









## Transcontinental realities of mental health in deaf people: systematic review

### Realidades transcontinentais da saúde mental em pessoas surdas: revisão sistemática

### Realidades transcontinentales de la salud mental en personas sordas:revisión sistemática

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#### ABSTRACT

**Objective:** To synthesize the evidence on mental health conditions, risk factors, and access to services among deaf people in Brazil and Spain. **Methods:** A systematic review registered in PROSPERO (CRD420251001388) was conducted in the LILACS, SciELO, Scopus, and Embase databases using the descriptors deaf OR "mental health" AND Brazil OR Spain for observational studies. The search retrieved 3362 studies; after excluding duplicates and applying eligibility criteria, 9 studies comprised the review. **Results:** The findings highlight different forms of vulnerability and illness in the deaf population. In both Brazil and Spain, the evidence pointed to significant barriers for deaf people in accessing and receiving healthcare, as well as emotional and psycholinguistic problems, and compromised physical and social well-being. **Final considerations:** The implementation of inclusive public policies, the training of qualified professionals, and the development of research with representative samples are essential to promote equity in mental health care for the deaf population.

#### DESCRIPTORS:

Mental Health; Deaf Person; Health Services Accessibility; Quality of Life; Sign Language.

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## RESUMO

**Objetivo:** Sintetizar as evidências sobre as condições de saúde mental, os fatores de risco e o acesso aos serviços entre pessoas surdas no Brasil e na Espanha. **Métodos:** Revisão sistemática registrada no PROSPERO (CRD420251001388), realizada nas bases LILACS, SciELO, Scopus e Embase com os descritores deaf OR "mental health" AND Brasil OR Espanha de estudos observacionais. A busca recuperou 3362 estudos; após a exclusão de duplicatas e aplicação dos critérios de elegibilidade, 9 estudos compuseram a revisão. **Resultados:** Os achados evidenciam diferentes formas de vulnerabilidade e adoecimento na população surda. Tanto no Brasil quanto na Espanha as evidências apontaram barreiras significativas do surdo no acesso e cuidado em saúde, além de problemas emocionais, psicolinguísticos-comprometimento no bem-estar físico e social. **Considerações finais:** Torna-se essencial a implementação de políticas públicas inclusivas, a formação de profissionais capacitados e o desenvolvimento de pesquisas com amostras representativas, a fim de promover equidade no cuidado à saúde mental da população surda.

## DESCRITORES:

Saúde Mental; Pessoas Surdas; Acessibilidade aos Serviços De Saúde; Qualidade de Vida; Língua de Sinais.

## RESUMEN

**Objetivo:** Sintetizar la evidencia sobre las condiciones de salud mental, los factores de riesgo y el acceso a los servicios en personas sordas de Brasil y España. **Métodos:** Se realizó una revisión sistemática registrada en PROSPERO (CRD420251001388) en las bases de datos LILACS, SciELO, Scopus y Embase, utilizando los descriptores «sordo» o «salud mental» y «Brasil» o «España» para estudios observacionales. La búsqueda recuperó 3362 estudios; tras excluir duplicados y aplicar los criterios de elegibilidad, la revisión se componía de 9 estudios. **Resultados:** Los hallazgos destacan diferentes formas de vulnerabilidad y enfermedad en la población sorda. Tanto en Brasil como en España, la evidencia indicó importantes barreras para que las personas sordas accedan y reciban atención médica, así como problemas emocionales y psicolingüísticos, y un bienestar físico y social comprometido. **Consideraciones finales:** La implementación de políticas públicas inclusivas, la formación de profesionales cualificados y el desarrollo de investigaciones con muestras representativas son esenciales para promover la equidad en la atención de la salud mental de la población sorda.

## DESCRIPTORES:

Salud Mental; Persona Sorda; Accesibilidad a los Servicios de Salud; Calidad de Vida; Lengua de Señas.

## INTRODUCTION

Mental health is defined as a state of well-being in which the individual is able to cope with life's challenges, develop their skills, learn, work productively, and contribute to their community. In addition to its intrinsic value, mental health also has instrumental value, being recognized as a fundamental human right<sup>(1)</sup>.

It is estimated that more than one billion people worldwide live with some form of mental disorder, which represents one of the leading causes of disability globally<sup>(2)</sup>. This scenario has been exacerbated by the COVID-19 pandemic, which has contributed to a significant increase in the prevalence of conditions such as anxiety and depression.

