

# RNIB Scotland response to the Scottish Government Consultation on Mental Health and Wellbeing Strategy

## Introduction

The Royal National Institute of Blind People (RNIB) Scotland is the country’s leading charity working with blind and partially sighted people. We support children and adults with sight loss and help them to live full and independent lives, campaigning for their rights.

Around 178,000 people are currently living with a significant degree of sight loss in Scotland, of whom around 4,300 are children and young people. Our ageing population and the rise in sight-threatening conditions such as diabetes, will inevitably, grow, with estimates suggesting that by 2030, there are expected to be 213,000 people in Scotland living with sight loss.[[1]](#footnote-2)

Throughout this consultation response we will focus specifically on blind and partially sighted people. Research has consistently found that people with a visual impairment are more likely to experience poor mental health outcomes, such as depression and anxiety in their lifetime, compared to their sighted peers. RNIB’s study, Understanding Society 2010 to 2019: a decade of comparison on the circumstances of people with sight loss to the United Kingdom (UK) population, found that compared to the UK average, people with sight loss reported:

* lower levels of life satisfaction;
* 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, lonely or isolated. [[2]](#footnote-3)

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.

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.

Prior to the coronavirus pandemic, two thirds of blind and partially sighted people said their sight loss had directly contributed to feelings of loneliness.[[3]](#footnote-4) Research also demonstrates that social isolation/loneliness can place a person at greater risk of developing mental health problems/issues, such as depression and anxiety.[[4]](#footnote-5)

These results are thought to have deteriorated further during the anni horribiles of 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.

We hope this consultation gives everyone a fresh opportunity to refocus on priorities for mental health, but also to address the existing mental health inequalities experienced by blind and partially sighted people in Scotland.

## Consultation Questions

We welcome the opportunity to respond to the Mental Health and Wellbeing Strategy Consultation.

This consultation seeks views on a wide range of issues, some of which are more suited for an individual to respond to, compared to an organisation. We have therefore confined our response to the questions listed below:

* Definitions: Questions: 1.1, 1.2, 1.3, 1.4, 1.5 and 1.6
* Our Draft Vision and Outcomes: Questions: 2.1, 2.2, 2.3 and 3.1
* Creating the conditions for good mental health and wellbeing: Questions: 5.10, 5.11 and 7.1
* The role of difficult or traumatic life experiences: Questions: 8.1, 8.2 and 8.3.
* Children, Young People and Families Mental Health: Questions 9.1, 9.2 and 9.3.
* Equalities - Question 11.1.
* Funding - Questions: 12.1 and 12.2.
* Our Mental Health and Wellbeing Workforce: Questions 16.5

## Definitions

In this consultation, we talk about “mental health”, “mental wellbeing”, “mental health conditions” and “mental illness”. We have explained below what we mean by each of those terms. We want to know if you think we have described these in the right way, or if we should make changes to how we are describing them.

**Mental Health**

Everyone has mental health. This ishow we think and feel about ourselves and the world around usand can change at different stages of our lives. Our mental health is affected, both positively and negatively, by lots of factors, such as our own life circumstances, our environment, our relationships with others, and our past experiences, plus our genetic make-up. Being mentally healthy is about having good mental health, as well as addressing mental health problems. Having good mental health means we can realise our full potential, feel safe and secure, and thrive in everyday life as well as to cope with life’s challenges.

### **1.1 Do you agree with this description of mental health? [Yes, in part]**

### **1.2 If you answered no, what would you change about this description and why?**

Whilst RNIB Scotland, cannot give expert advice on definitions for mental health/wellbeing, etc, we would like to comment on these descriptions. For example, we recognise that everyone has mental health and that there are risk factors, as well as protective factors, that contribute to someone’s overall mental health.

The description acknowledges people’s circumstances and past experiences. For example, people living in the most deprived areas of Scotland, are four times more likely to report depressive symptoms compared to those in the least deprived areas.[[5]](#footnote-6) Environmental factors such as poverty, adverse childhood experiences (ACEs), trauma, social isolation, are risk factors associated with experiencing poorer mental wellbeing.[[6]](#footnote-7) [[7]](#footnote-8)

Our overall mental health should be seen as a combination of positive and negative factors, with some outweighing others.

