



# English transcript of Deepa Shastri's interview with Samuel Dore, Dr Katherine (Katie) Rogers and Jackie Wan Brown

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*- based on live voiceovers by Beverley Wilson, Adrian Bailey, Helen Brooks and Esther Rose Bevan*

<b>Deepa</b>	<p>Hi, I'm Deepa Shastri and tonight I'm going to be hosting this live stream event. As you may know, today is World Mental Health Day. We've got a new film on <b>BSL Zone</b> which is called <b>Diagnonsense</b>. It went out today; it's about a deaf man who was sent to a mental health unit and was there for a really long time. He was actually wrongly diagnosed when he was put there. and it's basically based on a true story.</p> <p>So tonight, who've we got with us? Well, we have Sam Dore, who actually wrote edited and directed the film.</p> <p>We also have Dr Katie Rogers, a researcher from the University of Manchester. She works with a research group called SORD, that's Social Research with Deaf people, and she is also the chair of the British Society for Mental Health and Deafness (BSMHD). A fingerspelling nightmare!</p> <p>And we also have Jackie Wan Brown who is a Mental Health Nurse.</p> <p>So welcome to all three of you.</p>
<b>All</b>	<p>Thank you very much.</p>
<b>Deepa</b>	<p>So, you've watched the film, Katie and Jackie. What did you think of it?</p>
<b>Katie</b>	<p>If I had to describe it one word, I would say 'powerful'. There's a lot of layers of emotion; sadness, anger, a broken system, but there's hope, there's a lot of layers to it. Jackie, what did you think, did you feel the same, was it really emotive?</p>
<b>Jackie</b>	<p>The film was so well made. It wasn't like, sometimes when you watch a drama, they really heighten these things and make things more; this wasn't like that, you know, it was very true to events and there were so many elements of it. So in the first few scenes with Patrick, he was signing slowly and then as he started to find himself, he started to sign more fluently. That sort of stuff is so true, so that really, really hit the bone and made me feel like, yeah. There are lots of things about mental health... for example, in this situation with Patrick, he didn't have any mental health problems at all, but I think this tells us about deaf mental health history and we definitely went wrong with that.</p>
<b>Katie</b>	<p>Yes, I completely agree. I think Patrick, as a character, he just wanted to move on from that. He became bitter, he just wanted to move forward and protect his mental health further and I think as a true story that is showing something, we need to show this to make sure it doesn't happen again. When you're looking at it, I'm glad that the social worker did forcibly encourage him and make him look at things and actually gave him that hope back. It was a really simple thing and that simple sign, that simple word 'appeal' actually gave him hope</p>

	back and then he could challenge things; you could see it in the psychiatrist, 'who is he to challenge me?' And that deaf person then was empowered... they could feel that they could contribute to their care rather than just being a passive part of it and I think that made it really, really powerful. That sentence, 'I want to appeal', just gave me chills.
<b>Deepa</b>	Yes, it was good to see him being empowered finally at the end, to have that assertiveness and find that strength, yeah. For people who have not seen the film, Louise is the social worker.
<b>Katie</b>	Yes, Louise, the social worker character, she... you could see that being a deaf professional amongst a hearing team, brought a sense of responsibility to support and care and ensure proper care. But, you could see her colleagues saw her as a troublemaker and as a deaf person wanting to stand there and object; you have that dilemma of, do I get faced with the label of being a troublemaker? And obviously that was back then, but to be able to put a hand up and say 'actually, I disagree with this,' you're looking at how Louise was represented in the film, I think, was key.
<b>Deepa</b>	Yeah, just asking Sam quickly, maybe you've sort of shown the film to people before it was released today. Who have you shown it to before today?
<b>Sam</b>	Well I have shown it, I haven't had that feedback from people, I'll have to find out in due course.
<b>Deepa</b>	Thanks. Were you surprised by the story? I know this kind of thing has happened repeatedly, but were you surprised by the storyline in this film?
<b>Katie</b>	That has happened a lot, many times, this situation. Yes, the film reminded me of a book called 'I Was Number 87', which is a deaf lady's story from a care home, of being put into an institution and growing up with language deprivation there. Deaf people who have had language deprivation and have had language barriers don't know their rights and sort of live in ignorance; they are more vulnerable. So I'm not surprised. I think it's the care system as a whole that's broken and has failed to meet deaf people's needs.
