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FACILITATING INDIVIDUAL DEVELOPMENT WITH PSYCHOLOGICAL INTERVENTION IN THE DEAF COMMUNITY: A SYSTEMATIC LITERATURE REVIEW

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Abstract

This study aims to map psychological interventions for deaf individuals through a Systematic Literature Review approach. Data collection was carried out by searching for literature via Scopus. Articles were screened based on inclusion criteria, such as publication between 2015 and 2025, focus on psychological interventions for deaf individuals, research-based, and available in full text. Of the 116 articles found, 7 articles met all criteria and were analyzed further. The results of the study show that psychological interventions for deaf individuals include preventive efforts (e.g., resilience training, PERMA intervention, and mindfulness training), curative efforts (e.g., Community-Delivered Hearing Rehabilitation and Acceptance and Commitment Therapy), and service system development through telemental health. In addition, it is important to provide special training for counselors in providing services that are appropriate to the needs and communication limitations of the deaf community. These findings underscore that psychological interventions contribute positively to the psychosocial aspects of deaf individuals and can be implemented by mental health practitioners as part of inclusive and responsive services.

Keywords: psychological intervention, mental health, deaf community

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1 Introduction

Deafness is considered a condition of inability to hear anything, either partially or completely (Abdallah & Fayyoumi, 2016). Deafness can be interpreted based on two approaches, namely the clinical approach and the socio-anthropological approach. From a clinical perspective, deafness is considered a disability, while from a socio-anthropological perspective, deafness is a member of a linguistic minority community that uses its own language and socio-cultural characteristics (Rodríguez-Correa et al., 2023). They understand, gather information, and experience life differently, which ultimately shapes their culture and identity (Becerra Sepúlveda, 2020; Soleman & Bousquat, 2021).

Individuals with hearing impairments or deafness face various challenges in their daily lives. Deaf children and adolescents experience difficulties in language, social, academic, and behavioral aspects, as well as daily stress (Adibsereshki et al., 2024a). Hearing impairments can affect the quality of life of deaf individuals in terms of education, social, and economic aspects (Ziadat & Al Rahmneh, 2020). Findings by Ashori & Ghasemzadeh reveal that deaf individuals also experience difficulties in fulfilling basic psychological needs, particularly in terms of competence, autonomy, and social relationships, which are part of self-autonomy, compared to their peers with normal hearing in (Siadatian Arani et al., 2024). The complexity of this issue indicates that deaf individuals have a higher prevalence of mental health disorders related to various psychosocial factors (Pertz et al., 2018). The findings of Theunissen et al. (2014) also show that depression and anxiety are more common in children with hearing impairments than in their peers with normal hearing.

Given the limitations experienced by individuals with hearing loss, mental health and well-being challenges can be similar to those experienced by people who can hear, and sometimes more specific due to hearing limitations (Levinger, 2020). Several other studies report that the prevalence of psychological disorders among people with hearing impairments is almost the same as the prevalence among the hearing population (Fellinger et al., 2012). If not handled properly, this condition can lead to feelings of isolation, rejection, or misunderstanding (Batista & García, 2023). In their research, (Ziadat & Al Rahmneh, 2020) revealed the main social challenges faced by deaf people, such as isolation, psychological problems, fear of forming relationships with others, lack of involvement, and lack of understanding and empathy from the surrounding environment. Ultimately, deaf individuals who are not treated often experience significant withdrawal from social aspects of life and poor performance in functioning within the community, as well as lower psychological well-being compared to the general population (Gao et al., 2025). In fact, 40% of deaf individuals are likely to experience mental health problems during their lifetime, twice as many as individuals without hearing impairment (Black, 2006; Kushalnagar, 2019).

