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Mental health: Are we paying attention?

Adele Crudden, Ph.D., C.R.C.*

Anne Steverson, M.S.

Jennifer L. Cmar, Ph.D.

National Research and Training Center on Blindness and Low Vision

Mississippi State University

*Corresponding Author: Adele Crudden, The National Research and Training Center on Blindness and Low Vision, P. O. Box 6189, Mississippi State, MS 39762. Phone: 662-325-2001 Email: ac41@msstate.edu

Abstract

Introduction: People with visual impairments who are not in the workforce experience mental health concerns. This study reports comments from people with visual impairments about their mental health to provide service providers insight into those concerns.

Methods: People with visual impairments participated in semi-structured interviews about their lack of participation in the workforce. A research team coded and categorized participants' responses. Comments concerning their mental health emerged from the data and were further coded and analyzed.

Results: Only some of the participants experiencing mental health concerns were diagnosed or receiving treatment for mental health disorders. Some concerns were associated with adjustment to visual impairment, while others were related to socialization issues, employment status, or multiple stressors.

Discussion: People with visual impairments typically experience multiple risk factors for mental health disorders. Mental health issues may be undiagnosed or untreated and can impair participation in rehabilitation activities. Social support can promote positive mental health.

Implications for Practitioners: Practitioners can explore multiple avenues to address mental health among people with visual impairments. Practitioners can refer people with visual impairments to qualified mental health providers and local, online, or telephone support groups. Service providers may also educate and support people with visual impairments and family members about adjustment to visual impairment and positive mental health coping mechanisms.

Service providers should be educated on promoting positive mental health and recognizing mental health risk factors.

Mental health: Are we paying attention?

A substantial portion of people with visual impairments (i.e., those who are blind or have low vision) are not in the workforce, meaning they are not working or looking for work (Crudden et al., 2023; Crudden & McKnight, 2022). Adults with visual impairments tend to have reduced social functioning and impaired mental health (Nyman et al., 2010). Unemployed people tend to have more mental health issues, and unemployed people with impaired mental health have lower odds of finding a job (Paul & Moser, 2009). People with good mental health are typically robust to everyday stressors and function productively in society (Fusar-Poli et al., 2020). We know little about how unemployed people with visual impairments may perceive their mental health but in our investigation of workforce nonparticipation, people with visual impairments frequently mentioned mental health issues.

Diagnosed mental health conditions are typically categorized as "mental disorders," with the American Psychiatric Association (2022) providing diagnostic criteria. Authors use various terms when writing about mental health or discuss mental health by symptoms, such as depression or anxiety. Our literature review uses the terms the original author(s) selected. In our results and discussion sections, we refer to diagnosed conditions as mental health disorders. When it is unclear if a condition has been diagnosed, we refer to it as a mental health concern.

Prevalence

The lifetime prevalence of mental disorders (e.g., depression, anxiety, bipolar disorder) among adults is 29.2% worldwide (Steel et al., 2014) and 25.3% in the United States (Substance Abuse and Mental Health Services Administration [SAMHSA], 2024). The global prevalence of mental health problems increased during and after the COVID-19 pandemic (Dragioti et al., 2022; Nochaiwong et al., 2021). In the United States, 22.8% of adults had a mental illness in the

past year (SAMHSA, 2024), with 21.4% reporting depression and 18.2% reporting anxiety (Terlizzi & Zablotsky, 2024).

Numerous studies have documented the high prevalence of mental health issues among people with visual impairments. Compared to the general population, people with visual impairments had higher rates of anxiety (Demmin & Silverstein, 2020; Donato et al., 2024) and depression (Demmin & Silverstein, 2020; Donato et al., 2024; Virgili et al., 2022). Among middle-aged and older adults, poor visual acuity and age-related eye conditions were associated with anxiety disorders (Zhang et al., 2023), and the onset of major vision difficulties was associated with depressive symptoms (Hajek et al., 2024). Symptoms of anxiety and depression were more than twice as common in older adults with visual impairments compared to the general population (Frank et al., 2019).

