

## SUPPLEMENTARY MATERIAL

**Table S1:** Preferred reporting items for systematic reviews and meta-analyses extension for scoping reviews (PRISMA-Scr) checklist

SECTION	ITEM	PRISMA-Scr CHECKLIST ITEM	REPORTED ON PAGE #
<b>TITLE</b>			
Title	1	Identify the report as a scoping review.	Page 1
<b>ABSTRACT</b>			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	Page 1-2
<b>INTRODUCTION</b>			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	Page 3
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	Page 3
<b>METHODS</b>			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	Review Protocol Registration: OSF Preregistration Registration DOI: <a href="https://doi.org/10.17605/OSF.IO/Q27R8">https://doi.org/10.17605/OSF.IO/Q27R8</a>  Scoping Review Publication: PLoS ONE Publication DOI: <a href="https://doi.org/10.1371/journal.pone.0296659">https://doi.org/10.1371/journal.pone.0296659</a>
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language,	Page 11-12

		and publication status), and provide a rationale.	
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	Page 3-4
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Page 4
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	Page 4-5
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	Page 6
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	Page 6
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Not mandatory for scoping reviews
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	Page 4-6

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
<b>RESULTS</b>			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Page 6-7
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	S3 Appendix (Data Extraction Template)
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	Not applicable
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Page 6-10

Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	Page 6-10
<b>DISCUSSION</b>			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	Page 10-11
Limitations	20	Discuss the limitations of the scoping review process.	Page 12
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	Page 12
<b>FUNDING</b>			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Page 13

JBIC = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

\* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation. *Ann Intern Med.* 2018;169:467–473. doi: [10.7326/M18-0850](https://doi.org/10.7326/M18-0850).

**Table S2: Full search strategy**

Medline (Ovid)

Preliminary Search was carried out on the 28<sup>th</sup> of March 2023 and subsequently refined.

Components	Search Terms	Records
Blindness and Low Vision (Combined with Boolean term "OR")	1. exp Blindness/ 2. Blindness.tw. 3. (visual\$ adj1 impair\$).tw. 4. (vision adj1 impair\$).tw. 5. (vision adj1 loss).tw. 6. (loss adj3 vision).tw. 7. (low adj1 vision).tw. 8. (partial\$ adj1 sight\$).tw.	100,771
Mental Health (Combined with Boolean term "OR")	9. exp Mental Health/ 10. (mental adj1 health).tw. 11. (mental adj1 well-being).tw. 12. exp Depression/ 13. depress\$.tw. 14. exp Anxiety/ 15. anxiety.tw. 16. (Post adj1 traumatic adj1 stress adj1 disorder\$).tw. 17. exp Psychological Distress/ 18. (Psychological adj1 distress).tw. 19. exp "Quality of Life"/ 20. (quality adj3 life).tw. 21. exp Suicide/ 22. suicide.tw.	1,956,824
Working Age Adults	23. exp Adult/ 24. adult\$.tw. 25. exp Middle Aged/ 26. (middle adj1 age\$).tw. 27. (working adj1 age\$ adj1 adult\$).tw. 28. (18-65 adj1 year\$).tw.	14,057,388
Combined with Boolean term "OR"	29. 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8	72,003
Combined with Boolean term "OR"	30. 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22	1,168,355
Combined with Boolean term "OR"	31. 23 or 24 or 25 or 26 or 27 or 28	8,478,099
Combined with Boolean term "AND"	32. 29 and 30 and 31	2,532
Total after limiting to English language, Human and Medline		2,346

**Table S3: Data extraction template**

First Author, Year and Country of Publication	Aims	Study Methods	Study and Participant Characteristics (Sample Size, Actual Age, Gender, Type of VI, Onset of VI)	Key findings Protective Factors	Key Findings Risk Factors
Alworikat <i>et al.</i> 2020 (1) Jordan	Investigation of the impacts of Visual Impairments (VIs) on the Quality of Life (QoL) of students with blindness and low vision at the University of Jordan as well as exploring their academic experiences	Qualitative	Sample Size: 46 Age: 18-46 years Gender: Males (18); Females (28) Type of VI: Unclear Onset of VI: Unclear		In the University of Jordan, QoL of students with VI were negatively impacted by lack of technological as well as material resources, community's lack of awareness and knowledge about VIs and appropriate ways of communication with PWVIs
Bassey <i>et al.</i> 2019 (2) Nigeria	Investigation of the impacts of becoming adventitiously blind and the manner in which use of blind rehabilitation services addresses functional needs, supports activities of everyday living, and improves participation in vocational, educational, vocational, and community activities.	Qualitative	Sample Size: 8 Age: 24-54 years Gender: Males (4); Females (4) Type of VI: Blind (7); LV (1) Onset of VI: Adventitious	1) Blind rehabilitation services assisted participants to gain back psycho-emotional stability and in the development of functional skills 2) Blind rehabilitation services can assist working-age adults with adventitious VI in gaining back self-confidence to carry out tasks daily living tasks as well as in the interaction and communication with others.	
Bassey <i>et al.</i> 2020 (3) Nigeria	To investigate the psychological impacts of acquiring a VI during working-age phase of adulthood and the likely negative impact on participation in community activities were highlighted.	Qualitative	Sample Size: 8 Age: 24-54 years Gender: Males (4); Females (4) Type of VI: Blind (7); LV (1) Onset of VI: Adventitious	Family member having experienced VI in the past, being prepared for the actual loss of vision fosters a positive psychological state and religious belief.	
Bassey <i>et al.</i> 2022 (4) Nigeria	Investigation of the implications of acquiring VI in later life on the impact of social support among adults with acquired VI in Nigeria. Additionally explore the significance of retaining social contact after vision loss acting as the structural part of social support required for adjustment to vision loss.	Qualitative	Sample Size: 8 Age: 24-54 years Gender: Males (4); Females (4) Type of VI: Blind (7); LV (1) Onset of VI: Adventitious	1) Maintained social contact with family. 2) Stronger social ties 3) Informational, emotional, and Instrumental support 4) Psychological wellbeing was better through improved positive social support	1) Co-workers giving social support that was not helpful 2) Negative social exchanges 3) Decreased social contact or networks with co-workers as well as friends 4) Psychological wellbeing negatively impacted by negative social support.