<b>Jackie</b>	I know when I watched it... I know earlier in our discussion, I was saying that Patrick said he wanted to appeal, and that part of it, there is so much that happened behind the scenes there. So there's the information that needs explaining in a way that he understands and needs to be communicated in a language that is understandable. It needs to be in a place where they feel safe that they won't be punished for saying they want an appeal. So, as Katie was saying earlier, there are so many layers that sit behind the scenes for us to see. I've worked in mental health for 15 years and will continue to and, you know, Louise, the social worker, the way that she spots the problem is great, but if it wasn't for someone like Louise spotting the problem, it would have continued. This situation with deaf people and language deprivation is very difficult for hearing people to notice because they might not know that, and so you do need specialist experienced deaf social workers, social workers that are fluent in sign language. We need deaf mental health services specific to these needs, there are so many other needs that's behind them.

<p><b>Katie</b></p>	<p>I wholeheartedly agree. It wasn't surprising; there are a lot of professionals who make decisions, but they are all hearing and they don't understand sign language. So, they don't know about the community, the culture, and they see deaf people as not being able to hear or do a number of things; they don't see our language as rich, they don't see people as having their own rights and being culturally rich. So they just make those assumptions of deaf people being lesser, and that judgement is quite dangerous. When they make that assessment, NHS England clearly says the assessment must, must contain three elements, it must be clinically relevant, they must have a better clinical purpose. Also, it must be culturally appropriate and culturally reliable. And when you think about how many people who assess deaf patients can claim that they are culturally appropriate, and culturally reliable, there are actually very few. And when you look back to the assessments, previously none were conducted in BSL. Now, there are more and this is growing, but at the start, that change was slow. Things are getting better, but back when this was based, it was a different world.</p>
<p><b>Deepa</b></p>	<p>Yeah, thanks for all that information. Sorry, did you want to say something as well, Jackie?</p>
<p><b>Jackie</b></p>	<p>Yeah, just something I thought might be worthwhile saying for people who haven't watched it yet, for those who are planning to, mental health hospitals today are not like that. The way that people stuck are in hospital for years and years and years, isn't a thing now. Of course there are deaf people in hospitals for longer than hearing people, but not 36 years, that's not happening now. So I just thought it was important to reassure the audience.</p>
<p><b>Deepa</b></p>	<p>So the aim is to better educate society about it, it's not going to be like you just said, staying in an institution for 36 years.</p>
<p><b>Katie</b></p>	<p>Yes, and also the Equality Act now places a legal duty and all deaf people are still in that disabled category that has a protected characteristic, but there is that equity there, they have that duty of care and in 2011 it says that that also is included in health and care, so it doesn't matter whether people have a disability or not, they all have to have equitable treatment. And if that is rehabilitation, they should have the same aims for rehabilitation as their hearing peers, they cannot just be left and put to one side. And I think previously it's always just been something that's been spoon-fed; they've been put in one corner, they've been treated as less than human. But there's a lot of powerful things demonstrated.</p>
<p><b>Deepa</b></p>	<p>I just wanted to ask you as well, you covered those three elements, and cultural reliability was the third one. Can you expand a little bit exactly on what you meant? I understand what you meant about being culturally appropriate, bringing in people who understand deaf culture, but can you explain the third one please?</p>
<p><b>Katie</b></p>	<p>Yes, it's more about the assessment and measuring indicators of health and measuring potential depression. There's a whole range of things in there, but the assessment has got to have validation. So, the English text says that you can validate it for a hearing language, but that validation has got to be ongoing over time, so you get a clearer picture of what that person has and what their illness is, whether it's depression, whether they are less depressed than they were, or whether their motivation is high or low. And as humans, we do have moods that go up and down and change with time, but that reliability it refers to is that measure of the response. We've got to check and make sure that the psychiatrist will assess them, ask them questions, then they might ask somebody else to ask them the same questions, or similar, to see if they get the same responses and have it reliable. So you're not going to get that contrast, that big difference in responses. I think it's just a term that's used</p>

	amongst the sector but that third element, that being culturally reliable, is specifically for agencies that may be assessing people in the group.
