

Strategies for Preventing and Reducing Psychological Problems and Mental Disorders among Deaf and Hearing-Impaired Communities

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ABSTRACT

The majority of deaf people grew up in hearing environments, which have presented unique challenges and hazards to their socioemotional health. The aim of this study is to identify the mental health and psychological problems among individuals with hearing loss and to identify alternatives that can be done. This study is a narrative literature review employing the PRISMA framework. Journal articles were collected from Google Scholar, Crossref, and PubMed databases. The search results yielded 2000 research articles. After the selection process, 32 articles were eligible for review with Reports of included studies (11 articles). In this study, deaf people had experiences of psychological distress and mental health problems. Stress and anxiety are major issues for deaf psychological responses. Deaf mental health problems are body image and suicide. Deaf individuals had higher rates of depression, insomnia, anxiety, inferior quality of life, and emotional distress. It is essential to recognise the unique psychological challenges faced by individuals with hearing loss, such as stress, anxiety, and depression, to provide appropriate mental health support. Nurses can play a pivotal role in implementing interventions that address these mental health issues, improving the overall quality of life for deaf individuals. Strengthening interventions that can reduce psychological distress and mental health problems is needed to prevent long-term impacts on quality of life.

Keywords: Anxiety; Deaf; Hearing Loss; Mental Health; Psychological Distress

INTRODUCTION

The majority of deaf and hard-of-hearing individuals were raised in hearing surroundings, which has created particular obstacles and risks to their socioemotional health (Eichengreen *et al.*, 2022). Deaf people have significant mental illness rates. Due to linguistic barriers, deaf people's mental health and quality of life are difficult to measure. Deaf people have a far inferior quality of life to hearing people, both physically and mentally (Fellinger *et al.*, 2005). While incidence rates of specific mental illnesses in large adult deaf population samples based on standard epidemiological methods are not reported, published research indicates that most deaf mental health issues are common mental disorders (Fellinger, Holzinger & Pollard, 2012).

Hearing loss at any age is associated with anxiety, low self-esteem and sense of value, cognitive decline, reduced health-related quality of life, and psychological distress (Mehboob, Rafi & Ahmed, 2019). Psychological distress is a state of emotional disturbance characterised by anxious feelings, such as restlessness and tenseness; depression in the form of sadness; and a lack of interest in social engagement (Mehboob, Rafi & Ahmed, 2019). Thus, psychological discomfort is seen broadly as a disruption of the emotional state, marked by melancholy and anxiety (Abiola, Lawal & Habib, 2015; Adeniyi & Kuku, 2020). Compared to the general population, the preponderance of deaf individuals had higher rates of depression, anxiety, insomnia, and emotional distress and a lower quality of life (Fellinger *et al.*, 2005; Fellinger, Holzinger & Pollard, 2012; Kvam, Loeb & Tambs, 2007).

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Mental illness causes abnormal behaviours that impair daily functioning (Oyewunmi *et al.*, 2015; WHO, 2022). When experiencing psychological distress, adults and adolescents alike are at risk for extremely negative outcomes. The result is impaired social and psychological functioning (Ijeoma, Omolara & Oluwatosin, 2016; Fergusson & Woodward, 2002). Hearing loss was linked to distress in a major sample of individuals under 70 years of age (Bosdriesz *et al.*, 2017; National Institutes of Health, 2023). Deaf and hearing-impaired individuals also suffer from psychological issues and post-traumatic stress disorder during the COVID-19 epidemic. The incidence of PTSD and depression among Hearing loss and hearing adolescents in four Iranian cities (Borujerd, Malayer, Nahavand and Tuskán) before and during the COVID-19 epidemic. The study found that the prevalence of PTSD (46.43%) and depression (41.07%) among teenagers with hearing loss was significantly higher than previously anticipated (Ariapooran, Khezeli & Batool, 2021).

Auditory dysfunctions that impede social interaction are the greatest barrier for individuals with hearing impairments. Hearing loss-related difficulties in communication and social interaction have a significant impact on adolescents' social and psychological health. For deaf adolescents who are still developing a sense of self, losing the ability to communicate through speech and being aware of this limitation can be a major source of distress (Adeniyi & Kuku, 2018; Adeniyi, Olufemi-Adeniyi & Raheem, 2021). If adolescents with hearing loss cannot maintain social interaction by talking, joking, and recognising social cues, they may lose their sense of identity, which negatively impacts their social and academic performance by lowering their self-esteem and self-efficacy (Oyewumi, Akangbe, & Adigun, 2013; Kuku & Adeniyi, 2020).