The expanded concept of mental health reflects global awareness, which is recognized as progress in the field, however, stigma and discrimination remain as barriers to adequate care and recognition of mental illness<sup>(2)</sup>. International agencies, such as the World Health Organization (WHO), highlight that these factors contribute significantly to the underutilization of mental health services, especially in historically marginalized populations<sup>(3)</sup> and the urgent need to combat this stigma<sup>(4-5)</sup>. In this sense, the literature shows that social, cultural and economic determinants directly influence both the occurrence and management of mental disorders, reinforcing the need for intersectoral and inclusive approaches in the field of public health.

In this context, legal frameworks play a fundamental role in promoting adequate mental health care. In Brazil, Law No. 10,216/2001 guarantees the rights of people with mental disorders and guides the transition of the mental health care model. More recently, Law No. 14,556/2023 officially established "White January" as the national awareness month<sup>(6-7)</sup>. In the workplace, the update of Regulatory Standard No. 1 (NR-1) and the enactment of Law No. 14,831/2024 established the mandatory assessment of psychosocial risks and the promotion of a psychologically healthy work environment<sup>(8)</sup>.

Similarly, in Spain, legislation follows European guidelines, such as the General Health Law (1986) established by Law 14/1986, of April 25, which also ensures the universal right to health, including mental health, for all legal residents<sup>(9)</sup>. In addition, a study by the *Confederación Salud Mental España* and the *Fundación Mutua Madrileña* (2023) points out that, although 60.7% of the population considers their mental health good or very good, groups such as young people, women and LGBTIQ+ people report a higher frequency of experiences with anxiety, depression, self-harm and suicidal thoughts<sup>(10)</sup>.

In the case of the deaf population, the available data point to a marked vulnerability. A study<sup>(11)</sup> highlights that deaf people reported adverse childhood experiences associated with higher levels of anxiety and depression symptoms, compared to hearing people, reinforcing the need for special attention to communication accessibility and the reduction of social barriers that aggravate these conditions. According to the research<sup>(12)</sup>, participants with hearing impairment showed a significant association between suicide risk, mental disorders and low quality of life.

In both Brazil and Spain, there is evidence that the deaf population faces specific challenges arising from sensory limitations, with significant impacts on social, educational and health aspects<sup>(13)</sup>. These results reinforce the need for actions directed at the demands of this population, ensuring full access to mental health services that are inclusive and culturally appropriate.

## OBJECTIVE

To synthesize the evidence on mental health conditions, risk factors, and access to services among deaf people in Brazil and Spain.

## METHODOLOGY

This systematic review was registered in the International Prospective Register of Systematic Reviews (PROSPERO), under number CRD420251001388, and was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA-RS) guidelines<sup>(14)</sup>. The guiding question of this study was: what is the current evidence on mental health conditions, risk factors and access to mental health services among deaf people in Brazil and Spain?

Studies with deaf people, users or non-users of Sign Language of both sexes, with or without pathologies, that used generic or specific instruments to assess mental health, risk factors and access to mental health care were included. Observational studies (cross-sectional, cohort, case-control) carried out in Brazil and Spain were considered. Systematic reviews were used as reference material, but were not included in the main analysis. Qualitative studies and those that presented only secondary results or not directly related to the central theme were excluded.

The searches were conducted in the following databases: Latin American and Caribbean Health Sciences Literature (LILACS), Scientific Electronic Library Online (SciELO), Scopus (Elsevier), and Embase (Chart 1). The reference lists of the included articles were also manually checked to identify relevant studies not found in the electronic search. All data found were organized in a Microsoft Excel spreadsheet. The search for articles was conducted via CAFE on the Periodicals portal of the Coordination for the Improvement of Higher Education Personnel (CAPES) and the *Centre de Recursos per a l'Aprenentatge i la investigació* (CRAI) of the University of Barcelona.