<b>Deepa</b>	<p>Wow, thanks for explaining that. Yeah, it's really good to have those control measures in place. That's a relief, thank goodness. Yes.</p> <p>The man, Patrick, who was in the hospital, is that kind of situation still happening now?</p>
<b>Jackie</b>	<p>Well, I mean maybe I should clarify, part of me nodded, and I just said mental health hospitals are different, so maybe I should clarify. So in mental health hospitals now, somebody would need to be sectioned to stay for that period of time. So let me explain what that means. A person who is deaf could get lost in the system... it could be that a person who is deaf went to a deaf school up to a certain age and then maybe he didn't stay around in the deaf community. Maybe they had some learning disabilities, and as a result became a little bit disenfranchised from the rest of the community that they went to school with etc, and so maybe they ended up in care or just kind of being at home all the time with their family and not really integrating in the deaf community, not having their own independence and maybe becoming more reliant, more dependent. That sort of thing happens all the time. There are people with dementia or people with physical impairments, people who have had a stroke and need to go into care for some reason and there are so few deaf care homes that they might end up in a hearing care home where communication is difficult. And then from that, their mental health problems, whether they are dementia or physical impairments, their weaknesses make it harder for them to sign. This sort of thing happens so they've been lost already for a certain number of years and it extends, and therefore they don't continue to meet with other deaf people in the community with their sign language and in that way, yes, deaf people are continuing to remain lost in the system in kind of a mainstreamness, and that happens a lot. As the Mental Health Act goes, it doesn't allow people to be treated like that. So if a deaf person wants a second opinion, they can have that, there are opportunities to have that, there are safeguards in place. I could talk for hours about this, I just need to curtail myself!</p>
<b>Katie</b>	<p>Jackie's explained it perfectly there, that psychiatrist is not the only one assessing the patient now, there are others involved, but as I said, they are vulnerable. Sometimes they are there with language or knowledge deprivation; they might not know, they might not be aware. I think the majority of deaf people, 95% we know are from hearing families, so as they grow older, it's easier, as Jackie says, it's easier to get lost in a system. The people making decisions are maybe hearing relatives who may be making decisions in the person's best interests in what is their perspective, but now there's just not enough deaf professionals involved with cases and looking back at the film, at that time, there were hardly any. Thankfully, Patrick had an ally who brought a deaf person to look at him, assess him and really there need to be deaf people at higher levels too, not just as support workers; they need to be in positions of power, making decisions so that hearing professionals can look at them for role models and guidance. There just aren't enough, the power balance is still in favour of hearing people and deaf people are at a disadvantage, which has a knock-on effect for deaf patients themselves. So the question there is, sorry, I know I'm waffling on a bit...</p>
<b>Jackie</b>	<p>No, no, I totally agree, I mean I would just have to say that one of the things that I continue to struggle with is with the national programme, because there is no national training for professionals who work in health and social care, learning about how to deal with a deaf person's learning disabilities, a deaf person's additional needs, a deaf person who signs, a deaf person who speaks for themselves, a deaf person who speaks AND signs for</p>

	<p>themselves, or a person who speaks but actually prefers to sign. There is no coherent national teaching for all people and so that means that healthcare professionals deal with things differently, they don't know what to do. But it should be, I mean they know that they're unlikely to meet a deaf person, they know they're going to meet a hearing person who has dementia, a hearing person who has this, and so on. There's advantages that hearing people have, but deaf people don't because health and social care providers don't have that knowledge, so it's imperative that they get the education that's nationally standardised and we don't have that yet and there's a very good reason for it.</p>
<b>Katie</b>	<p>I'd just like to add to what Jackie said, the CQC, the Care Quality Commission, when they assess services to rate them they still do not have anybody involved as an expert to assess these services, they need somebody to look at specialist services in depth. They just send people out, they cannot judge whether they are adequate or need improvement, they are ignorant of the language of the provision.</p>
<b>Deepa</b>	<p>So there are still some gaps within the system that still, you know, it's not perfect, we're still not there yet.</p>
<b>Jackie</b>	<p>A long way from it.</p>