Bellomo <i>et al.</i> 2012 (5) Italy	Using specific parameters in the measurement of changes induced on the residual potentialities using a specific program of neuro-proprioceptive rehabilitation in an aquatic environment	Quantitative	Sample Size: 10 Age: 35-50 years Gender: Unclear Type of VI: Unclear Onset of VI: Unclear	Rehabilitative treatment undertaken in an aquatic environment was impactful in enhancing posture and balance in every patient as well as improved accuracy in executing step and improved QoL.	
Birk <i>et al.</i> 2004 (6) Germany	Development and evaluation of a psychosocial intervention program for patients with ARMD.	Quantitative	Sample Size: 22 Age: 60-80 years Gender: Males (8); Females (14) Type of VI: Unclear Onset of VI: Adventitious	There is early evidence that such a programme can elicit positive impacts such as lowered depression.	
Boerner 2004 (7) USA	Investigation of the connections among coping, disability, and mental health among adults who are faced with age-related vision loss	Quantitative	Sample Size: 107 Age: 40 years or older Gender: Males (37); Females (70) Type of VI: Unclear Onset of VI: Adventitious	There was a significant negative association between assimilative and accommodative coping and mental health.	
Boerner <i>et al.</i> 2005 (8) USA	Examination of the significance of different life goals among working-age adults with VI, the extent to which VI interfered with goals, and how these life goals were addressed by rehabilitation	Quantitative	Sample Size: 86 Age: 24-64 years Gender: Males (47); Females (39) Type of VI: LV (86) Onset of VI: Adventitious	1) Increased positive mental health result was linked to the perception of less goal interference 2) Partner and family-related goal importance alone had a significant association with depression as well as life satisfaction: people who considered goals associated with these relationships as more important also reported increased positive result.	
Boerner <i>et al.</i> 2012 (9) USA	Examination of the role of accommodative and assimilative coping dimensions for the mental health of people with VI, aiming to inform planning of rehabilitation	Quantitative	Sample Size: 216 Age: 40-65 years Gender: Males (94); Females (122) Type of VI: Unclear Onset of VI: Adventitious	1) For general coping, increased levels of accommodative and assimilative coping were associated with fewer depressive symptoms. 2) Fewer anxiety symptoms were significantly predicted accommodative coping. 3) Greater life satisfaction was associated with higher levels of accommodative coping	Reevaluating the goal was associated with increased anxiety
Bookwala 2011 (10) USA	Assessment of the moderating role of marital quality in the impacts of subjective and objective vision on social isolation, functional limitations, and depressive symptomatology.	Quantitative	Sample Size: 738 Age: 57-85 years Gender: Males (440); Females (298) Type of VI: Unclear Onset of VI: Unclear	Impacts of worse self-reported vision on depression and functional limitations was strongly buffered by higher marital satisfaction	

Brennan <i>et al.</i> 2001 (11) USA	(1) Documentation and development of a typology of the coping strategies that older adults self-report in adjusting to the emotional and functional implications of VI (2) Identification of emerging patterns and themes in the coping strategies that elders with VI reported.	Quantitative	Sample Size: Unclear Age: 65-100 years Gender: Unclear Type of VI: Unclear Onset of VI: Unclear	Avoidance of negative thoughts and feelings, situational engagement and reliance on personal resources were linked to more positive psychosocial outcomes in the participants	
Brennan 2002 (12) USA	Examination of the buffering effects of spirituality on stress resulting from health status, vision status, and from other important life events as pertaining to psychosocial development according to Erikson's 8-stage theory.	Quantitative	Sample size: 195 Age: 45 years and above Gender: Males (71); Females (124) Type of VI: Unclear Onset of VI: Adventitious	Stressful life experience pertaining to psychosocial development was mediated by spirituality and religiousness.	Psychosocial development was significantly associated with life stress.
Brennan <i>et al.</i> 2004 (13) USA	Assessment of the effect that terrorist attacks of September 11 <sup>th</sup> , 2001, had on depression among older adults in NYC who newly applied for vision rehabilitation services at baseline.	Quantitative	Sample Size: 172 Age: 65-98 years Gender: Males (76); Females (96) Type of VI: Unclear Onset of VI: Adventitious		No evidence was identified in terms of terrorist attack of September 11 <sup>th</sup> , 2001, causing higher average rates of depression or lower life satisfaction among older adults. Even though there was an increase in the depression level four days following the attack, it was not significant.
Cimarolli and Boerner 2005 (14) USA	Exploration of many facets of social support and their connections to the well-being of working-age adults with VI	Quantitative	Sample Size: 86 Age: 22-64 years Gender: Males (47); Females (39) Type of VI: Unclear Onset of VI: Adventitious	1) The group that reported the lowest levels of depression was positive support only. 2) The next lowest levels of depression were reported by negative and positive support combined group.	1) The highest means for depression was reported by the no support received group followed by negative support only group. 2) The second highest means for depression was reported by the negative support only (overprotection) group 3) Underestimation of capabilities and limitations of individuals with VI by social networks 4) Occurrence of conflict with members of social network such as anger and hostility.
Cimarolli and Wang 2006a (15) USA	Exploration of the amount of negative social support that employed and unemployed adults with VI experienced (actual received unhelpful types of support and perceived overprotection) to obtain more understanding of the similarities and differences in	Quantitative	Sample Size: 97 Age: 25-64 Gender: Males (35); Females (62) Type of VI: Unclear Onset of VI: Adventitious	Significant lower levels of anxiety were reported by the employed participants, but no significant difference was found between the employed and unemployed groups in depression.	

	negative support between the two groups. Also, the study sought to explore dissimilarities in positive social support, dissimilarities in psychological well-being (anxiety, depression, and life satisfaction), and the sociodemographic and vision- and health-related characteristics of employed and unemployed working-age adults.				
Cimarolli <i>et al.</i> 2006b (16) USA	Investigation of the role of perceived overprotection, as a risk factor for distress among adults with chronic VI.	Quantitative	Sample Size: 114 Age: 25-64 years Gender: Males (40); Females (74) Type of VI: Unclear Onset of VI: Adventitious		1) Higher levels of depression and anxiety were linked to higher levels of perceived overprotection. 2) More depressive symptoms were significantly linked to having lower levels of family and friend perceived support, having poorer self-rated health, being of a race different from African American, having a higher number of health challenges, having higher levels of functional disability. 3) Having lower income adequacy, not being employed, having poorer self-rated health, a higher number of health issues, having higher levels of functional disability, having lower levels of family as well as friend perceived support were significantly linked to more anxiety. 4) Perceived social support and overprotection were shown to significantly predict depressive symptoms.
Covarrubias 2021 (17) USA	Identification of any psychological impacts resulting from utilizing assistive technology.	Qualitative	Sample Size: 6 Age: 18-65 years Gender: Unclear Type of VI: Unclear Onset of VI: Unclear	Assistive technology resulted in positive psychological outcomes in every participant following introduction and training in utilisation	
Da Silva <i>et al.</i> 2022 (18) Brazil	Evaluation of the impacts of two exercise programs on health-related fitness, QoL, and exercise enjoyment in people with VI.	Quantitative	Sample Size: 12 Age: 18-59 years Gender: Males (7); Females (5) Type of VI: Blind (6); LV (6)	Health-related fitness and QoL for individuals with VI were enhanced by functional training.	

