

SLEEPING TOO MUCH? CAN'T DREPT OFF OR STAY ASLEEP? FEELING EXHAUSTED IN THE DAY? Join our new...

Psychology for sleep group

Wednesdays 2-3pm on Lea Ward
19th June - 24th July



Team: Joseph, Bridget, Mary, Sahima, Anulika, Sufia, Fey, Sogo, Richard
Sponsor: Alex. QI coach: Carmel
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NHS
East London
NHS Foundation Trust

Developed and implemented a novel inpatient psychology for sleep group demonstrating the need for and acceptability of the approach

QI Project and QI SRRP Aim

QI Project: improve sleep for service users, to the 'Gold standard' of 7-9 hours.

SRRP aim:

- Devise group using evidence based CBT techniques to improve patient sleep & evaluate its acceptability and impact within an acute inpatient setting.

Why is this important to Service Users and Carers?

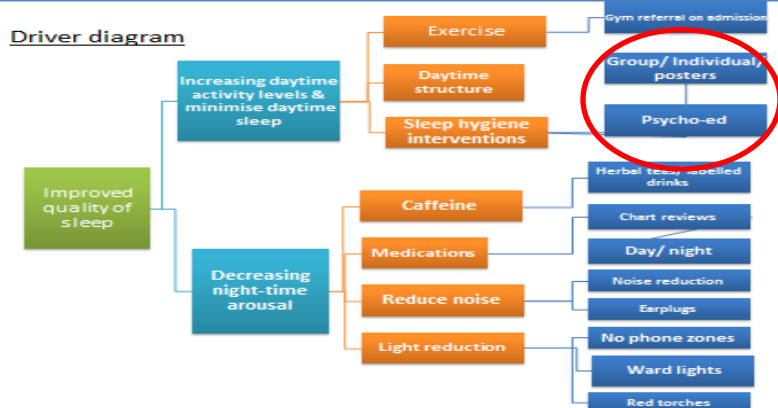
- Founded in response to service user concerns.
- There is a well established bi-directional relationship between sleep and mental health.
- Vignette approach based on Oxford ward sleep project's real world inpatient case studies.
- Content adapted to respond to relevant issues brought to group e.g. 'bad dreams'.

QI SRRP Methodology

- Devise a novel CBT for sleep group.
- Involve different MDT members to co-facilitate the group.
- Use successive PDSA cycles to improve relevance and attendance.
- Measure change in observed sleeping behaviour.

Driver Diagram with your QI SRRP

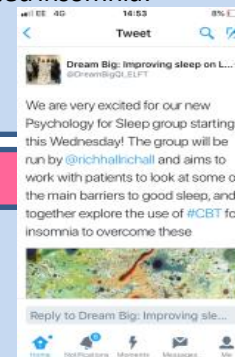
Driver diagram



Data (Quantitative/Qualitative)

'Really helpful, everything we have been through I have experienced' (group attendee)
'it was a collaborative adult discussion' (ward doctor)

- Analysis of nursing observations data ongoing but showing early signs of improvement with some attendees recording reduced day time napping, increased sleep at night and improved self reported insomnia.
- 19 service users attended the group.
- 6 members of MDT helped co-facilitate.



Learning and Recommendations

- The group is acceptable to patients and staff.
- Needs a flexible and persistent approach and support from MDT to ensure good attendance.
- Received interest from psychologists in other CMHTs across the trust and inpatient OT; plan to share materials.
- Nursing observation data is unreliable. Future studies should consider data taken from a 'Digital Care Assistant'.