

The EUSKADI project team of CALASANZ has compared the feedback received from all partners of the ERASMUS D-LIGHT Network project to the 2 Skills Development Topic
Use of metaverse (VR) to empower elderly on their physical wellbeing
Mental Healthcare centre on metaverse (VR)

and made the following reflections and conclusions on how to make this topic as relevant as possible to all partner countries of the partnership:

Is this topic NEW/INNOVATIVE to the partner countries?

This service is already offered and considered normal practise in our healthcare system	This service is known in our healthcare system, but still only rarely offered	This service is not yet provided by our healthcare system, but is under consideration as a future option	This service is not yet provided or considered in our healthcare system, but we believe it would be relevant for the near future (up to 5 years)	This service is not provided or considered in our healthcare system, and we do not believe it will become relevant within the next 5 years.
Not yet	Yes, several experiences	Yes the most of partners	Yes	Not at all

2. Our conclusions from the feedback

Do you think that the use of virtual reality and new digital environments such as the metaverse can be useful in new treatments focused on the positive health model in order to solve problems such as those in the example? The project partners generally consider that virtual reality can of course be used in new health and social care treatments for

The project partners generally consider that virtual reality can of course be used in new health and social care treatments for older people.

Applications for, among other things, pain, anxiety and stress, training and education and for physical and mental health support, valuable elements in training and simulation of both professional/vocational and personal/relational skills and competences for healthcare professionals. We also believe that VR applications can directly benefit older people, as a platform to stimulate physical, cognitive and interactive functionality of this target group.

These processes should never be isolated, but firmly embedded in the overall didactics of a learning process, and involve teachers/trainers/instructors in pre-VR briefings, post-VR briefings and reflection support sessions, to ensure that immersive VR experiences are actually transferred into the creation of learning for students. Most partners despite this positive feedb ack acknowledge that they have very little experience with such applications and treatments. Nor in their educational and didactic implementation with students and teachers. The process of training and transfer to the work system and workers in the sector, mainly based on traditional and assistance methodologies, can also be lengthy. In some countries, e.g. Denmark, for example, digital platforms are being used to facilitate this adaptation process.

The general opinion is that virtual reality is very useful, but before starting to use it, professionals (in our case, carers) must understand the need for VR and acquire the necessary skills to use it and, later on, to teach others (senior citizens). We also have to take into account the rejection of the elderly, who are not ready to accept something new. All this takes time, but it is valuable in the end.

Do you know of experiences of virtual reality in your countries related to the use of virtual reality applied to the social and healthcare sector?

Some partners have not experienced it themselves but know of applications as examples of maintaining contact, relaxation, experience of dementia, trauma treatment.

In Denmark they know of several platforms even adapted for schools and in Finland they are used in physical rehabilitation treatments.

- VR experiences can engage the attention of older people and enhance their ability to remember by immersing them in scenarios that present places and situations they identify with, and this experience can re-enhance their motivation to (and ability to) communicate their memories and reactions to revisiting those past connections.

Gamification elements, which 'reward' physical, cognitive or relational performance in the VR experience, further enhance the engagement of many, but not all, citizens.

It is generally agreed that the use of VR experiences by citizens should be monitored and supported by healthcare staff until it is confirmed that the citizen feels safe and in control of the VR environment presented.





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2. Mental Healthcare centre on metaverse (VR)

and made the following reflections and conclusions on how to make this topic as relevant as possible to all partner countries of the partnership:

Is this topic NEW/INNOVATIVE to the partner countries?

Do you think that virtual reality can be used in the near future for the physical and mental improvement of patients in health and social care institutions?

Some partners have not experienced it themselves but know of applications as examples of maintaining contact, relaxation, experience of dementia, trauma treatment.

In Denmark they know of several platforms even adapted for schools and in Finland they are used in physical rehabilitation treatments.

- VR experiences can engage the attention of older people and enhance their ability to remember by immersing them in scenarios that present places and situations they identify with, and this experience can re-enhance their motivation to (and ability to) communicate their memories and reactions to revisiting those past connections.

Gamification elements, which 'reward' physical, cognitive or relational performance in the VR experience, further enhance the engagement of many, but not all, citizens.

It is generally agreed that the use of VR experiences by citizens should be monitored and supported by healthcare staff until it is confirmed that the citizen feels safe and in control of the VR environment presented.

Are your students taught virtual reality applications or environments such as metaverse as part of their professional competences to be used in their professional future

Most of the experiences are occasional or scarce. In some countries it has already been introduced into the educational system in simulation processes, sometimes in difficult environments such as addictions, violence or health laboratories to improve the training of future professionals, but there is still a long way to go in the field of application in the workplace by professionals. In Denmark they provide various digital platforms for educational use but not yet the use of the Metaverse.

All of them see these possibilities as an interesting application of Virtual Reality, not so much the use of Metaverse as an opportunity for the DLight project to deepen it.

At this stage, we would be mainly interested in VR-based solutions that provide the user (student or citizen) with the highest level of immersion and engagement when used individually, and the best possible learning effect when supported by appropriate didactic processes, led by professionals.

3. Our ideas how to improve the Topic's value as NEW and INNOVATIVE to all partner countries

In our opinion, once we have analysed and evaluated the abundant feedback information from our partners, based on their experience on the subject, it is of great interest to design digital environments based on the application of virtual reality to generate training tools for professionals in the education system. Especially in the rehabilitation of physical and mental faculties. The barriers for the technical training of professionals and companies must be overcome. Also entering into innovation systems such as Metaverse is something to be experimented but the use of virtual reality in the treatment of this type of diseases is something extremely interesting for all the partners and they consider that it will be the near future within training. Therefore, the introduction of virtual reality in the treatment and improvement of mental illnesses and in the physical well-being of the elderly is proposed.