**Chart 1.** Search strategies and databases used in the review. Goiânia, Goiás, Brazil, 2026.

Database	Search strategy
Scopus (Elsevier)	TITLE-ABS-KEY (deaf OR "hearing loss" OR "hearing impairment") AND TITLE-ABS-KEY ("mental health" OR "mental disorder*" OR "psychological distress") AND TITLE-ABS-KEY (Brazil OR Brasil OR Spain OR Espanha)
LILACS	(deaf OR surdo* OR "hearing loss" OR "hearing impairment" OR "hearing disabled") AND ("mental health" OR "saúde mental" OR "salud mental" OR "transtorno mental" OR "transtornos mentais" OR "enfermedad mental" OR "mental disorder*") AND (Brasil OR Brazil OR espanhol OR Espanha OR Spain)
SCIELO	(deaf OR surdo* OR "hearing loss") AND ("mental health" OR "saúde mental") AND (Brasil OR Brazil OR Espanha OR Spain)
EMBASE	((('deaf'/exp OR 'deafness'/exp OR 'hearing loss'/exp OR 'hard of hearing'/exp) AND ('mental health'/exp OR 'mental disorders'/exp OR 'psychological well-being'/exp OR 'depression'/exp OR 'anxiety'/exp OR 'psychosocial support'/exp) AND ('Brazil'/exp OR 'Brasil' OR 'Brazilian'/exp OR 'Spain'/exp OR 'Spain' OR 'Spanish'))

The search was conducted by two independent reviewers in three stages: screening by title, screening by abstract, and reading the full text. A third reviewer was consulted only in cases of disagreement. Studies were identified from September 1 to December 20, 2025, without date or language restrictions. The descriptors were selected from the DeCS, MeSH, and ENTREE databases, including terms such as deaf OR mental health, as well as synonyms and geographical terms such as Brazil OR Spain. After selection, the extracted data were organized into a table containing information about authors, country of origin, title, year of publication, objective, and the type of instrument used to assess mental health.

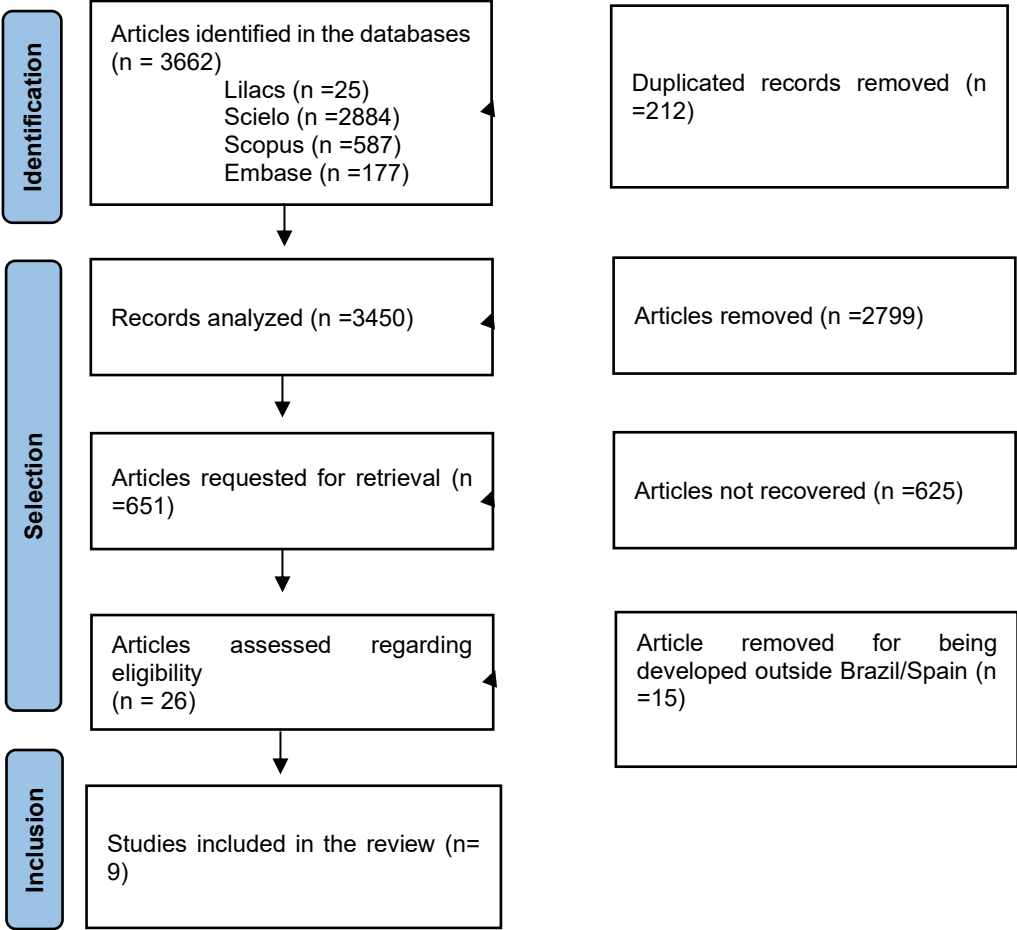
The results were organized into tables, allowing for comparison of the main characteristics and findings among the studies. Given this systematization, a descriptive synthesis was performed, due to the methodological heterogeneity of the observational studies and the qualitative nature of the evidence, which made the application of techniques such as meta-analysis, subgroup analysis, or sensitivity tests unfeasible. Even so, the strength of the evidence was interpreted based on JBI methodological quality and the consistency of the results, without applying formal systems for classifying the certainty of the evidence. The reasons for excluding each study were documented and will be presented in the results section. Contact with the authors of the included articles was planned, but it was not necessary to clarify eligibility or methodology.