However, as a sight loss charity, we are keenly aware of the external challenges that impact on blind and partially sighted people, such as lack of accessible information, communication barriers, as well as physical barriers to accessing services, public transport and navigating around streets, public spaces, etc.

**Mental wellbeing**

Mental wellbeing affects, and is affected by, mental health. It includes subjective wellbeing (such as life satisfaction) and psychological wellbeing (such as our sense of purpose in life, our sense of belonging, and our positive relationships with others). We can look after our mental wellbeing in the same way as we do our mental health – and having good mental wellbeing can stop our mental health getting worse. The Royal College of Psychiatrists defines wellbeing as: “A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.”

### **1.3 Do you agree with this description of mental wellbeing? Yes, in part**

### **1.4 If you answered no, what would you change about this description and why?**

The description above is helpful for framing mental wellbeing relative to an individual's circumstances. However, we are unsure about the use of the phrase “positive state of mind and body”, as a positive state of body could be interpreted in many different ways and could be misconstrued to mean that one must have a “positive” body image, which potentially could be exclusionary.

## Mental health conditions and mental illness

Mental health conditions are where the criteria have been met for a clinical diagnosis of mental illness. This means that a diagnosis of a mental illness has been given by a professional. Mental health conditions can greatly impact day to day life and can be potentially enduring. These include depression, generalised anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD), as well as bipolar disorder, schizophrenia, and other psychosis, among many more. How mental illness affects someone can change from day to day. The professional treatment and support that each individual need can change too.

Someone may have an acute mental health problem or mental health condition that has not yet been diagnosed, but they can still be unwell.

Their diagnosis may also change over time.

### **1.5 Do you agree with this description of mental conditions and mental illness? [Not entirely]**

### **1.6 If you answered no, what would you change about this description and why?**

We acknowledge that a clinical basis for definition of mental health conditions and mental illness can be used to identify suitable care and treatment options, depending on symptoms experienced. However, it should also be acknowledged that these definitions frequently attach a stigma. Using medical terms and clinical terminology can often label people and act as a barrier to them seeking help and support at the right time and place.

Recovery models in the mental health field and the social model of disability places the emphasis on societal and community barriers, which are often the root causes of mental health conditions and mental illness. These take a “strength-based” and human rights-based approach.

For example, saying “What’s wrong with you?” implies blame whilst asking “What’s happened to you?” opens a conversation. [[8]](#footnote-9) This avoids treating individuals as passive recipients, and more as active participants.

## 2. Our Overall Vision

### **2.1 On page 5 we have identified a draft vision for the Mental Health and Wellbeing Strategy: “Better mental health and wellbeing for all,”. Do you agree with the proposed vision? [Partly]**

### **2.2 If not, what do you think the vision should be?**

While we welcome the vision for better mental health and wellbeing for all, we strongly believe that tackling mental health inequalities should be at the forefront of this strategy. We would like to see more recognition of existing mental health inequalities, particularly amongst blind and partially sighted people, and interventions that focus on readdressing the gaps that exist.

Using a population level definition for mental health and wellbeing can help break down stigma, it can overlook existing mental health inequalities, and the risk factors, which can result in certain groups experiencing higher rates of poorer mental health/emotional wellbeing. For example, 85 per cent of blind and partially sighted people responding to an external survey said that sight loss had an impact on their emotional well-being.[[9]](#footnote-10)

To offer a truly inclusive approach, there must be value in recognising diversity, and actively promoting this, particularly in the development, design, and delivery of mental health services.

### **2.3 If we achieve our vision, what do you think success would look like?**

Good mental health and wellbeing are sustained by a wide range of accessible, cross-sector services and support. The availability of such support is crucial for those experiencing sensory loss. Cairns et al (2009) identified that social and emotional issues and the need for counselling and emotional support were among the “top 10” issues that emerged for blind and partially sighted people in Scotland.[[10]](#footnote-11)

Investment is required to address widening inequalities in mental health, providing access to emotional support and/or counselling.

Eye Care Liaison Officer (ECLOs) are key in signposting and referring onto emotional and practical support, as well as local services and counselling support. However, their availability is often a postcode lottery.

