

VR Inclusive Mental Health Interventions

PEMBROKESHIRE OLDER ADULT CMHT AND CONNECTING REALITIES

Presentation by

- Katherine Lewis - Team Leader Pembs OACMHT
- Sarah Beauclerk – VR Practitioner Connecting Realities

- VR Group facilitators
- VR Lead – Joanne Phillips – CPN
- VR tech - Mike Phillips – HCSW
- Group facilitator – Gillian Winkler
- Group Support – Angela Minkowski

Background



A chance meeting and embracing opportunities



Support from Hywel Dda UHB and Research Team



Finding the support and guidance from Bevan Exemplar Programme



A Passion for embracing new ways of working to improve patient care

Connecting Realities

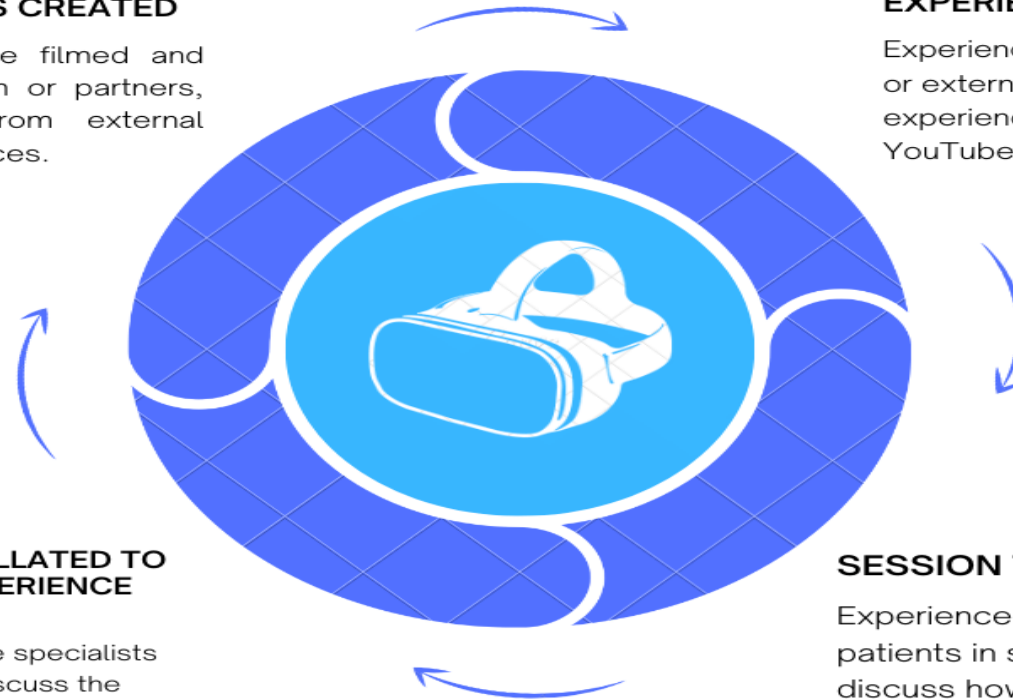
CO-PRODUCTION OF EXPERIENCES BETWEEN VR CREATORS, HEALTHCARE TEAM, AND PATIENTS

EXPERIENCES CREATED

Experiences are filmed and edited by team or partners, or sourced from external material resources.

EXPERIENCES LOADED

Experiences loaded to App or externally sourced experiences pre-loaded on YouTube etc...



RESPONSES COLLATED TO GUIDE NEW EXPERIENCE CREATION

Team of Healthcare specialists and VR Creators discuss the feedback given and also their own observations to decide the experiences to focus on next

SESSION TAKES PLACE

Experiences are presented to patients in sessions who then discuss how the experience has affected them and what they would like to see in future.

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The Mental Health Needs of Older People

Significant strides have already been achieved to improve outcomes and care pathways for those who are living with a diagnosis of dementia and those that care for them

We wanted to focus on the older population who are struggling with depression and have or are experiencing suicidal thoughts

The demand and need for effective interventions was evident in the referrals the OACMHT were receiving across Hywel Dda UHB

Project Aims

Improved patient experience and healthcare outcomes.

Reduced anxiety and depression, and decreased levels of distress in patients.

Improved access to services for at risk groups.

Respite and improved wellbeing for carers.

Reduction in loneliness and isolation.

