IN PRACTICE

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A MENTAL HEALTH SKILLS TRAINING SESSION FOR OCCUPATIONAL THERAPY LEARNERS USING VIRTUAL REALITY TO TEACH ABOUT DEPRESSION AND SUICIDE

Robyn Stiger[1], Rachel Bloodworth Strong[1,2]; [1]*School of Heath Science and Technology, Oxford Brookes University, Oxford, United Kingdom;* [2]*Oxfordshire County Council, Oxford, United Kingdom*

Correspondence: robynstiger@brookes.ac.uk

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Introduction: Virtual reality (VR) immersive technologies are an emerging area in healthcare education involving a digital representation of a 3D environment and a head-set to "block out the real world" [1]. They allow for controlled, standardised and repeatable interactions [2] promoting equitable access to high-fidelity learning. Successful implementation necessitates collaboration with learners, to inform development of the product. The session aim was to create a platform for Occupational Therapy (OT) students to develop skills and knowledge with people experiencing suicidal ideation. This module was new for the OT programme.

Methods: A half-day session was designed for 53 OT 2nd year prequalifying students at Brookes University Oxford. The VR module was entitled "The mental health practitioner" developed by Bodyswaps™, A preceding on-boarding session had been organised to familiarise students with the Bodyswaps™ platform. Students rotated in groups into a skills lab set up with the VR headsets but joined together in a classroom for a pre-briefing on ground rules, using VR headsets and psychological safety. Students interacted with a virtual patient experiencing suicidal thoughts, choosing responses to her statements and receiving feedback. The experience allowed for self-reflection, students assuming the role of the patient, listening to their own responses embodied by a chosen 'avatar'. A debrief session was followed by a theory-based seminar on suicide.

Results: Students completed an evaluation with Likert scales and free text questions. The session was overall well rated. 20/26 (77%) scored the session at least 7 out of 10. 65% indicated 7 or more out of 10 (10 being strongly agree) that the session helped them improve skills in relation to mental health practice. Some students preferred VR to live simulation while some felt it was artificial. There was a prominent theme around more time, privacy and space.

Discussion: The session allowed students to practice difficult conversations in a low-risk immersive environment, through reviewing their own responses and appreciating the patient's perspective, increasing preparedness for placement and future practice. Faculty staff could use the feedback to develop the module as an alternative to more familiar live-actor simulation. The debrief and theory session supported reflection and theoretical understanding. Feedback indicates a demand for more VR-based mental health training in the future and scope to develop this further for OT teaching.

Ethics Statement: As the submitting author, I can confirm that all relevant ethical standards of research and dissemination have been met. Additionally, I can confirm that the necessary ethical approval has been obtained, where applicable.

REFERENCES

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