

EDITORIAL

Open Access



Virtual reality in telepsychiatry is a new horizon for immersive mental health therapy

Md. Kamrul Hasan^{1,2*}

Abstract

The use of virtual reality (VR) in telepsychiatry signifies a paradigm shift in mental health care. VR provides realistic, interactive environments for therapies like exposure therapy and cognitive behavioral therapy, resulting in reliable and reproducible scenarios that improve treatment effectiveness. This technology enhances accessibility for those with geographical or physical limitations, lowers stigma, and boosts patient engagement and adherence by making treatment activities more pleasurable and interesting. Furthermore, VR may emulate social interactions and circumstances that are difficult to replicate in typical treatment settings, providing useful practice for people with social anxiety or autism spectrum disorders (ASD). Despite its great potential, integrating VR into telepsychiatry offers problems such as high VR equipment costs, assuring clinical effectiveness and safety, and securing patient data. Future research should prioritize large-scale, randomized controlled trials to determine the efficacy of VR-based therapy, investigate long-term consequences, and offer cost-effective solutions. By tackling these issues and investing in novel research, VR has the potential to greatly improve telepsychiatry, making mental health care more effective, engaging, and easily available to people all over the world.

Keywords Telepsychiatry, Virtual reality, Mental health, Immersive therapy, Cognitive behavioral therapy (CBT)

Telepsychiatry has transformed mental health care by making treatments more accessible and adaptable for people who would otherwise be unable to receive treatment. As technology improves, a new and exciting frontier emerges: the integration of virtual reality (VR) into telepsychiatry. This new technique has the potential to alter mental health care by providing immersive, interactive environments that improve therapeutic experiences. VR technology creates a simulated environment that is either like or wholly distinct from the real world, providing unique options for exposure treatment, cognitive behavioral therapy, and skill training. VR can be helpful to treat illnesses like PTSD, anxiety disorders, and

phobias by immersing patients in controlled, customizable environments [1].

One of the most notable benefits of VR in telepsychiatry is its capacity to provide uniform and reproducible therapy settings. Traditional in-person exposure therapy, for example, is based on real-world scenarios that might be challenging to regulate and mimic. In contrast, VR enables therapists to reproduce specific scenarios and progressively introduce patients to their concerns in a secure and controlled environment. This can improve the efficacy of exposure therapy, resulting in improved results for patients [2]. Furthermore, VR can be especially useful for people who have limited access to traditional mental health care owing to regional or physical constraints. Telepsychiatry allows patients to participate in VR-based therapy sessions from the ease of their own homes, which not only increases accessibility but also lowers the stigma associated with attending a mental health clinic [3].

The immersive nature of VR also provides novel options for improving patient engagement and adherence

*Correspondence:

Md. Kamrul Hasan
kamrulhasanhridoy205@gmail.com; hasanm57@mcmaster.ca

¹ Department of Health Research Methods, Evidence, and Impact, McMaster University, 1280 Main St. W, Hamilton L8S 4K1, Canada

² Department of Public Health, North South University, Dhaka 1229, Bangladesh

to therapy. Traditional therapeutic approaches might fail to keep patients interested and motivated, especially when performing repetitive chores or exercises. VR's dynamic and engaging surroundings might enhance the enjoyment and stimulation of therapeutic activities, potentially enhancing patient adherence and involvement in treatment programs [4]. Furthermore, VR can be utilized to model social interactions and surroundings that are difficult to replicate in a traditional therapeutic context, giving useful practice for people with social anxiety or autism spectrum disorders.

Despite its seeming promise, using VR in telepsychiatry poses significant hurdles. One of the most pressing challenges is the expense and accessibility of VR technology. High-quality VR systems can be costly, and not all patients may have accessibility to this technology. However, as VR technology progresses and becomes more inexpensive, these hurdles are projected to decrease over time. Another area for improvement is to ensure the therapeutic efficacy and safety of VR-based therapies. While preliminary research has yielded encouraging results, more thorough, large-scale studies are required to determine the usefulness of VR in treating a variety of mental health issues. Furthermore, therapists must be properly trained to integrate VR technology into their therapeutic practice. To ensure virtual reality's consistent and efficient use in telepsychiatry, defined protocols and guidelines must be developed [5].

Security and confidentiality of information are both important factors. VR in telepsychiatry entails collecting and keeping sensitive patient data, which must be safeguarded to maintain patient confidentiality. Developing strong security measures and complying with relevant legislation is critical to protecting patient information. Looking to the future, the prospective uses for VR in telepsychiatry are extensive. Emerging technologies, including artificial intelligence (AI) along with machine learning (ML), may improve the potential of VR-based therapy. For example, AI algorithms could customize therapy situations for patients and track their progress in real time. This could result in more tailored and adaptive treatment approaches, hence enhancing outcome and patient satisfaction [6].

To fully achieve VR's promise in telepsychiatry, these issues must be addressed through comprehensive study and cross-disciplinary collaboration. Future research should concentrate on large-scale, randomized controlled trials to determine the effectiveness of VR-based therapies for a variety of mental health disorders. Furthermore, the study should investigate the long-term impacts of VR therapy, the best timing and length of sessions, and which patient demographics might benefit the most. Additionally, establishing affordable VR solutions and guaranteeing

universal technological access will be crucial for VR uptake in telepsychiatry. Policymakers and mental health experts must collaborate to develop norms and standards for the ethical use of VR in therapeutic settings while maintaining patient safety and data protection. By overcoming these concerns and investing in creative research, we can realize VR's full promise for transforming mental health care and providing improved, engaging, and accessible treatment choices for people around the world.

Acknowledgements

None.

Author's contributions

Md. Kamrul Hasan: conceptualization, investigation, formal analysis, methodology, project administration, writing—original draft, writing—review and editing.

Funding

No funding from any public, private, or non-profit research agency was received for this study.

Availability of data and materials

No datasets were generated or analysed during the current study.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

Received: 28 June 2024 Accepted: 6 August 2024

Published online: 19 September 2024

References

1. Riva G, Wiederhold BK, Cipresso P (2019) Virtual reality in anxiety disorders: the past and the future. *J Anxiety Disord* 61:1–2
2. Maples-Keller JL, Bunnell BE, Kim SJ, Rothbaum BO (2017) The use of virtual reality technology in treating anxiety and other psychiatric disorders. *Harv Rev Psychiatry* 25:103–113
3. Garcia-Palacios A, Botella C, Hoffman H, Fabregat S (2007) Comparing acceptance and refusal rates of virtual reality exposure vs. in vivo exposure by patients with specific phobias. *Cyberpsychol Behav*. 10:722–724
4. Freeman D, Haselton P, Spanlang B, Slater M (2017) Virtual reality in the assessment, understanding, and treatment of mental health disorders. *Psychol Med* 47:2393–2400
5. Lindner P, Miloff A, Hamilton W, Reuterskiöld L, Andersson G, Carlbring P (2019) Creating state of the art, next-generation virtual reality exposure therapies for anxiety disorders using consumer hardware platforms: design considerations and future directions. *Cogn Behav Ther* 48:219–239
6. Boeldt DL, McMahon E, McFaull M, Greenleaf W (2019) Using virtual reality exposure therapy to enhance treatment of anxiety disorders: identifying areas of clinical adoption and potential obstacles. *Front Psychiatry* 10:773

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

© The Author(s) 2024. This work is published under
<http://creativecommons.org/licenses/by/4.0/>(the “License”). Notwithstanding
the ProQuest Terms and Conditions, you may use this content in accordance
with the terms of the License.