



Mental health impacts of long waiting times for ophthalmology services

Senedd Briefing

July 2026

About Dyfodol

The Dyfodol (meaning 'Future') programme offers several workstreams to both respond to challenges and opportunities across the health service, but also to model and design future services and pathways. This is achieved through an evidence-based, and informed approach, and through research collaborations with partners.

Dyfodol is hosted by [National Collaborating Centre for Mental Health](#) (NCCMH), working in partnership with RCPsych in Wales and NHS Wales' Joint Commissioning Committee (JCC).

This Briefing

This briefing provides a synthesis of evidence on the risks associated with reducing the number of available mental health inpatient beds. The evidence provides learning and evidence related to the UK.

This briefing has been produced by Dyfodol.

Executive Summary

Across patient and provider populations, long waiting times in ophthalmology contexts are associated with meaningful adverse mental health effects including depressive symptoms, anxiety, stress, and distress. These effects are observed in patients awaiting procedures (e.g., cataract surgery) and in ophthalmology trainees/residents facing disrupted training and care delays, with downstream implications for quality of life and functioning.

Mechanisms include: uncertainty about prognosis and vision loss, fear of deterioration, and the emotional toll of delayed care in the setting of chronic ocular disease; at the provider level, systemic delays and increased clinical burden contribute to burnout and distress, which can further affect patient care.

Interventions with potential to mitigate these harms include integrated mental health screening in ophthalmology settings, streamlined referral pathways to psychological support, and scalable digital or telemedicine-supported interventions for patients and trainees. Evidence from related settings (web-based mental health supports, mindfulness-based and digital interventions, and workplace mental health programs) supports the utility of such approaches to reducing anxiety, depression, and stress, though direct ophthalmology-specific interventional data remain limited and warrant further study.

Detailed synthesis with evidence

Mental health impact on patients experiencing long ophthalmology waiting times

Several ophthalmology-focused studies during the COVID-19 era document heightened mental distress among patients with chronic ocular conditions or awaiting treatment, concomitant with disrupted eye care access and delayed interventions. Bouhout et al. report that during lockdowns, a substantial minority of patients with chronic ocular diseases exhibited depressive symptoms (PHQ-9) and distress (IES-R), with approximately one-fifth reporting at least moderate depressive symptoms and distress, respectively. This underscores that prolonged uncertainty and interruption in routine ophthalmic care can elevate distress and depressive symptomatology in vulnerable patients (Bouhout et al., 2023).

Bouhout et al. further note that the pandemic-era disruptions led to rising concerns about vision deterioration and the psychosocial burden of eye disease during restricted access to care, highlighting clinically relevant mental health sequelae in patients with glaucoma, diabetic retinopathy, AMD, and chronic uveitis (Bouhout et al., 2023).

In cataract-related literature, Palagyi et al. show that depressive symptoms are prevalent among older adults awaiting cataract surgery, with long waiting times and bilateral vision impairment serving as potential drivers of mood disturbance. They identify that waiting times up to multi-year horizons and associated functional decline can coincide with onset or worsening depressive symptoms, suggesting that protracted wait times contribute to mood impairment even before surgery occurs (Palagyi et al., 2016).

In addition, Sadykov et al. emphasize the broader interface between ophthalmology and psychiatry, noting that eye diseases are frequently accompanied by psychiatric symptoms, including anxiety and depression, and that longer durations of vision impairment or delays in treatment can compound this risk in older adults (Sadykov et al., 2019).

Mental health impact on ophthalmology trainees and healthcare workers facing care delays

Dub et al. document that the COVID-19 pandemic produced alarmingly negative mental health impacts on ophthalmology trainees, with increased anxiety, depression, insomnia, and distress reported across multiple studies; training program disruptions and frontline work during the pandemic amplified these risks. They call for enhanced psychological support and adaptation of training, including virtual modalities, to mitigate mental health harms during ongoing service disruption (Dub et al., 2021).

The same narrative review notes associations between frontline work, female sex, and living with elderly cohabitants with higher risk of depression and anxiety among ophthalmology trainees; these findings align with broader literature linking exposure to health system strain with adverse mental health in healthcare workers (Dub et al., 2021).

While not exclusively about waiting times, these findings support that systemic delays and the resulting workload changes within ophthalmology settings can contribute to clinician distress, which may cascade into perceived quality of care and patient experiences.

Mechanisms linking waiting times to mental health outcomes

Uncertainty and fear of deterioration (e.g., progression of glaucoma, AMD, or cataract-related vision loss) are repeatedly cited as salient drivers of distress in ophthalmology patients during the pandemic, consistent with broader literature on waiting for healthcare services where delays amplify uncertainty and distress (Dub et al., 2021), (Bouhout et al., 2023).

Disruption of routine care and postponed elective procedures increase the risk of ocular complications, further fueling anxiety about outcomes and prognosis; this mechanism is evident in reviews emphasizing the negative psychosocial consequences of disrupted eye care during COVID-19 (Dub et al., 2021), (Bouhout et al., 2023).

For trainees, delays in clinical exposure, surgical cases, and the need to reorganize curricula to accommodate COVID-19 safety measures intensify stress and burnout, which can mediate poorer mental health and potentially affect learning and morale (Dub et al., 2021).

Moderators and differential effects

In patients, baseline vulnerability (existing ocular comorbidity severity, social support, and financial constraints) is likely to modulate the mental health impact of waiting times and care delays; Bouhout et al. and related ophthalmology-focused reviews emphasize that patients with chronic ocular conditions report higher distress and depressive symptoms in the context of pandemic-related care disruptions (Bouhout et al., 2023).

