SafeSpace: Participants experience of a virtual reality intervention, incorporating compassionate mind training exercises, during cancer treatment.

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Background:

The use of virtual reality (VR) in health care is gaining significant momentum in pain management (Indovina et al, 2018), and mental health conditions (Valmaggia et al, 2016), with the efficacy of VR interventions been shown to equal those delivered face-to-face (Morina et al, 2015). The aim of the SafeSpace study was to bring together VR with compassionate mind training (CMT) to provide people with cancer access to a low-cost intervention, designed to help them relax and de-stress, whilst experiencing improved psychological wellbeing and self-compassion.

Phase 1: The SafeSpace intervention was co-designed and developed with people affected by cancer using Experience Based Co-Design (Bates & Roberts, 2006). The final intervention consisted of 3 separate sessions of VR, delivered in the clinical setting in which, the participant could chose from three safe spaces; forest, beach or mountain.

- Session 1 – Being in a safe space & relaxation
- Session 2 – Deep breathing
- Session 3 – Compassionate other exercise

Phase 2: In Phase 2, we adopted a mixed methods approach to determine the acceptability and feasibility of delivering the SafeSpace intervention in a clinical setting and to explore what impact it has across a range of psychological variables. **This e-poster reports on the findings from the interview study undertaken during phase 2 of the study.**
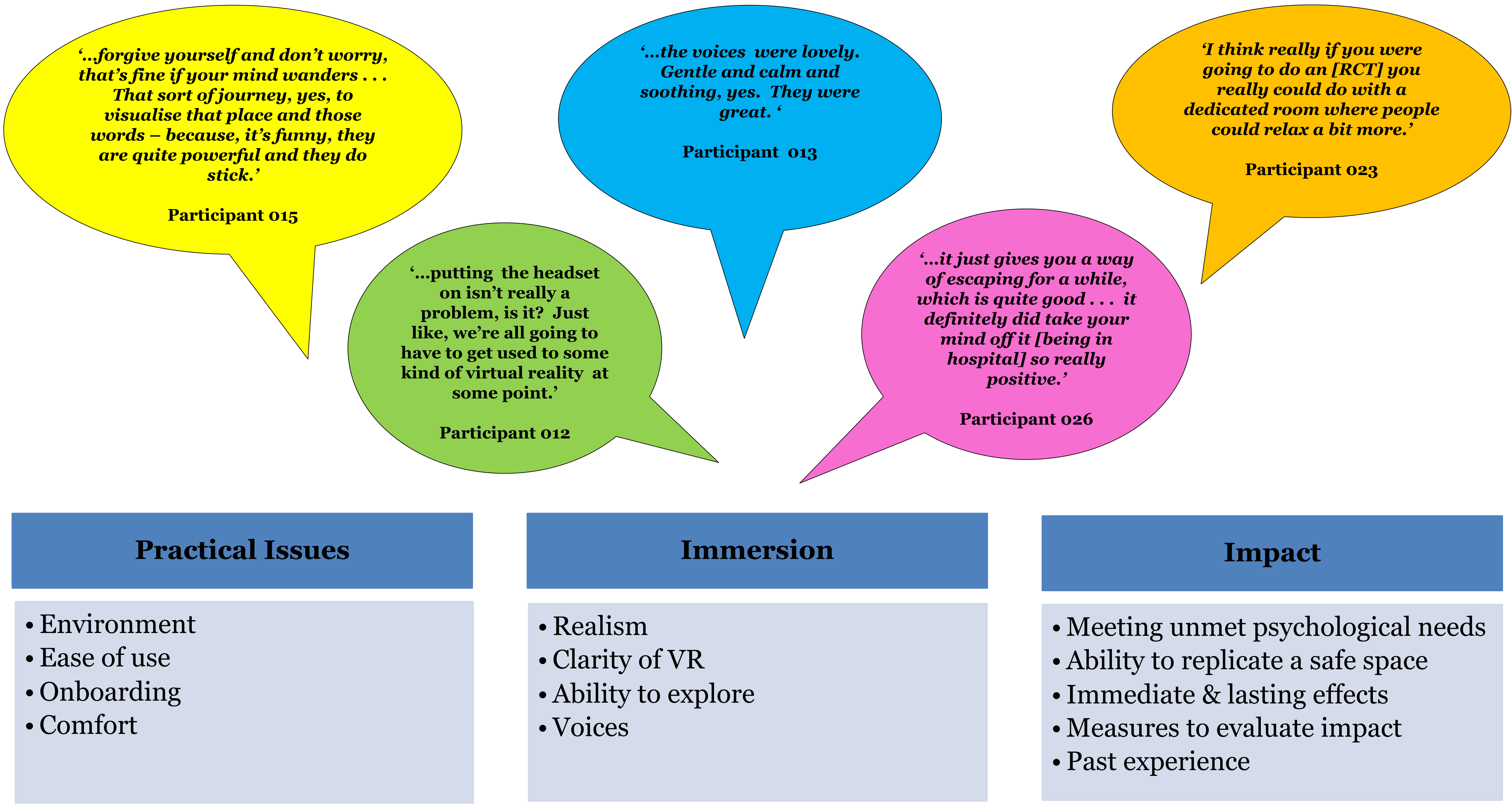
Method:

Semi-Structured telephone interviews were used to gain peoples' experience of using the SafeSpace intervention. All participants who had used the VR intervention were eligible to take part. Interviews were digitally recorded, transcribed and analysed using framework analysis (Ritchie & Spencer, 1994).

