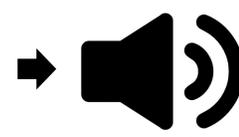


The role of occupational therapy for sleep problems: research on therapist perspectives, and client experiences and preferences.



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Poster audio:
scan below with a
QR code scanner app
(quotes voiced by
actors).

Background:

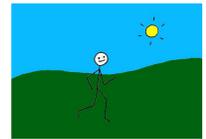


Poor sleep affects emotional regulation, mood and cognitive performance.

Sleep is affected by environmental, individual, and psychosocial factors.



Daytime activity can affect sleep positively or negatively.



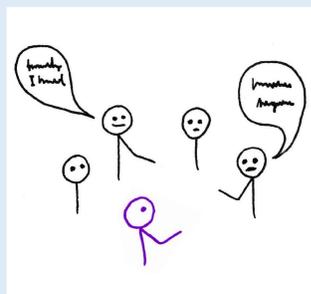
Yet historically limited attention has been paid to sleep within Occupational Therapy (OT).

Green A and Brown C (eds) (2015) An occupational therapist's guide to sleep and sleep problems. London: Jessica Kingsley Publishers

The role of OT in relation to sleep in mental health

Methods:

4 focus groups, with 15 mental health OTs. Thematic analysis, Nvivo



Findings:

1. OTs saw impact of sleep on occupation, and impact of occupation, environment and skills on sleep.

OTs have relevant skills to address sleep:

- Assessing and addressing routines
- Promoting self-management
- Assessing & modifying environment
- Client centeredness, personalisation



3. Sleep as complex and interconnected. OTs hadn't had specialist training, and felt unsure of best practice.

4. OTs wanted more knowledge and evidence based interventions.

Faulkner S & Mairs H (2015) An exploration of the role of the occupational therapist in relation to sleep problems in mental health settings, BJOT, 78(8) 516–524, doi: 10.1177/0308022614564771

Views of people with serious mental illnesses regarding sleep

Methods:

Systematic literature review

Qualitative or quantitative literature on patient views of sleep, sleep problems, or sleep treatment



Findings:

Limited attention to patient perspectives in sleep research in mental health. Only 9 studies focused on this topic.

Some differences in experiences and priorities from patients with primary insomnia. People preferred natural treatments, and personalised interventions. Participants largely felt hypnotics were unacceptable.

Faulkner S, Bee P (2016) Perspectives on Sleep, Sleep Problems, and Their Treatment, in People with Serious Mental Illnesses: A Systematic Review. PLoS ONE 11(9), e0163486. doi:10.1371/journal.pone.0163486

Experiences and priorities of people with schizophrenia spectrum disorders regarding sleep

Methods:

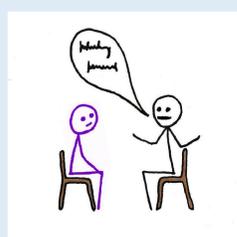
1to1 interviews, with 15 participants with schizophrenia spectrum disorders and sleep problems. Interpretive Phenomenological Analysis, Nvivo

Findings:

Participants described the impact of irregular sleep patterns on:

- Vocational goals & social life
- Self image, "am I lazy?", feeling a lack of control

Poor sleep accepted as part of illness, feeling it can't improve



4. Drugs - a last resort



5. Strategies to control sleep, individualised 'whole lifestyle' approaches valued



Faulkner, S. and Bee, P. (2017) 'Experiences, perspectives and priorities of people with schizophrenia spectrum disorders regarding sleep disturbance and its treatment: a qualitative study', BMC Psychiatry, 17(1), p. 158. doi: 10.1186/s12888-017-1329-8.

Practice recommendations

- Consider the links between sleep and occupation in your area of practice.
- Think of your current caseload, how is their sleep?
- Include questions about sleep in initial interviews.
- Incorporate sleep into your occupational formulations.
- Try using some existing sleep assessment tools.
- Learn more – look out for trainings, and relevant reading.
- Encourage your students to address sleep.
- Use your core OT skills to address sleep.
- Consider sleep as part of your remit!

Research recommendations

- More research on service user perspectives on sleep and sleep treatment.
- Sleep should be incorporated in standardised OT assessments.
- Researchers testing behavioural sleep interventions should consider using OTs to deliver these interventions, due to OTs relevant skills.
- More OT interventions to address sleep should be developed and tested (some work is already ongoing).



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Disclaimer: Views expressed are those of the author and not necessarily those of the NHS, the NIHR or the Department of Health.