Problems related to adult-onset deafness differ from those related to congenital deafness or hearing loss in early childhood. Congenital deafness is predominantly a linguistic issue, as afflicted individuals do not acquire spoken language prior to their hearing loss. Their inability to establish effective verbal interactions may lead to social alienation, a lack of education, and a low-paying job, all of which negatively affect their self-esteem. The study of Jambor and Elliott (2005). A research on the self-esteem and coping mechanisms of deaf students and children found that those who associated with the deaf culture had greater self-esteem than those who identified with the hearing culture and that hearing-impaired deaf people had better self-esteem (Indiana, Sagone & Fichera, 2021; Jambor & Elliott, 2005; Theunissen *et al.*, 2014).

Synthesis of previous research results is needed to obtain information from various aspects of the experiences and psychological responses of the person with hearing loss. The results of this identification will show the dynamics of responses that occur in a hearing loss person.

METHODOLOGY

This is a review of the literature that involved searching PubMed, crossref, and Google Scholar using publish or perish for relevant articles. The PerSPECTiF framework devised by Booth *et al.* (2019) was utilised to formulate the most significant research question in the context of this study, resulting in the research question, "What are the mental health and psychological problems among persons with hearing loss (deaf)?"

After determining the research question, the team chose pertinent keywords for the article search in the targeted journal databases, such as "*Mental health AND hearing loss OR mental health AND deaf*", "*psychological OR mental health problem*", and "*experience AND psychological responses OR challenge OR distress*". The article selection was based on inclusion and exclusion criteria established by the team to prioritise articles that addressed mental health and psychological issues, utilised a deaf or hearing-impaired population, and were published in English between 2017 and 2023. Pilot studies, feasibility studies, and any form of literature review articles were excluded.

The selected articles were obtained in RIS file format from the journal databases and sorted using the Rayyan.ai software to identify articles that meet the criteria for the next review stage based on the relevance of their titles and abstracts. Articles that did not satisfy the topic criteria based on the inspection of the title and abstract were eliminated from further consideration.

To ensure the quality of the selected articles, the team used the Mixed methods appraisal tool (MMAT) for

quantitative and qualitative research synthesis. Before the assessment, the team determined that questions toll 1, 2 and 3 and screening questions from the MMAT instrument would serve as the basis for assessing methodological quality. Articles were included if they answered "yes" to these queries. If the articles did not satisfy the established criteria, they were eliminated, leaving only those that were genuinely appropriate for the review (Hong *et al.*, 2018). A score threshold of 80 was used to determine whether an article passed or failed the critical evaluation. The screening and article identification procedure adhered to the PRISMA framework, ensuring a structured and methodical process (Page *et al.*, 2021). The findings from eligible articles were identified and compiled in a table after a comprehensive reading. In accordance with the typology of literature review research, the results were then narrated and illustrated to facilitate comprehension of the synthesis outcomes (Grant & Booth, 2009).

RESULTS

Following a search of the specified database, a total of 2,000 articles that met the inclusion criteria were identified. A subsequent screening process was conducted to remove potential duplicates, titles and abstracts that were irrelevant to the research context, and articles with content that did not meet the eligibility requirements. The article selection and screening process is illustrated in Figure 1, as outlined by the researchers using the PRISMA flowchart.