			Onset of VI: Adventitious (7); Congenital (5)		
Do <i>et al.</i> 2014 (19) India	Surveying how effective low vision exams and visual aids are in improving patient QOL in southern rural India	Quantitative	Sample Size: 44 Age: Unclear Gender: Unclear Type of VI: LV (44) Onset of VI: Unclear	Patients improved significantly in psychological adjustment, reading, mobility except for activities of daily living all assessed by the LVQOL.	
Donohue <i>et al.</i> 1995 (20) USA	Assessment of the impacts of social skills training (SST) in a 65-year-old woman with major depression and severe macular degeneration	Quantitative	Sample Size: 1 Age: 65 Gender: Female (1) Type of VI: LV (1) Onset of VI: Adventitious	While applying social skills treatment, depression reduced to non-clinical levels.	
Donoyama <i>et al.</i> 2007 (21) Japan	Exploration of mental health conditions and associated factors among 155 visually impaired massage practitioners selected from alumni lists of ten schools for people with VI in Japan.	Quantitative	Sample Size: 155 Age: Unclear Gender: Males (126); Females (29) Type of VI: Unclear Onset of VI: Unclear		1) Participants who were unmarried had significantly higher anxiety compared to those who were married. 2) Participants who had no work experience prior to enrolling in an advanced massage therapy course in a school for people with VI had higher scores for anxiety and depression compared to those who had previous work experience. 3) Participants who worked at medical related workplaces showed significantly higher emotional exhaustion and depersonalization compared to those at massage clinic established.
Dreer <i>et al.</i> 2005 (22) USA	Testing of relations of social problem-solving abilities to distress, depression, and well-being and impairment reported by people taking part in a low vision rehabilitation program.	Quantitative	Sample Size: 54 Age: Unclear Gender: Males (25); Females (29) Type of VI: LV (54) Onset of VI: Unclear	Rational problem-solving skills were positively associated with life satisfaction	1) Higher depression scores and greater distress not life satisfaction was linked to a higher negative problem orientation 2) Depression was significantly linked to emotional distress.
Duyan <i>et al.</i> 2005 (23) Turkey	Investigation of the impacts of the 1999 earthquake on people with total blindness living in and outside Marmara, Turkey.	Quantitative	Sample Size: 175 Age: Unclear Gender: Males (102); Females (73) Type of VI: Blind (175) Onset of VI: Unclear		People with total blindness residing in the earthquake region had lower self-esteem scores and higher anxiety scores compared to those residing in the non-earthquake region.

Evans <i>et al.</i> 1981 (24) USA	Description of a treatment program which enlightens on the nature of psychosocial dysfunction and also measures how effective the intervention was.	Quantitative	Sample Size: 48 Age: Unclear Gender: Males (38); Females (10) Type of VI: Unclear Onset of VI: Adventitious	The null hypothesis was accepted that no significant change was gotten on depression, agitation or loneliness due to telephone counseling but was rejected for social involvement because there was significant increment.	
Evans 1983 (25) USA	To determine the extent to which emotional disorders and level of social activity are a function of duration since onset of blindness.	Quantitative	Sample Size: 84 Age: Unclear Gender: Unclear Type of VI: Legal blindness (84) Onset of VI: Unclear		Depression scores were not significantly associated with social activity, but all the patients with depression patients had poor social activity scores.
Garnefski <i>et al.</i> 2010 (26) Netherlands	Examination of the combined influence of cognitive coping strategies and goal-related coping on depressive symptoms in people with severe VI aiming to find targets for intervention	Quantitative	Sample Size: 67 Age: 18-70 years Gender: Males (29); Females (38) Type of VI: Unclear Onset of VI: Adventitious (42); Congenital (35)	1) Less depression was associated with refocusing attention through seeking and re-engaging in alternative, meaningful goals 2) Improved coping skills could lessen the level or risk of depression among people with VI	1) Ruminative way of reacting to VI was associated with more depression among the participants. A ruminative way of concentrating on the adversity of VI is a maladaptive coping strategy.
Gong <i>et al.</i> 2020 (27) China	Investigation of the mediating roles of functional limitations and social support on the association between VI and depressive symptoms in older adults.	Quantitative	Sample Size: 1,093 Age: 60-102 years Gender: Males (504); Females (589) Type of VI: LV (353) Onset of VI: Unclear		1) Friends' support and Instrumental and activities of daily living partially mediated the relationship between VI and depression This relationship was partially accounted for by greater functional limitations and less social support. 2) Lower levels of family, relatives and friends' support were linked to greater depressive symptoms. 3) The link between VI and depression was mediated by functional limitations and social support.
Gori <i>et al.</i> 2022 (28) Italy	Investigation of the way blind individuals subjectively experienced the COVID-19 pandemic induced restrictions and isolation.	Quantitative	Sample Size: 44 Age: 28-72 years Gender: Males (22); Females (22) Type of VI: Blind (16); LV (11) Onset of VI: Adventitious (17); Congenital (10)		People with blindness appeared to experience higher need of control and levels of fear, likely linked to the practical everyday challenges they were confronted with and anger, likely related to lack of consideration from the system.
Gyawali <i>et al.</i> 2012 (29) Nepal	Evaluation of the QOL and the effect of low vision services in patients with low vision	Quantitative	Sample Size: 44 Age: 18-89 years Gender: Males (33); Females (11) Type of VI: Blind (2); LV (42) Onset of VI: Unclear	Patients perceive better QoL, psychosocial aspects and vision related activities following acquisition of low vision services.	

