety and communication."

Currently **one in six** Australians suffer from some form of hearing loss. This may increase to one in four by 2050. *Access Economics 2006*

Deafness Forum of Australia is the peak national body representing the views and interests of all Australians who live with hearing loss, people who have an ear or balance disorders, and the families that support them. Our mission is to make hearing health & wellbeing a national priority in Australia.

Auslan mental health services are overrun with demand

By Fiona Murphy for [ABC News](#)

While she was living in university accommodation, Catherine Dunn was raped.

She was referred to counselling by her accommodation service, but there was an important consideration they didn't take into account — Ms Dunn is Deaf.



"There were no online booking options and I was frequently called despite clearly specifying that I do not use the phone," Ms Dunn said, via an Auslan interpreter.

"During sessions, I was communicating through spoken English, but was not able to communicate freely. I didn't feel culturally safe."

Ms Dunn was not offered an Auslan interpreter to help her communicate with the counsellor, and she said she would be reluctant to use one for such a sensitive situation given the potential for a breach of privacy.

"As a Deaf professional within my community, I know that the pool of Auslan interpreters is very small and that there are not enough opportunities for them to further their training within the mental health field.

"Additionally, the deaf community is not unlike a small country town like the one I grew up in. Our privacy is hard to protect when you might bump into service providers at the supermarket or even at work."



Miscommunication or a lack of cultural awareness can have significant consequences for how Deaf people are assessed for mental health conditions.

Karli Dettman is a Deaf counsellor based in Melbourne.

"There is a higher percentage of misdiagnosis for the Deaf population," Ms Dettman said, via an Auslan interpreter.

For example, if a psychiatrist is observing a Deaf person who is really angry when they're signing, the [psychiatrist] might misconstrue it as aggression. Whereas it really might just be the language or frustration with communication problems."

Ms Dettman believes that having more mental health professionals who are fluent in Auslan would improve the diagnosis and treatment of their mental health conditions.

"If you can communicate and make that language transfer easier," she said, "then you will remove that frustration that's underneath it."

Government wants to relax captioning rules for Foxtel



This is the title of a paper issued by the Government to encourage feedback from all interested parties on proposed changes to the rules for captioning on subscription television.

You can learn more of the Department of Communications [website](#)

A version is also available on this page with captions and in Auslan.

Advertisement

What are people's hearing experiences in the world today?