## RESULTS

The bibliographic search retrieved 3,362 records. After applying the initial eligibility criteria to the databases, 651 articles were considered potentially eligible. Of these, 212 were removed for being duplicates, leaving 439 articles. These articles were then screened by title and abstract; consequently, 372 studies were excluded for not fitting the scope of the research—mainly because they were not conducted exclusively in Brazil or Spain, and because they did not address the deaf population or lacked mental health outcomes. Thus, 67 articles proceeded to full-text reading, of which 26 were excluded for not meeting the established inclusion criteria. At the end of the evaluation, nine studies met all the requirements.

The PRISMA flowchart<sup>(15)</sup> details the number of studies identified, screened, assessed for eligibility and included in the review, as well as the reasons for exclusions at each stage (Figure 1).

**Figure 1.** Prisma Flowchart of articles included in this review, Goiânia, Goiás, Brazil, 2026



The results were presented in Chart 2.

**Chart 2.** Summary of articles included in the review. Goiânia, Goiás, Brazil, 2026.

Title, author and year, country	Objective	Type of study/ methodological quality	Outcomes
<p>Suicide risk in people with hearing impairment in the post-COVID-19 period: the CaViDAuCo study</p> <p>Moreno-Herraiz, et al. 2025<sup>(16)</sup></p> <p>Spain</p>	<p>This study aimed to evaluate the association between mental disorders, quality of life, and suicide risk in individuals with hearing impairment in the post-COVID-19 period.</p>	<p>Cross-sectional study</p>	<p>In the post-pandemic period, participants with hearing impairments showed a significant association between suicide risk, mental disorders, and low mental health-related quality of life. Despite the small sample size, these findings reinforce the need to improve access to mental health and implement inclusive communication policies.</p>
<p>Bipolar disorder, deafness and culturality in psychiatric home hospitalization: a clinical case</p> <p>Marti Bonany et al. 2024<sup>(17)</sup></p> <p>Spain</p>	<p>To demonstrate the management of severe bipolar disorder with comorbidities in a Psychiatric Home Hospitalization Unit.</p>	<p>Clinical case</p>	<p>The diagnosis and treatment of bipolar disorder in a deaf patient presented specific challenges. The pattern of rapid mood cycling and the complexity of the case made treatment difficult. The provision of information by the family and the support of interpreters were fundamental. Cultural factors were considered, and home-based treatment was crucial for controlling symptoms that lasted more than four months.</p>

