A number of South Staffs and Shropshire Foundation NHS Trust IAPT services recently participated in a NIHR funded study (HS&DR 12/136/79) exploring the effectiveness and cost effectiveness of IAPT provision for Deaf people who use British Sign Language (BSL) as a first or preferred language. (Chief Investigator - Professor Alys Young (alys.young@manchester.ac.uk)

Deaf BSL users experience significantly poorer mental health than their hearing counterparts, with the prevalence of some common mental health problems such as depression and anxiety being up to twice as high.[1-3] A specialist IAPT service for Deaf BSL users, BSL Healthy Minds (delivered by the mental health charity, SignHealth), was launched in 2013, where trained Deaf PWPs deliver therapy to Deaf clients directly in BSL, assessing them with standardised instruments (PHQ-9 and GAD-7) that have been translated into BSL and tested for reliability and validity. Access to this specialist service across England is patchy however, with most areas offering their standard service with the addition of an interpreter instead. Upfront cost differentials between these two options are significant, but little was known about whether there was a difference in effectiveness and if so, whether the difference made the specialist service more cost-effective overall.

In order to better understand the variety of adaptations for Deaf BSL users currently in use within standard IAPT services, the research team circulated a service descriptor survey, so they could model standard IAPT provision, should a full trial be indicated. The team also collected pseudo-anonymised referral and outcome data from Deaf patients who had been seen by standard IAPT services.

Recruitment to all parts of this study are now closed, and the final report has been accepted by NIHR, with an anticipated publication date of July 2017 in the NIHR Journals Library, where it will be available in full and open access. To date there have been a number of publications and outputs from the project, including, as previously mentioned, the development of reliable, valid BSL versions of the PHQ-9 and GAD-7. [4] When comparisons were made between people who received treatment through the specialist BSL IAPT service, and a cohort of self-reporting well Deaf BSL users, clinical cut-off scores for caseness (the point at which someone is considered likely to benefit from intervention) were found to differ on the BSL instruments, from those used for the written English versions.[5]

	PHQ-9	GAD-7
Cut off score for English version	10	8
Cut off score for BSL version	8	6

The PHQ-9 BSL and GAD-7 BSL are available for use and can be obtained from Dr Katherine Rogers Katherine.rogers@manchester.ac.uk along with an accompanying guide on how to use these instruments with Deaf BSL users and an explanation of the cut-off findings. A detailed explanation of the process undertaken can be read here:

Belk, R., Pilling, M., Rogers, K., Lovell, K., Young, A. (2016). The theoretical and practical determination of clinical cut-offs for the British Sign Language versions of PHQ-9 and GAD-7. *BMC Psychiatry,* **16**:372-83. http://dx.doi.org/10.1186/s12888-016-1078-0

Clinicians in a number of Trusts have expressed considerable interest in adopting the translated instruments and revised cut off scores in their work with Deaf BSL users and we are currently negotiating how best to make these easily available within individual Trusts whilst still adhering to