For blind and partially sighted people to have better mental health there would be:

Investment in mental health services;

Access to an ECLO at the point of diagnosis and throughout the sight loss pathway;

Clearer pathways into mental health support for people with sight loss;

More counsellors would be given training about sight loss and the impact it can have on mental health;

* Mandatory sight loss awareness training would equip health care professionals with the necessary skills to start having conversations about sight loss and mental health, which would help them to identify when someone with a visual impairment requires emotional support and to proactively signpost them to support services;

Referrals onto other social and emotional services, as these play a key role in supporting a person with sight loss, whether that is via regular peer support, access to sports and leisure opportunities, sustaining meaningful employment and/or education;

Greater recognition of the need of collaborative working amongst all professionals supporting people who are affected by sight loss, from GPs to Vision Rehabilitation Officers to Ophthalmologists.

### **3.1 On page 9, we have identified four key areas that we think we need to focus on. Those were:**

* **Promoting and supporting the conditions for good mental health and mental wellbeing at population level.**
* **Providing accessible signposting to help, advice and support.**
* **Providing a rapid and easily accessible response to those in distress.**
* **Ensuring safe, effective treatment and care of people living with mental illness.**

**Do you agree with these four areas? [Y/N]**

**Yes.**

We welcome the recognition that accessibility is key in enabling people to access timely support, for their mental health, particularly when it comes to providing information and responding to those in distress. It is vital that individuals are receiving information in a format that’s accessible to them. Far too often people with sight loss are not able to make informed decisions about their own healthcare as information is not communicated to them in a way that’s appropriate for their needs. This could create barriers for people with sight loss to access mental health services but worse still it could impact on patient outcomes if their communication needs aren’t considered during treatment.

RNIB Scotland’s review of the accessibility of health information for blind and partially sighted people in Scotland, “Communication Failure”, highlighted the additional challenges blind and partially sighted people face, including receiving health information in a format which is accessible to them.[[11]](#footnote-12) This also includes recognising the digital divide that exists. For example, online booking systems for health appointments, can prevent people from reaching out for support at point of need due to inaccessibility.

Counselling and getting the right support, information, and advice after a diagnosis of sight loss, but also throughout the eye health pathway, is vital to prevent further deterioration of mental health amongst blind and partially sighted people.

RNIB's “Living Well with Sight Loss” course for people recently diagnosed or registered with a visual impairment is a practical example of peer support, which gives people the skills and encouragement to regain their independence and meet others with shared lived experience of sight loss.[[12]](#footnote-13)

Our counselling service also supports people, with several points of access including our Helpline, ECLO referral, self-referral, and participation in Living Well with Sight Loss courses.[[13]](#footnote-14)

## 5. Creating the conditions for good mental health and wellbeing

Our mental health and wellbeing are influenced by many factors, such as our home life, our work, our physical environment and housing, our income, our relationships, or our community, including difficult or traumatic life experiences or any inequalities we may face. Research suggests that living with financial worries can have a negative influence; whilst good relationships, financial security and involvement in community activities support mental wellbeing. However, we want to hear what you think are the most important factors.

Your answers to these questions may look different if you are responding as an individual, or as part of an organisation.

### **5.10 We know that money worries and debt can have an impact on mental health and that this is being made worse by the recent rise in the cost of living. In what way do concerns about money impact on your mental health?**

RNIB’s recent cost of living report found that the financial situation of 69 per cent of surveyed blind and partially sighted people had worsened over the previous six months and 66 per cent of respondents (two thirds) said they were reducing spending on leisure activities and/or social, travel.[[14]](#footnote-15)

Several respondents to the survey remarked on the mental health impact of the cost-of-living increase. The rapid increase in the cost of fuel is having an impact on blind and partially sighted people who are more reliant on taxis to get out as prices are increasing, leading to increased levels of isolation. There is also growing anecdotal evidence indicating that the rising cost of living has meant many blind and partially sighted people have had to forgo leisure and social activities, implying that their health and wellbeing needs are being put to the side to manage their costs.