Findings:

11 (52%) of the participants who had used the SafeSpace experience took part in the semi-structured interview. 10 (91%) of the participants had completed all 3 VR sessions and 1 participant had completed 2 VR sessions.

Three themes were identified from the data: **Practical Issues, Quality of Immersion and Impact**

'…forgive yourself and don't worry, that's fine if your mind wanders . . . That sort of journey, yes, to visualise that place and those words – because, it's funny, they are quite powerful and they do stick.'
Participant 015

'…the voices were lovely. Gentle and calm and soothing, yes. They were great. '
Participant 013

'I think really if you were going to do an [RCT] you really could do with a dedicated room where people could relax a bit more.'
Participant 023

'…putting the headset on isn't really a problem, is it? Just like, we're all going to have to get used to some kind of virtual reality at some point.'
Participant 012

'…it just gives you a way of escaping for a while, which is quite good . . . it definitely did take your mind off it [being in hospital] so really positive.'
Participant 026

Practical Issues	Immersion	Impact
• Environment • Ease of use • Onboarding • Comfort	• Realism • Clarity of VR • Ability to explore • Voices	• Meeting unmet psychological needs • Ability to replicate a safe space • Immediate & lasting effects • Measures to evaluate impact • Past experience

Conclusion:

The SafeSpace intervention is acceptable to participants, who supported the need for a psychological intervention of this type. However, it is recognised that there is potential to develop this intervention further. A number of considerations are suggested for the future design of a multi-site, randomised-controlled study of the VR intervention. These include improving the quality of the VR, providing a designated space for using the VR, longer and more sessions and reducing the burden of the evaluation measures.
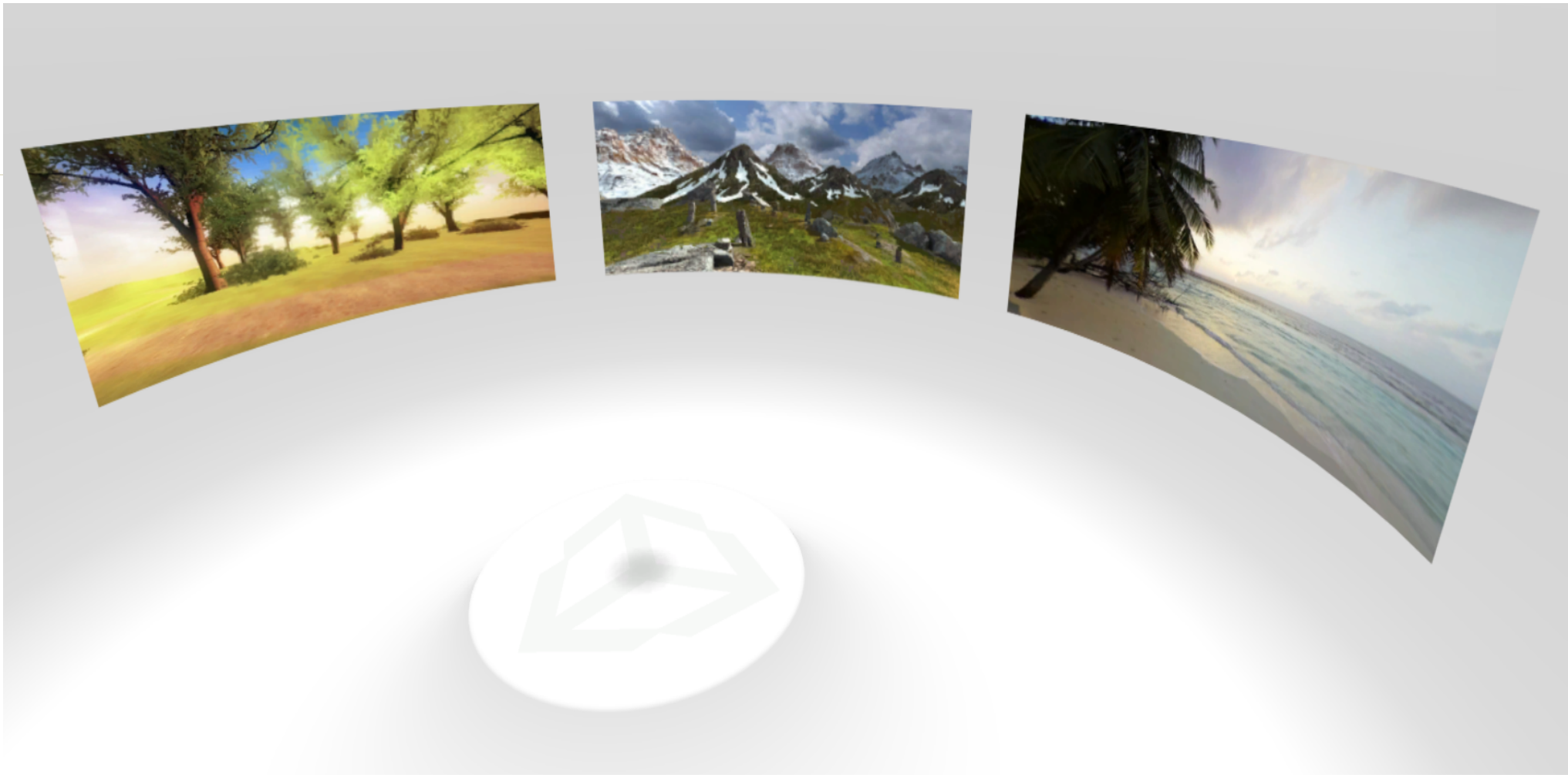
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