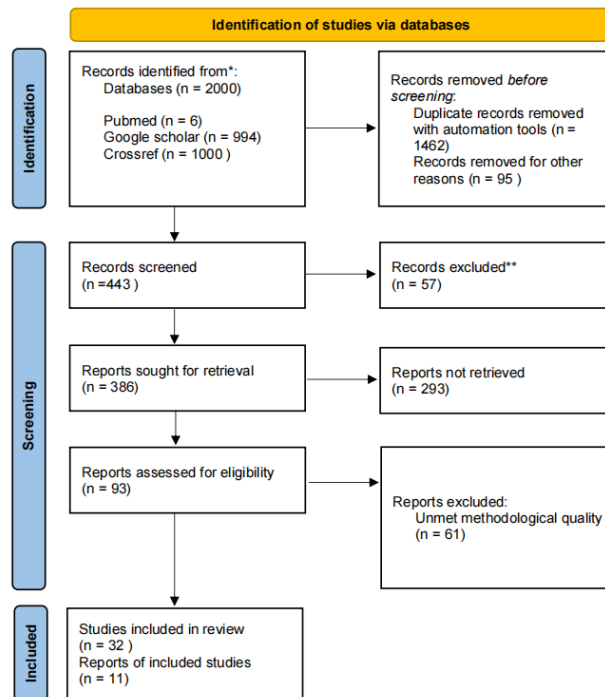


Figure 1: Article Screening Based on PRISMA Flow Diagrams

After the screening process, a total of 11 articles met the criteria established by the research team. These articles were critically appraised using the Mixed Methods Appraisal Tool (MMAT). The findings from the eligible studies were systematically mapped, with the resulting data displayed in a table that outlines the psychological experiences and mental health issues among individuals with hearing loss and the Deaf community. The review revealed that several studies focused on negative mental health experiences and reactions—including despair, feelings of inadequacy, body image disturbances, fear, frustration, guilt, and isolation—that may contribute to poor mental health outcomes. The summarized findings from the review are presented in Table 1.

Table 1: Summary of Articles' Findings

Author	Study Design	Subjects	MMAT	Findings
Hills, Rappold & Rendon (2019)	Quantitative descriptive	College student	****	Body image disturbance, primarily among female students
Aslan, (2019)	Quantitative non-randomized	Adolescents and Young Adults	*****	1. Stress level in male more than female 2. Participating in sports reduced the tension levels of deaf adolescents and young adults compared to those who did not participate in sports.
Ashori & Jalil-Abkenar, (2021)	Quantitative RCT	Female Adolescents	*****	Emotional intelligence intervention significantly impacted DHH's life quality and mental emotion regulation.
Stubbs <i>et al.</i> , (2018)	Quantitative non-randomized	Adults	*****	Higher stress levels are associated with chronic conditions and multiple diseases.
Fox, James & Barnett, (2020)	Quantitative non-randomized	College student	****	Suicide
Kushalnagar <i>et al.</i> , (2019)	Quantitative non-randomized	Adults	*****	Depression and anxiety in female more than male
Yang <i>et al.</i> , (2021)	Quantitative non-randomized	College student	*****	1. Frustrated by their impairment and especially susceptible to stress symptoms 2. Highly resilient in mitigating this negative impact on their well-being and ability to manage their responsibilities
Cheng, Chou & Lin, (2019)	Quantitative non-randomized	Adolescents	*****	Psychological distress
Chapman & Dammeyer, (2017)	Quantitative non-randomized	Adults	****	Higher levels of psychological well-being
Lee, Tan & Kok, (2022)	Qualitative	Adults	*****	1. Fear, frustration disappointment, and solitude were experienced, which led to poor mental health. 2. Struggled to fit 3. Equal relationships, inclusiveness, and connectedness
Akram <i>et al.</i> , (2018)	Quantitative non-randomized	College student & Adults	****	Regarding suicidal ideation, social exclusion, psychological distress, hearing loss severity, and age were risk factors, whereas psychological well-being was a protective factor.

DISCUSSION

Mental Health Among Hearing Loss and Deaf Community

Body image disturbance is one of the mental disorders identified in this study. Body image is a multifaceted concept. Both clinical and nonclinical populations can experience body image distortion and dissatisfaction. Disturbing body image may harm emotional or psychological well-being (Vincent, Ménard & Giroux, 2025) and physical health, for example, cancer (Vincent, Ménard & Giroux, 2025; Yao *et al.*, 2025). Various factors contribute to body image distortion and dissatisfaction (Hosseini & Padhy, 2023). Body image disturbances were more prevalent among women with hearing loss and deafness. Female students were more likely to engage in excessive eating, purging, severe dieting, and fasting. Female students were more likely to feel overweight, worry about gaining weight, and think their family's emphasised food and weight control, like women with eating disorders. Deaf college women's body image issues 46% of women overestimated their weight. Negative body image may contribute to hunger issues and eating disorders in women (Hills, Rappold & Rendon, 2019), and athletes may be more susceptible to developing disordered eating habits (Runquist III *et al.*, 2025). Diet issues may affect deaf college women (Hills, Rappold & Rendon, 2019). Most participants said they had no problems with their body image even though they were deaf (Martí, Hernández & Barba, 2023).