The phenomenon of deaf individuals being vulnerable to complex problems demonstrates the importance of mental health services for deaf individuals. Based on several previous studies, the deaf community has stated that its members have limited access to mental health resources (Borghouts et al., 2022; Feldman & Gum, 2007). Borghouts (2022) also revealed that the deaf community faces marginalization and significant injustice in accessing health services. The deaf community may not have full access to all information shared with the wider hearing community (Takayama, 2017). This may be due to a lack of awareness among social work professionals regarding the cultural and linguistic needs of this minority population (Takayama, 2017). In line with the findings of Pertz et al (2018), the deaf community experiences difficulties in accessing mental health services due to language and cultural incompatibilities. In fact, it is a human right for the deaf community to receive equitable health services (United Nations, 2022).

For some individuals in the deaf community, mental health terminology can be difficult to understand, so they tend not to understand the symptoms and do not know how to manage their mental health (Gould & Clark-Howard, 2025). This indicates that, even among experienced mental health professionals, there still appears to be a lack of knowledge about providing mental health services to people with disabilities, which may be due to previous reports of limited formal training on disability (Ferreira et al., 2025). On the other hand, there is a shortage of deaf mental health workers, making it difficult to find mental health services for the deaf community (Borghouts et al., 2022). Given the limitations of mental health practitioners who are not usually proficient in sign language, mental health services with the Deaf community culturally often consist of a tripartite alliance involving mental health practitioners, sign language interpreters, and Deaf counselors (Gould & Clark-Howard, 2025). Treatment outcomes for individuals with hearing impairments are better when they receive care from health professionals who understand Deaf culture (Borghouts et al., 2022).

According to Ashori & Ghasemzadeh, although the deaf community may experience difficulties in meeting basic psychological needs, effective interventions can help (Siadatian Arani et al., 2024). When counselors attempt to respond to the needs of community members, especially those who are most vulnerable, the need to negotiate with environmental changes becomes clear; counselors have no choice but to promote positive changes in the systems that affect their clients' well-being (Lewis et al., 2011). Efforts can be made through health promotion programs designed to promote optimal individual functioning, help communities discover their strengths, prevent disease through personal initiatives, and encourage individuals to take responsibility for meeting their own health needs (Lewis et al., 2011). These preventive efforts can be carried out by providing access to community-based organizations or educational programs (Wets, John; Bubenzer, Don; Osborn, 2003). By understanding how similar the criteria of certain communities are to society in general, counselors can place disabled communities in the right perspective so that they can provide educational programs for the wider community (Lewis et al., 2011). Thus, mental health practitioners can continue to provide preventive and educational services to the deaf community by understanding the characteristics of deaf individuals and designing programs that are appropriate and accessible to the deaf community.

However, despite the risk of increased mental health problems and efforts to improve the mental health of the deaf community, there is still a lack of evidence on what works to improve mental health for the deaf community. Based on the above explanation, this study aims to identify and analyze various psychological interventions that have been used to facilitate the psychological development of the deaf community. Through this analysis, it is hoped that it can contribute to the development of more effective and appropriate approaches or interventions in promoting mental health in the deaf community.

2 Method

This study uses qualitative research methods with meta-synthesis. Meta-synthesis is a data integration technique to obtain new theories or concepts or a deeper and more comprehensive understanding (Perry & Hammond, 2002). One of the meta-synthesis methods is systematic literature review. Systematic literature review is very useful for synthesizing various relevant research results, so that the facts presented to policy makers are more comprehensive and balanced (Siswanto, 2010).

The process of conducting a systematic literature review in this study followed systematic and structured stages to ensure accuracy, relevance, and transparency in mapping the literature reviewed. The following are several stages carried out for data collection based on:

- a. Determine the database sources by searching relevant literatur. In this study, articles were searched through Data collection was carried out by searching for literature via Scopus.
- b. Establish inclusion and exclusion criteria to systematically filter articles. The inclusion criteria in this study included: (1) articles published between 2015 and 2025; (2) articles that specifically examined psychological interventions for deaf individuals; (3) research respondents were deaf individuals; (4) research-based articles; and (5) articles available in full text. The exclusion criteria include: (1) articles in the form of reviews, opinions, research protocols, and non-journal scientific works such as theses and dissertations; and (2) scientific fields other than psychology and education.
- c. Collect articles according to the established criteria. Based on the search, 116 article titles were collected.
- d. Reviewing the suitability of the articles. Based on a comprehensive review, there were 7 articles that met the predetermined criteria. Furthermore, these 7 articles will be comprehensively reviewed to obtain an overview of the effects of psychological interventions on deaf individuals.
- e. Data Extraction. The output of this stage is a summary in the form of a table consisting of the researcher's name, year of publication, research respondents, intervention studied, research variables, and research results.