Blind and partially sighted people, already face significant additional costs in everyday life, five years ago, these extra costs averaged between £50 and £135 a week.[[15]](#footnote-16)

Only one in four blind people of working age are currently in employment so many are more dependent on benefits. Whilst some benefits are being uprated, others are remaining the same, and most will not be enough to counter the effects of inflation and a squeeze on household budgets elsewhere.

The psychological and social impacts cannot be underestimated.

### **5.11 What type of support do you think would address these money related worries?**

Practical assistance as well as financial assistance needs to be made available for extra costs associated with living with a visual impairment. Aids and equipment to support independence for people with visual impairments result in additional expenditure. There is, however, a postcode lottery in the provision of aids and equipment across local authorities whilst grants and trusts often have geographical criteria limiting the scope of their assistance.

Rapid and drastic changes are required, before more disabled people are driven into further poverty and poorer living standards. Many have already told us they are using disability benefits to pay for essential bills, instead of using these to manage extra costs associated with living with a visual impairment such as equipment or adaptions.

Ensuring uptake of benefits and income maximisation, can help remedy the situation for some, as would increasing the rate of benefits. However, as inflation rates are rising rapidly, it is difficult to predict whether this will be enough.

The UK Government has confirmed that benefits will be uprated next April in line with this September’s inflation rate. However, if increases are not delivered before winter 2022, many blind and partially sighted claimants will be unable to afford living costs through the colder months.

We also need to recognise the role played by unpaid carers in supporting family members with visual impairments. It must be acknowledged that many have given up paid employment to carry out caring responsibilities, because statutory support isn't readily available. Given that some 71 per cent of carers suffer from poor physical or mental health[[16]](#footnote-17), RNIB Scotland considers more financial support should be targeted at this group.

More could be done to facilitate blind and partially sighted people into sustainable and meaningful employment. A shift in perspective towards making employment opportunities inclusive by design instead of individual blind and partially sighted people continually having to make requests for adjustments, would help to address the employment gap experienced by visually impaired job seekers.

## 7. Improving services:

### **7.1 We have asked about the factors that influence your mental**

### **health and wellbeing, about your own experiences of this and what has helped or hindered you in accessing support.**

### **Reflecting on your answers, do you have any specific suggestions of how to improve the types and availability of mental health and wellbeing support in future?**

As Dr Mhairi Thurston, Senior Lecturer in Counselling at the University of Abertay, has noted, the following would be of benefit:

* Increased awareness of the mental health needs of people with sight loss in primary care settings, including in low vision services is vital. This includes training for staff to understand the emotional impact of sight loss at point of diagnosis.
* GPs and opticians should regularly screen for depression among people experiencing sight loss and signpost to support.
* Ensuring clear pathways for psychological support upon diagnosis. Patient choice and a range of treatment options are key – including Cognitive Behavioural Therapies, counselling, social prescribing, and psychological therapies.
* Ensuring tailored, person-centred social care and support plans that address mental health risks and triggers, such as mobility, access to services, employment, economic support, and other needs.
* Ensuring that people with sight loss and their families know where to go for help during crisis periods. Advice and information should always be provided in accessible formats. [[17]](#footnote-18)

In addition to these points, we also believe there is a role for GPs to play in ensuring that blind and partially sighted people are getting mental health support. We would like to see a marker developed for patient records that would alert GPs to the fact that their patient has sight loss. Similar markers for reasonable adjustments should already exist in patient records that could be used to the same effect. We would then like GPs to be more “educated” about the emotional impact of sight loss and use the marker as a reminder to check in on the mental health of their patients regularly.

## 8. The role of difficult or traumatic life experiences

The NHS National Trauma Training Programme defines trauma as: “a wide range of traumatic, abusive, or neglectful events or series of events (including Adverse Childhood Experiences (ACEs) and trauma in adulthood) that are experienced as being emotionally or physically harmful or life threatening.  Whether an event(s) is traumatic depends not only on our individual experience of the event, but also how it negatively impacts on our emotional, social, spiritual, and physical wellbeing. We are all affected by traumatic events in different ways.”