<p>Validity and reliability of the Spanish sign language version of the KIDSCREEN-27 health-related quality of life questionnaire for use in deaf children and adolescents</p> <p>Pardo Guijarro et al. 2013<sup>(18)</sup></p> <p>Spain</p>	<p>This article aimed to test the validity and reliability of a Spanish Sign Language (SSL) adaptation of the KIDSCREEN-27, a health-related quality of life (HRQoL) questionnaire for use with deaf children and adolescents.</p>	<p>Cross-sectional observational study</p>	<p>In the SSL version of the KIDSCREEN-27, as in the original Spanish scale, five dimensions explained 59% of the total variance. None of the participants obtained a minimum or maximum score on the scale (floor and ceiling effects, respectively). Confirmatory factor analysis demonstrated the adequacy of the five-dimensional factor solution fit in the SSL version. Cronbach's alpha, for both the total scale and each of the distinct dimensions, was greater than 0.75. The intraclass correlation coefficient of the test-retest scale proved acceptable in all dimensions. The reliability and validity of the SSL version of the KIDSCREEN-27 are similar to those of the original Spanish version, offering a new tool to measure HRQoL in deaf children and adolescents.</p>
<p>Comparison of the web-based and digital questionnaires of the Spanish and Catalan versions of the KIDSCREEN-52</p> <p>Rajmil et al. 2015<sup>(19)</sup></p> <p>Spain</p>	<p>The objectives of the study were to develop online versions of the KIDSCREEN in Spanish and Catalan and to compare the scores and psychometric properties with the paper version.</p>	<p>Cross-sectional study</p>	<p>The participation rate was 77% (n = 715). The online and printed versions showed a low percentage of missing values and a comparable ceiling effect, ranging from 0 to 44%. Differences in mean scores showed an effect size (ES) of less than 0.2 in all dimensions. Internal consistency ranged from 0.7 to 0.88, and the degree of agreement was excellent (intraclass correlation coefficient [ICC] ranging from 0.75 to 0.87). Expected differences were observed in relation to sex, age, socioeconomic level, and mental health status. The online version of the KIDSCREEN-52 showed similar scoring, reliability, and validity to the paper version. This version allows the inclusion of the child population in the quality of life assessment, offering a more attractive format.</p>

<p>Characterization of mental health indicators in deaf individuals</p> <p>Oliveira, et al 2024<sup>(20)</sup></p> <p>Brazil</p>	<p>This study aimed to describe the prevalence of indicators of common mental disorders (CMD) in deaf individuals served at the Libras Center in the municipality of Feira de Santana, Bahia, Brazil.</p>	<p>Cross-sectional study, predominantly descriptive.</p>	<p>The prevalence of Common Mental Disorders (CMD) in this study with deaf individuals was high, reaching 71.4% of participants, which constitutes a serious public health problem. This rate consistently exceeds those found in previous studies with urban populations, emphasizing the urgency of public policies directed at the mental health of this community. The high prevalence of CMD and the identified associations reinforce the need for specific interventions aimed at the social, emotional, and behavioral determinants of mental health.</p>
<p>Quality of life, psycholinguistic abilities and emotional problems in children and adolescents with hearing difficulties</p> <p>Alegre de la Rosa, O. M., Villar Angulo, L. M., 2020<sup>(21)</sup></p> <p>Spain</p>	<p>The study examines three psychoeducational objectives: a) to compare the self-reported health-related quality of life (HRQoL) of children and adolescents with cochlear implants (CI) or hearing aids (HA) with reports from their families; b) to compare the language skills of children and adolescents with CI or HA; and c) to examine the emotional problems perceived by children and adolescents with CI or HA and those perceived by their families and teachers.</p>	<p>Cross-sectional study</p>	<p>There was agreement regarding HRQoL among students and their families in the school dimension. Students with intellectual disabilities (ID) scored higher on the SDQ compared to students with autism spectrum disorder (ASD), except on the emotional symptoms and prosocial subscales. All groups identified behavioral problems as their main difficulty. Children and adolescents with ID or ASD responded to the HRQoL-related items, but their self-reports differed significantly. Children and adolescents with ASD performed better on auditory memory and grammatical integration in the ITPA. Speech and language specialists and tutors agree that children and adolescents with ID or ASD experience difficulties in peer relationships.</p>