<b>Deepa</b>	<p>I think, also, you can miss things can't you? For example, somebody who's deaf and has dyslexia, may be thought to have a learning disability. So I think, you know, you can quite often have those situations when you're misdiagnosed.</p> <p>And I know that Sam is waiting very patiently there! I really enjoyed your film, Sam. It would be really interesting to find out what inspired you to write the film.</p>
<b>Sam</b>	<p>Ah, happily, thank you very much. Really, the films that I've made previously are quite different to this, I quite like fantasy, science fiction genres, so this marks a bit of a departure from the kind of things that I've done before. And I haven't got much experience of mental health as a whole, so just to give you a little bit of insight into how I started, I was commissioned to make a film about the Bluebell Ward in South West London and it was Herbert Klein, that's his sign name, who was a deaf mental health adviser. He invited me to make a film about this ward, so while I was there just doing some research, I saw a newspaper article that was up on the wall and actually I've got a copy of it here, you can see it here. And it says, '46 years locked up because of being deaf', and that was absolutely staggering. Herbert took it down from the wall, let me read it, and basically this showed how vulnerable the systems were. This is exemplary of how hearing people were misdiagnosing deaf people with mental health conditions.</p> <p>So at that time, that was back in 2015, and I kept a copy of it but it had been festering away in the back of mind, just brewing, and then in 2019, <b>BSLBT</b> set up a script bank. So that was basically a pool of deaf writers who were brought together and we were brought through a programme of script writing, mentoring, tutoring and different workshops were put on, which I took part in. And so it was to that really that I brought this story. So I was mentored through it and had my writing developed, we went through a whole ream of changes, but just in the back of my mind, how could someone be institutionalised for 46 years? So I read this and actually there's scant information in this article. The person named in the article is Leslie Brown but Brown is actually a pseudonym, it's a name change, but that's actually his face, this is his face in the photo. So yeah, right, almost feels like it defeats the point there!</p>

<b>Deepa</b>	Yes, the deaf community is small, I'm sure they'd recognise faces for sure.
<b>Sam</b>	And so, it was very interesting to see that conversation about how people can be lost in the system. This newspaper article was in 1998 and he'd been found in the hospital in 1996, but he moved to Old Church and stayed there for a few years until he passed away. But how could I develop a script from this story?
<b>Deepa</b>	Yes, so how did you do the research? How did you conduct that?
<b>Sam</b>	<p>So I couldn't base the story on him because... that story is powerful in its own right, but I don't think that it translated well enough into a script in its own right, so I had to use a bit of artistic license to embellish the story. He was in hospital from 1950 to 1996, so he'd been there for 46 years, but he'd come across a number of psychiatrists, he'd been moved several times, but they'd all come to the conclusion that he needed to remain institutionalised, but he came across a number of practitioners. And it wasn't practical, we certainly wouldn't have the budget to go across so many locations, so we decided to condense all of those professionals into one for dramatic purposes. But we needed to base it in truth, so we did interview deaf social workers, deaf care workers, people who are specialists in the field of deaf mental health, and we got testimony from those people to share their experiences.</p> <p>There were some people who'd worked with Leslie Brown and who remembered him, they just remembered his behaviour and his mannerisms, his sense of humour, the kind of things that he enjoyed. Leslie did enjoy a cigarette, he was a keen smoker, but we couldn't show that in the film so we substituted that for chewing gum, and I think that was actually a nice thing, that worked really quite well. But yes, there was a lot of things that we did there.</p> <p>Additionally, in terms of the actors, Ilan Dwek had the role of Patrick, and he did actually work with Leslie before. He had cared for Leslie before, so in that casting, I mean, it was during the making of the film that actually he revealed that he used to work part time at Old Church and came across Leslie and met him, so he had that genuine lived experience that he could contribute to the performance and that, I have to say, helped us a great deal.</p> <p>Also in interviewing people, as I say, I interviewed social workers and care workers. I was looking for people who'd specifically been working in the 1990s, and as close as possible to 1996, because it was such a different landscape at the time. Certainly, a lot different to how things are now and that presented challenges of its own, so there weren't sign language interpreters because at that time...</p>
<b>Deepa</b>	I was going to ask you about that.