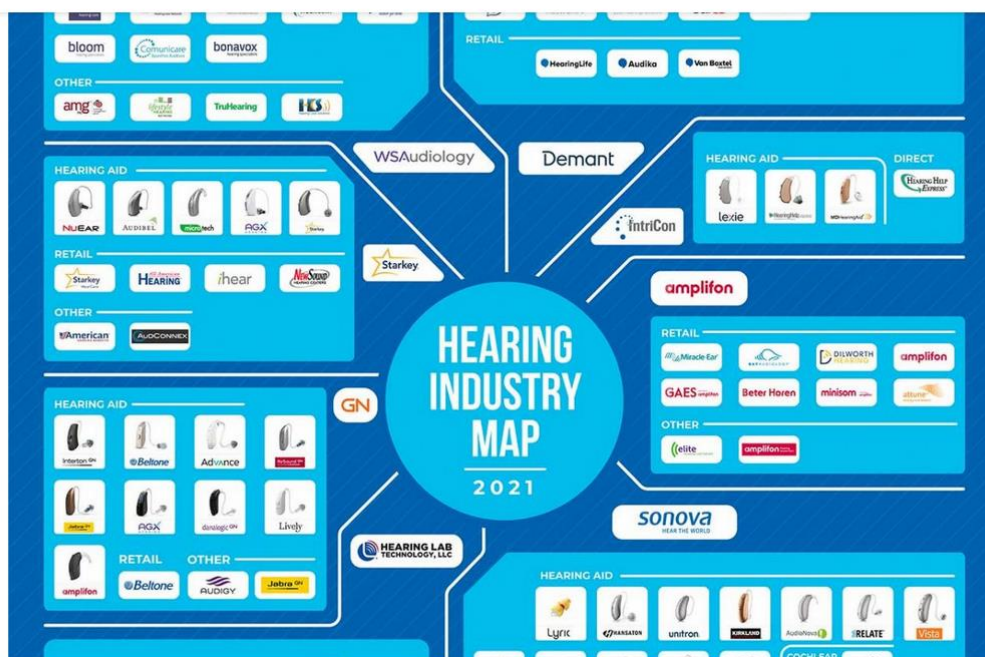


The National Acoustic Laboratories invites you to complete a [survey](#) to help understand what people's hearing experiences are in today's world. Your responses are valuable insights to answering the question and may help us learn more about hearing problems that people experience. Thank you for participating in NAL research.

Who owns the audiology business?

The hearing aid industry is a massive business, and like many industries, some manufacturers have been forging ahead with vertical integration: setting up stores to sell their own products direct to you the consumer rather than just rely on independent audiologists.

It can be difficult to get a complete overview of who owns what, or who is behind every brand in the hearing aid industry landscape. The new Better Hearing Australia newsletter has come to the rescue with a Hearing Industry Map.



The map shows which manufacturers own which brands, not just in relation to hearing aids, but also the branded clinics they have set up to reach the consumer directly.

Read more at the [BHA website](#)

Audiologists and audiometrists help clients live well

Living Well is a set of carefully selected photos of common situations that can help people who visit an audiology clinic identify when and where it's most important for them to communicate well.

Understanding these priorities can help the clinician recommend the best hearing technologies and communication strategies for each client.

The tool comes with everything a clinician needs, including instructions and a documentation form.

On the Ida Institute website, you can also access insights into the value of using photos, and videos of the tool in action. There's an online version too that clients can complete at home before the appointment if preferred. [Here](#) is where you will find it.

Why hearing loss isn't just an older person's problem



Rachel Chisholm was first diagnosed with hearing loss in her 20s. Credit: Danella Bevis/The West Australian.

Hearing loss isn't something that just happens in old age.

While more than half of people over 60 experience it, the World Health Organisation has warned that more than one billion young people aged between 12 and 25 are at high-risk of noise-induced hearing loss.

"Hearing loss is on the rise in the younger population so it is not just an old-age problem," explains Kat Penno, audiologist and director of hearing health at Perth-based company Nuheara.

"Recreational and occupational noise - things young people listen to, the events they go to and the jobs they are choosing - are all causing hearing loss to start at a younger age."

Ms Penno advises anyone between the ages of 40 and 45 to get their hearing checked at least once a year, even if they don't think they have a problem. This is because people don't always realise what they should be able to hear. Research suggests most people wait between seven and 10 years before they seek help, she notes.

"When you don't address your hearing loss it places more stress on your brain so your cognitive load is higher and you fatigue quicker. Your brain will be working hard to fill in gaps."

Associate professor Melanie Ferguson, head of the brain and hearing group at Ear Science Institute Australia, which is based in WA, said half of adults with hearing loss report feelings of isolation, loneliness, anxiety or depression mainly because it compromises their ability to communicate and causes social and emotional distress. People with untreated hearing loss are also at higher risk of developing dementia, reveals Ms Ferguson.

"If you have a problem with hearing, chances are your wellbeing and your quality of life are suffering," she explains. "Hearing loss affects all aspects of our daily life, and because it's invisible, people just ignore it, often choosing to just 'live' with it."

Hearing loss is estimated to cost the WA economy more than \$1 billion every year.

"We are making advances on a potential genetic test for hearing loss which will impact on the way we diagnose and treat hearing loss in the future," says Professor Rob Eikelboom, who manages the brain and hearing group at the Ear Science Institute Australia.

Remarkably, Ear Science Institute's lab is also one of just two in the world that can convert ordinary human skin cells into the tiny hair cells of the hearing nerve. This creates the potential to test genes, drugs and interventions in the lab so that hearing loss can eventually be cured.