<p>Barriers faced by the deaf community in the state of Alagoas: in time of the COVID-19 pandemic</p> <p>Nunes Queiroz, et al. 2024<sup>(22)</sup></p> <p>Brazil</p>	<p>To investigate the difficulties faced by the deaf population in accessing information and primary healthcare services during the Covid-19 pandemic.</p>	<p>Observational cross-sectional analytical study, with quantitative character</p>	<p>The results highlighted the need for the presence of an interpreter or a family member to facilitate communication during consultations, due to the lack of expertise of healthcare professionals regarding Libras (Brazilian Sign Language). Based on the data collected, it is evident that the obstacles to accessing primary healthcare for deaf people, especially during the Covid-19 pandemic, stemmed from the communication barrier between deaf people and healthcare professionals.</p>
<p><i>Suicídio e surdez: a saúde mental não acessível</i></p> <p>Basilio Anchieta, 2020<sup>(23)</sup></p> <p>Brazil</p>	<p>To provide quantitative data that leads to reflection and, consequently, to the induction of new research on suicidal behavior and thought among deaf people. To this end, the study sought to ascertain the incidence and prevalence of suicidal behavior, as well as potential risk factors.</p>	<p>Cross-sectional study</p>	<p>Suicidal thoughts have affected the majority of deaf people interviewed, alarming results that need to be disseminated. It is no surprise that the SUS (Unified Health System) is inaccessible to deaf people, this being one of the barriers to accessing accessible public mental health care for this group. However, in addition to this factor, there is a scarcity of professionals who are proficient in Brazilian Sign Language and a lack of sign language interpreters, which exacerbates the lack of assistance for this population. These and other concrete and relevant data are presented and discussed in this work in order to stimulate critical reflection on the (ex)inclusion of deaf people in public health services.</p>

<p>Quality of life in deafblind people and its effect on the processes of educational adaptation and social inclusion in Canary Islands, Spain</p> <p>Rodríguez-Jiménez et al, 2022<sup>(24)</sup></p> <p>Spain</p>	<p>To understand and analyze the needs of deaf-blind adults in order to contribute to improving their quality of life.</p>	<p>Descriptive, cross-sectional study, with quantitative approach</p>	<p>Results by dimension: Personal development: Professionals lacked specialized training to provide an educational response. Physical well-being: 68% of the sample presented other health problems associated with deafblindness. Interpersonal relationships: 100% of the sample indicated communication difficulties in the family environment. Social inclusion: Barriers to access to educational and leisure activities were reported. Material well-being: In general, participants reported having sufficient material resources for daily life. Self-determination: Participants reported the ability to make decisions in basic aspects of daily life. Rights: Based on the interviews, it was observed that people with greater difficulties in daily life are those who presented greater visual impairment. Conclusion: Etiology does not determine the quality of life of deafblind people, but rather communication conditions, interpersonal relationships, and personal development, and therefore, their quality of life.</p>
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In this sense, despite the heterogeneity and the predominance of cross-sectional designs, the studies show convergence mainly regarding the barriers/implications of accessibility to access and care associated with poorer mental health and quality of life (Table 1). In terms of strength of evidence (JBI), we classify it as moderate for the effects related to communication/QoL and low-moderate for suicide risk/TMD outcomes, with a need for analytical and longitudinal studies to strengthen causality and generalization.

**Table 1.** Comparison between the variables and outcomes of the review results.

Domains	Converging Evidence	Contrasting Evidence	Implications
<b>Psychological risk/suffering</b>	Association between hearing impairment and higher burden of mental health problems, including suicidal risk/ideation and elevated TMC <sup>(19)</sup>	Contexts: post-COVID in Spain vs. the Brazilian Unified Health System (UHS)/primary care; different metrics/screenings	Urgent need for access to mental health services with linguistic mediation (interpreters) and staff training.
<b>Accessibility/Communication</b>	Communication barrier is a cross-cutting determinant <sup>(23)</sup>	Populations: deaf vs. deafblind; settings: primary care, family, education and leisure <sup>(24)</sup>	clusive communication policies, provision of TITILS and training in Libras/LSE.
<b>QoL (children/adolescents)</b>	KIDSCREEN shows good reliability <sup>(18)</sup> /validity in adaptations and equivalence of collection method <sup>(19)</sup>	Differences between students' self-reports and parent/teacher reports variations by IC vs. AA <sup>(21)</sup>	Use multiple informants and multimodal assessment; prefer online methods when feasible.
<b>Deafblindness and QoL</b>	QoL depends more on communication and relationships than on etiology <sup>(24)</sup>	High burden of physical comorbidities and restrictions on rights.	Interventions focused on communication, support networks, and rights advocacy.

QoL = Quality of life; HRQoL = Health-related quality of life; TILS = Sign Language Interpreter; LSE = Spanish Sign Language; Libras = Brazilian Sign Language.