<b>Sam</b>	There were sign language interpreters around, but booking them was a lot more difficult, whereas now there are certainly plenty in comparison. So deaf social workers would have to go out themselves and they'd have to use written notes, they'd lipread, they used gestural communication and there were some bilingual social workers. There was one who could speak well and sign well, and that I wanted to put into the character of Louise, because if there was a sign language interpreter then it just makes the story too easy doesn't it? So we made that, we made that decision to have Louise working on her own but being able to communicate in English and British Sign Language because she had then barriers to overcome herself, and I felt that that contributed to the drama, but if there's a sign language interpreter then that actually pulls focus actually. I think that it pulls dramatic focus away and actually we want to see her journey, we want to see how she does.

	What would I add?
<b>Deepa</b>	Carry on, carry on, I was just about to ask, but carry on.
<b>Sam</b>	I mean, I just wanted to say really that in speaking to social workers and people who work in the field of deaf mental health, I wanted to understand what the procedure was, how people were treated, how people were cared for. But that word 'appeal', that appeal sign is really, really important because in conversation with patients who had deaf mental health conditions, they didn't necessarily realise their rights. They had no access to that kind of information, so they didn't know what their rights were, whereas psychiatrists and doctors would say, 'oh, it's best for you to stay here.' And being deprived of communication as well, which means that they would stay in institutions much longer than they should have. With patients who already don't know how to ask how to appeal then they're stuck in that institution, they're stuck in that hospital. And then language being atrophied or being further deprived from being ... remaining in that situation. I mean I'm sure things have improved now, I'm sure there's a big difference now to how things were then, but when a patient says they want to appeal, that then overtakes all of the other decision makers. It's really vital, that patient expressing their wish to appeal.
<b>Deepa</b>	Wow, that must have been such a journey throughout the research, finding out everything.
<b>Sam</b>	Yes, there was a great deal of research and a lot of discussions that we had, but in interviewing people, speaking to the different people, all of them actually had similar content in their conversations; there were lots of common points that made this easier to write. I mean, if there was a broad range of opinions and perspectives, it would be very hard to write that. But there was a lot of convergence, a lot of comparative views, that made it a lot easier to write.
<b>Deepa</b>	You talked about how you'd interviewed people who had actually worked with Leslie Brown. Did you meet the social worker in real life that had worked with Leslie?
<b>Sam</b>	No, it was only Ilan who'd actually met Leslie. I've had Zoom conversations with other social workers and care workers and some had photos, like photographs of Leslie Brown, but couldn't find them in time for the filming, so that's why, at the end of the film you can see this photo, the photo that appears in the newspaper article. But I contacted The Guardian newspaper to let them know that we were making this and they were happy to provide the photo. They'd provided me with the colour photo, which is just so much more vivid, it just made him feel so much more real, there was a very poignant moment for me. I was expecting a black and white photo, because that's all I'd seen, but just to see the colours, that had to be the one that we showed at the end of the film.
<b>Deepa</b>	Wow. So when you were filming, were there any problems or issues that you came across? I just kind of want to know as well where you filmed it.
