
Mental Health and the Military Experience
WEBINAR SERIES
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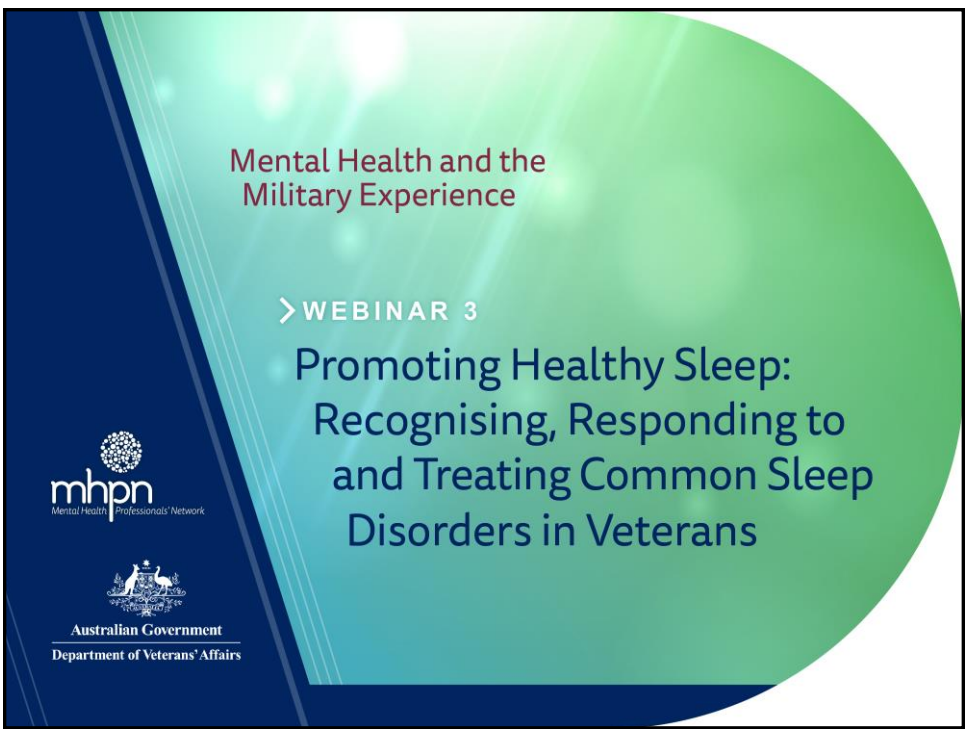
Mental Health Professionals' Network
Australian Government
Department of Veterans' Affairs


Mental Health and the Military Experience
WEBINAR 3
Promoting Healthy Sleep: Recognising, Responding to and Treating Common Sleep Disorders in Veterans
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Mental Health Professionals' Network
Australian Government
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Mental Health and the Military Experience

Tonight's panel

Dr David Cunnington
Sleep Physician

Dr Andrea Phelps
Clinical Psychologist

Dr Curtis Gray
Psychiatrist

Prof Mark Creamer
Clinical Psychologist
(Facilitator)

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This webinar series

This webinar is the third in a series of six and has been made possible through funding provided by the Department of Veterans' Affairs.

Learn more about the Department of Veterans' Affairs by visiting:
www.dva.gov.au

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Learning Outcomes

Through a facilitated panel discussion about Sally, at the completion of the webinar participants will have:

- A better understanding of the types of, prevalence and risks associated with sleep disorders amongst military personnel and veterans
- Heightened awareness of the evidence based psychological and medical treatments for sleep disorders which promote healthy sleep
- Increased confidence in supporting and treating veterans experiencing sleep disorders.

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Sleep Physician perspective

Assessment of sleep problems

- Not enough sleep – insomnia
- Sleep quality – sleep apnoea / movement
- Things happening during sleep – parasomnias
- Sleep at the wrong time - circadian
- Too sleepy - hypersomnia

Dr David Cunnington

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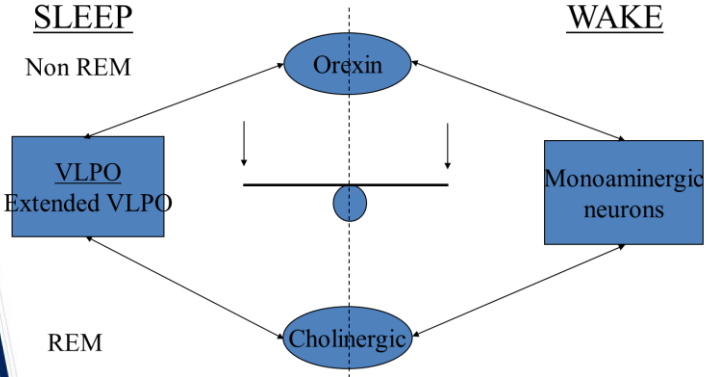
Sleep Physician perspective

