

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [anhydraddoldebau iechyd meddwl](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [mental health inequalities](#)

MHI 58

Ymateb gan: | Response from: RNIB Cymru



RNIB Cymru response to the HSCC Mental Health Inequalities inquiry

February 2022

About Sight Loss in Wales

Every day, 13 people start to lose their sight in Wales	At least half of all sight loss is avoidable	13,137 registered blind or partially sighted people in Wales	111,000 people living with sight loss in Wales	Age-related macular degeneration is the leading cause of blindness in adults.
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About RNIB Cymru

The Royal National Institute of Blind People (RNIB) is the UK's leading sight loss charity and the largest community of blind and partially sighted people. We provide a wealth of services including practical and emotional support through our RNIB Connect community and our Sight Loss Advice Service, guide business and public services on accessibility, campaign for change, and have a library of over 60,000 accessible reading materials, including daily newspapers.

RNIB is pleased to submit this written evidence for your consideration and happy to supply further written or oral evidence to support your inquiry.

Every day, 13 people begin to lose their sight in Wales. We want society, communities and individuals to see differently about sight loss.

1. Which groups of people are disproportionately affected by poor mental health in Wales? What factors contribute to worse mental health within these groups?

1.1 Research has consistently shown that blind and partially sighted people are more likely to experience poor mental health outcomes, such as depression and anxiety, compared to their sighted peers.

1.2 Compared to the UK average in the 2019 Understanding Society Study, people with sight loss:

- reported lower levels of life satisfaction;
- reported significantly reduced levels of well-being;
- were twice as likely to experience unhappiness or depression; and
- were more likely than their sighted peers to say they felt a lack of companionship, felt lonely or felt isolated.

1.3 These results are thought to have deteriorated further during the Coronavirus pandemic. For blind and partially sighted people the combination of inaccessible communications for public health guidance and the disruption to health care services during the pandemic will have had a significant impact on their levels of independence and access to mental health services.

1.4 Every sight loss diagnosis will be associated with a significant emotional impact, with the experience of adjusting to sight loss often being likened to that of grief.

1.5 While the emotional impact of sight loss is well documented, in practice it is often overlooked and under-recognised. Treatment and support is more focussed on the physical impacts of sight loss. This leaves many blind and partially sighted people having to cope with mental health problems, such as depression and anxiety, on their own.

1.6 The relationship between mental health and sight loss is multifaceted, as people with sight loss can experience poor mental health for a variety of reasons. This can include the emotional distress

associated with physical sight loss, but it can also be a result of more indirect consequences of sight loss that can exacerbate mental health difficulties, such as a loss of independence, difficulties with mobility, loss of identity, difficulties adjusting to everyday activities or difficulties finding and staying in work.

1.7 RNIB research into the experiences of blind and partially sighted people has shown that the top barriers facing them in their daily lives are:

- Getting out and about, including navigating external environments and using public transport.
- Finding and staying in employment, only 1 in 4 blind and partially sighted people are in employment, a key element of self-worth.
- Taking part in social activities or physical exercise, which is crucial to avoid feelings of isolation.

1.8 Having to face these challenges and frustrations in their daily lives can take a toll on the mental health of blind and partially sighted people. 56% told us they feel anxious about the future, and 47% feel isolated and cut off from other people.

1.9 The feedback we receive regularly is that at the time of diagnosis, there is a lack of understanding of the impact their condition will have on their lives, what support is available to them and how to access it. Which is why a significant issue that needs to be overcome to support the mental health of blind and partially sighted people is for them to be able to consistently access and be signposted to mental health and emotional support services.

1.10 RNIB has been delivering an Eye Clinic Liaison Officer (ECLO) service across the UK for over twenty-five years giving a wealth of expertise and knowledge. Working with Health Boards, ECLOs play a crucial role in providing practical and emotional support for people diagnosed with sight loss. Yet we know through our research that, UK wide, people are not routinely signposted to ECLO services at the point of diagnosis. In our latest tracker survey, only 21% of respondents were referred to emotional support services such as ECLOs when they were first diagnosed. Nearly 8 out of 10 were not offered any emotional support at all. Early intervention is key to help maintain greater levels of independence and to help reduce the risk of mental health deteriorating. The ECLO role needs to be supported in any future patient pathways.

Question 2. For the groups identified, what are the barriers to accessing mental health services? How effectively can existing services meet their needs, and how could their experience of using mental health services be improved?

2.1 There are a number of barriers that prevent blind and partially sighted people accessing mental health services.

Mental health being overlooked

2.2 The mental health impact of a sight loss diagnosis is often overlooked. At present there is little focus on patients' mental health and well-being in the patient journey for those with sight loss.

2.3 This means blind and partially sighted people are not receiving sufficient emotional support or being referred to mental health services. While a large part of the role of ECLOs is to provide emotional support and to signpost to mental health services if required, people with sight loss need to first be routinely referred to ECLOs to start down this pathway.