<p>Haegele <i>et al.</i> (30) 2021a USA</p>	<p>Examination of: (a) the associations between physical activity, sedentary time, and sleep duration, as discrete behaviors, with depression among adults with VI (b) The effect of meeting none, one, two, or three of the guidelines for these behaviors on depression among adults with VIs.</p>	<p>Quantitative</p>	<p>Sample Size: 182 Age: Unclear Gender: Males (63); Females (119) Type of VI: Unclear Onset of VI: Unclear</p>	<p>1) Participants who achieved sleep guidelines had higher likelihood to have lesser depression scores compared to those that did not. No relationships were identified for physical activity and sitting time. 2) Adults who achieved more guidelines for sleep duration, sedentary time and physical activity at the same time, had lesser chances of reporting experiences of depression.</p>	
<p>Haegele <i>et al.</i> 2021b (31) USA</p>	<p>Examination of the associations between self-efficacy for exercise, physical activity, and health-related quality of life (HRQoL) in adults with VI</p>	<p>Quantitative</p>	<p>Sample Size: 159 Age: 18 years or older Gender: Males (44); Females (115) Type of VI: Unclear Onset of VI: Unclear</p>	<p>1) Positive association emanated between physical activity and HRQoL but was only apparent for the psychological health subscale of the SF-12 2) Self-efficacy directly predicted psychological and physical HRQoL and indirectly linked to psychological HRQoL through physical activity. 3) Physical activity can affect psychological HRQoL among adults with VI.</p>	
<p>Hersen <i>et al.</i> 1995 (32) USA</p>	<p>Examination of the association of assertiveness, depression, and social support in sample of 100 older adults with VI receiving services at a rehabilitation facility</p>	<p>Quantitative</p>	<p>Sample Size: 100 Age: 55-92 years Gender: Males (27); Females (73) Type of VI: Unclear Onset of VI: Unclear</p>	<p>1) Lower levels of depression were linked to higher levels of social support 2) Lower levels of depression were linked to higher levels of assertiveness.</p>	
<p>Hess 2011 (33) Israel</p>	<p>Obtaining a deep understanding of the quality of life of VIR students who are part of the mainstream education system, according to their own subjective reports.</p>	<p>Qualitative</p>	<p>Sample Size: 19 Age: 15-19 years Gender: Males (9); Females (10) Type of VI: LV (17), Mild VI (2) Onset of VI: Unclear</p>	<p>1) Sincere friendship relationships 2) Family members were only responding to the students' needs as tolerant and supporting individuals</p>	<p>1) Most of the students reported about exclusion. 2) Social rejection 3) Lack of real attendance to social needs</p>
<p>Hinds <i>et al.</i> 2003 (34) United Kingdom</p>	<p>Investigation of the effect of an interdisciplinary low vision service on the VRQOL of service users</p>	<p>Quantitative</p>	<p>Sample Size: 71 Age: 34 years and above Gender: Males (22); Females (49) Type of VI: LV (71) Onset of VI: Unclear</p>	<p>Following contact with interdisciplinary low vision service, most of the patients indicated a decrease in concern about most QoL problems. They had significantly lower anxiety concerning their vision deteriorating, coping with daily living and safety inside the home.</p>	
<p>Horowitz <i>et al.</i> 2006 (35) USA</p>	<p>Examination of the independent associations between usage of optical and adaptive device and change in functional disability and depression among older adults with age-related VIs.</p>	<p>Quantitative</p>	<p>Sample Size: 438 Age: 65-99 years Gender: Unclear Type of VI: Unclear Onset of VI: Adventitious</p>	<p>Utilization of optical devices was linked to reduction in depression with time, but this was not the case with for adaptive devices</p>	<p>Greater disability at baseline was a predictor of increased depression with time</p>

Jackson <i>et al.</i> 1995 (36) USA	Investigation of the association between perceived family environment and psychological distress in 76 people with VI, aged 18 to 94, who had attended a minimum of four months of rehabilitation classes.	Quantitative	Sample Size: 76 Age: 18-94 years Gender: Males (29); Females (47) Type of VI: Unclear Onset of VI: Adventitious	1) High cohesion and independence led to low distress scores	1) Conflict and control were positively correlated with distress 2) Higher General Severity Index (GSI) scores reflected higher levels of distress among those not involved with a church or synagogue 4) The duration of vision and rate of vision loss during rehabilitation was linked to increased scores on the GSI
Jackson <i>et al.</i> 2019 (37) USA	Exploration of the prevalence of perceived discrimination among older people with VI is and the extent to which it is linked with emotional well-being	Quantitative	Sample Size: 7677 Age: 50 years or older Gender: Unclear Type of VI: Unclear Onset of VI: Unclear		Participants who reported poor vision as well as discrimination had significantly higher likelihood of depression and loneliness and lower QoL and life satisfaction than those with poor vision with no report of discrimination
Kaltenegger <i>et al.</i> 2019 (38) Germany	To find out if additional reading training (RT) (after adapting to appropriate visual aids) can further enhance vision rehabilitation	Quantitative	Sample Size: 37 Age: Unclear Gender: Males (16); Females (21) Type of VI: Unclear Onset of VI: Adventitious (inferred)	1) Emotional status was enhanced in Primary Reading Training Group when reading training and indicated a significant difference of the change of scores between the two groups. 2) The change of depression scores indicated a significant difference between the groups with the Primary Reading Training Group showing improvement. 3) QoL got better when reading training and remained stable.	
Kim <i>et al.</i> 2023 (39) Korea	Assessment of the mental health of individuals with VI and Examination of the factors linked with depressive mood.	Quantitative	Sample Size: 519 Age: 15-64 years Gender: Males (338); Females (181) Type of VI: Mild VI (438); Severe VI (153) Onset of VI: Adventitious (425); Congenital (94)	1) People who engaged in economic activity showed a lower prevalence of depressive mood. 2) individuals whose general health conditions were better showed a lower prevalence of depressive mood. 3) Lower prevalence of depressive mood was shown in groups with higher social participation, satisfaction with relationships with friends and satisfaction with family relationships.	1) The highest prevalence depressive mood was seen in the divorced/separated group 2) People who enrolled in basic livelihood security exhibited a higher prevalence of depressive mood. 3) Those with a higher degree of stress in everyday life, stress and discrimination due to disability showed a higher prevalence of depressive mood. 4) Higher stress in everyday life and stress as a result of disability were linked to a higher chance of depressive mood 5) Participants who ate regularly had 0.49 times the likelihood of having depression than those who do not eat regularly. 6) People who perceived their social status to be low demonstrated a higher prevalence of depressive mood compared to the other two groups.

Łabudzki <i>et al.</i> 2013 (40) Poland	Assessment of the type and intensity of physical activity and subjective QOL (life satisfaction) of people with blindness and VI living in Poland and analysing for potential differences in terms of their physical activity levels	Quantitative	Sample Size: 82 Age: 18 years and above Gender: Males (43); Females (39) Type of VI: Unclear Onset of VI: Unclear	People who were very active had significantly higher life satisfaction compared to those who were inactive.	
Li <i>et al.</i> 2019 (41) USA	Exploration of the facilitators and barriers of first-time ownership and usage of a dog guide as experienced by older adults with vision loss	Qualitative	Sample Size: 7 Age: 61-71 years Gender: Males (3); Females (4) Type of VI: Unclear Onset of VI: Unclear	Psychological well-being was enhanced by guide dogs	
Lieberman <i>et al.</i> 2019 (42) USA	Determination of the perspectives of adults with VI on their experiences running with trained running guide dogs.	Qualitative	Sample Size: 10 Age: 23-60 years Gender: Males (4); Females (6) Type of VI: Blind (4); LV (6) Onset of VI: Adventitious (7); Congenital (3)	Following running with guide dogs, the participants experienced various health gains such as cardiovascular endurance, psychological and cognitive improvement, and decreased weight.	
Lloyd <i>et al.</i> 2021 (43) New Zealand	Exploration of issues emerging at the end of the partnership and how this may affect relationship with subsequent dogs.	Quantitative	Sample Size: 36 Age: 28-80 years Gender: Males (16); Females (20) Type of VI: Unclear Onset of VI: Unclear		1) QoL can also reduce when some guide dog partnerships end. 2) Confidence and self-esteem were decreased when an unsuitable dog was received or when a dog was sent on retirement or passed on.
Lorenzini <i>et al.</i> 2021 (44) Canada	Exploration of the impact of telerehabilitation on QOL and functional vision in people with low vision utilizing a head-mounted display	Quantitative	Sample Size: 57 Age: 21-82 years Gender: Males (33); Females (24) Type of VI: LV (57) Onset of VI: Unclear	Not dependent on the training type, visual abilities and QoL of head mounted display users improved with time after 2 weeks and 3 months of using the device respectively.	
McCulloh <i>et al.</i> 1994 (45) USA	Developing and implementing an 8-week structured support group for low vision, midlife to older adults	Qualitative	Sample Size: 14 Age: 47-87 years Gender: Males (7); Females (7) Type of VI: LV (14) Onset of VI: Adventitious	Following the structured support group, participants indicated that they felt more empowered, self-confident, and able to articulate their feelings more clearly	
McIlvane <i>et al.</i> 2001 (46) USA	Examination of the interactive association of high and low friend and family support for adjustment to chronic VI in 241 men and women.	Quantitative	Sample Size: 241 Age: 65-99 years Gender: Males (111); Females (130) Type of VI: Unclear Onset of VI: Unclear	1) Particularly for men, having high support from only family or from both family and friends was linked to lower depressive symptoms while, for women, having lower depressive symptoms was only linked to having high support from both family and friends.	1) Lower qualitative support from family negatively affected the well-being of older people 2) People with low qualitative support from both family and friends had worse psychological status than those with high qualitative support from both family and friends.

