VI Insight Hub

Plain language highlights of research and evidence relating to people with visual impairment and mental health in the United Kingdom.

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- There are an estimated 2 million people living with sight loss in the United Kingdom (UK), of which the highest number of adults living with sight loss are in the age range 85 years and above (713,000). It is known that age-related sight loss is a leading cause of disability among older adults, principally conditions such as macular degeneration and glaucoma. Thus, as the prevalence of visual impairment (V I) continues to grow in the UK due to demographic ageing, so the demand of both eye care and mental health support for older adults with V I is expected to increase.

- The point of sight loss diagnosis, and initial transition period, thereafter, is a highly emotional and life-changing experience when people need information, support and signposting to appropriate services. Reactions to diagnosis of sight loss can vary between individuals, based on prognosis, personality, perceived impact on daily life, and the emotional/social support available. The emotional impact of sight loss may not occur immediately and can arise months or years after initial diagnosis.

- The way a diagnosis of sight loss is delivered can affect how a person feels about their condition and their ability to process the emotional and psychological impact of diagnosis. It is important for eye care practitioners to adopt a patient-centred approach and show empathy, clarity and confidence when discussing diagnosis since these conversations can set the tone for how a patient will view, respond to, and cope with a diagnosis of V I.

- Sources of support, such as Eye Care Liaison Officers (ECLOs), are beneficial to many, however, recent studies have revealed that provision is variable across the UK and there is insufficient information and guidance at the point of diagnosis. There is a need for practitioners to educate patients with V I about how their impairment impacts both activities of daily life and mental health. Health literacy is an important facilitator in helping adults with V I seek mental health support.

- There is a significant association between V I and depression in adults. Prevalence estimates of depression and depressive symptoms range from 12.4% to 43% amongst adult populations with V I. Fewer studies have investigated rates of anxiety among V I populations, and prevalence estimates of anxiety disorders and anxiety symptoms range from 9.5% to 31.2% respectively. Variability in prevalence rates is due to differences in sample size, inclusion criteria, study method, and depression/anxiety screening tools used.

- Multiple factors may influence the incidence of depression and/or anxiety in adults with V I. The direct effect of V I on functional ability in daily life has been linked to the onset of depression and/or anxiety. Higher levels of stress, caused by feelings of powerlessness, fatigue, dependence and coping with loss, can act as risk factors. The association between V I and mental health may also be mediated by the progression trajectory of the eye condition. It is acknowledged that the prospect of slow progressive sight loss may take its toll on patients' mental health, predisposing them to depression and/or anxiety.

- There is limited coverage of mental health among children and young people (CYP) with V I. Research, to date, has focused on the effect of V I on CYP well-being and quality of life, developmental and educational outcomes, and habilitation provision. The limited available research indicates a higher prevalence of mental health problems among CYP with V I than among sighted peers. Evidence indicates that these problems may stem from factors, such as limited participation in social activities, loneliness, increased dependency on others, and increased parental intervention.

- The biggest facilitator to better identification, treatment and mental health support across the eye care pathway is greater awareness and knowledge, among eye care professionals, of the risk factors for depression and anxiety among people with V I, combined with the integration of depression screening in low vision services and primary care settings, and mental health support, from the point of diagnosis onwards, as part of a holistic and fully integrated care system.

- There are several topics that would benefit from greater research in the UK: longitudinal and qualitative studies of the impact of sight loss diagnosis and the evolution of patients’ psychological reactions; the appropriateness and effectiveness of psychological interventions from a clinical and patient perspective; and the mental health effects of V I across all age ranges.

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