Vision Loss and Mental Health: Key Takeaways from an Interprofessional Task Force



Overview of National Statistics

Individuals with vision loss experience a higher prevalence of depression, anxiety, and other mental health issues.^{1,2,3}

In the United States, adults with vision loss are **2-3 TIMES** more likely to experience depression compared to those with no vision loss.⁴

About the Prevent Blindness Mental Health Task Force

In June 2022, Prevent
Blindness created a
Mental Health Task
Force, comprised of an
interprofessional group
of individuals interested
in exploring how vision
loss affects a person's
mental wellbeing and
strategies to safeguard it.



The group consisted of about 20 individuals and included patients with a variety of eye conditions, ophthalmologists, optometrists, peer counselors, psychologists, social workers, and vision rehabilitation specialists. The following information summarizes the themes that arose from four focus group discussions with this group.

Target Audience: This issue brief is intended for policy makers, providers, professionals, and program personnel.

KEY BARRIERS	DESCRIPTIONS
Awareness	There is an inadequate awareness and availability of mental health resources. Eye care providers may not be informed of the mental health resources available in their local communities or have a referral network in place to agencies. They may also not be aware of national resources for patients living with eye diseases that have emotional and social support resources.
Limited Time	The time allotted for a clinic visit may not be enough to address the mental health concerns in patients who have or are at risk of vision loss.
Shortage of trained providers	There is a shortage of health care staff and mental health providers (i.e., licensed psychologists, psychiatrists, and social workers) who have special training in caring for or counseling those with vision loss or blindness.
Stigma	There is general stigma around mental illness, both at the individual, provider, and public levels, and this may interfere with help-seeking and referral to mental health providers.
Lack of referrals	There are insufficient referrals to vision rehabilitation. There may be a reluctance from either the eye care provider or patient to accept that medical treatment will no longer be helpful, and that vision rehabilitation would be equally beneficial, even during the medical treatment phase, as vision loss is experienced.

The Intersection of vision loss and mental health: Key Takeaways

- Change or loss of identity: Individuals who develop vision loss and blindness in adulthood might not be able to do the things they once did, or at least not in the same way and that involves loss and often a shift in identity.
- Loss of independence: Acute depression and anxiety among those with vision loss and blindness is often a reflection of losing independence and adjusting to new life circumstances. Therefore, it is important to consider resources that might help patients safely re-gain their independence and self-efficacy.
- Emotions, Tracking, and Recall: Patients may not initially grasp all the information during an office visit when a new diagnosis is made. A flood of emotions (such as shock, fear, devastation, anxiety, anger, and loss) may interfere with remembering medical information. Patients will benefit from a bit of extra time to engage in both emotional and cognitive processing.
- Grief and coping: Anticipatory grief or anxiety related to gradual vision loss is different than a possible life-threatening situation sometimes associated with sudden traumatic vision loss, and different still from grief that sometimes accompanies inherited or congenital eye conditions. No matter their circumstances, patients can benefit from being asked about how they are coping and what supports they have in place.



FRAMEWORK TO INTEGRATE MENTAL WELLNESS WITH VISION

Solutions in Sight: Process Improvement and Key Actions

Supporting mental wellness in patients with vision loss and blindness needs to be prioritized by vision health organizations with an emphasis on the continuum of patient care from promoting research, to giving a diagnosis, in the provision of treatment, and promoting functionality and vision rehabilitation. The Mental Health Task Force has identified opportunities for process improvement and advocacy, which fall into the following categories: vision rehabilitation; resource development and dissemination; training for providers (eye care, primary care, and mental health); and developing an integrated eye care model.



Awareness of vision rehabilitation services

- Increase awareness and referrals among providers and patients about vision rehabilitation services.
- Share success stories with providers about patients who have attended vision rehabilitation and how they benefited.



Resource development & dissemination

- Increase the availability of mental health resources for those with vision loss and blindness by supporting research and public health initiatives.
- Facilitate resource sharing between providers and organizations to patients and their care partners.



Training for eye care, primary care, and mental health providers

- Increase training for eye care providers on the importance of empathetic communication and asking their patients about their mental health, how they are coping, and what their support network looks like.
- Increase training for eye care providers and primary care providers on the grief process unique to this population and applicable resources to support mental wellness.
- Increase training for mental health providers about the "patient journey" of living with or anticipating vision loss or blindness and how they can assist them throughout their psychosocial and relational transitions.



Integrated eye care model

- Considered the gold standard.
- Develop an integrated eye health care model that includes patient navigators, peer support teams, mental health professionals (social workers, psychologists, and psychiatrists) and other care professionals to provide and connect patients to services they need.

All of the above will require support.

We must advocate for appropriate funding and policies to make this happen.

Resources:

Living Well With Low Vision:
LowVision.PreventBlindness.org

ASPECT Patient Engagement Program:

CVPH.PreventBlindness.org/Aspect-Program

VisionServe Alliance: VisionServeAlliance.org

Vision Aware:
VisionAware.org

Eye2Eye:

SHP.Rutgers.edu/Psychiatric-Rehabilitation/Eye2Eye

National Suicide Prevention Lifeline: 988 988Lifeline.org/Talk-to-Someone-Now

OIB-TAC at Mississippi State University: OIB-TAC.org

Hadley Institute for online courses: Hadley.edu

American Printing House for the Blind: APH.org

American Foundation for the Blind: AFB.org

American Council of the Blind: ACB.org

National Federation of the Blind: NFB.org

National Council of State Agencies for the Blind: NCSAB.org

"Vision rehabilitation can give patients a sense of control over their diagnosis and help them move in the world more comfortably."

"When somebody has vison loss that cannot be corrected, the doctor sees it as a failure [...] They are not emotionally prepared for the next step which is how are you going to live with the fact that I couldn't cure your vison loss.

"The slow loss of independence, being able to drive, and work...those are all extremely stressful and anxiety provoking situations."

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Key Concepts/Definitions

Blindness: The state or condition of being unable to see. In the U.S. defined as a visual acuity of 20/200 or less in the better seeing eye.

Mental health: A person's condition with regard to their psychological and emotional well-being.

Vision rehabilitation services includes a wide range of professional services that can restore functioning after vision loss, just as physical therapy restores function after a stroke or other injury. Often these services are provided by a team of specially trained professionals, which may include vision rehabilitation therapists, occupational therapists, and orientation and mobility specialists.



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