Adjustment

Adjustment to visual impairment is a complex, ongoing, and highly individualized process (Dodds et al., 1994; Tuttle & Tuttle, 2004). Diagnosis is often accompanied by intense emotional reactions, such as shock, fear, and feelings of loss (Garip & Kamal, 2019; Senra et al., 2015). Depression and depressive symptoms commonly occur during the early stages of adjustment (Casten & Rovner, 2008; Senra et al., 2015) but tend to decrease with time since vision loss (Brunes & Heir, 2020; Choi, 2024), despite some contradictory findings (Senra et al., 2015). Although adjustment-related depressive symptoms are a natural and typical response to visual impairment, they may signify a major depressive disorder requiring intervention (Casten & Rovner, 2008). Adaptive coping strategies, like problem-solving and seeking social support, can facilitate adjustment to and acceptance of visual impairment (Garip & Kamal, 2019; Senra et

al., 2015), whereas reluctance to seek help, unwillingness to use mobility devices, and social isolation may inhibit adjustment and well-being (Nyman et al., 2012).

Risk Factors

Numerous sociodemographic, psychosocial, and health-related risk factors for poor mental health outcomes are documented among the general population, and people with visual impairments tend to experience these risk factors at disproportionally high rates.

Trauma

Childhood and adolescent traumas were associated with future mental illness in the general population (McKay et al., 2021), and traumatic events across the lifespan were associated with psychological distress and psychiatric disorders (Turner & Lloyd, 1995). Compared to the general population, people with visual impairments had a higher risk of experiencing some traumatic events, such as threats in everyday life, accidents, and sexual assault (Brunes et al., 2019; Brunes & Heir, 2021; van der Ham et al., 2021), and often perceive acquired visual impairment as a traumatic event (Nyman et al., 2012). Moreover, they may experience and respond to traumatic events differently due to a lack of visual information (van der Ham et al., 2021). Among people with visual impairments, traumatic events adversely impacted mobility (van der Ham et al., 2021) and predicted adverse mental health outcomes, including post-traumatic stress disorder (PTSD) (Brunes et al., 2019; van der Ham et al., 2021).

Stress

Stress experienced during childhood and adulthood was associated with increased mental health diagnoses in the general population, especially for women (McManus et al., 2022). Reactivity to daily stressors predicted symptoms of anxiety and depression 10 years later (Charles et al., 2013). People with visual impairments reported higher stress levels than other

populations (Choi, 2024), which may be attributed to fatigue from daily tasks and traveling (Braakman & Sterkenburg, 2023). Certain tasks, like traveling in unfamiliar areas, taking unfamiliar bus routes, and crossing uncontrolled streets, may be particularly stressful (Crudden et al., 2017) and often result in feelings of anxiety (Boagey et al., 2022). Daily life and vision-related stressors were associated with depressive mood in people with visual impairments (A. M. Kim & Park, 2023).

Chronic Conditions

Chronic health conditions were associated with increased stress, depressive symptoms, and anxiety symptoms in the general population (Xiong et al., 2020). Chronic pain predicted depression and anxiety symptoms among people with disabilities (Wang et al., 2022). Visual impairment was associated with reduced health-related quality of life (Li et al., 2011; Park et al., 2015), and some chronic health conditions had a more adverse effect on health-related quality of life for people with visual impairments than people without visual impairments (Park et al., 2015).

Social Isolation and Loneliness

Among the general population, social isolation predicted depressive symptoms in middle-aged and older adults (Carrijo et al., 2023) and poor mental health outcomes in older adults (Courtin & Knapp, 2017). Social isolation was also associated with depression and anxiety symptoms in adults with disabilities (Wang et al., 2022). Lack of social support is a risk factor for poor mental health (Silva et al., 2016), including depression and anxiety (Pan et al., 2023). Loneliness has been linked to mental health problems among older adults (Courtin & Knapp, 2017; Coyle & Dugan, 2012). The onset of major vision difficulties was associated with loneliness, whereas the onset of moderate vision difficulties was associated with perceived social

isolation (Hajek et al., 2024). Social isolation and low social support were associated with increased depressive symptoms among adults with visual impairments (Brunes & Heir, 2020).

Discrimination and Stigma

Perceived discrimination was associated with poor mental health in the general population (Silva et al., 2016). Having poor eyesight (versus good eyesight) was associated with higher odds of perceived discrimination among older adults, with over half of people with poor eyesight experiencing discrimination in their daily lives (Jackson et al., 2019). Discrimination was associated with depressive symptoms, loneliness, lower quality of life, and lower life satisfaction in older adults with poor eyesight (Jackson et al., 2019). Among adults with disabilities, disability-related stigma predicted depression and anxiety symptoms (Wang et al., 2022). Self-stigma related to both visual impairment and mental health problems may prevent people from seeking mental health treatment (van Munster et al., 2021).