What's more, scientists at the Institute were also the first in the world to develop an artificial eardrum which is changing the way clinicians treat chronic ear infections.

"Imagine a hearing test that also detects early signs of dementia, or a hearing device that tells the user to practice wearing it so their brain can get used to the new amplified sound," adds Sandra Bellekom, the Institute's CEO. "These are just some of the technologies Ear Science is developing."



Ms Chisholm says hearing aid devices have changed her life for the better. Credit: Danella Bevis/The West Australian
For Rachel Chisholm, 45, a human resources manager at a mining company in WA, wireless earbuds helped her hear better.

"I was working in the mining industry and one of the requirements was a medical assessment which included an audiological test. That's when I was officially diagnosed with hearing loss."

"Looking back, friends and family would often ask me to tone down my voice because I'd be yelling instead of speaking. I'd not realised I was talking so loudly. I nearly walked out in front of cars a couple of times because I just didn't hear them coming."

"I also missed out on a lot of banter with friends because I just couldn't pick up on what they were saying so I'd pretend to be able to hear and just smile and nod, which actually felt a bit embarrassing."

"I love to exercise but even running was dangerous because I could not hear my surrounds and cyclists coming up from behind."

"Having my hearing checked and doing something about it has transformed my life. I used to avoid going out to places like pubs but now I can hear people clearly and feel included."



By [Katie Hampson](#) writing for [The West Australian](#)

Common ancestor for cells involved in hearing and touch

The sensory cells in the inner ear and the touch receptors in the skin have a lot in common.

"There are striking similarities in the development of two types of specialised sensory cells: the so-called 'hair cells' that receive sound vibrations in the inner ear, and the Merkel cells that sense light touch at the surface of the skin," said Segil, who is a professor in Stem Cell Biology and Regenerative Medicine, California University.

"Ultimately, these developmental similarities are a legacy of shared evolutionary history."

Each human cell can store around two metres of DNA in its nucleus, because this DNA is wound around tiny spools made up of proteins called histones. These spools of DNA and histone protein are further packed together to form what are known as nucleosomes, which are stacked to create chromatin, which is the material that makes up the chromosomes.

When DNA is wound tightly into this storage configuration, the chromatin is closed and inaccessible to the protein ATOH1. This protein is a "master regulator" that can activate a network of differentiation genes in the DNA within the chromatin -- but not without first gaining access.

To this end, ATOH1 stimulates the production of a second protein known as POU4F3, an aptly named "pioneer factor" with the ability to venture into new frontiers by binding to closed and inaccessible chromatin. After POU4F3 blazes a trail by binding to the closed chromatin, ATOH1 can move forward with engaging and activating the network of genes that drives differentiation into hair cells and Merkel cells.



"It's remarkable that these two cell types, which are both involved in sensing mechanical stimuli but derive from distinct parts of the embryo, both rely on the same ATOH1/POU4F3 mechanism in order to differentiate. Our study suggests that this mechanism is extremely ancient and emerged before hair cells and Merkel cells diverged from a common evolutionary ancestor."

From [Science Daily](#)



You can promote hearing health awareness and join the Find Your Quiet Place!

Measure sound levels, submit the data, and win prizes. Visit <https://soundprint.com/fyqp-challenge>



Needle fears can cause COVID-19 vaccine hesitancy, but these strategies can manage pain and fear

Think of the last time you were really afraid, and I mean terrified: Cold sweats, trembling, pounding heart. Now think about what it would be like to have that reaction if you saw a needle or even heard people talking about COVID-19 vaccines.

For about 1 in 10 people, this is their reality, and it matters for COVID-19 vaccine campaigns. First, when we are highly anxious about something, we tend to avoid or delay it. Second, experiencing high fear and a stress response can lead to escape behaviour (like leaving or acting aggressively), enduring the procedure under immense distress and experiencing symptoms of immunisation stress-related responses, such as feeling dizzy or fainting. Third, needle fears can, in turn, be increased by experiencing or hearing about an immunisation stress-related responses from others.