Improved staff satisfaction with increase in resource and interventions

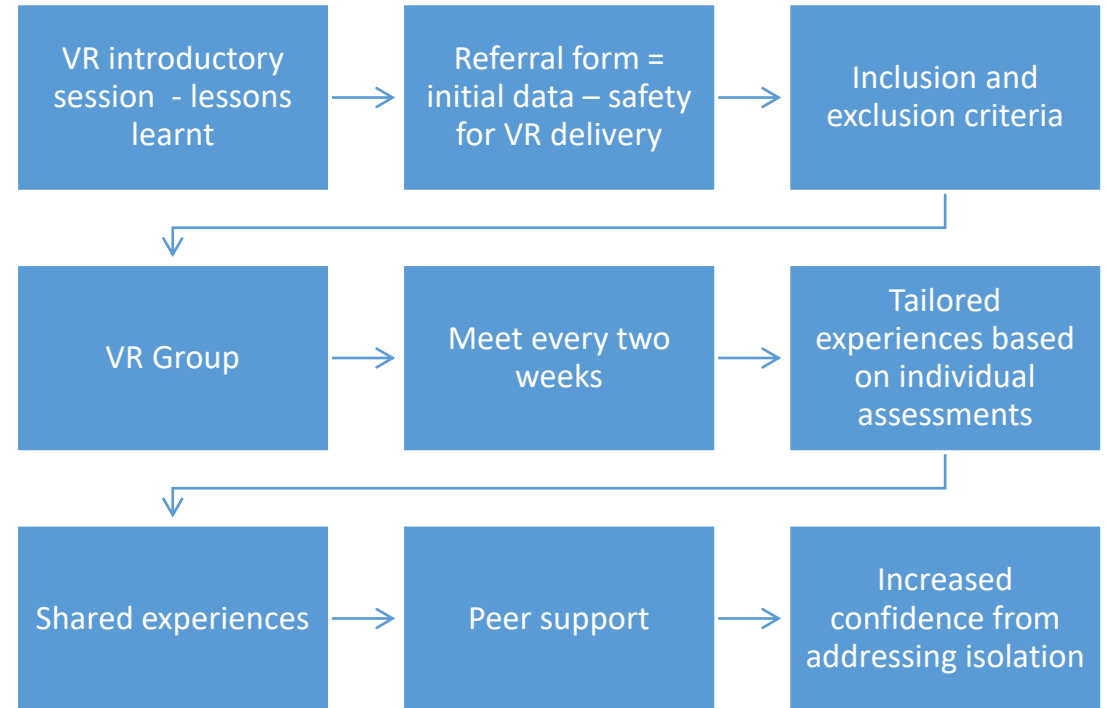
Reduce patient relapse and/or crisis

Increase in evidence-based practice utilising up to date technology and approaches

The development of a new VR tool to improve wellbeing and mental health

Reduce inpatient admission and extend living at home longer due to reduced episodes of distress

Delivery



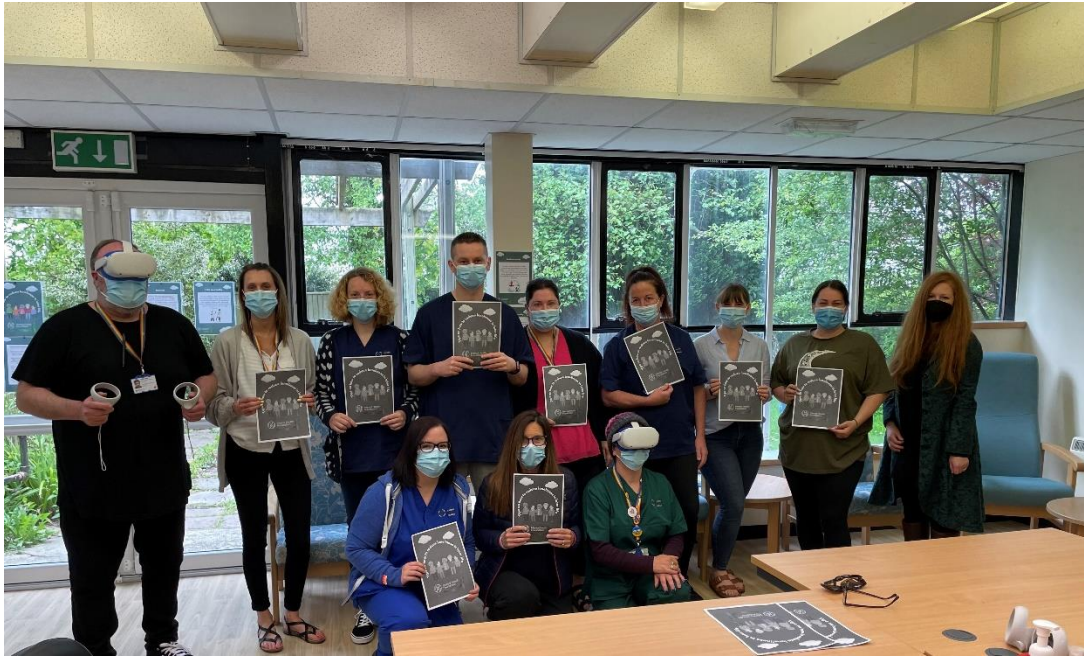
During the group we are able to share the same experiences together, with the group facilitator able to select the different content and view what each headset is displaying



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Direct Feedback



- I really enjoyed that I'm showing both sets of teeth
- Can't swim, but this made me wish I could, really enjoyed it
- Lovely, relaxing, very nice
- I don't like water but I like the dirt bikes.....
- Feeling emotional, but in a good way
- I feel great

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Evaluation

- Qualitative discussions with patients before, during and after the project.
- Use of established measuring tools, for example the PHQ9 rating scale, to evaluate response.
- Involvement of carers, care-workers, support-workers, and other healthcare specialists to observe changes in mood and behaviour resulting from the intervention.
- Analysis of health outcomes.
- The steering team are motivated for the evaluation to be robust and evidence based and clearly reflect the views of the service user and or carer.

Significant Change

- People connect to each other with story telling not bullet points
- Participatory - led by those who are directly involved in the group
- A systematic tool that focus on stories not numbers
- Focused on learning not proving
- <https://www.youtube.com/watch?v=8YFKTQLrQRM>

Summary of why the project should be adopted

Prudent Health Care

- Data and demand
- Raising numbers of older people
- Number living longer
- Increase in referrals for those with suicidal thoughts/intent
- Staff satisfaction and wellbeing



Utilising skills and resources

- Skilled staff already available in OACMHT
- Limit costs with implementation
- Cost effective – reducing hospital admission/health care contact
- Patient outcome report the project as helpful and valued
- Group approach enables several patients to receive interventions together
- Peer support
- Utilises current resources – connecting realities

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Thank you for listening

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