Unemployment and Related Factors

Unemployment is a risk factor for poor mental health (Silva et al., 2016), particularly anxiety, mood disorders (Virgolino et al., 2022), and depressive symptoms (Xiong et al., 2020). Unemployment was also associated with depressive symptoms in people with visual impairments (Choi, 2024). Other socioeconomic factors related to mental disorders and poor mental health include low income (Pan et al., 2023; Silva et al., 2016) and financial strain (Silva et al., 2016). Financial hardship (e.g., being unable to pay bills or going without meals) has been linked to an increased risk of mental health problems (Kiely et al., 2015), including depression (Butterworth et al., 2012), in the general population.

Suicide

In 2022, there were 49,476 suicide deaths in the United States, corresponding to a rate of 14.2% deaths per 100,000 individuals in the population (Garnett & Curtin, 2024). People with mental disorders have an increased risk of suicide, particularly individuals with major depressive disorder (Moitra et al., 2021). Unemployment has been linked to suicidal ideation, suicide attempts, and suicide death (Amiri, 2022; Virgolino et al., 2022). Visual impairment was associated with a high risk of suicidal ideation and behavior (C. Y. Kim et al., 2024; Lee et al., 2022; Rajeshkannan S. et al., 2023). Among people with visual impairments, the odds of suicidal behavior were the highest for adolescents and older adults (C. Y. Kim et al., 2024). Visual impairment was also associated with a high risk of suicide death (C. Y. Kim et al., 2024), particularly for people with progressive vision loss (De Leo et al., 1999).

Prevention and Intervention

The well-documented link between visual impairment and poor mental health, combined with the heightened risk of suicide death among people with mental health disorders, exemplifies the importance of promoting good mental health and screening for and addressing mental health issues for people with visual impairments. Yet, anxiety and depression are often undiagnosed (Clancy et al., 2022) and untreated (Demmin & Silverstein, 2020) in people with visual impairments, which may relate to their difficulty recognizing mental health issues, their reluctance to discuss mental health with service providers, and service providers' lack of expertise (van Munster et al., 2021). Depressive symptoms and emotional distress are normal responses to visual impairment (Senra et al., 2015). Still, service providers must be alert to signs of unhealthy adjustment, such as extreme withdrawal and severe depression (Tuttle & Tuttle, 2004). However, vision rehabilitation professionals often focus on the practical implications of

vision loss (e.g., teaching alternative techniques) rather than its impact on mental health (Demmin & Silverstein, 2020; van Munster et al., 2021).

Our research team conducted a qualitative study to learn from people with visual impairments what factors influenced their decision to leave the workforce (Authors, 2024). Some participants shared their experiences or thoughts concerning their mental health in response to a query about why they were not working. Others commented about their mental or emotional status while discussing other issues. Participants' remarks provide meaningful and, at times, painful insight into the mental health struggles associated with their lives, visual impairments, employment, and interactions with families and service providers. Recognizing that mental health issues are often unrecognized or untreated (Demmin & Silverstein, 2020; Richardson, 2024) among persons with visual impairments and that mental health issues are frequently linked with unemployment (Virgolino et al., 2022), we offer this information as a call to service providers to be alert to these issues during the education and rehabilitation process and to take active steps to address mental health among people with visual impairments.

Method

Procedure

This study is part of a larger qualitative project investigating why people with visual impairments are not working or looking for work. The authors' university's Institutional Review Board for Human Subjects determined the study exempt from oversight, but we maintained ethical guidelines, including voluntary participation and informed consent. In spring 2022, 30 participants completed a semi-structured, in-depth interview with the first author via phone or online video conference platform without the video feature. Interview duration averaged 49

minutes, ranging from 29 to 100 minutes. Participants received a $35 electronic gift card for participation.

The following interview protocol questions were not specific to mental health but tended to elicit related comments: (a) Please explain to me how you came to the decision to stop working and stop looking for a job. (b) Were there any other factors that influenced your decision to stop working? (c) Do you consider yourself physically unable to work? If yes, is that because of your vision or some other reason? and (d) What would have to happen for you to decide that you could get back to work? See Authors (2024, in press) for more information about the interview protocol.

Recruitment

We recruited participants from previous research studies who indicated interest in contributing to further research, social media, a volunteer registry, and national organizations. Interested persons completed a screening survey to determine eligibility, including people with visual impairments between the ages of 25 and 65 years and not currently working or actively looking for work. Research team members communicated via email or phone to schedule interviews and gain informed consent. At the beginning of each interview, the first author reviewed informed consent and obtained permission to audio record the interview.