The article identification and selection process is described in detail in the PRISMA diagram shown in Figure 1:

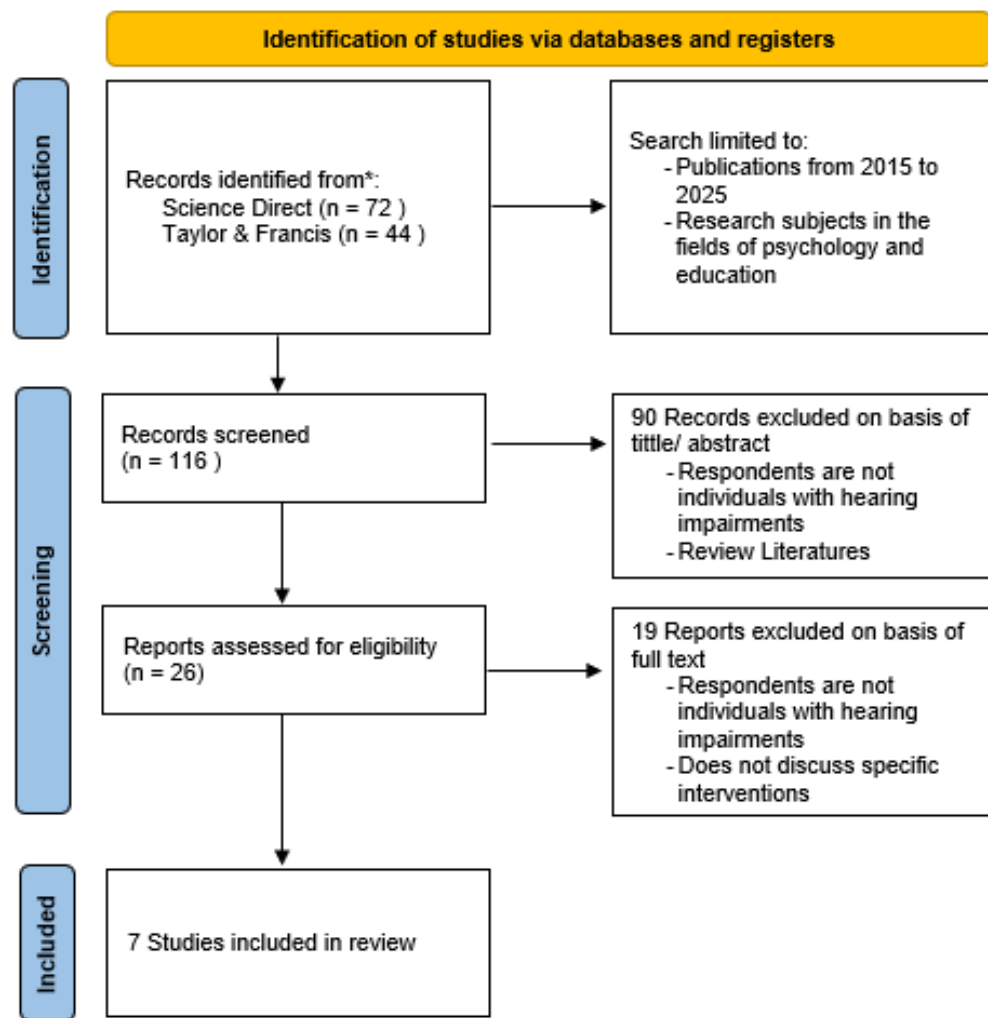


Figure 1: PRISMA

3 Results and Discussions

The results are the main part of a scientific article, containing: final results without data analysis, hypothesis testing results. Results can be presented in tables or graphs to clarify the results verbally. Discussion is the most important part of the entire scientific article. The purpose of the discussion is to answer research questions, interpret findings, integrate findings from the research into existing knowledge, and develop new theories or modify existing theories.