				<p>2) It is the quality of social relationships not the quantity of network members that is important to the psychological functioning of older adults.</p> <p>3) For men, having high support from both friends and family or just from family was better for their psychological status than having low support from both friends and family</p>	
McIver <i>et al.</i> 2020 (47) United Kingdom	Comparison at two time points between people on the UK guide dog national waiting list and established guide dog owners.	Quantitative	<p>Sample Size: 46</p> <p>Age: Unclear</p> <p>Gender: Males (21); Females (25)</p> <p>Type of VI: Unclear</p> <p>Onset of VI: Unclear</p>	Established guide dog owners have higher perceived QoL compared to people on the waiting list.	
Miner 2001 (48) USA	Uncovering new information concerning the experience of utilising a guide dog for mobility that may permit sighted and non-sighted people to have a better understanding of the unique association between blind people and their dog guides	Qualitative	<p>Sample Size: 8</p> <p>Age: &gt;18 years</p> <p>Gender: Unclear</p> <p>Type of VI: Unclear</p> <p>Onset of VI: Unclear</p>	Guide dogs elevated confidence and, independence, changed public interactions and added responsibilities or inconvenience	
Miszko <i>et al.</i> 2004 (49) USA	Assessment of results (physical and psychological) of a Taichi exercise program for eight adults with VI	Quantitative	<p>Sample Size: 8</p> <p>Age: 36-77 years</p> <p>Gender: Males (5); Females (3)</p> <p>Type of VI: Unclear</p> <p>Onset of VI: Adventitious (6); Congenital (2)</p>	Taichi is a safe and effective exercise for the enhancement of strength, balance and QoL of older adults with VI.	
Nguyen <i>et al.</i> 2018 (50) USA	Evaluation of patient-reported QoL outcomes in severely visually impaired (SVI) people utilising the Aira system.	Quantitative	<p>Sample Size: 69</p> <p>Age: 20-82</p> <p>Gender: Males (34); Females (35)</p> <p>Type of VI: Blind (43); LV (26)</p> <p>Onset of VI: Unclear</p>	Irrespective of total minutes utilised, Aira assistive wearable technology significantly enhanced emotional well-being sub scores of persons with VI	
Ovenseri-Ogbomo <i>et al.</i> 2016 (51) Ghana	Measurement of the effect of optical low vision devices on the QoL of 22 low vision patients who got and were making use of low vision devices from a Ghanaian clinic in the Eastern Region.	Quantitative	<p>Sample Size: 22</p> <p>Age: 11-90 years</p> <p>Gender: Males (14); Females (8)</p> <p>Type of VI: LV (22)</p> <p>Onset of VI: Unclear</p>	QoL improved amongst those who had gotten low vision devices.	

Panigrahi <i>et al.</i> 2021 (52) India	Assessment of the vision-related QoL and find its sociodemographic correlates among people with VI.	Quantitative	Sample Size: 201 Age: Unclear Gender: Males (135); Females (66) Type of VI: Unclear Onset of VI: Unclear	1) The vision related QOL of people with higher education was better compared to their counterparts. 2) Persons with VI who were vegetarian had 4.3 times the chances of better QoL than nonvegetarians. 3) Persons who regularly drank coffee or tea had significantly higher chances of having better QOL compared to those who did not drink coffee or tea. 4) Persons who practiced regular exercise or yoga that is twice a week, had about 2.3 times the chances of having a better QOL compared to persons who did not exercise.	1) Persons who resided in overcrowded households had higher likelihood of having poor QoL compared to persons residing in households without overcrowding. 2) People residing in urban slums were more likely to have poor QoL than people living in non-slum and rural areas.
Papadopoulos <i>et al.</i> 2014a (53) Greece	Examination of the possible differences in psychosocial and psychopathology aspects amongst sighted adults and adults with VI as well as the possible associations between psychosocial and psychopathology aspects in adults with VI; and the possible correlations between the psychosocial and psychopathology aspects and the individual characteristics of those with VI.	Quantitative	Sample Size: 148 Age: 18-73 years Gender: Males (84); Females (64) Type of VI: Unclear Onset of VI: Adventitious (30); Congenital (25)	1) Self-esteem has a negative link to depression, melancholia, asthenia, and anxiety. 2) People who engage in independent mobility proved to have lower levels of melancholia and anxiety, higher self-esteem and a more internal locus of control 3) More internal locus of control was linked to high self-esteem and reduced anxiety.	1) People with higher external locus of control tended to have lower self-esteem and higher levels of depression, melancholia, asthenia and anxiety. 2) Self-esteem had a positive association with mania
Papadopoulos <i>et al.</i> 2014b (54) Greece	Examination of the relationship between social networks, social support, and depression among adults with VIs.	Quantitative	Sample Size: 77 Age: 18-56 years Gender: Males (47); Females (30) Type of VI: Unclear Onset of VI: Adventitious (39); Congenital (38)	1) People who have more capability in supporting themselves in their everyday life and more self-sufficient, indicated fewer depressive symptoms 2) Satisfaction with available perceived support was negatively associated with depression.	1) Negative social support plays a significant role in relation to depressive symptoms. 2) Less positive practical support 3) More negative emotional support 4) More negative practical support
Papadopoulos and Papakonstantinou 2020 (55) Greece	Examination of the correlation between social support from friends and depression in young adults with VIs.	Quantitative	Sample Size: 40 Age: 18-40 years Gender: Males (25); Females (15) Type of VI: Unclear Onset of VI: Adventitious (25); Congenital (15)	1) Fewer depressive symptoms were reported by people who got more positive practical social support from their friends 2) Fewer depressive symptoms were linked to receiving less negative practical social support.	