Sample

We limited this study's sample to 26 participants who commented on issues related to mental health or emotional/psychological adjustment. Participants were mostly white, female, and highly educated. Participants' ages averaged 51 years (*SD* = 11.84), ranging from 28 to 64 years. Table 1 provides more participant demographics.

Data Analysis

The research team utilized Microsoft 365 and Canvas Studio to generate transcripts from the recorded interviews and then manually edited for accuracy. Researchers uploaded edited transcripts to a qualitative software program to identify participant properties, generate coding classifications (quirks) for each source, and analyze the data (Quirkos, 2022). Each researcher reviewed two transcripts to establish a coding scheme and independently coded each transcript before meeting to compare and discuss coding inconsistencies (Authors, 2024). Mental health and emotional/psychological adjustment emerged during the data coding and analysis process despite not being topics of direct inquiry. Although participants mentioned mental health and emotional/psychological adjustment in response to the protocol questions mentioned in the *Procedure* section, they also brought up these issues spontaneously or in response to other protocol questions. Therefore, all data regarding mental health and emotional/psychological adjustment were coded into the corresponding quirks. The first author analyzed the mental health and emotional/psychological adjustment quirks and identified people who said they were diagnosed with a mental health disorder and people who expressed mental health or adjustment concerns but did not disclose whether they were diagnosed.

Results

Of the 26 participants, six reported being diagnosed with mental health disorders. Of those who disclosed a diagnosis, five reported depression, with one also having an anxiety disorder and a suicide attempt. The sixth participant reported a PTSD diagnosis. Other participants discussed ongoing or previous mental health concerns. Some participants tied their mental health to their visual impairment; others discussed factors such as how people responded to their visual impairment or how other life events, such as employment status, influenced their mental health. For many participants, multiple stressors appeared to impact their mental health.

To provide insight into the lived experiences of people with visual impairments who are not in the workforce, we provide these examples of their remarks.

Adjustment Issues

Some participants specifically tied their mental health concerns to their visual impairment. For example:

> I'm going through all the stages of denial. … I went through trauma, … grief, and anger. And now I'm more in acceptance … because they've told me … I'll be completely blind. … I want to do anything I can to preserve what I have and make the most comfortable, best life I can for myself. I'm going to have to accept this is what it is, and how can I, what can I do for myself? … I'm not feeling sorry for myself, but I haven't put myself out there. … I don't really feel comfortable going into an office. I did that, and it's very judgy, and I'm kind of still very private about my eyesight. … I literally haven't told any of my friends. … I'm just to the point, probably last week, where I realized I need a therapist. I need someone to help me go through this. … My family is great, but they … do for me. And I don't want to be done for. I want to be able to do it myself. … Yes, very much still adjusting.

Another participant, also private about her vision, stated, "I kept it as much to myself as possible. I didn't want anybody to know I was having difficulties seeing. It was extremely stressful." Other participants shared their adjustment challenges.

> That was a kind of a dark time in my life. … It was just a huge loss of independence for myself, and I just learnt to, you know, accept that. … It's

> like grief. Grief is not just death. … You go through those stages, and then it's just, you know, the acceptance, … just the stress and everything.

And

> I feel like a lot of my depression does come from my vision problem. … If I didn't have the struggles visually, I probably coulda went back and overcame. … It was the stress of dealing with … receiving assistance like Social Security. … I feel very discouraged and kind of hopeless about it, but at the same time, … I'm disappointed at myself because I'm still where I was 18 years ago, not doing anything or not moving forward.

Another participant discussed his sudden vision loss and how he coped.

> I was only 41 at the time I went totally blind. … I was frantic 'cause I was … like, "What am I'm gonna do? Oh my God, what am I gonna do?" Oh man, you would not believe. … Sucks, still sucks. I still have problems. … When you're not old and you go blind, you don't get a whole lot of help either. … It was very stressful. … It was not fun. … You lose all your independence. And you depend on everybody to help you. … Even to this day … I'm still learning how to be blind, I guess. I learned by myself. … I got a cane and started figuring it out, and I did everything myself on the computer. I learned braille. … I'm getting by, yeah, so I'm happy, yes. I mean, I'm not happy, but I'm getting by, I guess. So, everything seems to be working out. So, I have to be happy, you know. … I look at it like it could be a lot worse, you know? … I'm just waiting for the next shoe to drop. … I just take it one day at a time. Some days are better than others.