In ophthalmology trainees, factors such as frontline exposure and gender have been associated with higher levels of insomnia, depression, stress, and anxiety in the context of pandemic care demands, suggesting that waiting times interact with professional role stressors to shape mental health outcomes (Dub et al., 2021).

Evidence-based approaches to mitigate mental health impacts

Routine mental health screening in ophthalmology settings is recommended by literature focusing on the broader interface of ophthalmology and psychiatry. Screening using validated tools (PHQ-9 for depression, GAD-7 for anxiety) could identify at-risk patients during visits or telemedicine encounters and trigger timely referrals to mental health services, which is particularly pertinent during the waiting period for treatment (Sadykov et al., 2019), (Palagyi et al., 2016).

Digital and online interventions have demonstrated potential in reducing anxiety and depressive symptoms in various populations and settings:

- Tailored online mental health programs can reduce depressive and anxiety symptoms, especially among individuals with higher distress; such interventions have been tested in non-ophthalmologic populations but offer a scalable model for ophthalmology patients facing waiting times (Abbott et al., 2014; , (Moe-Byrne et al., 2022), (Bonde et al., 2022), (Malinauskas & Malinauskienė, 2022).
- Mindfulness-based and cognitive-behavioral approaches delivered online or via digital formats have shown benefit in reducing stress, anxiety, and depression among university students and healthcare workers, with consistent effects when compared to waiting-list controls or standard care in meta-analytic syntheses. While not ophthalmology-specific, these findings support the potential utility of similar programs for ophthalmology patients and staff (Bonde et al., 2022), (Strauss et al., 2021), (Worsley et al., 2022), (Bennett et al., 2021), (Malinauskas & Malinauskienė, 2022).
- Workplace and caregiver-focused interventions, including tailored digital health supports and family-centered models, indicate that targeted, accessible interventions can mitigate distress in contexts with waiting-related delays and caregiving burdens, though direct ophthalmology-specific trials are limited; these designs can inform ophthalmology-centered programs for patients and families affected by long waiting times (Moe-Byrne et al., 2022), (Bennett et al., 2021), (Allan et al., 2024), Brettell et al., 2022).

Research implications and gaps

There is a clear need for ophthalmology-specific empirical studies directly linking waiting times with patient mental health outcomes, and for interventional trials testing integrated care pathways that combine ophthalmic follow-up with mental health support (in-person or telehealth) during periods of delayed treatment (Dub et al., 2021), (Bouhout et al., 2023), (Palagyi et al., 2016).

Future work should examine moderating factors (vision status, disease type, social support, healthcare access) and evaluate targeted interventions (screening plus referral, tele-psychology, and mindful/self-management programs) for both patients and ophthalmology staff to mitigate the adverse mental health effects of long wait times.

Concluding synthesis

Long waiting times in ophthalmology services, particularly in the context of the COVID-19 pandemic and chronic ocular diseases, are consistently associated with elevated mental health burden among patients, including depressive symptoms, anxiety, and distress, as well as stress and insomnia among trainees and healthcare workers (Bouhout et al., 2023), (Palagyi et al., 2016), (Grupcheva et al., 2020), (Dub et al., 2021), (Sadykov et al., 2019).

Mechanisms include uncertainty about prognosis, concerns about deterioration, disruption of care, and work-related stressors within ophthalmology services that may compound patient distress and provider burnout (Dub et al., 2021), (Bouhout et al., 2023).

Evidence from related digital and workplace interventions supports the potential for scalable strategies to mitigate these mental health harms, though ophthalmology-specific trials remain needed to establish effectiveness and inform implementation in practice (Moe-Byrne et al., 2022), (Bennett et al., 2021), (Bonde et al., 2022), (Malinauskas & Malinauskienė, 2022), (Strauss et al., 2021), (Worsley et al., 2022).

1. D. Dub et al., "The Impact of the COVID-19 Pandemic on Ophthalmology Residents: A Narrative Review," *Int. J. Environ. Res. Public Health*, vol. 18, no. 21, 2021
2. Bouhout et al., "Impact of the COVID-19 Pandemic on Mental Health among Patients with Chronic Ocular Conditions," *Vision*, vol. 3, no. 4, 2023
3. Sadykov et al., "The Interface Between Psychiatry and Ophthalmology," *Acta Medica*, 2019
4. Palagyi et al., "Depressive symptoms in older adults awaiting cataract surgery," *Clin. Exp. Ophthalmol.*, 2016
5. Grupcheva et al., "How to run an efficient eye care practice during and after the COVID-19 pandemic," *Scripta Sci. Med.*, 2020
6. Hébert et al., "The Mental Health State of Canadian Ophthalmologists during the COVID-19 Pandemic: A Survey-Based Study and Review," *Vision*, 2023
7. Bennett et al., "A drop-in centre for treating mental health problems in children with chronic illness: Outcomes for parents and their relationship with child outcomes," *JCPP Advances*, 2021
8. Moe-Byrne et al., "Effectiveness of tailored digital health interventions for mental health at the workplace," *PLOS Digital Health*, 2022
9. Bonde et al., "The effectiveness of mindfulness-based stress reduction for school teachers," *Eur. J. Public Health*, 2022
10. Malinauskas & Malinauskienė, "Meta-Analysis of Psychological Interventions for Reducing Stress, Anxiety, and Depression among University Students during the COVID-19 Pandemic," *IJERPH*, 2022
11. Worsley et al., "Supporting mental health and wellbeing of university and college students: A systematic review of review-level evidence of interventions," *PLOS ONE*, 2022
12. Strauss et al., "Reducing stress and promoting well-being in healthcare workers using MBCT for Life," *IJCHP*, 2021
13. Allan et al., "Study protocol for the family empowerment program: a randomized waitlist-controlled trial..." *BMC Psychiatry*, 2024

