Reducing Mental Health Stigma in the Blind and Low Vision Community

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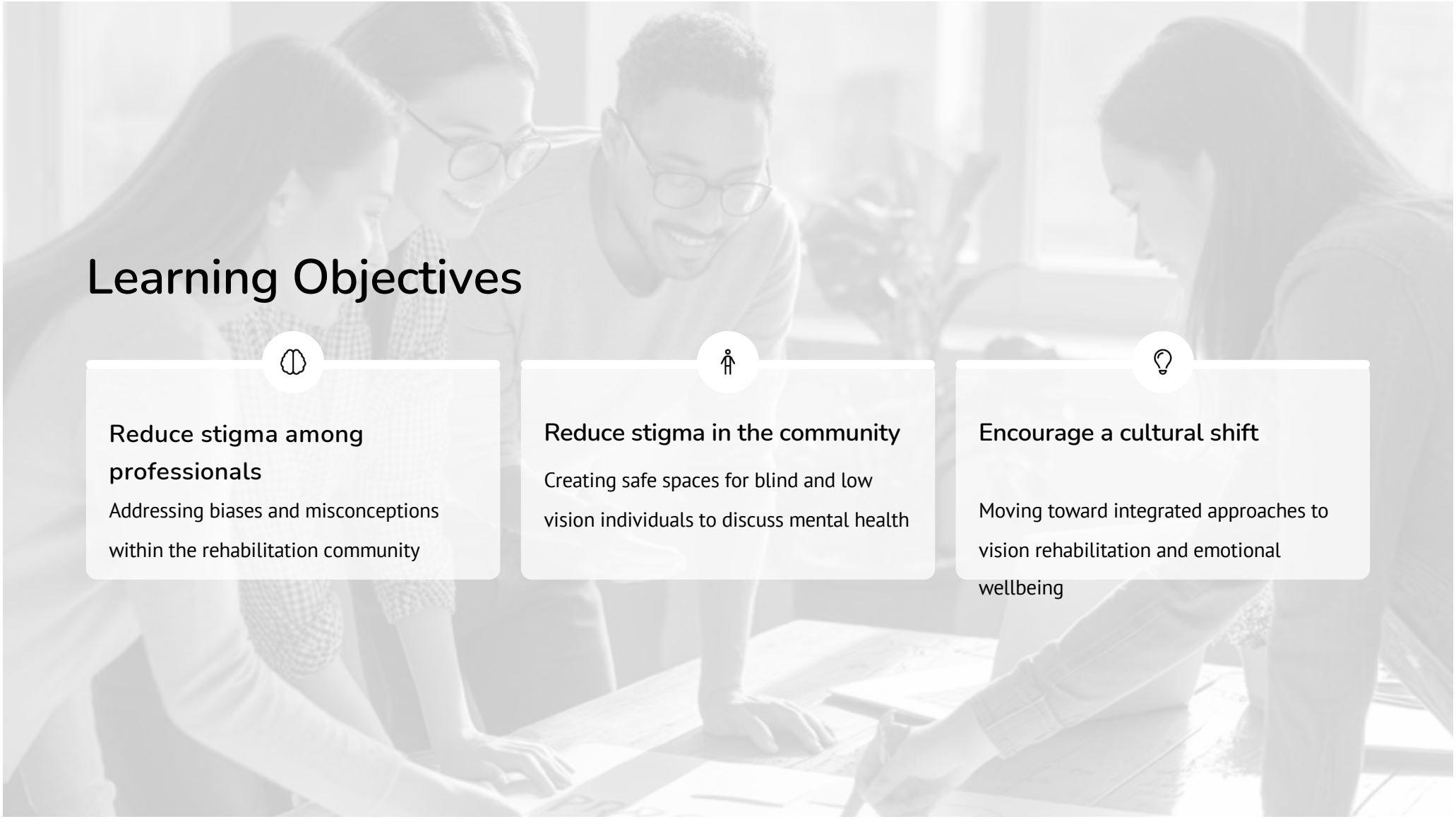


