Mind the Gap: Where Is the Psychological Support for Early-Stage Eye Disease Patients?

Ahmed Al-Nahrawy [1], Diva Shah [1], Edward Hayden [1], Charlie Evans [1], Agnes Kocsis [1], Rahila Zakir [1]

(1) Imperial College Healthcare NHS Trust, London, UK .

INTRODUCTION

The psychological burden of ophthalmic conditions extends beyond vision loss, encompassing anxiety, depression, and reduced quality of life. While clinical psychology services exist for CVI (Certificate of Visual Impairment) patients, those in early disease stages—who maintain functional vision but experience significant emotional distress—are often overlooked. Evidence highlights a bidirectional relationship between psychological stress and conditions like Dry Eye Disease (DED), Central Serous Retinopathy (CSR), and Thyroid Eye Disease (TED). Such distress exacerbates disease progression and hinders treatment adherence and decision-making.

To address this gap, we propose a nationwide survey to assess the availability of clinical psychological support for early-stage eye disease patients across UK ophthalmology services, aiming to quantify disparities, identify barriers, and advocate for integrating psychological care into ophthalmic practice.

AUTHORS:
Ahmed Al-Nahrawy, Locum Consultant Opthlalmologist, Imperial College Healthcare NHS Trust, London, UK.
Diva Shah, RNIB Eye Clinica Liaison Officer, Imperial College Healthcare NHS Trust, London, UK.
Edward Hayden, Health Psychologist, Imperial College Healthcare NHS Trust, London, UK.
Charlie Evans, Assistant Psychologist, Imperial College Healthcare NHS Trust, London, UK.
Agnes Kocsis, Consultant Clinical Psychologist, Head of Clinical Health Psychology, Imperial College Healthcare NHS Trust, London, UK.
Rahila Zakir, Consultant Ophthalmologist and Clinical Director, Imperial College Healthcare NHS Trust, London, UK.

FOR CORRESPONDENCE: Please contact edward.hayden@nhs.net , or ahmed.alnahrawy@nhs.net

METHODS

A meticulously designed questionnaire will be distributed to eye care professionals across NHS trusts in the UK.
The survey encompasses five distinct domains:

1. Demographics and Clinical Practice: Capturing professional roles, years of experience, and subspecialty focus to contextualize responses.

2. Perception of Psychological Impact: Assessing the extent to which psychological challenges, such as anxiety and social isolation, impact patients' well-being and clinical outcomes.

3. Availability of Psychological Support: Quantifying the existence and accessibility of psychological resources for non-CVI patients, including in-house psychologists, peer support groups, and referral pathways.

4. Impact of Resource Gaps: Exploring how the absence of psychological services affects consultation efficiency, patient satisfaction, and holistic care delivery.

5. Strategies for Improvement: Soliciting feedback on potential interventions to bridge the identified gaps.

The findings aim to serve as a catalyst for developing targeted business cases advocating for the introduction of clinical psychological services tailored to the unique needs of ophthalmology patients.

RESULTS

Our survey aims to highlight major gaps in psychological care across NHS ophthalmology services—especially for patients with early-stage disease versus those registered as CVI.

Stress-related worsening of conditions like DED, CSR, and TED is often overlooked, despite clear impact on outcomes and service efficiency.

We anticipate identifying key barriers such as long referral waits, poor integration of mental health within eye care, and limited clinician awareness of available support.

The findings will support the case for embedding clinical psychology in ophthalmology—reducing delays, improving treatment adherence, and enhancing holistic patient care.

CONCLUSIONS

The psychological needs of early-stage eye disease patients represent a critical and largely unmet dimension of ophthalmic care. This planned survey seeks to uncover systemic inequities in psychological service provision and provide evidence to support the integration of mental health care into routine ophthalmology services. By addressing this pressing gap, we aim to enhance patient outcomes, optimise clinical workflows, and ensure a truly holistic approach to managing eye disease. This initiative not only underscores the urgency of integrating psychological care into ophthalmology but also sets the stage for advancing patient-centered innovation in the field.

Ways you can help:

Please help our cause by:



1- Kindly filling in the questionnaire via scanning this QR code.

2- Kindly sharing this questionnaire to members of your team to share their views.