In Brazil, findings indicate a prevalence of common mental disorders (71.4%)<sup>(20)</sup> and alarming rates of suicidal ideation (83.6%) and attempts (42.8%) among deaf people<sup>(23)</sup>, associated with a lack of communication barriers and accessibility in health services<sup>(22)</sup>. During the COVID-19 pandemic, 57.6% of participants gave up on hospital care due to the absence of interpreters. Thus, reinforcing the vulnerability of this group<sup>(17)</sup>. In Spain, studies focus on quality of life and adaptation of psychometric instruments, such as the KIDSCREEN-27<sup>(18)</sup> and KIDSCREEN-52<sup>(19)</sup>, which showed high reliability ( $\alpha > 0.75$ ; ICC 0.75–0.87). Children and adolescents with cochlear implants or hearing aids reported emotional problems and psycholinguistic difficulties<sup>(20)</sup>, while deaf-blind adults presented impairment of physical and social well-being, with significant barriers to educational and social inclusion<sup>(21)</sup>.

## DISCUSSION

Based on transcontinental analysis, Brazil and Spain, although embedded in different sociopolitical contexts, present similar historical trajectories in the field of mental health, marked by hospital-centric models and psychiatric reform processes, thus revealing structural similarities that do not translate into equity in access, especially for the deaf population.

Regarding convergence, the Brazilian and Spanish contexts present structural differences, both sharing a pattern of vulnerability characterized by communication barriers, lack of accessibility and insufficient public policies aimed at the mental health of the deaf population<sup>(25)</sup>. This point highlights the magnitude of the problems, revealing the urgency of integrated measures that include psychosocial assessment, cultural and linguistic adaptation, as well as the training of professionals trained to meet the specific needs of the deaf community<sup>(26)</sup>.

The aspects of investment and care present as a very important factor the divergences between the countries, mainly regarding accessibility/communication. In this sense, in Brazil the results showed that access and accessibility continue to be limiting factors, directly affecting care and access to health. According to a study, when evaluating the public healthcare network, 64.3% of deaf Brazilians considered communication poor, due to linguistic and communicational barriers. Some participants reported trying to mitigate these difficulties through oral communication (19.2%) or writing (19.6%); however, for a significant portion (25.5%), it was not possible to establish any form of communication<sup>(25)</sup>. In this context, sensitizing healthcare professionals about the needs and unique characteristics of this group, although important, is not sufficient to adequately equip them to care for deaf people<sup>(29)</sup>. In contrast, in Spain, there is greater investment in quality of life assessment and instrument validation, indicating a more structured system, but still insufficient in terms of communicational accessibility.

This datum reveals a marked vulnerability, coupled with other worrying indicators, especially when observing the presence of suicidal ideation and attempts, as pointed out in research<sup>(23)</sup>, which

highlights an extreme risk for this population. Furthermore, the COVID-19 pandemic has aggravated this scenario, bringing data that indicate increased stress and social isolation, directly related to the lack of accessibility to health services during the pandemic period<sup>(30)</sup>.

Even before the pandemic, Brazil already stood out negatively in this scenario. Studies <sup>(27,28)</sup> revealed that the country had the highest prevalence of anxiety disorders in the world, affecting around 18 million Brazilians, equivalent to 9.3% of the population, in addition to approximately 12 million people diagnosed with depression, the highest incidence in Latin America.

After 2020, this situation worsened, with significant impacts on the mental health of the Brazilian population, especially because of social isolation, collective grief, economic insecurity and the disruption of routines <sup>(30)</sup>. As a coping proposal, the study <sup>(31)</sup> presents music therapy as a strategy for welcoming the manifestations and feelings associated with the mental suffering of users, whether deaf or hearing, within the scope of the SUS. However, although raising awareness among health professionals about the needs and singularities of this group is relevant, training in Libras - whether through free courses or disciplines - has not proven sufficient to adequately equip professionals in the care of deaf people<sup>(29)</sup>.

In Spain, studies also point to several challenges. The CaViDAuCo study<sup>(16)</sup> presents data on the risk of suicide, mental disorders and low quality of life, especially in the post-pandemic period, reinforcing the need for specific strategies for this population. Exposure to stress during the COVID-19 pandemic has been shown to be associated with more severe symptoms of mental disorders and adds another relevant factor: problematic alcohol consumption. The authors also emphasize the importance of research investigating the potential role of a history of suicidal ideation as a moderator of these associations<sup>(32)</sup>.