Learning Objectives

Reduce stigma among professionals

Addressing biases and misconceptions within the rehabilitation community

Reduce stigma in the community

Creating safe spaces for blind and low vision individuals to discuss mental health

Encourage a cultural shift

Moving toward integrated approaches to vision rehabilitation and emotional wellbeing

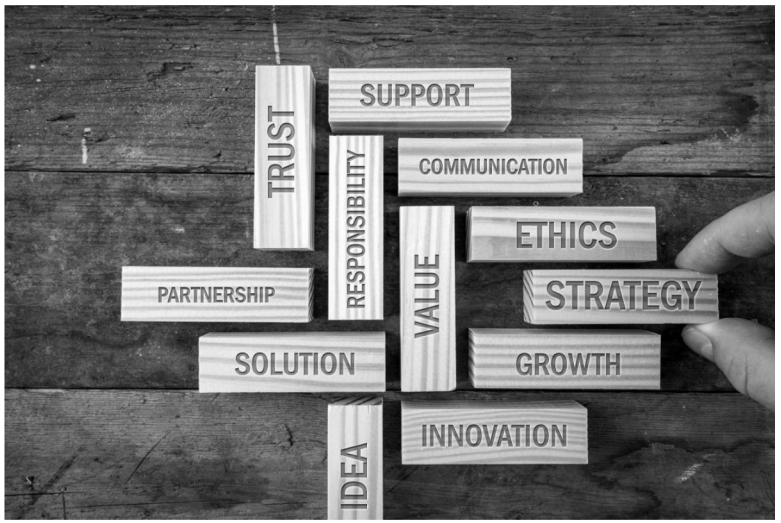
Understanding Mental Health Stigma

What is stigma?

Negative attitudes and beliefs that lead to discounting mental health needs in people we serve

Public, self, and institutional stigma

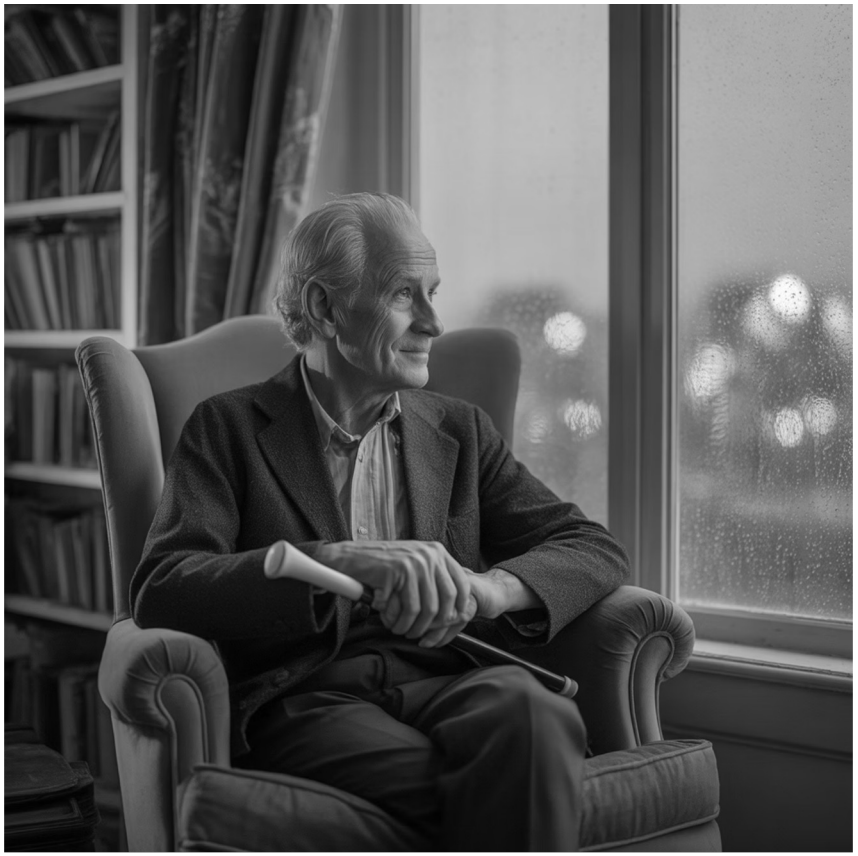
Different forms of stigma that operate at societal, personal, and organizational levels