Raadabadi <i>et al.</i> 2022 (56) Iran	Evaluation of the HRQoL among adults with visual problems	Quantitative	Sample Size: 300 Age: >18->60 years Gender: Males (149); Females (151) Type of VI: Blind (65); Severe VI (32); Moderate VI (33); Mild VI (170) Onset of VI: Unclear		1) QoL score was lower in divorced, or widow patients compared to single and married ones. 2) Retired patients and those with non-university education significantly have lower QoL scores
Rees <i>et al.</i> 2010 (57) Australia	Determining the unique contribution of vision-specific distress in the prediction of depressive symptoms in individuals with VI attending a tertiary eye care clinic.	Quantitative	Sample Size: 143 Age: 18 years or older Gender: Males (58); Females (85) Type of VI: Moderate VI (71) Onset of VI: Unclear		1) Depressive symptoms and vision-specific distress were significantly linked to poor physical health, younger age, and restricted participation as a result of VI. 2) Depressive symptoms were significantly linked to lower levels of social support, experiencing a negative life event in the prior year and being given birth to outside of Australia 3) Vision-specific distress was linked to lower visual acuity 4) Vision-specific distress was shown to be the unique strongest predictor of depressive symptoms
Rees <i>et al.</i> 2013 (58) Australia	Determining the relative significance and related risk factors of vision-specific distress and depressive symptoms in individuals with VI.	Quantitative	Sample Size: 162 Age: 42-94 Gender: Males (53); Females (109) Type of VI: LV (162) Onset of VI: Unclear	The results show that an individual's ability to cope with the practical, social, and emotional, problems of VI are of utmost importance for psychological well-being	1) History of having depression, lower perceived adequacy of social support and poor physical health were risk factors for depressive symptoms. 2) Avoidant coping uniquely determined vision-specific distress and depressive symptoms. 3) Seeking social support and problem-focused coping were linked to higher vision-specific distress 5) Lower perceived adequacy of social support determined higher depressive symptoms 6) Greater levels of depressive symptoms were strongly linked to higher vision-specific distress. 7) Poorer self-reported health and greater avoidant coping were linked to greater levels of depressive symptoms.
Reinhardt 1996 (59) USA	Examination of the significance of friendship and family support in adaptation for elders experiencing age-related vision loss.	Quantitative	Sample Size: 343 Age: 65-100 years Gender: Males (155); Females (188) Type of VI: Unclear	Elders with VI who maintain supportive later life friendships with family relationships have greater life satisfaction and fewer depressive symptoms.	

			Onset of VI: Adventitious		
Reinhardt <i>et al.</i> (60) 2001 USA	Examination of the impact of positive (affective and instrumental) and negative aspects of support from family and friends (received and provided) on adapting to VI	Quantitative	Sample Size: 570 Age: Unclear Gender: Males (282); Females (288) Type of VI: Unclear Onset of VI: Adventitious	1) Better adjustment to VI, higher life satisfaction and lower depressive symptoms were linked to being married, higher education, better income adequacy and self-rated health 2) Better adjustment to VI, higher life satisfaction and lower depressive symptoms were linked to more affective and instrumental family and friends support giving and receiving.	Receiving and providing negative family interactions was significantly, positively linked to depressive symptomatology.
Reinhardt <i>et al.</i> 2006 (61) USA	Contrasting between the effect of perceived and received affective and instrumental support on adjustment to chronic VI in elders.	Quantitative	Sample Size: 570 Age: 65 years or older Gender: Males (274); Females (296) Type of VI: Unclear Onset of VI: Adventitious	1) Perceived affective support had an independent significant, impact on depressive symptoms, and adaptation to vision loss. 2) Alternatively, perceived instrumental support was positively linked to only adaptation to vision loss 3) Received and perceived affective support were associated with lower depressive symptomatology.	Received instrumental support was the only support variable that was negatively linked to outcomes: depressive symptoms but not for adaptation to vision loss
Reinhardt <i>et al.</i> (62) 2009 USA	Examination of the impact of personal and social resources on adaptation to chronic VI in older adults at baseline, 6 months, and 18 months later	Quantitative	Sample Size: 313 Age: 65-99 years Gender: Males (147); Females (166) Type of VI: Unclear Onset of VI: Adventitious	1) Social support was significantly linked to long term change in depressive symptoms 2) Variability in baseline depressive symptoms was significantly linked to stressor, control, personal and social resource variables 3) Acceptance coping was linked to lower depressive symptoms at baseline 4) Friendship support was linked to reduced depression	1) More wishfulness coping is linked to increase in depressive symptoms
Rellini <i>et al.</i> 2021 (63) Italy	Description of the use of SHGs for the psychological support of individuals with VI and their impact on vision rehabilitation outcomes	Quantitative	Sample Size: 31 Age: 45-82 years Gender: Males (15); Females (16) Type of VI: LV (31) Onset of VI: Adventitious	Adding SHGs to vision rehabilitation interventions clinically and statistically improved depression and anxiety symptoms.	

Riazi <i>et al.</i> 2022 (64) United Kingdom	Evaluation of whether PST can lead to improved psychological well-being in individuals with recent vision loss through a pilot parallel group randomised controlled trial.	Quantitative	Sample Size: 61 Age: 29-98 years Gender: Males (26); Females (35) Type of VI: Unclear Onset of VI: Adventitious	PST feasible for those recently diagnosed with VI and that PST is potentially efficacious pertaining to psychological well-being. When the baseline score and severity of VI is adjusted, the PST group significantly had better psychological well-being than the treatment as usual group. The PST group also showed significantly better QoL scores and depression and anxiety scores than the treatment as usual group.	
Rishi <i>et al.</i> 2017 (65) India	Assessment of anxiety and depression in patients attending low vision care(LVC) using Hospital Anxiety and Depression Scale (HADS).	Quantitative	Sample Size: 100 Age: 18-59 years Gender: Males (69); Females (31) Type of VI: LV (100) Onset of VI: Adventitious (62); Congenital (38)	Low vision correction seems to significantly improve levels of depression and anxiety scores in patients with VI patients.	
Rosner <i>et al.</i> 2018 (66) Israel	Examining the impact of computer usage on the QoL people using computer-based assistive device and the evaluation of their capacity to perform computer-based tasks	Quantitative	Sample Size: 96 Age: Unclear Gender: Males (51); Females (45) Type of VI: Unclear Onset of VI: Unclear	Computer-based assistive device usage improved different aspects of their QoL. There is a significant association between use of assistive devices and QoL.	
Rovner <i>et al.</i> 2007 (67) USA	Determining if dissatisfaction with performing valued activities predicts depression in patients with age-related macular degeneration (AMD).	Quantitative	Sample Size: 206 Age: Unclear Gender: Males (62); Females (144) Type of VI: Unclear Onset of VI: Adventitious		Dissatisfaction with performance of valued activities is a predictor of depression in older people with ARMD
Rovner <i>et al.</i> 2008 (68) USA	Determining if problem-solving treatment (PST) can avert depressive disorders in patients with age-related macular degeneration (AMD).	Quantitative	Sample Size: 188 Age: Unclear Gender: Males (56); Females (132) Type of VI: LV (188) Onset of VI: Adventitious	Problem solving treatment averted depressive disorders as a short-term preventive treatment, but its impact was not maintained with time	
Rozon <i>et al.</i> 2021 (69) Canada	Assessment of the fear linked with COVID-19 and evaluation of the fear of vision decrease linked to the delay of treatment in neovascular age-related macular degeneration patients (nAMD) during the pandemic.	Quantitative	Sample Size: 160 Age: 60-100 years Gender: Males (49); Females (111) Type of VI: Unclear Onset of VI: Adventitious (inferred)	Patients with a high school education had a significantly lower fear of Covid-19 compared with elementary school.	1) Individuals with higher FCV-19S score had a higher fear of vision loss