Sleep regulation - overview



Saper et al. Nature 2005; 437: 1257-1263

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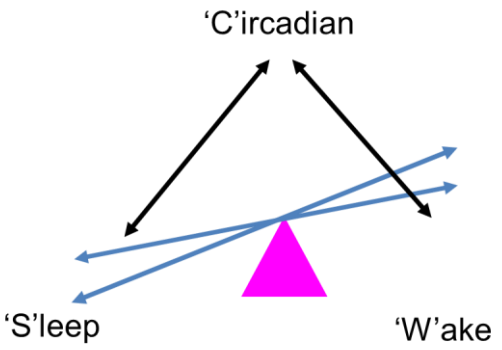
Sleep Physician perspective

Sleep regulation – C, S + W



Dr David Cunnington

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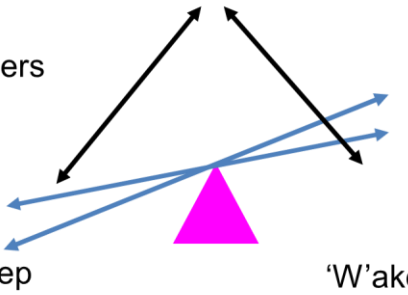
Sleep Physician perspective

Sleep regulation – C, S + W

Thinking
Behaviour
Physiology

Sleep disorders



Dr David Cunnington

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Sleep Physician perspective

Clinical tips

- Listen
  - The narrative tells the story
- Good sleep: It's not always about the night
- Attributional bias
  - Don't be complicit and amplify this
- Sleep needs it's own treatment
- Sleep hygiene is not the answer

Dr David Cunnington

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Psychologist perspective

Sally's sleep issues

- Sleep disturbance
  - Difficulty getting off to sleep and restless during the night
  - Recurring nightmares
  - Wakes up gasping for breath with heart racing
- Impacts
  - Irritability, tiredness, low self-esteem, concentration affecting driving and work, sleeping in separate rooms
- Potential targets of treatment
  - Nightmares
  - Unhelpful sleep habits: uses the bedroom as a living room, couple of wines before bed, coffee?, sleeps through if she's had a bad night
  - Pain? Obstructive sleep apnoea? Sleep avoidance?

Dr Andrea Phelps

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Psychologist perspective

Sleep problems in veterans

- Prevalence
  - Studies report up to 90% veterans have sleep disturbance
  - One of the main problems that people complain about when they return from deployment
- Deployment-related contributing factors
  - Physical sleep environment, stress of being away from home, stress of deployment
  - Irregular sleep/wake cycles, sleep fewer hours, wake up at a moment's notice, stay alert and vigilant (important for survival) - hard to turn this off on return
  - Trauma experience – nightmares lead to frequent awakening and eventually avoidance of sleep
- Compounded by issues like pain and PTSD

Dr Andrea Phelps

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Psychologist perspective

Impacts

- Short term: mood, concentration, day to day function, relationships
- Longer term: sleep disturbance can be a precursor to adjustment difficulties and mental health problems.
- In particular, sleep disturbance in the early aftermath of trauma has been found to predict the development of PTSD
- **Critical importance of addressing sleep disturbance early**

Dr Andrea Phelps

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Psychologist perspective

What are effective interventions for veterans with sleep disturbance?

- Cognitive behavioural therapy for insomnia (CBT-i)
- Cognitive therapy – identifying and resolving dysfunctional or negative thoughts about sleep
- Sleep hygiene – information about good health and environmental practices that promote sleep
- Stimulus control – strengthening the association between the bed and sleep by using the bed only for sleep (and sex) and sleeping only in bed
- Sleep restriction – limiting time spent in bed to maximise sleep efficiency

Dr Andrea Phelps

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Psychologist perspective

For veterans with nightmares
CBTi + Imagery rehearsal therapy (IRT)

- Veterans frequently report two sleep related symptoms – problems falling/staying asleep and nightmares
- Fundamental difference to normal insomnia – sleep is often feared and avoided rather than highly desired
- Standards CBT-i might not be sufficient
- Combine with nightmare treatment – imagery rehearsal therapy
  - Change the storyline of the dream to increase the sense of mastery or control
  - Rehearse the newly scripted nightmare before going to sleep
  - Pair with relaxation

Dr Andrea Phelps

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Psychiatrist perspective

General Assessment

- Psychiatric approach
- History ("wh" questions), examination, investigations (not that helpful) & collateral history (very helpful.)
- Beware of attribution issues
- "Since her return from disaster relief work in the 2009 Victorian bushfires she has seemed to need more sleep or has been more tired than usual. Sally puts her newfound tiredness down to her sleep now being characterised by disturbing dreams and strange awakenings".
- "Sally finally decides that she needs to do something about her sleep problems and makes an appointment with her GP to get a referral to a psychologist…."OK, maybe I am a little under par. If I could just get a good night's sleep. Problem is, I don't know how to …"."
- Beware of "premature closure" e.g. assuming the disturbance is service related.
- Try to address why *this* patient has presented in *this* way at *this* time?