Data from the *Encuesta Nacional de Salud*<sup>(33)</sup> indicate that women have higher rates of self-reporting mental health problems compared to men (14.1% versus 7.2%). Approximately 6.7% of the adult population reports symptoms of chronic anxiety, with this condition being more prevalent among women (9.1%) than among men (4.3%). In the case of children, however, an inverse pattern is observed: the same research reveals that mental illness is more prevalent in boys (15.6%) than in girls (10.5%), between the ages of 4 and 14.

In deaf children and adolescents, our results<sup>(21)</sup> identified emotional problems and psycholinguistic difficulties, especially among users of cochlear implants or hearing aids, which directly impacts educational and social development. Studies<sup>(34-37)</sup> corroborate these findings, pointing to the aforementioned factors as determinants for the mental health of the developing deaf person, with repercussions in the family, school and access/accessibility spheres.

In this sense, the World Health Organization highlights that addressing the child mental health crisis is a relevant and coherent measure with principles of comprehensive care<sup>(38)</sup>. By emphasizing facilitated access, evidence-based prevention and integration with primary care, the model recognizes

the complexity of the problem. However, its implementation demands significant resources, intersectoral articulation and cultural adaptation - factors that may limit applicability in contexts marked by structural inequalities<sup>(39)</sup>.

Another relevant aspect refers to the deaf-blind population in Spain, whose quality of life is strongly impacted by communication barriers and the absence of specialized support<sup>(24)</sup>. Research indicates that factors such as interpersonal relationships and personal development are more significant determinants than the etiology of the disability itself, pointing to the need for interdisciplinary approaches. In addition, the importance of expanding economic and institutional support is highlighted, with a view to improving coping resources, ensuring access to information and reducing social and institutional barriers. Such measures are fundamental for people with hearing impairments to more successfully face future health challenges on a global scale, such as those experienced during the COVID-19 pandemic<sup>(40)</sup>.

The transcontinental analysis suggests that the barriers faced by the deaf population are not isolated phenomena, but reflect a global pattern of exclusion in mental health. This scenario reinforces the need for international strategies that integrate communication accessibility, professional training and inclusive policies as pillars of care. Therefore, the mental health of deaf people in the Brazil-Spain axis should not be understood as a matter of "disability", but rather as a matter of Human Rights and Linguistic Justice.

### **Study Limitations**

Despite the broad search scope, the study presents limitations related to the reduced number of articles included, the predominance of cross-sectional and descriptive designs, and the heterogeneity of the populations (deaf, CI/AA users, deaf-blind), the presence of assessment instruments, and the exclusion of qualitative studies, which limited the understanding of subjective experiences and access barriers to the analyzed results. However, this combination of factors makes it difficult to establish cause-and-effect relationships in the present study.

### **Contributions for the nursing, health areas and public policy**

The contributions of this study to Nursing are significant, as they highlight the urgent need for more accessible and culturally sensitive care practices for the deaf population. It emphasizes the need for Nursing training courses to develop basic linguistic competencies in Brazilian and Spanish Sign Language, and to adopt strategies that ensure effective communication, such as the use of bilingual materials and mediation by sign language interpreters. The findings reinforce that communication barriers are central determinants of vulnerability in mental health.

## CONCLUSION

The findings of this systematic review show that deaf people in Brazil and Spain experience significant mental health vulnerabilities, strongly influenced by communication barriers, lack of accessibility, and the absence of professionals trained to offer linguistically and culturally appropriate care. Thus, future investigations should expand the evidence base through analytical and longitudinal studies capable of exploring causal relationships, evaluating interventions, and guiding more effective practices. Investing in communication accessibility, culturally competent services, and intersectoral strategies for promoting mental health is fundamental to reducing inequalities, promoting equity, and ensuring the right to comprehensive care for deaf and deafblind people.

Despite these limitations, they do not invalidate the need to improve accessibility to mental health and implement inclusive communication policies, both in Brazil and Spain. The transcontinental perspective presents an important discussion regarding the need for human rights to health aligned with the principles of equity and comprehensiveness. These rights are essential to transforming still exclusionary practices into inclusive, effective care models guided by the linguistic and human rights of the deaf population.

More studies are necessary to better understand these associations and design effective interventions that promote the mental health and quality of life of deaf people who communicate in sign language. This review therefore contributes to strengthening the understanding of the needs of this population and supporting the development of policies and practices that ensure health, dignity, and inclusion.

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