The critical thing to know is that these immunisation stress-related responses do not result from something being wrong with the vaccine itself. Instead, they can occur before, during and after injections due to a stress response. Nonetheless, they can disrupt vaccination campaigns.

The good news is there are science-backed strategies to help.

You can imagine how much motivation and bravery is required for an individual to willingly face their fears and this affects how [acceptable the treatment is](#). With my colleagues, I am working on creating more accessible exposure-based interventions for high levels of needle fear. [Other treatments that may be promising](#), such as eye movement desensitisation and reprocessing, also warrant investigation by researchers.

Unmanaged needle fear is very distressing for those affected and can influence health-care choices. But it's not their choice to be afraid. The COVID-19 pandemic has brought needle fear into the spotlight like nothing before. Yet, even outside COVID-19, needles are a common part of health care for prevention, diagnosis and treatment.

Ignoring needle fear doesn't make it go away — in fact, for the person with the fear, avoidance just makes it worse. By consistently managing needle-related pain and fear, we have an opportunity to not only increase COVID-19 vaccinations, but also maximise comfort and confidence in health-care interactions and needle procedures more broadly.

Read about the strategies in the full story at [The Conversation](#)



Gael Hannan on Parenting with hearing loss

From the [Ida Institute](#)

Being a mom has been the most wonderful relationship in my life but, in many ways, the most challenging.

As I waited for my son to be born, I felt that my role as a mother was to give him three things: love, safety, and the communication skills to help him make the most of life's opportunities.

I knew I would absolutely succeed in the first one; I already loved him with a mother's fierce intensity – to the moon and back. But I worried that my severe hearing loss would cause problems in the other two areas, safety and communication.

How would I hear him crying in the night? What if I couldn't hear him burp – would he blow up? These and other practical concerns made me reach out for the first time to other people with hearing loss. At a hearing loss conference, I met a woman with a severe hearing loss similar to mine. As she held her six-month-old baby in her arms, she told me that I could do this. Having hearing loss didn't have to mean danger for my child. She convinced me because her child seemed to be thriving – and this was her fourth.

My nerves came from the fact that, for the first time in my life, I was going to be responsible for another person's well-being. I had to think outside myself. And I had already lived many years with the challenges of hearing loss. As Joel grew up, my concerns proved valid – not being able to hear him cry from another room was just the start of the many challenges of parenting with hearing loss. Luckily for me, I had support from several areas:

- My partner, the Hearing Husband
- An explosion of assistive technology that seemed to be born at the same time as Joel
- A renewed passion to communicate better, using any available tools, so that my son would be loved, secure, and thriving

Ask any mom and she will tell you that love and good intentions are not enough to protect you from the reality of raising a child; being a parent means dodging bullets, putting out fires, and dealing with situations you'd never dreamed about or prepared for. In return for all this, you get what I call the mummy-tummy that keeps you awake at night: "Why did I yell at him?" "Will he still love me?" "Where is he now?" "Why isn't he studying harder?" "Is he doing drugs?"

But when Joel arrived, I used new resources from the hearing loss community that helped bring about profound life changes that are still in place today, even though the boy is 24 and living in another city.

The first is that I embraced technology. Joel was born in 1995, so the big change for me was a master visual alerting system beside my bed that told me whether the doorbell or phone was ringing, if it was time to get up – and if the baby was crying in his room. It worked almost as well as the Hearing Husband jabbing me in the ribs to tell me that Joel was wailing. It was the start of a new life with technology.

The second change was a shift in my self-view as a person with hearing loss. Exposure to the larger hearing loss community helped remove a silent, secret shame about a disability that caused me to struggle in many situations. A huge weight lifted from me, one that I hadn't even realised was pushing me down. Joel's birth introduced me to the greater world of hearing loss; my concerns for my child's well-being ignited a passion for hearing loss advocacy that still exists 25 years later.