<b>Sam</b>	Well, I mean, actually, I would have to say this has been one of the best shoots that I've ever worked on. I mean the percentage of deaf crew, compared to hearing crew, was actually greater; there was a greater ratio of deaf crew on this production. And I have to say, kudos to Louis Neethling, and it was his production company, Mutt & Jeff; they're staunch advocates of bringing in deaf crew. It tends to be usually that the deaf crew occupy junior roles, but he really advocates to upskill and have deaf crew working in the film. The first AD on this film was deaf, he was Sam Arnold, a deaf BSL signing first AD; that's a crucial role in film

	<p>production and he really took the lead on the set. Communication was just so easy, I've had hearing first ADs before and those conversations always have to be mediated, always involving an interpreter, and it feels like the understanding doesn't always go through first time, but I did feel that with Sam, so it was a delight working on the shoot with him.</p> <p>Most of the filming was in Northampton, so not too far from where I currently live. It tended to be in council buildings. So we got an art department in to make the place look like a hospital and the pub as well, these were venues local to Northampton. One challenge that we did experience in this production that we had to bear in mind at all times was that this was 1996, so hairstyles and fashion and buildings and technology had to be of the time. So we had to use those rotary dialling phones and things like that, there were more papers lying around, that sort of thing, not to have too many anachronisms there.</p> <p>But one thing I'm particularly proud of is, I mean <b>BSL Zone</b> productions have to work within constrained budgets, but there was one particular scene where Louise gets Patrick out, they're finally leaving the hospital and getting into the car. To see Patrick and how he sees the world, he's overwhelmed by the modern world as it was at that time... filming that was challenging! Filming while driving is really challenging too, it takes a lot of time, takes a lot of money, and of course we were actually filming this in 2021, so how could we maintain that 1996 aesthetic when it was actually 2021? So, what we did was we got them to pretend to drive, projected a scene behind them – we filmed the street, made it look like 1996 and then projected it. So yes, I mean it's an old-fashioned style and there's one particular scene that was really important, when Patrick first leaves the hospital. I mean, it's the first time he's leaving the hospital, he's going into the real world to see all of this real life. There's elements of fantasy in there, but the point is that this is an emotive and overwhelming moment for him. And how we managed to do that and achieve that, well, I've got to give extra credit to Stephen Nelson, because how he did that with a constrained budget is amazing.</p>
<b>Deepa</b>	<p>Thanks for all of that fascinating information as to how you created the film, wow. We've now got an audience question, this is from Yvonne, who asks, she says 'Well, the film was very moving. I am wondering if there are any proven UK statistics that show misdiagnosed cases similar to Patrick's?' Do we have any statistics at all?</p>
<b>Katie</b>	<p>It's a really good question but we don't really have accurate figures. There's research papers published that say deaf people are often over-diagnosed with mental health conditions, not just anxiety and depression. Those aside, additional things like schizophrenia or other mental health conditions, severe learning difficulties, they are often diagnosed. This isn't just in the UK, it's in America and other countries as well, but over diagnosis seems to be occurring less than it used to be, and on the decline.</p>
<b>Deepa</b>	<p>Sam, do you have any knowledge of that from your research?</p>
<b>Sam</b>	<p>Well, I mean really, I was only looking up until the 1990s and up to 1996. I'd rather defer to the experts really.</p>
<b>Deepa</b>	<p>I read the article and I think it said back at that time, potentially, was it 400 people? Hang on, let me just check, yes, it was 400 people back then who were actually diagnosed with some kind of disorder and they ... no hang on, let me get this correct. 400 were wrongly diagnosed, and out of those, quite a lot of them shouldn't actually have been there, is that right? Is that what it said in the article Sam? Yes.</p>



<b>Sam</b>	Yes.
<b>Deepa</b>	I think back then, but now, I don't know.
<b>Jackie</b>	I would say, watching that film, how the psychiatrist knew that Patrick had a mental health problem was ridiculous because he wasn't communicating with him. He literally just looked at him; he wasn't asking questions. A mental health assessment incorporates huge amounts of questions during assessment and if there aren't any, there needs to be a reason for it. It might be that somebody has serious autism or another serious disability. So it shouldn't, or... it is happening a lot less, but it's difficult to tell and it's a difficult question to research. Sometimes people don't even realise that deafness means that they, you know, you need to communicate in sign language or something. They just go, 'oh well, I guess you can't do anything about it,' and leave it at that.
<b>Sam</b>	I mean, also, I think the reason why Leslie was sectioned, according to the newspaper article, is that he had an argument with someone in the workplace. I mean how that incident led to him being sectioned isn't revealed, but you can assume that there was some kind of violent altercation that the police were then called to. They then made a judgement that something wasn't quite right and they got the hospital involved and then a psychiatrist with no knowledge of deaf people and the deaf community, then made a decision. But Dr Nicholson is old school, he believes he's right, he believes that he knows best. I really wish that we could have had more time, so that we could have gone much more into that doctor character, but there's that sense of doctors not wanting to admit that they're wrong. I mean this sounds like it's really dark doesn't it? I think I might be wrong but I'm going to put that to one side. He had this perception that we really could have gone into, you know, these elements of his character.
