

Background

- Sleep disorders are more likely to affect those with psychiatric disorders than the general population.
- Treating sleep disorders may improve psychiatric symptomatology but it is unclear to what extent treatment programs address sleep disorders within inpatient psychiatric settings.

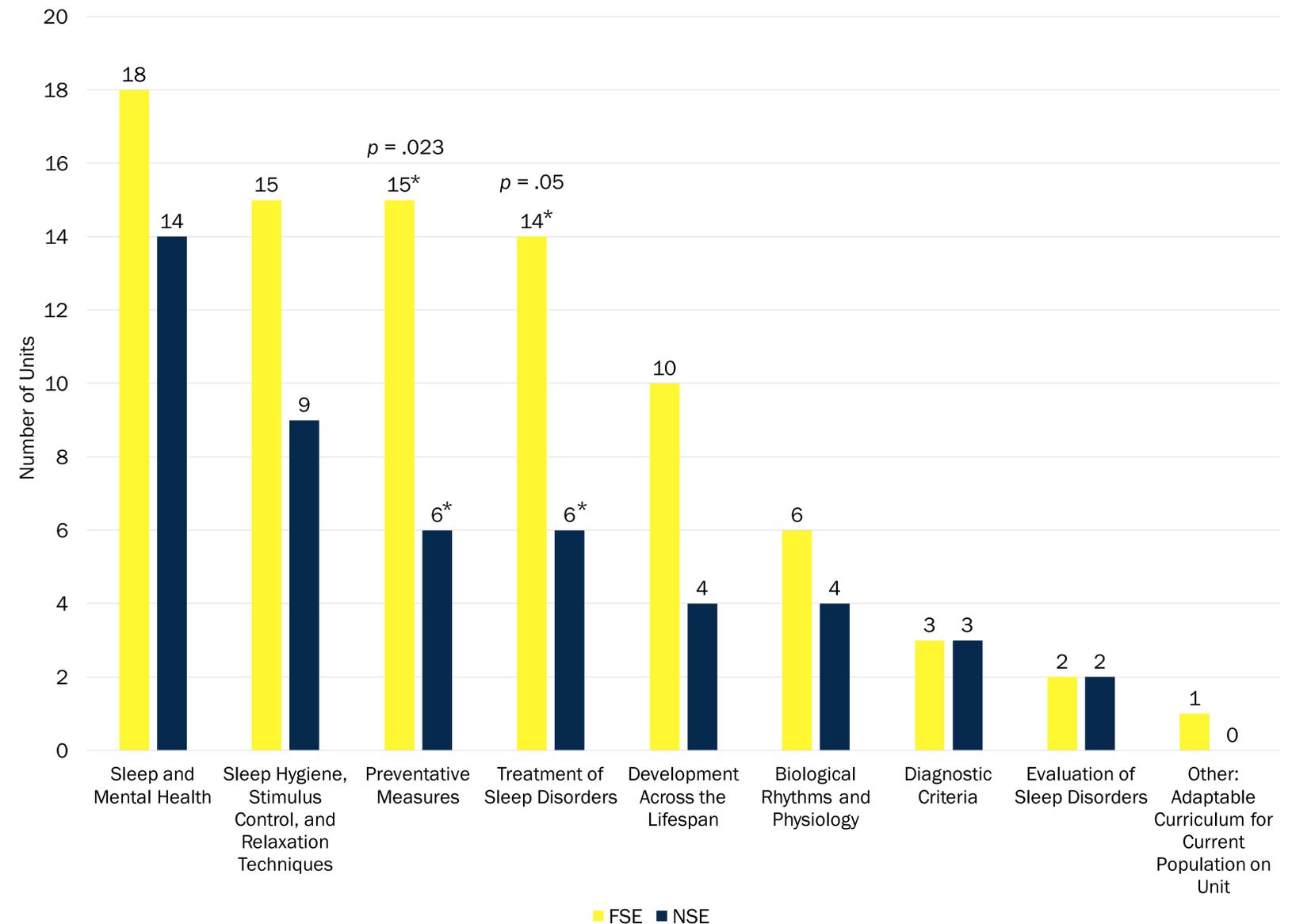
Method

- We examined the prevalence of sleep education and barriers in 36 inpatient psychiatric units in the United via an online survey of nursing directors of adult inpatient psychiatric units.

Results

- The most common mental health populations served were: schizophrenia, bipolar disorder, and depression.
- 55.6% of units had formalized sleep education (FSE) while 44.4% of units did not have formalized sleep education (NSE)
- Larger psychiatric units reported less formal sleep education than smaller units.
- NSE units served conduct disorder populations more frequently than FSE units.
- Barriers to implementation included: lack of resources, time constraints, not a priority, and lack of qualified personnel. There were no differences between groups.
- Desired sleep education topics were generally similar between groups and are displayed in the chart

Desired Topics for Future Education Between FSE and NSE Units



Conclusions & Future Directions

- Those programs with no sleep education will benefit from basic education related to sleep hygiene, sleep and mental health, and behavioral training (e.g., CBT-I).
- Inpatient units which already have formal sleep education will benefit from education related to preventative measures and treatment of sleep disorders.