### **8.1 For some people, mental health issues can arise following traumatic or very difficult life experiences in childhood and/or adulthood. What kind of support is most helpful to support recovery from previous traumatic experiences?**

A report by Royal Blind (now Sight Scotland) highlighted the link between challenges to mental wellbeing and trauma because of visual impairment. These ranged from blind and partially sighted pupils struggling to make friendships, young people accessing counselling to help them manage anxiety linked to their visual impairment, and veterans with sight loss experiencing chronic mental health challenges.[[18]](#footnote-19)

A one size fits all model doesn't work and often each person’s experience is different, and responses vary hugely.

Information in accessible formats; availability of talking therapies, including counselling; person-centred support based on individual needs; availability of community supports, i.e., to meet other blind and partially sighted people; as well as access to practical assistance and support in everyday life, can make a dramatic difference.

### **8.2 What things can get in the way of recovery from such experiences?**

A range of services needs to be in place for people with sight loss. Being able to adapt and respond when people require support is key although waiting times for certain services and lack of funding to continue services often comes into play.

Vision rehabilitation services are crucial to ensuring blind and partially sighted people can remain as independent as possible. However, these services are under significant pressures due to demands on health and social care, and a growing waiting list due to the COVID-19 pandemic.

There are currently approximately 2,100 Occupational Therapists and less than 40 active Rehabilitation Officers working in local authorities across Scotland. [[19]](#footnote-20)

Uniform provision of ECLOs across Scotland, would be beneficial, but often availability depends on funding and eye clinic services within health boards. Recognising their unique role in supporting people before and after diagnosis/registration, as well as throughout the eye care pathway is recommended.

Better signposting to mental health support for people accessing sensory impairment services, is required. The new low vision services strategy recognises the need to support the emotional needs of people with sight loss and a more rounded approach to responding to sensory loss is required. [[20]](#footnote-21)

### **8.3 Is there anything else you’d like to tell us about this, whether you’re answering as an individual or on behalf of an organisation?**

To understand some of the drivers of emotional wellbeing challenges for people with visual impairment, RNIB Scotland welcomes dialogue with policy makers and decision makers on how to best approach these, in partnership with blind and partially sighted people.

## 9. Children, Young People and Families’ Mental Health

### **9.1 What should our priorities be when supporting the mental health and wellbeing of children and young people, their parents, and families?**

The Scottish Government has pledged to roll out school-based counsellors, but RNIB Scotland believe all school children, including blind and partially sighted pupils, should benefit from comprehensive mental health education to equip them with the tools to understand their emotions.

For children and young people with a visual impairment, it’s crucial they get the support they need. A Qualified Teacher of Children and Young People with Vision Impairment (QTVI) provides specialist support for children and young people with Visual Impairments (VI). As well as offering specialist support needed in an educational setting, there are a host of other areas they provide skills in, including: social interaction, mobility, and independence skills. All of which can serve as protective factors for good mental health. Unfortunately, their availability is a postcode lottery.

We recommend that the Scottish Government, endorses the Curriculum Framework for Children and Young People with Vision Impairment,[[21]](#footnote-22) that has been developed by RNIB and partners. The framework clarifies and defines the elements of specialist skill development, interventions and best practice support that are essential for children and young people with vision impairment. Its teaching outcomes include facilitating an inclusive world, health, social, emotional, mental, and physical wellbeing.

### **9.2 Is there anything else you’d like to tell us about this, whether you’re answering as an individual or on behalf of an organisation?**

Young visually impaired people provided their views via RNIB Scotland’s Haggeye project in August 2022.

Some key points from this meeting are outlined in our response to question 9.3:

### **9.3 What things do you feel have the biggest impact on children and young people’s mental health?**

Haggeye members told us that social media has the potential to have a massive impact on mental health and wellbeing, amongst young people:

“It is easy to think everyone else has everything worked out when you might not be in a good place or could lead young people to negatively compare themselves to others.”

“Social media can become an echo chamber and you need to appreciate when to take a break. For example, some might aspire to a lifestyle which they have come across people, on YouTube or TikTok who claim to have made millions. It can take away from the reality of education and finding the right path for yourself.”

“We need more positive role models of blind and partially sighted young people in the media and wider society generally.”

Other Haggeye members also spoke of the negative impacts of using the internet for extended periods. They also commented on the use of internet cookies that track engagement online. This can result in lots of similar content being suggested which might not have a positive influence on thoughts and feelings.

