Head for bed

A scheme to help people with autism sleep better has boosted wellbeing, says Mary-Clare Mason

An innovative programme is helping patients get better sleep at the behavioural disorders inpatient ward at the Bethlem Royal Hospital. The hospital, part of South London and Maudsley NHS Foundation Trust, has a 17-bed unit that treats adults with autism spectrum disorders.

Nursing team leader Haddy Quist says the programme came from participation in the productive mental health ward initiative, which aims to increase the amount of time nurses spend with patients.

Ms Quist says that staff recorded what patients did throughout the day and night, including details about their sleep patterns. The information was put on a sleep monitoring chart, a tool devised by the staff team. An at-a-glance visual aid used on the weekly ward rounds highlighted that patients were not sleeping well.

“We knew from our experience that some had disturbed sleep,” says Ms Quist. “But for the first time this was confirmed by the chart, providing an accurate picture of what was happening and one that could be shared and discussed with affected patients.”

**Group discussion**

Some patients would sleep until midday, being woken by staff for lunch. Others napped in the afternoon and would not go to bed until the early hours of the morning. There were also patients who were awake during the day, but still had broken, poor-quality sleep at night.

The findings inspired Ms Quist to develop a strategy to improve patients’ sleep quality. The result was the sleep education group, to which seven patients with insomnia were referred. The course consisted of an hourly session for six weeks and started in summer 2010.

Ms Quist led the group with support from junior nurses and an occupational therapist. Patients were given information about the importance of sleep, the causes of insomnia and its consequences, such as pooring functioning during the day and possible aggravation of mental health problems.

The group discussed sleep physiology and ways of improving sleep quality, such as avoiding caffeinated coffee for five hours before bedtime and using cognitive behavioural therapy to manage thoughts that hindered a restful night.

Feedback from participants and initial evaluation of the project has been encouraging, says Ms Quist. One patient realised that his habit of reading intellectually demanding books and doing homework just before bedtime overstimulated his mind and stopped him getting off to sleep.

Many participants reported that cutting caffeine and nicotine helped them sleep more soundly.

Two weeks into the course, patients reported improved sleep patterns. The results have been so encouraging that the sleep education group is continuing. Ms Quist is producing a booklet on the programme, which will incorporate patients’ tips for improving sleep quality.

“Sleep problems should not be ignored, she warns. ‘Chronic sleep deprivation can cause irritability, loss of concentration and a worsening of mental health symptoms.’

Conversely, the benefits of good sleep are far reaching. Ms Quist says: ‘As patients are more alert during the day, they interact better with staff and make the most of therapies on offer – which, in turn, means they are likely to get well sooner.’

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SUMMARY

Monitoring patients' sleep patterns and providing them with educational sessions has proved beneficial in one mental health unit.

Keywords
Sleep patterns • Mental health • Autism spectrum disorder • Patient education

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