
POSTER ABSTRACT

Peer Supported Virtual Reality Development

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Background: Persons with mental health and substance abuse disorders (MHD/SUD) make up a highly vulnerable target group, particularly affected by social exclusion. Many experience stigmatization, powerlessness and disconnectedness and thus are marginalized when it comes to social participation. A Recovery oriented approach within field of mental health care entails a focus on enabling individuals to connect and interact with their social surroundings, and aid persons striving with mental health, substance abuse or social functioning impairments to full and contributing lives as active citizens. However, many lack knowledge, skills, and abilities to engage in their recovery process and utilize their social and community opportunities.

Virtual Reality technology (VRT) shows a promising potential for simulating social environments and interactions to mitigate social impairments and marginalization for persons in recovery from MHD/SUD. However, it is still unclear how the ecological validity of VRT can be harnessed in more sophisticated interventions that target complex social situations.

The overall goal of this project is to provide lived-experience based knowledge on how software development and new programming can broaden the range of VRT-based social environments and interactions. Thus, our study aims to explore how service users in MHD/SUD recovery experience social functioning impairments (SFI) and how these affect social participation and citizenship in their daily living.

Method: This study is part of the project «Virtual Reality as a facilitator for participation in society among persons with mental health and substance use disorders » which received funding from the Research Council of Norway. User driven innovation is a fundamental principle of the overall project. This entails close collaboration with persons who have lived-experience with MHD/SUD. A peer researcher has participated in developing interview guides, interviews and analysis. We have conducted 2 focus group interviews with municipal service providers and 10 in-depth, semi-structured individual interviews with service user in MHD/SUD municipal services.

Preliminary Results: First analysis of the focus groups with service providers suggest, that the particular needs of social functioning training varies across the stages of recovery.

The needs of SFI interventions vary from basic instrumental functioning training, such as household skills, personal management, and responsible decision making to more complex social situations, such as work related interactions (customer service, colleague collaboration, leadership), job interviews and engage in meaningful activities in the company of persons without MHD/ SUD experience. Furthermore, our findings suggests needs for basic cognitive training, targeting mentalization capacity, executive functions, emotional regulation and cognitive flexibility.

Conclusion: This study will provide knowledge on what hinders or promotes participation in society among persons with MHD/SUD within their recovery process. This understanding will facilitate development of tailored recovery measures, and measures to prevent persons with MHD/SUD being marginalized. Based on the results of this study, VR-designers and peer support researchers jointly develop in the second part of the overall project a VR-prototype, which will be finally evaluated within an RCT. Our study is the first to dedicate VR to persons with MHD/SUD.