> … I just try to stay, be optimistic, but … deep down, I hate it. But on the outside, I'm optimistic. … I really hate it. I've always been optimistic.

Social Isolation/Loneliness/Stigma

Some participants described how others contributed to their mental health concerns. One participant diagnosed with depression reported that adjustment to visual impairment was complicated by significant others, stating:

> You go blind and can't drive anymore, and all of a sudden … you don't hear from them anymore. And I was just shocked. … That's why I was thinking about committing suicide. … People just do not understand … unless they have been through it. I mean, … don't tell me that I'm lying. … And every time I would go home and be around my family or my, who I thought were my friends, I would want to kill myself. Because, like, "Well, we don't want you anymore, and you're an embarrassment." … It's overwhelming sometimes. It really is.

Another participant who lacked family support related:

> My family is OK for phone support. But not so much in anything else. … They were not going to come and help me during surgery. … That's part of the reasons I went into depression. … Slow disillusionment over the years that going to job interview after job interview and possibly by not being very self-confident, I shot myself in the foot. What about me would make me hirable over somebody who, I don't know, might have better skills or didn't feel so … unconfident?

A participant diagnosed with depression talked about her adjustment and her coworkers' behavior.

> I'm just like isolated. … It's humiliating … to put yourself out there for people to laugh at. … I want to be able to do my job perfectly. As my vision got worse, … people started making fun of me, saying I was too slow. … And that used to just bug the shit out of me. I hated it. But there was nothing I could do. … Because when you can't work, you just feel like a loser. … It's humiliating! I feel worthless! … I even have dreams about being normal again, having a job, and driving a car. … I just feel like my wings were clipped. I feel like I'm not good enough. I'm not adequate. I don't want to socialize. … I want to be the way I used to be. I noticed that all the disabled people that I worked with in my past were always made fun of. That's just not fair. … It's a real blow to the ego. I'd rather just stay inside and mind my own business. … And try to stay positive that I will survive my obstacle course life.

Another participant described her beliefs about how potential employers stigmatize visual impairment and her feelings of isolation.

> Most sighted people don't want to hire a blind person. … I'm a liability, to be honest, blind people are [a] liability. … The fact that I could easily get hurt … if people aren't paying attention and leave something on the floor … and then they're liable if I get hurt on the workplace, right? … I feel wrong for just taking a government paycheck when there are people that legitimately can't work. … Like, I feel like I don't have the right. … I've

> done all I can do, and it just makes me kind of angry because I feel like people don't understand or get my situation, no matter how many times I try to explain it to them.

Employment Status

Some participants connected their employment status to mental health concerns. Participants who worked many years then became unemployed related:

> Terribly difficult [to give up working]. … I've been experiencing depression. … It's just so time-consuming: the planning, …, the organization, … and then the prep, … all the paperwork that's involved. And I did that at night and then taught all day. So, it really was just a nonstop job. So, now, I have so much time free that it's, yeah, too much.
>
> I didn't start looking because I was real depressed. … It may just take me, you know, a minute to get myself acclimated to what I had to do. … I'm embracing it more, and I realize it's not the end of the world. You just have to do it different.

And

> It may take you a little more time, … you may have to repeat it, you may have to use the VoiceOver, but it's … helping me to cope. And my faith … pulls me through a lot. … I know my credentials were intact. … Maybe my interviewing skills were rusty. … I don't know what happened, but I didn't get the job. So, that's like kind of depressing too, when you apply and do everything and you still don't get it.

Multiple Stressors

Participants frequently mentioned that a combination of stressors, such as employment issues, economics, frustrations with the service delivery system, or other health conditions exacerbated their mental health concerns.

A participant discussed how job stress and struggling to get workplace accommodations took a toll on her mental health.

> I still don't know that I am recovered. The competition [in the workplace], … there was real animosity there. These people did not want me to succeed too much … and they spent a lot of time trying to tear me down. … I'm not sure I'm fully recovered from it. … I'm not being taken seriously. I'm not given the opportunity. … I'm just tired. … It was always a constant fight to get the accessibility for yourself. And I think that's part of what wears you down. It's a very broad burnout. It's not burnout from one thing.

A participant who was hospitalized and lost a limb from a medical condition related:

> I still suffer from PTSD as a result of that. … I walked in, but I could not walk out. … Sometimes it gets overwhelming. … And I just feel like if I had a little bit more money … then it'd be a little better.