There were many challenges through the years. More than other moms, I needed to keep my baby-turned-toddler within sight at all times; a hearing parent hears warning sounds that a parent with hearing loss does not.

When Joel was six months old and new to sitting up, he was on the living room floor jabbering away to the cats. My friend and I went to the kitchen to refresh our coffee, leaving Joel momentarily out of sight. "Joel!" Carol said suddenly. We rushed in to find that Joel, in trying to reach the cat, had keeled forward. His face was buried in the carpet and he was still babbling, "bldgmp-dmfdmf!" I hadn't heard the change in his speech and, although I suppose he was in no real danger, I still think of that incident with a pang of mummy-tummy.

Not being able to understand what your toddler is trying to express can be frustrating. With hearing loss, the frustration multiplies, so I made sure Joel understood from an early age that I sometimes couldn't understand him because of my hearing (this can be dangerous information in the hands of a prankster teenager). Joel learned that if he didn't get my attention, he might not get what he wanted. If Mommy didn't respond right away, she may not have heard you (but guess what, darling child? When you're older, sometimes she may be ignoring you). If she says things that don't make sense, it's not because she's silly or not smart or trying to embarrass you in front of your friends, but because she may not have heard you correctly. Joel also learned that my most precious physical possessions were my hearing aids, which he called my "hearrings." Without them, I was deaf and possibly unresponsive.

One of the major challenges of hearing loss is localisation, being able to tell where the sound is coming from. In my book, [The Way I Hear It](#), I shared the frustration of trying to find a small voice coming from somewhere in the house.

Joel has always understood and respected my hearing loss, even though there was frustration and frequent eye-rolls and laughs at my mis-hears. ("Mom, I'm going over Adam's house." "No thanks honey, I have enough"). As he grew older, the wonderful inventions of texting and FaceTime helped both of us survive. He was proud of my work in hearing loss and I'm proud that I've helped raise a man who is one of the best communicators I know. In fact, if we are talking and I turn away briefly, he will wait until I turn back to him (unlike the Hearing Husband).

Hearing loss causes communication challenges in the parent-child relationship. But, like any roadblock, they can be managed and overcome when there's enough love, patience, support and communication strategies in place.

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Hear and Say
Opening worlds

Music Benefits for Kids with Hearing Loss

Date: Tuesday, 16 November 2021

Time: 6.00pm – 8.00pm AEST

Where: Live webinar and recorded

Join Hear and Say's upcoming webinar which will explore the role of music in society, musical development in childhood, and how this links to hearing loss and early intervention. Hear from Dr Jeremy Marozeau and Eloise Doherty, experts in hearing loss and music, who will also discuss:

- How musical instrument lessons contribute to the auditory processing skills of children with hearing loss
- The ability of children with cochlear implants to identify pitch, duration, intensity, and mood in music
- Music appreciation for those who speak tonal languages

Register now or find out more: hearandsay.com.au/music-benefits

Another inquiry into the NDIS

The Federal Government's Joint Standing Committee on the National Disability Insurance Scheme is conducting a new inquiry into the current Scheme implementation and forecasting for the NDIS.

The committee wishes to publicise its work as widely as possible and has asked Deafness Forum to alert people and organisations within our membership and broader network. The committee is inviting contributions from any interested person or organisation. Go to www.apf.gov.au/joint_ndis

Voice of the Patient report

The Hearing Loss Association of America has launched its [report](#) on its investigations with people and families living with Sensorineural Hearing Loss.

Sensorineural hearing loss (SNHL) results from damage to the hair cells or nerve fibres of the inner ear that convert sound into electrical impulses. It is not just a reduction of sound level and degradation of speech perception but includes a very complex and interfering combination of physical and psychosocial health concerns.

In its investigation, Hearing Loss Association of America brought together people with SNHL and their families, as well as representatives from industry, government, the military, academia, advocacy groups and non-profit organisations.

