



View Conference 2025

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Fight Against Blindness (FAB)

- Established in 2007 by Clive Fisher
- Provide Clinical Psychology input for Children and Young People with Vision Impairment (and their families)
- Initially at Addenbrooke's, then John Radcliffe: then Southampton, Bristol, and most Recently GOSH

But...

- There's a problem with scale, so:
 - What does clinical experience (and research) tell us about how to optimise the psychological wellbeing of children and young people with a living with a vision impairment:
 - what can generalise to education?
- Can we distil this down into some core ideas

Step 1: Really work the kid out

Augestad, L. B. (2017). Mental Health among Children and Young Adults with Visual Impairments: A Systematic Review. Journal of Visual Impairment & Blindness, 111(5), 411-425

Bakhla, A.K., Sinha, V.K., Verma, V.K., & Sarkhel, S. (2011). Prevalence of psychiatric morbidity in visually impaired children. Indian Pediatrics, 48, 225-227

Step 2: Focus on improving peer relationships

Huurre, T., & Aro, H. (2000). The Psychosocial Weil-Being of Finnish Adolescents with Visual Impairments versus those with Chronic Conditions and those with no Disabilities. Journal of Visual Impairment & Blindness, 94(10), 625-637.

Kef, S. (2002). Psychosocial Adjustment and the Meaning of Social Support for Visually Impaired Adolescents. Journal of Visual Impairment & Blindness, 96(1), 22-37.

Kef, S., & Deković, M. (2004). The role of parental and peer support in adolescents' well-being: a comparison of adolescents with and without a visual impairment. Journal of adolescence, 27(4), 453-466.

Step 3:Consider the well-being of the parents

Rani, P., & Singh, C. (2022). Parenting stress among parents of visually impaired children and speech and hearing-impaired children. The Pharma Innovation Journal, 1476-1478.

Gui, A., Perelli, D., Rizzo, G., Ferruzza, E., & Mercuriali, E. (2023). Children's total blindness as a risk factor for early parent-child relationships: Preliminary findings from an Italian sample. Frontiers in Psychology, 14.

Step 4: Get them using technology

Hayeems, R, Z. Geller G, Finkelstein D, Faden RR. How patients experience progressive loss of visual function: a model of adjustment using qualitative methods. Br J Ophthalmol. 2005 May;89(5):615-20. doi: 10.1136/bjo.2003.036046. PMID: 15834096; PMCID: PMC1772652.)

Step 5: Work on integration and inclusion

de Verdier, K. (2016). Inclusion in and out of the classroom: A longitudinal study of students with visual impairments in inclusive education. British Journal of Visual Impairment, 34(2), 130-140

Brunes, A., Flanders, W. D., & Augestad, L. B. (2015). The effect of physical activity on mental health among adolescents with and without self-reported visual impairment: The Young-HUNT Study, Norway. British Journal of Visual Impairment, 33(3), 183-199

Step 6: Give them positive role models of people living well with a VI

Hayeems, R, Z. Geller G, Finkelstein D, Faden RR. How patients experience progressive loss of visual function: a model of adjustment using qualitative methods. Br J Ophthalmol. 2005 May;89(5):615-20. doi: 10.1136/bjo.2003.036046. PMID: 15834096; PMCID: PMC1772652.

Dodds, A. (2013). Rehabilitating blind and visually impaired people: A psychological approach. Springer.

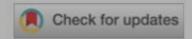
Step 7: Encourage independent living skills and promote positive risk-taking

In summary:

- Get as much expert input as possible
- Address the isolation and work on integration
- Get them using all the assistive technology and develop independent living skills
- Think about the needs of the family/parents
- Develop narratives about who is living well with a VI

For those kids whose psychological needs are more acute, they may need onward referral

- School Counsellor
- CAMHS
- Hospital/Paediatric Psychologist
- FAB Psychologist



FAB Research



Research Article

Investigating psychological distress in children with a visual impairment: The role of parental factors

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Abstract

Previous research has suggested children and adolescents with a visual impairment (VI) may be

PRIMARY RESEARCH OBJECTIVE

Prior to optometry review

Parents of children aged 8-18 will be emailed information regarding the study.



During optometry review

Children will be asked to complete the SDQ and RCADS. Parents will be asked to complete the PSDQ, PSS, and a demographics questionnaire.

SECONDARY RESEARCH OBJECTIVE

After optometry review

Children scoring in the clinically significant range for distress will be contacted to determine whether their distress is related to their VI.



If distress is unrelated to VI

Children will be referred to CAMHS for appropriate psychological support.



If distress is related to VI

Children will be invited to attend 8 to 12 1-hour sessions approximately every 2 weeks.



At their final appointment with the psychologist, children and their parents will be asked to complete the questionnaires again.

Results and Summary

- Visually impaired (VI) children experience significantly more psychological distress than typically developing (TD) children.
 - VI girls scored significantly higher than TD girls on all six RCADS subscales. No significant differences were found between VI boys and TD boys.
- Greater parenting stress was significantly associated with more psychopathology symptoms in VI children.
 - Stressed parents were more likely to engage in Permissive parenting

Implications/Next Steps

- We recommend:
 - The development of standardized national guidelines for psychological care of VI children
 - Annual screening for elevated distress to promote early detection and intervention.
 - A family-based approach to support the well-being of VI children, helping parents manage stress and foster a supportive and structured environment for their children.
 - Psychological interventions which target parenting stress and parenting styles
- Next phase of FAB research assessing effectiveness of psychological support with children with a VI

Questions?

• For more info

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