A participant who attempted suicide for the first time as a preteen described how lack of support and recognition of another disability impacted her.

> I just felt like no one cared, and that's why I had severe depression and anxiety. I attempted suicide … because it was one of those things where I kept saying, "I'm struggling; I need help." … And no one would listen,

> and so I'm like, maybe I'm just crazy. And the fact that no one would ever stop to listen to me because I was a child really destroyed my self-confidence and self-worth. … When you're constantly fighting uphill for everything - transportation, equal pay, equal access to information - it's just all that put together, it's exhausting. I think it's just all of it together just becomes too much or you become tired. … I hate having every day filled with nothingness, and I do want to find meaning to my life.

Several participants mentioned frustrations dealing with service delivery systems. For example:

> I'm visually impaired. I'm supposed to go to an agency for help, and I felt they worked against me, and it's actually left a real bitter, bad taste in my mouth. … I still have nightmares about dealing with the politics of the agency. … A lot of my experiences have been pretty bad. And there gets to a point in life where you just say, "That's it." And you shut down. … There's a lot of … mental stuff that I went through dealing with some of this stuff. And after a while, when you get told you can't do anything, and you gotta start proving yourself to people, you get tired of it.

Another participant diagnosed with depression described how travel and contact with strangers influenced her mental health.

> I've had some not so good experiences when traveling independently within the community. I've run into problems with people harassing me. … When I get lost, I freak out. … I get anxious, I don't know where to go, I fear for my safety, I fear I'm going to get lost. I'm not going to remember

> where to go. … When I get there, I'm mentally fatigued. … Transportation is such an anxiety for me; a lot of that has more to do with the blindness aspect. … It really took me a while after not working, realizing that I wasn't just depressed because of my job. I wasn't just having panic attacks because of my job. … It was much, much, much, much, much deeper. And with the anxiety, I get overwhelmed so easily that if you give me two or three tasks, I completely just shut down. … Between the severe depression, the severe anxiety, and the moderate post-traumatic stress disorder, … activities of daily living can become difficult, if not impossible, at times, not relating to the blindness.

Traveling independently was problematic for another participant, who also struggled with unemployment. She related:

> I've been taking medication for anxiety and depression for 10 years now, and I just got back into therapy a few months ago. … I have anxiety about a lot of things. … There are a lot of independent living things that give me anxiety, too, but traveling by myself is one of the biggest ones. … I feel like my energy is really limited. … To be so lost that I need for somebody to come get me as an adult … made me feel really disempowered. Disappointed. Somewhat embarrassed. … I feel sometimes like I'm not doing enough or maybe a little bit of shame because I thought I would be just more and better.

A participant with other health issues that caused job loss and deteriorating vision related:

> I had to realize that my health was not in a state where I could continue working. So, yes, that was very hard. … I had to give up a job that I really loved and was pretty good at and wanted to keep improving on. … I had to give up the whole team of coworkers, … give up driving, so that was very hard. … Having to learn to ask for help for everything. That's another big stage. … I have to ask to get a ride. … I've had to learn how to buy everything online. I don't go to the grocery store anymore; I buy it on the computer. So, that's way different. So, I'm having to learn how to be independent and … do everything on my own, which I can, and I have been able to. … Getting on Social Security was definitely very hard. … You do go through a lot.

Discussion

Our participants demonstrated that some people find adjustment to and life with visual impairment challenging to navigate, particularly when there are additional risk factors to their mental health. People who appear to be adjusting well may be hiding their struggles or may experience mental health challenges later when other stressors emerge, such as fatigue in navigating transportation or obtaining workplace accommodations. Participants who experienced visual impairments many years ago had mental health challenges when facing additional stressors, such as job loss or health problems. Because people with visual impairments are at high risk for mental health concerns, and because mental health issues may be undiagnosed (Clancy et al., 2022) and untreated (Demmin & Silverstein, 2020), we advocate a proactive approach to provide all people with visual

impairments with resources to promote adjustment and good mental health across the lifespan.

Participants reported experiences with isolation, stigmatism, discrimination, and lack of support; all risk factors for poor mental health (Jackson et al., 2019; Silva et al., 2016; Wang et al., 2022). Several participants recognized needing mental health support, with only some receiving it. Challenges to accessing mental health care among the general population are well-documented (Gao et al., 2024), and people with visual impairments may experience additional barriers to access (van Munster et al., 2021). Rehabilitation service providers can provide information about locating and accessing mental health services in local communities.