How it shows up in blindness-specific contexts

Unique manifestations within vision rehabilitation settings and blind communities

Unique Mental Health Stressors



Adjustment to vision loss as trauma

The psychological impact of vision changes can trigger trauma responses

Isolation and independence loss

Reduced mobility and accessibility can lead to social withdrawal

Societal misunderstanding

- ◊ Misconceptions about blindness impact mental health
- ◊ Fear of pity, appearing “weak,” or victimization
- ◊ Inaccessible environments

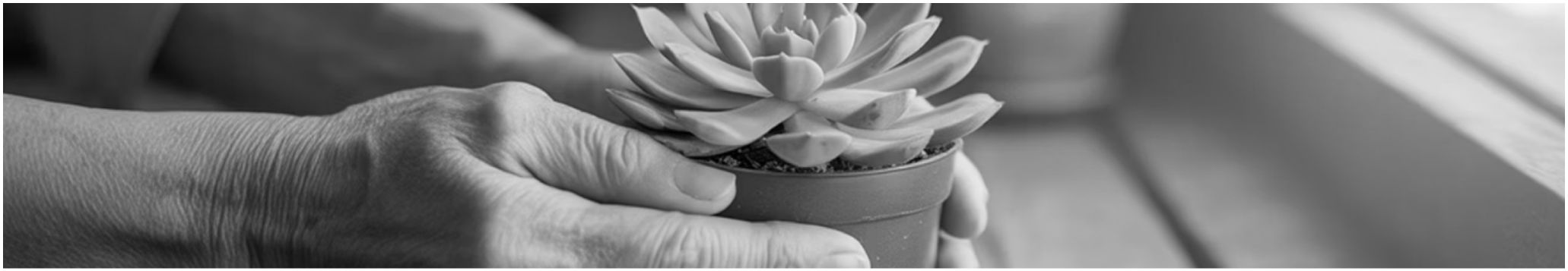
What Keeps Mental Health in the Shadows?

Cultural norms to "push through"

Lack of blind/low vision role models speaking out

Silence from professionals

These barriers create a cycle of silence that prevents open discussion about mental health challenges in the blind and low vision community.



What Can I do?

Empowering language

Use person-first language and avoid stigmatizing terms when discussing mental health and vision loss

Peer modeling

Connect clients with others who have successfully navigated similar challenges

Open interdisciplinary dialogue

Ascribe new meaning to common behaviors

Psychological First Aid

Listen without judgment

Create a safe space for clients to express their feelings about vision loss

Validate feelings

Acknowledge that emotional responses to vision changes are normal and expected

Offer hope

Express confidence in ability to develop resilience and adapt to vision loss

Connect to resources

Provide information about accessible mental health services and support groups

Cultural Shift Starts with Us

Reframe addressing mental health as strength

- Seeking help demonstrates courage and self-awareness

Baby steps add up

- Noticing and pointing out examples of anxiety or fear, effective responses to same

Build professional partnerships

- Develop relationships with mental health providers who understand vision loss

Practice Scenario & Reflection

Scenario: A client cancels multiple appointments and seems withdrawn.

What would you say?

Consider open-ended questions that express concern without judgment

What resources could you offer?

Think about accessible support options in your community

Reflect on trauma-informed responses

How can you approach the situation with sensitivity to potential trauma?

Closing & Next Steps

Revisit objectives

- Reduce stigma among professionals
- Reduce stigma in the community
- Encourage a cultural shift

Share referral resources

988 Crisis Line

Introduce emotional check-ins

Thank you! Q&A

References

- Corrigan, P. W., & Watson, A. C. (2002). *Understanding the impact of stigma on people with mental illness*. World Psychiatry, 1(1), 16–20.
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. SMA14-4884). https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf
- Hayward, L. M., & Bright, M. A. (1997). *Blindness and psychological well-being: Implications for health professionals*. Journal of Visual Impairment & Blindness, 91(1), 6–14.

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