2.4 In addition, referral rates in Wales to RNIB counselling services are the lowest amongst the four nations of the UK.

Long waiting lists

2.5 NHS mental health services are oversubscribed. Mind Cymru's 'Too Long to Wait' report indicated that between April 2019 and August 2020 thousands of people were waiting for more than half a year to access psychological therapies in Wales. People with sight loss are likely to be experiencing these similar long waits to access critical mental health support.

2.6 Even for RNIB, who offer specialised counselling services that support 73 people affected by sight loss a year, the demand far exceeds the resources we are able to offer. There are a number of people on our waiting list who will have to wait for a long period of time before they can be seen. Our current waiting list is nine months long.

2.7 Patients accessing the RNIB Counselling service tell us that it is vitally important that when the time comes to deal with the emotional impact of sight loss, that the support they get comes from someone who has knowledge and understanding of sight loss conditions, as well as the

range of support that can be offered as sight fails, and alternative coping mechanisms to cope both emotionally and physically with everyday life.

Accessibility Barriers

2.8 Accessibility concerns are three-fold. First, there are accessibility barriers due to the physical location of face-to-face mental health services. Practically, for those who live in rural areas, where transport services are typically infrequent, travelling to and from the location where mental health services are being provided can be challenging.

2.9 Whilst the physical barriers can be somewhat addressed using technology, this can create new barriers for those who are digitally excluded.

2.10 Second, there are also accessibility barriers when information and guidance is not made available in accessible formats. Our research has shown that the impact of receiving information in inaccessible formats can be a critical safety issue, leading to situations such as patients missing their appointments as they were unable to read their appointment confirmation letter, being unable to access online mental health support, or not understanding their consultations with healthcare professionals.

2.11 These accessibility barriers still exist today, despite NHS Wales's introduction of the All Wales Standards for Accessible Communication and Information for People with Sensory Loss in 2013. Despite its laudable intention, the lack of a comprehensive action plan to implement these standards, clear targets, and the existence of a work group lead to drive the implementation of the standards, little has changed.

2.12 Finally, being able to participate in sport and leisure activities is key to improving physical and mental wellbeing. Blind and partially sighted people should not be excluded because of inaccessible equipment or inadequate staff training. It is vital that local authorities review the sporting and leisure provisions in their area to ensure that people with sight loss can participate.

Question 3. To what extent does Welsh Government policy recognise and address the mental health needs of these groups? Where are the policy gaps?

3.1 Despite demonstrating significant ambition, Welsh Government policy at present fails to materially address the causes of mental health inequalities for blind and partially sighted people. The 'Connected Communities' strategy tackles some contributing factors by addressing some of the causes of loneliness; however, there is no overarching strategy to tackle the disproportionate mental health issues facing blind and partially sighted people.

3.2 In order to address the mental health inequalities that exist for blind and partially sighted people it's crucial that a comprehensive, long term eyecare delivery plan be developed, that incorporates the mental as well as physical care required by patients along their journey.

Such a plan should ensure that:

- a) it can work in conjunction with other Welsh Government strategies for tackling contributing factors;
- b) maps out a patient's journey in both health and social care; and
- c) is sufficiently funded to meet the demand for mental health support services.

Question 4. What further action is needed, by whom/where, to improve mental health and outcomes for the groups of people identified and reduce mental health inequalities in Wales?

4.1 To reduce the mental health inequalities facing blind and partially sighted people in Wales, we have a series of recommendations that we would like to see adopted across Wales.

4.2 A comprehensive training plan should be developed to support the mental health of patients with sight loss. Such training should be delivered to NHS counsellors, GPs, and all clinicians working at every point of the patient journey for those with sight loss. The training should not just raise awareness of mental health support for blind and partially sighted patients, but it should also encourage the timely referrals needed at all stages of the eye health pathway. RNIB offer a Counselling for

Sight Loss Accreditation course which could be used as the foundation for this training.

4.3 The Welsh Government should oversee the delivery of an overarching eyecare delivery plan that takes into account both the physical and mental health needs of patients with sight loss. To address the mental health inequalities experienced by blind and partially sighted people such a delivery plan should include:

- access to self-advocated services to allow people to ask for help when they need it;
- the provision of accessible information on how and where people can seek help and support for their mental health needs. Such information should be available in a range of formats to support those with sensory loss (e.g. Large print, braille and audio versions);
- the availability of emotional support services such as local community groups and ECLO services; and
- training for health and social care professionals to become 'Vision Champions' so that they can provide tailored support to people with sight loss.

4.4 Each element of the plan should be given specific, measurable and clear targets to ensure progress.

4.5 We would also like to see the Welsh Government develop a unified approach to reduce isolation and encourage active lifestyles to tackle the contributing factors as part of a renewed comprehensive mental health strategy for Wales.

4.6 RNIB are ready and willing to support on the development of solutions to all these issues and can provide training, advice, and guidance on how best to implement these and any other recommendations that may reduce the mental health inequalities facing blind and partially sighted people in Wales.