VR Mental Health Interventions

Katherine Lewis Team Leader Pembs OACMHT
Contact: Katherine.Lewis5@Wales.nhs.uk

Sarah Beauclerk VR Practitioner
Contact: connectingrealities@gmail.com

Project Background:

The pandemic has exacerbated pre-existing health and access inequalities and many older adult patient groups in the community are experiencing reduced mobility, increased weakness and pain, and consistently low feelings. One in five older adults is experiencing a deterioration of memory since lockdown, with reduction of mental stimulation leading to forgetfulness and confusion. These factors—along with a reduction in physical activity, loss of social routine, and continued uncertainty—have meant that social anxiety and feelings of isolation and low mood are at an all-time high. The Pembs OACMHT continue to see a higher rate of referrals for older people experiencing low mood and suicidal thoughts or intent. The OACMHT wanted to embrace technology and opportunities to improve on patient outcomes.

Project Aims:

- Reduce anxiety and depression, and decrease levels of distress in patients.
- Improved access to services for at risk groups.
- Increase evidence based practice utilising up to date technology and approaches

Project Approach:

The project group utilised a responsive and flexible approach to delivering the VR interventions by evaluating and updating experiences at each VR session. A referral form was developed that provided inclusion and exclusion criteria and the opportunity to gather information from patients that would shape the VR experience. A VR group was held twice a month facilitated by a CPN, HCSW and a VR practitioner. Limited availability of equipment impacted the project delivery and resulted in a shared experience in a group setting.

Project Outcome(s):

VR mental health interventions were provided to older people experiencing low mood and suicidal thoughts, to elevate mood and provide positive treatment outcomes.

Project Impact:

VR mental health intervention was consistently provided to 6 patients over a 6 month period. Other patients joined on a ad hoc basis. All had previously reported either suicidal thoughts, plans, intent; or had made a attempts in the 6 months prior to starting VR interventions. Some had received care and treatment as an inpatient at the start or prior to joining the VR group. All patients that participated consistently self reported positive outcomes, none required referral to Crisis and home treatment, none required readmission to manage mental health risks and all remained free from intrusive suicidal thoughts

Key Conclusions:

- The development of mental health interventions to support older people with significant low mood by embracing technology that improves health care outcomes for patients.
- VR interventions has a positive effect on the management of depression and isolation for older people.
- Staff satisfaction is improved by increasing resources and interventions available
- Reduced patient relapse and/or crisis
- Improved health care outcomes by utilising skills within the team already available together with evidence based VR experiences.
- Improved impact of VR experiences by involving patients in their selection and development.
- Potential to develop new VR and non-VR resources, such as using AI for mood analysis.

"Feeling emotional but in a good way"

- ***Patient comment***

Next Steps:

- Development of individual VR experiences to provide on a 1:1
- Extend this model to different areas of service provision.
- Link with other VR providers in relation to health experiences to share and develop the approach
- Explore complimentary benefits of other emerging VR and non-VR technologies