Table 1. Program Interventions for Deaf Individuals

Article	Respondents	Intervention	Variables	Strategy	Result
(Adibsereshki et al., 2024)	n = 122 61 control groups 61 experimental groups	Resilience training	Coping Strategies	Preventive	programs are highly effective in the use of coping strategies and can be used to help individuals with hearing loss cope with stressful situations.
(Siadatian Arani et al., 2024))	n = 23 Deaf Adolescents 13 experimental groups 15 control groups	Flourishing Intervention (PERMA)	Basic Psychological Needs	Preventive	PERMA intervention for psychological well-being proven feasible and acceptable to deaf adolescents
(Borghouts et al., 2022)	10 Deaf Person	Mental Health Apps	Mental Health Needs	System Development	There is a need for applications that are accessible to various groups in terms of culture, required resources, and location; as well as a need for immediate and unlimited access to resources. These findings are important to consider in the development and deployment of mental health applications to meet the needs of the deaf and speech-impaired communities.
(Gao et al., 2025)	n = 435 145 control groups 145 <i>Hearing Aid Use group</i> 145 <i>Hearing Health Education group</i>	Community-Delivered Hearing Rehabilitation and Health Education Intervention	Social Isolation and Social Functioning	Curative	The study estimates a significant positive impact of the intervention in reducing social isolation and improving functional outcomes, as well as several psychological pathways contributing to these main results.
(Hassinen & Lappalainen, 2018a)	n = 25 16 Deaf Person 9 Counselor	Acceptance and Commitment Therapy Training for Counselors	Depression in deaf individuals	Curative and competency improvement for counselors.	The results of the study show indications of the positive effects of the intervention on client well-being. In addition, many counselors reported that the intervention had a positive impact on their level of satisfaction at work.

(Pertz et al., 2018)	50 Deaf Person	Integrated Health Care Model	-	System development	Telemental health programs can provide a unique opportunity to study language and cultural compatibility between mental health service providers and deaf individuals.
(Zeng et al., 2025)	n = 116 61 Deaf Person 55 Individuals with normal hearing	Mindfulness	Inhibitory control	Preventive	Mindfulness predicts inhibitory control in individuals with hearing impairment. These findings highlight that hearing impairment can affect inhibitory control and provide a potential mechanism through which mindfulness can improve inhibitory control.

Based on Table 1, it can be seen that there are several interventions that can be carried out to provide assistance and empowerment to the deaf community in terms of mental health. The interventions carried out include preventive measures, curative measures, counselor training, and the development of technology-based systems.

3.1 Preventives Measures

To respond to the needs of vulnerable communities, counselors have no choice but to promote positive change in the systems that affect the well-being of individuals in those communities (Lewis et al., 2011). Preventive efforts for more serious problems can be carried out by providing access to community-based organizations or educational programs. Thus, health promotion programs are designed to help counselees discover their strengths to prevent illness through personal initiatives, and to encourage counselees to take responsibility for meeting their own health needs (Lewis et al., 2011). Based on Table 1, there are several interventions carried out as preventive measures to help the Tunarungu community improve their psychological well-being and psychosocial development, including resilience training (Adibsereshki et al., 2024b), a positive psychology approach with PERMA (Siadatian Arani et al., 2024), and mindfulness training (Zeng et al., 2025).