It was agreed that the pandemic has significantly increased isolation for many, and it can be harder to reach out when you are struggling. In addition, inaccessible transport results in people being less able to get out and meet peers.

Young blind and partially sighted people can also be at risk of isolation, because so much information in the public domain is visual. This can create a feeling of missed opportunities and unequal access to support services compared to sighted peers.

As regards young people entering work, some mentioned fear of disclosing information about their sight loss because employers might not understand what reasonable adjustments are. Others spoke about constant rejection after attending job interviews, which takes its toll mentally.

What makes a key difference is having accessible and available emotional support and informed signposting within mainstream educational settings for blind and partially sighted pupils. Members agreed this makes a huge difference:

“Careers advisors should have the knowledge to support young people who might present with mental health problems and be able to help them and signpost them onto further support.”

Finally, the young people also spoke about the value of talking to other people with visual impairments and using a holistic approach amongst young people and their families. This would consider the young person’s needs and their support network to make sure everyone is supported. There is an ongoing need for this, when young people transition to adult life.

## **11. Equalities** We are aware that existing inequalities in society put some groups of people at a higher risk of poor mental health. We also know that not being able to access mental health support and services can increase that risk.

### **11.1 The previous questions provided an opportunity to comment on the factors that influence our mental health and wellbeing and our experiences of services. Do you have any further comments on what could be done to address mental health inequalities for a particular group of people? If so, what are they**?

People with sight loss are more than twice as likely to have experienced difficulties with unhappiness or depression than the UK average.[[22]](#footnote-23) As outlined elsewhere in our response, blind and partially sighted people can experience a number of challenges that can contribute negatively to their mental health.

A report by Royal Blind (now Sight Scotland) offered recommendations to address mental health inequalities amongst blind and partially sighted people, including:

* Increased awareness of the mental health needs of people with sight loss in primary care settings, including in low vision services.
* Training for staff to understand the emotional impact of sight loss at point of diagnosis.
* GPs and opticians should regularly screen for depression among people experiencing sight loss and signpost to support.
* Opticians and optometrists need to have training with resources to empower people to access counselling and emotional support when required.
* Clear pathways for psychological support upon diagnosis and offering a range of treatment options whether it is Cognitive Behavioural Therapies, counselling, social prescribing, and psychological therapies.
* Clear routes to address, risks, and triggers, such as mobility, access to services, employment, economic support, and other needs.
* Blind and partially sighted people, including their families, need to know where to go for help during crisis periods related to their sight loss.
* Advice and information should always be provided in accessible formats. [[23]](#footnote-24)

## 12. Funding

### **12.1 Do you think funding for mental health and wellbeing supports and services could be better used in your area? [Y/N]: (yes)**

### **12.2 Please explain the reason for your response above.**

Whilst we cannot comment on geographical variations of funding in mental health across Scotland, we are aware of concerns around variations in how long it can take to access support and services, depending on where people live.[[24]](#footnote-25)

An aim of counselling is to help a person explore and understand their feelings in a safe and confidential environment, as opposed to directly treating symptoms. We would like to see more consideration and resources given to talking therapies, including counselling. RNIB’s counselling service is an independent and confidential service, for blind and partially sighted people across the UK.

## Our Mental Health and Wellbeing Workforce.

### **16.5 How do we support a more inclusive approach, recognising that many different workers and services provide mental health and wellbeing support**

A more inclusive approach would require:

* Inclusive communication and responding to individual requests for support and information in accessible formats;
* Recognising diversity, including mandatory training on the impact of sight loss on a person amongst mental health practitioners;
* Dedication and resources are also required to ensure that those delivering support can signpost and make referrals to prevent the escalation of a wide mental health crisis;
* Collaboration across health and social care and the third sector is also needed, to support those providing front-line services to people experiencing low mood/distress, etc. For example, RNIB's Helpline responded to increased numbers of enquiries through the pandemic because of the significant challenges and barriers blind and partially sighted people faced throughout this time.

RNIB Scotland welcomes dialogue with policy makers and decision makers on how to best to support a more inclusive approach, in partnership with blind and partially sighted people.

## Contacts:

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