<b>Deepa</b>	That does actually link to the next question quite perfectly. It's from Caroline, and Caroline asks 'how can we protect ourselves from getting lost in the system? power of attorneys?' Power of attorneys, are they actually ... can we give responsibility to them?
<b>Katie</b>	Language. Early exposure to language is key, vital. When a baby is born deaf, they must be exposed to language. It doesn't matter whether it's signing, it's in that rich information gathering exposure that they learn their rights, they learn how to make a decision. Without language, people don't know their rights. They don't know that they can make a decision and be decisive, so for example, as we mentioned, with people being vulnerable, then getting dementia, you're looking at those people... they need the right people around them to make decisions for them, and I think again it just all goes back to language.
<b>Sam</b>	Yes, that's right. In the film you see when Louise arrives and she starts signing with Patrick, he's a bit hesitant and reluctant at first because the doctor and nurse can see. But Louise tries again, she tries fingerspelling because her judgement is that he's an old fashioned character. It's when he spells his actual name, what she comes in with first is that his name is Richard Roe and they gave him that name because they couldn't actually get his real name and that's part of how he became lost in the system. He'd gone under an assumed pseudonym. It's that moment where he spells his correct name that is absolutely staggering for Louise and he's telling her his actual name that no-one else has managed to gather.  Care in the Community actually was a Thatcher initiative and she believed that the old asylums, as they were at the time, needed to be scrapped, because the tendency was then to keep people there and control them with medication, and she wanted actually to scrap those.

	<p>So patients with mental health conditions were encouraged to go back into the community and be cared for within the community. So if Margaret Thatcher hadn't done that, then people like Leslie would have remained in the system. Leslie was in an asylum, so all of this changed for mental health, that we have actually seen. If it wasn't for that, then Leslie would have remained institutionalised because no-one knew about him. Nobody knew about him. He was lost in the system, his was languishing there.</p>
<b>Deepa</b>	<p>Awful. How lucky, in the sense that that then happened, that they were closed.</p>
<b>Katie</b>	<p>I just want to add – in the mental health system previously, hearing people had the care majority. If they had concerns, they went from primary care into secondary care and hospital. For deaf people, when you were looking around at appropriate placements, if they went to a GP, there was nothing appropriate for them to access, they were just sort of dumped as in-patients and they sort of missed those other steps. So, when you're thinking about the primary care and educating those primary caregivers, it's about keeping talking because it's that preventative measure that prevents it getting worse. Yes, it's improving, but there is a long way to go.</p>
<b>Deepa</b>	<p>Great.</p>
<b>Jackie</b>	<p>The question that keeps concerning me is that many people might have the fear that maybe you could be sectioned, and that any old deaf person could get taken to a mental health hospital and get lost in the system. This wouldn't happen. Now if anything like that did happen, ask for an interpreter. If you don't understand what's going on, you can then ask for a different interpreter. You can also ask for a second opinion from a doctor; you could ask for an independent specialist mental health social worker, and there are different people who will be able help and give you advice in sign language. These are things that we now have that we didn't previously, and they protect deaf people. It's not perfect but there are things out there. If you have friends out in the community and you hear people worrying about it, share this information so that we can support each other.</p>
<b>Deepa</b>	<p>So there is some hope there?</p>
<b>Jackie</b>	<p>Hooray, yes, there is. We need to grab the things that are to hand because sometimes deaf people are afraid and think they have to struggle, but actually, there is help there.</p>
<b>Deepa</b>	<p>Great, we've got another question from Paul, who says, 'What about advanced statements for mental health patients?' Yes, because it doesn't say anything in terms of their version of it, so is that another possible problem? That's another question, because he's been a peer support worker for over two years. A BSL version, sorry. A BSL version hasn't actually been done for mental health patients, there's no BSL version of that. And so Paul is saying 'What about this version, no BSL versions have been circulated?'</p>
<b>Jackie</b>	<p>Well, all I wanted to say was just about accessible information standards, so it's possible to say I am deaf, I use BSL, and someone needs to support me. They need to use an interpreter. That would be part of the standards.</p>
<b>Deepa</b>	<p>But what actually is that? It's a statement. I don't know much about this, so what actually is this statement for mental health patients?</p>

<b>Jackie</b>	When somebody is well and they might become unwell, they have a statement that sort of protects them. So I might say, 'When I become mentally unwell, I start to become more paranoid about my wife,' and so on. So if I start saying to the hospital 'don't tell my wife that I'm ill' that is actually a sign that I'm ill, and when I do those things, that's a sign and it goes in the statement. The rest of the time, I love my wife and I do communicate well with her, so when you see me saying 'don't speak to her,' you need to speak to her. So it's a bit of advanced directive, in a way, that's an example of what a statement could be.