In his research, Adibsereshki (2024) provided an intervention to 122 deaf students, consisting of 74 males and 48 females, for 6 weeks on resilience to improve coping strategies. The resilience intervention program focused on developing emotional, affective, cognitive, and behavioral skills to improve resilience in adolescent students with hearing impairments. The results of the study showed that resilience training had a significant impact on improving the coping strategies of deaf students in problem solving, seeking social support, positive assessment, facing challenges, and self-control (Adibsereshki et al., 2024). Resilience is the ability of an individual or group to continue to develop themselves, persevere, and project themselves into the future despite facing difficult life situations or even serious trauma (Manciaux, M., Vanistendael, S., Lecomte, J., & Cyrulnik, 2001). Resilience refers to the ability to adapt to challenging situations amid difficulties, while coping refers to cognitive and behavioral techniques for overcoming and managing stressful events or negative psychological and physical impacts (Wu et al., 2020). Therefore, resilience training is relevant to the conditions of the Tunarungu community, which faces various social problems. With resilience training, individuals in the Tunarungu community can independently develop themselves in difficult situations.

Further preventive measures may include training using the PERMA (Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment) intervention. Research conducted by Siadatian et al. (2024) involved the PERMA intervention for 28 deaf adolescents over 10 sessions during 5 weeks. The intervention was

delivered using group discussions, role-playing, video clips, pictures, and presentations from a psychological training guidebook in each session. The PERMA intervention covered topics such as positive emotions, engagement, relationships, meaning, and accomplishment. The findings of the study by Siadatian et al. (2024) showed that after the intervention, the experimental group's scores increased on the subscales of basic psychological needs satisfaction (competence, autonomy, and relatedness). Deaf adolescents may experience difficulties in managing emotions, engagement, relationships, meaning, and achievement. They need special programs such as PERMA interventions that focus on well-being to regulate or manage their basic psychological needs (Siadatian et al., 2022). Another intervention that can help the deaf community achieve optimal psychosocial development is through mindfulness training. Research conducted by Zeng (2025) aimed to explore and predict the positive effects of mindfulness on inhibitory control abilities in deaf individuals, with the hope of providing a reliable theoretical basis for researchers committed to improving the cognitive abilities and well-being of people with disabilities. The results of the study show a stronger positive relationship between mindfulness and inhibitory control in individuals with hearing impairments (Zeng et al., 2025). Mindfulness has the ability to stabilize and regulate negative emotions such as depression, and is significantly negatively associated with negative emotions and stress (Hassinen & Lappalainen, 2018)). Thus, an increase in mindfulness levels can adjust an individual's attention distribution and emotional regulation abilities, which in turn affects inhibitory control abilities (Zeng et al., 2025).

3.2 Curative Measures

The prevalence of psychological disorders among people with hearing impairments is almost the same as the prevalence among the hearing population (Fellinger et al., 2012). The communication difficulties experienced by deaf individuals indirectly affect their ability to interact, leading to isolation or feelings of exclusion from their social environment (Batista & García, 2023; Ziadat & Al Rahmneh, 2020). This phenomenon highlights the importance of curative efforts through psychological intervention to help deaf individuals overcome the psychological problems they experience. The curative efforts carried out in Gao's research (Gao et al., 2025) took the form of Community-Delivered Hearing Rehabilitation and Health Education Intervention for 435 deaf adolescents and Hassinen's research (Hassinen & Lappalainen, 2018b) on Acceptance and Commitment Therapy (ACT) for 16 deaf individuals. The intervention strategy provided by Gao (Gao et al., 2025) focused on individual and environmental approaches. The individual-centered approach was carried out through the development of skills and health education, such as self-management skills, positive communication, adaptation to hearing deficits, and improvement of psychosocial resources (Gao et al., 2025). Furthermore, Gao (Gao et al., 2025) also provides environmental strategies that focus on improving support systems in micro and meso environments, such as families and communities, by providing information and guidance to relevant parties and helping them understand the challenges faced by deaf adults. Another curative effort for the deaf community is Acceptance Commitment Therapy. Hassinen (Hassinen & Lappalainen, 2018b) revealed that the ACT model is an appropriate intervention model for the deaf community and other special groups because this intervention does not view human suffering as an abnormality, making it a less stigmatizing approach.