Salehi <i>et al.</i> 2015 (70) Iran	Description of self-esteem and general and sexual self-concepts in individuals with blindness.	Quantitative	Sample Size: 138 Age: >18 years Gender: Males (48); Females (90) Type of VI: Blind (138) Onset of VI: Unclear	Marital status impacts on sexual self-concept. Subscales of sexual efficacy was significantly higher in married participants.	1) People with high self-esteem gained higher scores in sexual anxiety and lower scores in self-efficacy than those with low self-esteem. 2) Sexual fear was greater in individuals with high self-esteem. 3) Subscales of sexual anxiety and sexual fear were significantly greater in single participants 4) There was a positive significant association between general self-concept and sexual anxiety and sexual fear.
Schliermann <i>et al.</i> 2016 (71) Germany	Pooling of data concerning physical activity and QoL for individuals of working age with VIs to optimize upcoming physical activity-based interventions in vocational rehabilitation	Quantitative	Sample Size: 277 Age: 20-66 years Gender: Males (185); Females (82) Type of VI: Unclear Onset of VI: Adventitious (179); Congenital (98)	1) Individuals with job satisfaction showed significantly greater QoL scores. The perception of their life is regarded as being more meaningful, can enjoy life more as well as report fewer negative emotions (psychological QoL). 2) Employed individuals showed a higher global assessment of their QoL than unemployed individuals. 3) People who engaged in more leisure activities showed higher levels of QoL . 4) People who are more active in physical or recreational habits showed greater values in every recorded QoL. Yet, when specifically considering only sports activities, no impacts were seen.	
Silverman <i>et al.</i> 2017 (72) USA	Determining if having friends who share one's disability experiences is with better well-being, and if these friendships buffer well-being from disability-related stressors	Quantitative	Sample Size: 71 Age: >18 years Gender: Males (25); Females (39); Unspecified (7) Type of VI: Legal blindness (71) Onset of VI: Unclear	Having friends sharing a long-term physical condition (blindness) is uniquely linked to subjective wellbeing. Irrespective of the number of sighted friends, participants with a bigger network of friends with blindness reported greater subjective wellbeing.	
Singletary 2013 (73) USA	Examination of the impacts of intensive and comprehensive training on the skill levels and attitudes of blind people enrolled in intensive and comprehensive training centers.	Quantitative	Sample Size: 76 Age: 18-69 years Gender: Males (37); Females (39) Type of VI: Blind (28); LV (48) Onset of VI: Adventitious (33); Congenital (43)	Following intensive and comprehensive trainings, levels of depression and anxiety reduced in the training group but not in the non-training group from pretest to post-test.	

Smith 2013 (74) USA	Investigation of the direct, moderating, and mediating parts that formal and informal support giving behaviors and satisfaction with support received from others plays on depressive symptoms, suicide risk, reasons for living, and life satisfaction.	Quantitative	Sample Size: 101 Age: 60-94 Gender: Unclear Type of VI: Unclear Onset of VI: Unclear	1) Perception of social support and life satisfaction were linked to total depressive symptoms 2) People with greater satisfaction with support reported greater levels of reasons for living; fewer depressive symptoms and had lesser chance to report suicidal ideation. 4) People who reported giving more support lesser chance to report suicide ideation 5) The amount of volunteer hours significantly predicted reasons of living. 6) Volunteer status significantly predicted reasons for living in the same direction 7) Satisfaction with support received from others significantly predicted depressive symptoms. 8) Satisfaction with support was significantly associated with reasons for living.	Suicide ideation and depressive symptoms were linked to each other
Smith <i>et al.</i> 2020 (75) USA	Increasing knowledge of the way formal or informal support giving to others may influence depressive symptoms and suicidal ideation in older adults with vision-related diagnoses.	Quantitative	Sample Size: 101 Age: 60 years or older Gender: Males (45); Females (56) Type of VI: Unclear Onset of VI: Unclear	Informal support giving to family and friends had a low but significant link to a lesser risk of endorsing suicidal ideation.	People who endorsed suicidal ideation reported less informal support giving than those without suicidal ideation.
Soares <i>et al.</i> 2019 (76) Brazil	Verification of the association between the habits of physical activity and QoL in people with VI	Quantitative	Sample Size: 53 Age: >18 years Gender: Males (33); Females (20) Type of VI: Unclear Onset of VI: Unclear	Higher levels of physical activity are linked to an improved perception in psychological, physical health, social relationship and environment.	
Stevellink <i>et al.</i> 2015 (77) United Kingdom	Exploration of the way younger male ex-Service personnel cope with acquiring VI and how this impacts their everyday life.	Mixed Methods	Sample Size: 30 Age: <55 years Gender: Males (30) Type of VI: Unclear Onset of VI: Adventitious (inferred)	Participants coped by downward comparison and at a cost through cracking on and adjust and overcome the situation.	
Strongman <i>et al.</i> 2023 (78) United Kingdom	Evaluation of utilising mat-based group Pilates as a possible 'return to sport' intervention for adults with VI.	Quantitative	Sample Size: 14 Age: Unclear Gender: Males (7); Females (7) Type of VI: Unclear Onset of VI: Unclear	Following mat-based group Pilates, there was no statistically significant difference in overall QoL or balance confidence due to the intervention, however majority of the participants already reported high/medium degrees for every measure. Themes found linked to becoming a	