<b>Deepa</b>	But there's no BSL information about that then, there's no signed information about this statement?
<b>Katie</b>	One of the key things is part of the guidelines, the policy, and really not all of them are accessible in BSL. Now the people who created them need to also make sure that they are culturally inclusive and there are still barriers out there.
<b>Deepa</b>	We've only got five more minutes left so yes, I guess it's time to sum up really. The last thing, just before we do stop, it's World Mental Health Day and the theme at the moment is Mental Health in an Unequal World, and that's a priority. Have you got any last thoughts on that particular theme that you'd like to share?
<b>Katie</b>	I think the key words for me is "for all" and it's about being inclusive, including everybody; vulnerable people must be included and that presents language barriers, language deprivation. So deaf and hearing people are imbalanced and in some areas that balance is left, they have access, in other areas it's very inaccessible, so it's a challenge to make that a global priority, that the service is standardised.
<b>Deepa</b>	Right. We've got one last question - have you got any last thoughts that you would like to drop into the discussion?
<b>Sam</b>	Well if I may, I mean speaking as someone who doesn't work in mental health, so as an outsider looking in, and it makes me realise how lucky we are that we have a mental health care system nowadays. I mean compared to the time that the film is in, I understand that what we have isn't perfect and that has been said, but I can see stark differences between then and now and I think actually we are now able to empower deaf people to exercise their rights. It does come down to language and British Sign Language is such an important part of people understanding their rights. I think it's amazing how things have changed and I think that's my main take away really.
<b>Deepa</b>	Yes, I would agree. Do you think the BSL Act has helped to improve things? Do you think it will?
<b>Katie</b>	Well. I think some people think the BSL Act gives them legal protection, but it just says that BSL is a real language in its own right and it's more about the implications of that, the knock-on effect. People assume that that access, that interpreter access will be straight there. The Act alone is not enough.
<b>Deepa</b>	Thank you, Jackie?
<b>Jackie</b>	I think my last thought is when I think about the character of Patrick and his journey, how he got through it all, and there was all that mental health stigma on him and if a deaf person met

	<p>him in that, they would probably think eww, that he's signing slow, that he's mentally unwell. But actually, this person has been through loads, so make time for each other, even if it is hard. If you meet someone be kind, be patient, communicate, try. If they find it hard, it's OK. It might be that people have autism, it might be some other thing, but be kind to each other, support each other and help each other to communicate. I know that we have so many barriers to communication and we don't want one more, but do try to be kind for better mental health for all of us.</p>
<b>Deepa</b>	<p>Katie, did you want to add?</p>
<b>Katie</b>	<p>I fully agree with everything that's been said. I think it's about keeping the subject open, keep talking about, keep discussions going. We're all human and sometimes we do have good days and bad days. Some days we can't be bothered, but we've got to talk about things, we've got to keep that signposting going.</p>
<b>Deepa</b>	<p>Absolutely. Yeah, one important thing that we've not quite covered is that, you know, quite a few deaf people might be upset about some things, some issues that they've seen in the film. If they are, they can contact an organisation called SHOUT, and the text number for that is 85258 if they've been affected by anything they've seen and heard or anything within the film.</p> <p>And there's, I think, going to be a link just down here that you can click on for more information to other support services. But thank you to all three of you, that's been a really eye opening discussion. I've learned so much about mental health, thank you, thank you for your kindness as well.</p>
<b>Katie</b>	<p>No, my pleasure, thank you for inviting us.</p>
<b>All</b>	<p>Thank you.</p>
<b>Deepa</b>	<p>Thank you, and have a lovely rest of evening to you all, take care.</p>