These curative efforts can help individuals in the deaf community who have psychological problems or experience psychosocial developmental barriers. Gao (Gao et al., 2025) estimates that there is a significant positive impact of intervention in reducing social isolation among deaf adolescents. In Hassinen's (Hassinen & Lappalainen, 2018b) study, deaf counselees reported positive changes in their quality of life and their ability to handle emotional reactions and thoughts after receiving intervention. The results of this study show that a psychological approach can still be applied to deaf clients despite the differences in communication between counselors or practitioners and deaf clients. In line with Hassinen's findings (Hassinen & Lappalainen, 2018b), which reveal that it is possible to train counselors who use Finnish Sign Language to provide acceptance and value-based interventions to their clients, these findings also show that such interventions can be provided with relatively few workshops covering written study materials and DVDs as well as supervision.

3.3 Improving Counselor Competency

The research by Hassinen et al. (Hassinen & Lappalainen, 2018b) not only focused on providing psychological intervention to the deaf community, but also provided training to nine volunteer counselors in the form of a two-day workshop to help counselors understand the Acceptance and Commitment Therapy (ACT) method. The respondents in this study were counselors who understood Deaf culture and had the ability to use sign language because they worked at a foundation for the Deaf community. The presence of practitioners who were experienced in working with the Deaf community likely helped increase the level of comfort of Deaf individuals in receiving health services. Based on the results of Hassinen et al.'s research (Hassinen & Lappalainen, 2018b), all counselors reported that the training had a positive impact on the quality of service provision, job satisfaction, and improved the quality of relationships with Tunarungu clients. One of the challenges for service providers working with the deaf community is using a language that can be mutually understood, so understanding deaf culture is important in providing psychological interventions for the deaf community. This is a challenge for professional caregivers for the deaf, but they are academically and linguistically competent and motivated to provide ethical and high-quality care.

3.4 System Development

Technology provides opportunities to overcome some of the barriers to accessing mental health services traditionally faced by the deaf community (Borghouts et al., 2022). Given the scarcity of mental health service providers who are familiar with the language and culture of the deaf community, improving mental health services may require expanding direct or remote access to these service providers (Pertz et al., 2018). Therefore, telemental health services are particularly suitable because the deaf community may already have a level of familiarity with visual-oriented technology and assistive technology, which can help facilitate the delivery of interventions (Borghouts). Psychological interventions through the system can focus on important aspects such as suicide prevention support, emergency support, peer support, and telehealth, which refers to a direct connection to clinical mental health services within the application (Borghouts et al., 2022). In his research, Pertz (Pertz et al., 2018) developed remote mental health services for the deaf community, provided by service providers who were familiar with the language and culture of the deaf community. Furthermore, the results of the study show that telemental health appears to be a viable tool for addressing some of the mental health gaps in the deaf community, as there was a significant increase in the depression and anxiety scores of counselees after receiving these services (Pertz et al., 2018). Therefore, the use of technology has become an alternative in overcoming communication barriers, which have long been a major challenge in providing mental health services to the deaf community.

4 Conclusion

Based on the results of a Systematic Literature Review of the Science Direct and Taylor and Francis databases, seven journals were found to meet the established inclusion criteria. These seven journals discuss various psychological interventions for deaf individuals that serve as preventive measures, curative measures, counselor training, and the development of accessible mental health service systems. The preventive efforts revealed in this study were in the form of resilience training, PERMA intervention, and mindfulness training for the deaf community. Curative efforts took the form of Community-Delivered Hearing Rehabilitation and Health Education Intervention and Acceptance and Commitment Therapy. System development took the form of telemental health services because the deaf community is already familiar with visual-oriented technology and assistive technology. In addition, to optimize the provision of mental health services to the deaf community, it is necessary to train counselors on the application of specific interventions for the deaf community, taking into account communication and language limitations. Therefore, psychological interventions for deaf individuals are actions that can be carried out by mental health practitioners. The results of several studies reviewed in this research show positive changes in the psychosocial aspects of deaf individuals after receiving psychological intervention.

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Ethical Considerations

Not Applicable

Conflict of Interest

The Authors declare there is no conflict of interest.

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