				community, developing independence and (re)gaining competence, with the intervention positively affecting both physical and mental health.	
Sturrock <i>et al.</i> 2015 (79) Australia	Determination of the longitudinal effect of specific coping strategies on VRQoL in patients with low vision.	Quantitative	Sample Size: 162 Age: 18 years and older Gender: Unclear Type of VI: Mild VI (60); Moderate VI (67); Severe VI (35) Onset of VI: Unclear		1) More utilisation of avoidant coping was linked to reduction in vision-related emotional well-being. 2) Avoidant coping has a detrimental effect on VRQoL. 3) Reduction in vision-related emotional well-being was linked to more use of problem solving and avoidant coping, living with a son/daughter and poor self-rated health.
Sturrock <i>et al.</i> 2016 (80) Australia	Investigation of the mediating role of coping self-efficacy (CSE) between acceptance and helplessness and depressive symptoms in individuals with low vision	Quantitative	Sample Size: 163 Age: Unclear Gender: Males (64); Females (99) Type of VI: LV (163) Onset of VI: Adventitious (inferred)		1) Personal beliefs about one's low vision and a person's perceived ability to apply problem-focused coping was responsible for a sizeable proportion of the variance in depressive symptoms. Particularly, lower levels of problem-focused coping self-efficacy were predictors of higher levels of depression 2) Greater helplessness and lower acceptance were associated with depression
Tantirattanakulchai <i>et al.</i> 2023 (81) Thailand	Examination of the relation between the impact of COVID-19 and depressive symptoms in patients with low vision and blindness	Quantitative	Sample Size: 284 Age: 18-96 years Gender: Males (118); Females (166) Type of VI: Unclear Onset of VI: Unclear	Perceived social support had a significant negative link to depressive symptoms	1) COVID-19 was significantly linked to anxiety depressive symptoms. 2) The effect of COVID-19 on anxiety had a significant positive link to depressive symptoms. 3) Complying with COVID-19 prevention had a significant positive association with depressive symptoms.
Thomas <i>et al.</i> 1993 (82) Australia	Investigation of the effect of a telephone group support program on the life of the participants	Mixed methods	Sample Size: 56 Age: Unclear Gender: Males (13); Females (43) Type of VI: Unclear Onset of VI: Unclear	The telephone group support program significantly affected the mental health of the participants specifically for people who recently had VI, women who lived alone and individuals who had little social contact.	
Ueda <i>et al.</i> 2013 (83) Japan	Making use of objective measures in comparing outcomes of skills training programs with group	Quantitative	Sample Size: 79 Age: 19-75 years Gender: Males (54); Females (25) Type of VI: Unclear	1) Improvement in psychological adjustment of participants in skills training	

	counseling and individual psychotherapy and without them.		Onset of VI: Adventitious	2) Statistical tendency for decreasing tension-anxiety suggesting that skills training during rehabilitation can decrease tension-anxiety 3) Skills training alone was not beneficial for participants with high levels of psychological distress 4) When group counseling and individual therapy were both added to skills training however, their psychological distress was reduced	
Van der Ham <i>et al.</i> 2020 (84) Netherlands	To provide more insight into experiences with traumatic events, consequences of traumatic events and post-traumatic stress disorder (PTSD)-related care among people with visual impairment and PTSD	Qualitative	Sample Size: 18 Age: 23-66 years Gender: Males (4); Females (14) Type of VI: Blind (12); LV (6) Onset of VI: Unclear		VI may contribute to the risk of PTSD by aggravating feelings of insecurity, helplessness, and fear during and in the aftermath of traumatic events.
Verstraten <i>et al.</i> 2005 (85) Netherlands	Investigation of the prevalence of loneliness among elders with VI, and its associations with adjustment to vision loss, received social support and depression.	Quantitative	Sample Size: 318 Age: 55 years and above Gender: Males (108); Females (210) Type of VI: Unclear Onset of VI: Unclear		Lonely participants showed more feelings of depression. The findings demonstrated a higher chance of feeling lonely among those who reported receiving low degrees of social support.
Waisbourd <i>et al.</i> 2019 (86) USA	Determining the effect of OrCam on vision-related QoL of patients with legal blindness and end-stage glaucoma.	Quantitative	Sample Size: 27 Age: 22-92 Gender: Males (19); Females (8) Type of VI: Legal blindness (27) Onset of VI: Unclear	When 20 out of 27 participants with legal blindness used OrCam, they felt more independent and noticed an improvement in their overall quality of life	
Wang <i>et al.</i> 2008a (87) China	Examination of the relationships between social networks and vision-specific HRQOL among Chinese older adults	Quantitative	Sample Size: 167 Age: 62-93 years Gender: Males (107); Females (60) Type of VI: Mild VI (94); Moderate VI (60); Severe VI (13) Onset of VI: Adventitious	The result suggests that it might be family support or perceived support that is important for predicting mental health symptoms because of visual problems.	
Wang <i>et al.</i> 2008b (88) China	Examination of the effect of spirituality on both generic and vision-specific HRQOL and the part that spirituality plays in the relationship between VI and HRQOL outcomes among Chinese older adults with visual problems	Quantitative	Sample Size: 167 Age: 62-93 years Gender: Males (107); Females (60) Type of VI: Mild VI (94); Moderate VI (60); Severe VI (13) Onset of VI: Adventitious	Tranquillity, Resistance to disorientation and Resilience (three subscales of spirituality) were significantly linked to mental health	

Wang <i>et al.</i> 2009 (89) China	Examination of the correlation of psychosocial adaptation status with vision-specific HRQOL and the part that psychosocial adaptation plays in the association between VI and vision-specific HRQOL outcomes among older adults with visual disorders	Quantitative	Sample Size: 167 Age: 62-93 years Gender: Males (107); Females (60) Type of VI: Mild VI (94); Moderate VI (60); Severe VI (13) Onset of VI: Adventitious	Psychosocial adaptation status was strongly related to the mental health subscale and weakly linked to the dependency subscale. Suggestion from the results show that older adults with VI who have better psychosocial adaptation status may have higher sense of independence and better mental health status	
Wang <i>et al.</i> 2019 (90) China	To investigate if resilience mediates the relationship between social support and quality of life in patients with primary glaucoma	Quantitative	Sample Size: 120 Age: 22-80 years Gender: Unclear Type of VI: Unclear Onset of VI: Unclear	1) Social support was positively linked to QoL 2) Resilience was a predictor of the patients' QoL	QoL of glaucoma patients was generally poor and affected by hospital stays, sick time and resilience.
Weber <i>et al.</i> 2010 (91) USA	To investigate vision loss and coping strategies	Qualitative	Sample Size: 30 Age: 65-95 years Gender: Males (5); Females (25) Type of VI: Legal blindness (19) Onset of VI: Adventitious	The support systems found to be ways of coping comprised of family, friends, peers, religious faith, and service providers	
Wu <i>et al.</i> 2022 (92) China	To investigate anxiety and depression in patients with glaucoma and its correlations with vision-related quality of life (VR-QoL) and visual function indices.	Quantitative	Sample Size: 446 Age: 18-91 years Gender: Males (232); Females (214) Type of VI: Unclear Onset of VI: Unclear	1) Increased educational level was linked with reduced anxiety and depression symptoms 2) Living with family related to a reduced anxiety status 3) A single marital status was associated with a low level of depression	

Source: Adapted from Peters et al.<sup>41</sup>

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