Participants' comments illustrate how social isolation and lack of support, as noted in the literature (Brunes & Heir, 2020; Hajek et al., 2024), negatively impacted their mental health. Although families can be instrumental in promoting positive adjustment to visual impairment, they may also experience mental health concerns as their family member moves through the adjustment process (Bambara et al., 2009). Vocational rehabilitation providers can assist family members by providing encouragement and sharing information about resources and the adjustment process. Resources that may be helpful to people with visual impairments and their friends and families include the *Finding Services: A Beginner's Guide to Visual Impairment* video (https://www.youtube.com/watch?v=9TQAa6RPlbo) (National Research and Training Center on Blindness and Low Vision, 2024), and various resources at VisionAware (https://aphconnectcenter.org/visionaware/).

Support groups may be beneficial for increasing socialization, promoting community engagement, and avoiding mental health problems. Service providers may locate or start support groups or refer people to online or telephone support groups. The American Printing House for the Blind is a valuable resource for connecting people when local groups are unavailable (American Printing House for the Blind, 2024).

Rehabilitation service providers should be aware that mental health conditions may impair participation in rehabilitation activities. Remember that unemployment is associated with poor mental health (Silva et al., 2016), which may negatively affect job-seeking activities. Vocational rehabilitation providers' ongoing contact and follow-up can provide additional support and encouragement that may support positive mental health. Participants also reported negative experiences in the workplace. Rehabilitation providers can encourage future workplace participation by explaining the many vocational rehabilitation services for employers, including educating supervisors and colleagues about visual impairment.

Limitations

Participants were volunteers with visual impairments who were not working or looking for work. This purposive sampling strategy is consistent with qualitative research methods, where the goal is to gain insight into an issue rather than to generalize the results to a larger population. We recognize that this small sample of predominantly white females is not representative of the larger population of people with visual impairments who are out of the workforce.

Our study focused on exploring why participants were no longer in the workforce. Mental health concerns emerged from that exploration. We did not probe participants for

information or details about their mental health. Further questioning about mental health may have generated more information about adjustment and mental health that were not revealed.

We attempted to address potential researcher bias by using a research team to analyze, code, and interpret transcribed comments. However, none of the team members have a visual impairment. Consequently, we lack the lived experience that may have led to other interpretations of participants' comments.

Implications for Practice and Research

Future research is needed to determine the most effective strategies to support people in adjusting to visual impairment and developing coping mechanisms across the lifespan. We also need to assess how vocational rehabilitation counselors address mental health needs and work with other agencies to facilitate positive mental health among people with visual impairments. It would be helpful to identify and evaluate policies or practices that address mental health issues among vocational rehabilitation program participants with visual impairments. It would also be helpful to learn what mental health providers know about adjusting to and living with blindness and low vision and how that knowledge impacts treatment strategies.

Professionals must be mindful that people with visual impairment move through the adjustment process at individual rates. Adjustment may be more complicated for people with multiple mental health risk factors, like unemployment. People with longstanding visual impairment may also experience mental health disorders when additional risk factors emerge. Impaired mental health may negatively impact participation in many activities, such as job seeking. Service providers should proactively

promote positive mental health, be alert to mental health concerns, and provide resources for mental health care. Rehabilitation providers can also identify mental health providers knowledgeable about visual impairment, develop referral mechanisms to facilitate speedy service delivery for people experiencing mental health concerns, and explore mechanisms for starting or assisting support groups for people with visual impairments.

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Table 1

Participants' Demographics

Characteristic	*n*	%
Gender		
Female	22	84.6
Male	4	15.4
Age (years)		
28-39	5	19.2
40-49	4	15.4
50-59	9	34.6
60-64	8	30.8
Race		
Black	4	15.4
Latinx	1	3.8
White	21	80.8
Education		
High school diploma[a]	3	11.5
Some college/Associate degree	6	23.1
Bachelor's degree	11	42.3
Graduate degree	6	23.1
Marital status		
Not married	19	73.1
Married	7	26.9
Additional disability		
Yes	14	53.8
Region		
Northeast	4	15.4
Midwest	7	26.9
West	4	15.4
South	11	42.3
Location		
Rural	11	42.3
Urban	11	42.3
Suburban	4	15.4

[a] Included certificate of completion and General Education Development.