NASMHPD
National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302, Alexandria, VA 22314 (703) 739-9333 Fax (703) 548-9517

NASMHPD Deaf Mental Health Research Priority Consensus-Planning Conference Concludes Successfully

A gathering of 22 individuals, including a diverse array of experts in the deaf mental health field, concluded a five-day meeting on January 29, 2012, having reached consensus on 34 research priorities in this neglected topic area.

Sponsored by NASMHPD and supported by SAMHSA funding, the conference was the first of its kind. The impetus for the historic meeting was the research knowledge gap impeding the development and implementation of linguistic and socioculturally appropriate mental health services for deaf individuals throughout the U.S. public mental health system.

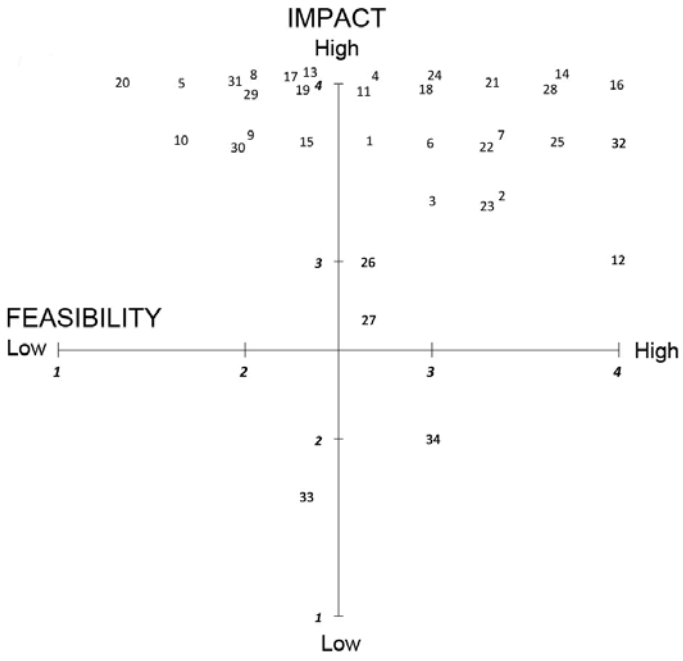
Conference organizer Robert Pollard, Ph.D., director of the Deaf Wellness Center at the University of Rochester School of Medicine, explained that research in this area lags far behind because few are qualified to conduct quality research studies involving the Deaf community and because most research in this area over the past four decades has been focused on disproving erroneous perceptions regarding deaf people established in the professional literature prior to the 1970s, before American Sign Language (ASL) was finally recognized as a complex and fully-developed language quite unlike English.

The conference delegates consisted of prominent researchers in the field, several state-level directors of public mental health services for deaf persons, clinicians, consumers, and representatives from research funding agencies. One-third of the delegates were themselves deaf users of ASL, including the consumer representatives.

Each day, the conference focused on research priorities in a different thematic area: disease burden, treatment, and research infrastructure. Plenary presentations were interspersed, offering cutting-edge information relevant to the proceedings.

The consensus deliberation plan was rigorously structured. Three breakout groups, balanced in relation to the backgrounds of the individuals involved and the deaf-hearing participant mix in each group, first met to brainstorm research priorities relevant to the day's theme. In a subsequent plenary meeting, a spokesperson from each group explained the reasoning behind that group's priority list. Returning to their small groups, with the complete list of ideas from all three groups, delegates then winnowed the complete list down to their "top 10" priorities. The final priority list consisted of those ideas ranked in the "top 10" by two or all three of the small groups. Repeated for each of three days, this process yielded a total of 34 research priorities over the three thematic areas. Membership of the small groups was reconfigured each day, to promote the sharing of multiple perspectives and expertise, yet remained balanced each day as noted above.

While the list of 34 priorities was itself a valuable and historic outcome, the conference continued with another consensus-building step, aimed at turning the priority list into a blueprint for action. Each of the research priorities was subsequently rated on a two-dimensional "impact-feasibility" scale. Three small groups deliberated the "impact" each research idea would have on the public mental health system and the deaf mental health field if it were successfully accomplished. Then, each group debated the "feasibility" of each idea, that is, the degree to which cost, time, complexity, and other factors would affect the successful pursuit of that particular research priority. These impact-feasibility deliberations comprised the longest segment of the conference agenda, as it was considered imperative for the groups' conversations to yield a consensus-built opinion on the impact and feasibility of each idea. The plan succeeded; each of the three groups indeed reached impact-feasibility consensus on all 34 ideas. These three sets of consensus opinions were then averaged to yield a final impact-feasibility matrix, shown in the figure at right.



Each of the 34 research ideas is indicated in the figure, placed within the matrix in accordance with its combined impact-feasibility ranking. Few ideas fell in the low-impact region of the matrix because the conference's "top 10" winnowing procedure eliminated lower-impact ideas generated during the brainstorming sessions.

In addition to noting the impact ranking of a given idea, the distribution of these research priorities across the feasibility range leads to important guidance regarding subsequent activities in this area. Specifically, priorities ranked highest in impact *and* feasibility are "low hanging fruit," likely to be pursued most quickly, perhaps by individuals or collaboratives who may or may not be career researchers. Yet Pollard emphasized to the delegates that ideas high in impact but low in feasibility may be very much worth pursuing. Lower feasibility priorities may simply require more time, funding, or expertise to accomplish.

For a complete listing of the 34 research priorities, please visit **www.nasmhpd.org.** Correspondence regarding the NASMHPD Deaf Mental Health Research Priority Consensus-Planning Conference should be directed to Dr. Pollard at Robert_Pollard@urmc.rochester.edu or Meighan Haupt, NASMHPD Associate to the Executive Director, at meighan.haupt@nasmhpd.org.