Individuals' subjective conceptions of their own bodies, regardless of how their bodies appear (Alleva *et al.*, 2015; Davoudi-Kiakalayeh *et al.*, 2017). Body image involves complicated thoughts, emotions, judgements, and actions. Body dysmorphic disorder, anorexia, and bulimia all include distorted body image (Gaudio, Brooks & Riva, 2014; Sadibolova *et al.*, 2019; Spreckelsen *et al.*, 2018). Body image distortions are

disagreeable and can have tragic consequences (Irvine *et al.*, 2019). Negative body image affects health, self-esteem, temperament, competency, and social and vocational performance (Sadibolova *et al.*, 2019). Findings revealed more negative effects of fitspiration images on appearance satisfaction and body appreciation compared to all other conditions, which was true for both women and men (Nugent *et al.*, 2025; Rodgers, Paxton & Wertheim, 2025). Addressing body image concerns and helping individuals impacted live happier, more productive lives requires understanding neurotypical abnormalities in healthy cognition and perceptual distortions in clinical circumstances (Sadibolova *et al.*, 2019).

eHealth Interventions can improve Body Image (Nugent *et al.*, 2025). Another mental health problem among people with hearing loss and the deaf community is the risk of suicide (Akram *et al.*, 2018; Fox, James & Barnett, 2020). Forty-five people (42.1%) reported having tried suicide, ranging from one to more than 20, but none in the preceding 30 days. Fifty-four (50.5%) had suicide thoughts. 48 responders (42%) reported mental illness. Mental health diagnosis was associated with suicidal conduct and suicide attempts (Embree, 2019). D/HH college students were less likely than hearing college students to seriously consider or attempt suicide last year. D/HH students were less likely to attempt suicide than hearing students last year (Fox, James & Barnett, 2020). Alcohol consumption and parental divorce raised the chance of suicide thoughts and attempts, whereas subjective mental well-being lowered it. Living without parents, being in the last year of school, and being male were related to suicidal thoughts and conduct, respectively (Quarshie *et al.*, 2021).

It is crucial to integrate mental health support for individuals with body image disturbances, particularly in vulnerable populations such as those with hearing loss and deafness. Nurses should focus on early detection of body image concerns and provide tailored interventions that promote positive self-esteem and mental well-being. Incorporating psychoeducation and counselling in nursing practice can reduce the risk of eating disorders and suicide attempts. Collaborative care models involving healthcare providers, mental health specialists, and support networks can enhance care for these individuals, fostering a holistic approach to health that addresses both physical and psychological needs.

Experiences and Psychological Responses among Hearing Loss and Deaf Community

Luey, Glass and Elliott (1995) found that those with hearing loss had worse mental health than the general population. Psychological distress or stress is a major problem issue in the hearing loss and deaf community. But depression, aggression, oppositional defiant behaviour, and psychopathy are more common in deaf adolescents (Theunissen *et al.*, 2014). Stress has become a component of modern living and may impact every element of a person's life (Corron *et al.*, 2025; Frank Sabatino, 2025; Liu, 2016). Stress impairs a person's everyday life and may lead to various health issues (Eskin *et al.*, 2013). Poor psychological well-being in DHH (Deaf and Hard of Hearing) adolescents was linked to female gender and late bedtime. Teachers and parents should consider this. Thus, parents and instructors of female DHH teenagers should monitor their conduct since it may indicate psychological distress. Sleeping patterns might signal or contribute to mental illness, so parents should check them. COVID-19 psychological effects Deaf students. Hearing-impaired students are frustrated and sensitive to stress symptoms, yet they are resilient and can manage their well-being and obligations. Compared to students with normal hearing, they are more resilient psychologically but less cognitively to the epidemic. They respond to the pandemic differently than kids with normal hearing (Yang *et al.*, 2021).

Despite public health data indicating that people with impairments face health inequities, deaf adults who use American Sign Language (ASL) are frequently investigated for depression and anxiety (Krahn, Walker & Correa-De-Araujo, 2015). The hearing sample's depression and anxiety were much younger. The deaf sample included more employed and college-educated people than the hearing sample. The deaf sample also had lower rates of obesity, comorbidities, frequent medical visits, and fair/poor health (Kushalnagar *et al.*, 2019).

Strategies for Preventing and Reducing Psychological Problems and Mental Disorders

Therapies for enhancing body image have been developed, and they are also relevant in nursing practice for supporting individuals with body image concerns. Physical fitness, media literacy, self-esteem, and body image psychoeducation (Hosseini & Padhy, 2023) are among the interventions that nurses can implement to enhance body image in patients. Cognitive Behavioural Therapy (CBT) is the most popular and effective body image intervention. CBT helps people change negative body image ideas, feelings, and behaviours by targeting their

core cognitive and behavioural processes. Nurses trained in CBT techniques can help individuals identify and challenge harmful thoughts and behaviours related to body image, facilitating healthier perceptions.

Exercise methods, including aerobic or anaerobic activities, develop physical capabilities, including muscular strength, and encourage patients to focus more on function than beauty. Nurses can incorporate physical activity programs into their treatment plans to improve both physical health and body image. Media literacy and resistance strategies are also critical; media literacy interventions encourage people to critically assess media appearance values. Nurses can educate patients about the influence of media on body image and provide strategies to resist harmful media messages, which promote healthier self-perceptions.