Dr Curtis Gray

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Psychiatrist perspective

General Assessment (cont.)

Bearing in mind common psychiatric morbidities

- Trauma & stressor related e.g. PTSD or similar, Adjustment Disorder (adjusting to what though??), Depressive Disorders, Substance misuse, Anxiety Disorders (Panic, GAD etc), Somatization type presentations (often associated with depression-anxiety), Personality/characterological issues which may be pre-existing, & other issues of a non-psychiatric nature that affect the presentation e.g. pain, injury/loss, relationship problems.

Dr Curtis Gray

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Psychiatrist perspective

Sally

- 48yr, female, RN (Ortho then casual agency), married 10yr, no kids (?significance*). Various deployments (Middle East) & local disaster relief work. Has valued the work & opportunity to do something that is not only worthwhile, but also outside of her comfort zone. Her father always said “don’t sweat the small stuff” (how do you know what’s small?) & that has been her mantra in life. All of this tells us something about her personality & developmental stage in the adult life cycle e.g. altruism, likes to challenge herself but might tend to a little self-neglect in unclear health circumstances.
- Sleep - never come easy (?); not ever felt she needed much “I’ve got a fast metabolism. Don’t need much sleep (?), thin as a whippet, always positive, always busy” ….but not anymore (?medical or physical problem developing).

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Psychiatrist perspective

Sally (cont.)

- Since the 2009 Victorian bushfires she has seemed to need more sleep or has been more tired than usual. (?If she gets more sleep does the tiredness abate) Sally puts her newfound tiredness down to her sleep now being characterised by disturbing dreams & strange awakenings.
- Her sleep patterns were always a tad random (?), now they are more predictable. She has difficulty getting off to sleep, is restless through the night (although often seems to fall more deeply asleep near morning). Recurring nightmares (of 2 types) have become a feature with a couple that happen regularly, once or twice a week, & are increasing over the last 10 years.
- About eighteen months ago, impacted by Sally's restlessness at night, husband moved into the spare room where he now sleeps (cue alarm bells ringing loudly...?significance*).

* Significance for 1) now, & 2) the future

Dr Curtis Gray

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Psychiatrist perspective

Symptoms and signs

- A – affect (emotion)
- B – behaviour (commission and omission)
- C – cognitive (mindset, thoughts, beliefs etc)
- D – demographics
- E – experiential
- F – functional status

- Insomnia (terrible habits), nightmares, delayed phase
- ↑ alcohol
- irritability, constant tiredness, low self-esteem, (all new to Sally), she attributes to peri-menopause.
- Minor MVA and transcription error at work, noted with concern by husband and boss

Sally is surprised that Cameron seems to care more about her state of mind than the car.

…" you are not the same bubbly woman I married… you pick on me, you're grumpy and tired all the time. Where is our old spark? I wonder if you, or in fact we, are happy anymore. We hardly see each other. More often than not you're still asleep when I leave in the morning."

Dr Curtis Gray

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Psychiatrist perspective

So what have we got?

A middle aged woman who is starting to demonstrate impairment in function in the context of psychological symptoms and ….

- Nightmares (parasomnia)
- Insomnia (initial and middle)
- ? Sleep phase disturbance developing
- Alcohol ?minimizing

? Sleep deprivation

- Gradually developing marital estrangement
- ?? Syndromal psychiatric disorder in the depressive-substance use spectrum +/- ptsy, or some other (albeit unlikely) condition e.g. organic/neuropsych
- An attributional style that has previously worked well but may, at this stage of her life with these developing problems, be promoting minimizing or denial

Dr Curtis Gray

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Questions and answers

Dr David Cunnington
Sleep Physician

Dr Andrea Phelps
Clinical Psychologist

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Help guide tonight's discussion

The following themes were identified from the questions you provided on registration:

1. **Medication**
2. **Similarities and differences in sleep disorders across populations**
3. **Sleep hygiene**
4. **Sleep architecture**
5. **Relationship between sleep disorder and PTSD**

A pop up will appear on your screen shortly listing the themes. Choose the one you'd most like the panel to discuss.

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Local networking

- **Interested in leading a face-to-face network of mental health professionals with a shared interest in veterans' mental health in your local area?** MHPN can support you to do so.
- Provide your details in the relevant section of the feedback survey. MHPN will follow up with you directly.
- For more information about MHPN networks and online activities, visit www.mhpn.org.au.

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Panellist and DVA recommended resources

- For access to resources recommend by the Department of Veterans' Affairs and the panel, view the supporting resources document in the documents tab at the bottom right of the screen.

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Thank you for your participation

- Please complete the feedback survey before you log out (it will appear on your screen after the session closes).
- Attendance Certificates will be emailed within two weeks.
- You will receive an email with a link to online resources associated with this webinar in the next few weeks.
- Future topics in the series include: substance abuse; anger; families and partners.