Deafness Forum of Australia is a partner of the Hearing Loss Association of America.

The information gathered is presented in the [Voice of the Patient report](#). The information will be used to guide drug and technology development and inform the U.S. Government's reviews of technologies and therapeutics to address hearing loss. The hope is it will ultimately catalyse significant improvements for the health and quality of life for people living with SNHL.

SNHL loss is the cause of more than 90% of all hearing loss. At this time, there are no medical or surgical solutions to address SNHL or its underlying causes and damage is irreversible. Current management options include clinic-based auditory rehabilitation (auditory needs assessment, communication strategies) and sensory management with hearing aids, hearing assistive technologies and cochlear implants for those with more severe hearing loss.

Novel approaches under development for hearing loss management include alternative service delivery models such as telehealth, direct consumer access to safe and effective over-the-counter hearing aids, and innovations in amplification strategies, specifically the development of better algorithms for manipulating auditory signal through a hearing aid or cochlear implant. While not yet available, gene therapies and regenerative medicine approaches are currently being developed and evaluated and represent a promising paradigm shift in SNHL treatment. These approaches could potentially be neurorestorative rather than rehabilitative.

Hearing loss is an invisible disability, is heavily stigmatised and leads to social isolation and a diminished quality of life. The strong link between hearing loss and dementia is a worry for people with hearing loss. Many people interviewed expressed worries of being further isolated due to losing social connections and relationships, losing the ability to communicate and losing additional hearing. Those with hereditary hearing loss expressed worries for their children and grandchildren.

There is a continued unmet need for solutions to support people with hearing loss. People with SNHL use combinations of technologies, tools, medical treatments, accommodations and strategies to address their hearing loss. While most of these tools help to amplify sound and/or reduce symptoms of hearing loss, they are not able to replace hearing. Many commented on the high cost of hearing solutions, especially as many accommodations are required. While disease modifying or curative therapies for hearing loss are not yet available, people with hearing loss are hopeful that the future will provide better solutions that might restore or improve their hearing.

Notice of Annual General Meeting

Dear members,

This is to advise you of the upcoming Annual General Meeting of the members of Deafness Forum of Australia - Wednesday 24 November 2021, 3.00pm AEDT as a webcast using Zoom.

At the meeting, members will have the opportunity to find out and ask questions about Deafness Forum's operations and finances, and vote on any resolutions proposed.

Members will be asked to vote to:

- accept the minutes of the last annual general meeting
- accept the annual report, auditor's report, and the annual financial statements
- appoint and pay an auditor
- appoint directors

[Take this link](#) to read the agenda for this meeting and the minutes of the last annual general meeting; and to register to attend the meeting or to appoint your proxy.

Know someone who deserves their own copy of One in Six?

Drop us a line: hello@deafnessforum.org.au

Contact us to receive this publication in an alternative file type.



Deafness Forum is a Registered Charity

All donations of \$2 or more are tax deductible.

To donate, [go here](#)

We acknowledge the traditional owners of country throughout Australia and their continuing connection to land, sea and community: we pay respect to them and their cultures, to elders past, present and future.

We want to be part of the effort to overcome the unacceptably high levels of ear health issues among First Nation people; and we understand that it is an essential component of Closing the Gap. We understand the risk to indigenous sign languages and the cultural loss it would cause.

We use Deaf (with a capital "D") to talk about culturally Deaf people, who were typically born deaf, and use a signed language, such as Auslan as their first or preferred language. In contrast, deaf (lowercase "d") refers to the condition of deafness.

Items in Deafness Forum communications may include terminology or summarise views, standards or recommendations of third parties, which are assembled in good faith but do not necessarily reflect the considered views of Deafness Forum or indicate commitment to a particular course of action. We make no representation or warranty about the accuracy, reliability, currency or completeness of any third-party information. We want to be newsworthy and interesting, and our aim is to be balanced and to represent views from throughout our community sector, but this might not be reflected in particular editions. Content may be edited for style and length.