Self-Esteem Tips are also essential in nursing practice. Self-esteem therapies enhance body image safely and effectively by fostering a positive self-concept. Nurses can use therapeutic communication techniques and interventions to build patients' self-esteem, reinforcing their value and promoting self-acceptance. Body Image-Related Psychoeducation teaches individuals about poor body image, its origins, and its effects. Psychoeducation works well with additional therapies like fitness training or self-esteem building. Nurses can educate patients about the factors that influence body image and provide support in developing a more positive self-image (Alleva *et al.*, 2015).

Cognitive Remediation Therapy (CRT) is a therapeutic approach that aims to improve cognitive processes in individuals with body image disorders. In body image research, neuropsychological aspects of how a person with a body image disorder processes information cognitively have begun to be investigated. Nurses working with patients with body image disorders may collaborate with mental health professionals to incorporate CRT into patient care. Cognitive Remediation Therapy (CRT) or Cognitive Enhancement Therapy improves neurocognitive skills such as cognitive flexibility, working memory, planning, set-shifting, attention, and executive functioning. CRT targets a person's specific cognitive deficits (Dahlgren & Stedal, 2017). Nurses can support the implementation of CRT in a multidisciplinary team approach to improve cognitive functioning in patients, ultimately enhancing their body image.

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According to Fitzpatrick (2021), D/HH college students in 1990 tended to gather at a limited number of institutions that had experience teaching and collaborating with D/HH individuals due to the Americans with Disabilities Act (ADA). Since the ADA was passed 25 years ago, D/HH college students and colleges have expanded. College instructors, staff, and doctors may have limited resources to help D/HH students. D/HH and hearing researchers should work with campus populations to uncover strengths and help-seeking habits to design suicide prevention initiatives for D/HH people (Fox, James & Barnett, 2020).

Family Intervention for Suicide Prevention (FISP) may reduce suicide risk. FISP is a cognitive behavioural family intervention for 10–18-year-olds who arrive at the ED with suicidal thoughts or after a suicide attempt. The FISP increases adolescent and family coping skills, motivation for follow-up mental health care, and connections to outpatient follow-up therapy after discharge to minimise the short-term risk of recurring suicidal thoughts and conduct (Asarnow, 2014). The FISP offers ED staff training, adolescent and family crisis counselling, and mental health professional care connection phone calls. Reframing the suicide attempt as a problem; educating families about outpatient mental health treatment and restricting access to dangerous attempt methods; improving family support; and working with youth to identify potential suicidality triggers and develop a safety plan and "hope box" to improve safe and adaptive coping. Therapy and follow-up aid treatment adherence and provider selection. After discharge, 1-, 2-, or 4-week follow-ups commence (Asarnow, 2014).

Families or non-ED settings where children have attempted suicide, self-harmed, or had suicidal ideation may use this intervention. The Celebrating Life Program utilised FISP as a home-based intervention for White

Mountain Apache youth with "suicide incidents" (Asarnow, 2014).

Limitation

This study is a narrative literature review that relies on secondary data, which may limit the depth of analysis compared to primary empirical research. The findings are based on existing literature, which may introduce publication bias. Additionally, the generalisability of the results is limited, as the studies reviewed may have been conducted in specific cultural and socio-economic contexts that do not fully represent the global deaf community. Future research should incorporate primary data collection and diverse population samples to enhance the robustness of findings.

CONCLUSION

This study highlights the significant psychological and mental health challenges experienced by the deaf and hearing-impaired communities. Stress, anxiety, depression, body image disturbances, and even suicidal tendencies are prevalent issues among individuals with hearing loss. These psychological problems, if not properly addressed, can severely impact their quality of life. It is crucial for healthcare providers to recognise the mental health challenges facing individuals with hearing impairments, including stress, anxiety, and depression. Nurses can contribute by delivering tailored psychological support and advocating for inclusive care practices that address these issues. To mitigate these challenges, comprehensive interventions—including psychological support, awareness programs, and inclusive policies—are essential. Future research should explore evidence-based interventions through randomised controlled trials (RCTs) to assess their effectiveness in improving the mental well-being of individuals with hearing impairments. Future nursing research should focus on evaluating evidence-based interventions to enhance the mental well-being of individuals with hearing loss, ensuring improved patient outcomes and quality of life.

Conflict of Interest

The authors declare that there are no competing interests.

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