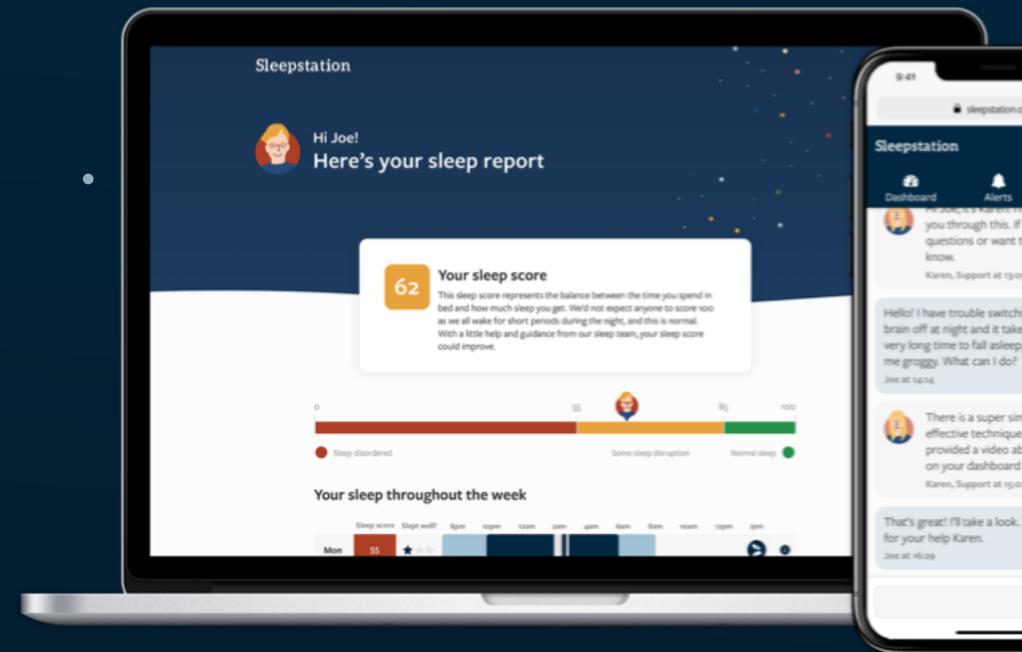


# Sleepstation

## Referring to Sleepstation

A clinically validated digital screening and support service for those experiencing sleep problems, including a full online programme of Cognitive Behavioural Therapy for insomnia (CBTi). Our digital care pathway and person-centred approach incorporates dedicated, proactive human support and multi-disciplinary team input.

[sleepstation.org.uk](https://sleepstation.org.uk)



# What you need to know

This document is designed to give you the necessary information to refer appropriate NHS patients to Sleepstation. The choice of cognitive and behavioural intervention should be guided by clinical judgement, individual preference and availability.

Topics covered include:

- **What is Sleepstation?**
- **How does it work?**
- **What is CBTi?**
- **Evidence base**
- **NICE guidance for insomnia**
- **Why should I consider referring?**
- **What steps are involved?**
- **Treating insomnia without medication**
- **Who is Sleepstation suitable for?**
- **How do I refer?**
- **How do NHS patients get access?**
- **Screening for insomnia**
- **References**



# What is Sleepstation?

Sleepstation is a clinically validated, digitally delivered, screening and support service for those experiencing sleep problems, including a full online programme of Cognitive Behavioural Therapy for insomnia (CBTi).

**[NICE recommends CBTi](#) as the first-line approach for chronic insomnia.**

Sleepstation resolves insomnia symptoms and improves quality of life for more than 80% of service users who engage with the CBTi therapy and also delivers meaningful sleep improvements for those who access lower level intensity coaching and sleep support services.

- ✓ Clinically validated
- ✓ Highly engaging
- ✓ Proven efficacy
- ✓ Few contraindications
- ✓ Benign side-effect profile
- ✓ Evidence based
- ✓ Delivered entirely online
- ✓ Gold-standard approach
- ✓ Fully supported
- ✓ Personalised care



# How does it work?

Delivered entirely online and carefully tailored to each individual, Sleepstation helps people identify the underlying causes of their sleep problem and provides the support and guidance needed to improve sleep.

Sleepstation has impressive engagement rates. 74% of NHS patients referred engage with the service.

**The personalised support is what makes Sleepstation so effective.** A multi-disciplinary team of coaches, medical and mental health professionals and sleep experts develop and monitor a programme of support to guide your patients through personalised sleep improvement plans.

NHS patients don't need to download an app to use Sleepstation. The NHS service is web-based.

Support is delivered asynchronously. Service users can access a wide range of resources to help them follow their plan and can complete therapy sessions in their own time. They can also access human support and guidance when they need it.

**Sleepstation helps people sleep better without medication.**



**Akal**

48, from Bristol

*“The programme is well structured and the support provided is fantastic. The tools this programme has given me will lead to a means to go back and use them when needed in the future. Excellent interactive website and brilliant support.”*

Akal had been sleeping badly for four years before he self-referred to Sleepstation.

# What is CBTi?

Cognitive Behavioural Therapy for insomnia (CBTi) aims to improve sleep habits and behaviours by identifying and challenging thoughts and behaviours that affect a person's ability to sleep or sleep well.

Cognitive and behavioural interventions are effective in the treatment of long-term insomnia<sup>[1]</sup> and are widely recommended.<sup>[2] [3] [4] [5] [6] [7] [8]</sup>

The cognitive therapy in a CBTi programme is **centred around sleep education, using this as a tool to target dysfunctional beliefs/attitudes about sleep.**

The type of cognitive therapy delivered within a CBTi programme is not synonymous with other forms of cognitive behavioural therapy, for example those designed to address anxiety or depression. **People who have not responded to CBT for depression may respond well to CBTi.**



**Jane**

62, from Leeds

*“Sleepstation has changed my life. I now look forward to getting into bed because I know I will sleep. Having sleep tools has taken away my anxiety. I enjoy living now because the confusing ‘lack of sleep’ fog has been lifted.”*

Jane had been struggling with insomnia for more than six years before she was signposted to Sleepstation.

# What evidence is there for this approach?

NICE's clinical knowledge summary on insomnia summarises the latest evidence on managing insomnia in primary care and recommends that **CBTi is the first line treatment for chronic insomnia in adults of all ages**. CBTi has a large evidence base stretching back over 40 years. A recent statement from **NICE MTG-70 states that digital CBTi (dCBTi) is an effective therapy for insomnia**.

**Sleepstation is novel** in the dCBTi space as it combines digital presentation of CBTi with help/support/guidance from a team of **human sleep coaches**, supported by a multi-disciplinary team comprising experts from the fields of sleep medicine, behavioural psychology and mental health.

This is important as a network meta-analysis compared various forms of digital CBTi with face-to-face CBTi and concluded that **web-based CBTi with a therapist offers better outcomes than other forms of dCBTi**.<sup>[9]</sup>

A meta-analysis indicates that **digital CBTi is non-inferior to face-to-face CBTi**.<sup>[10]</sup> This confirms the finding of Anderson et al. 2014<sup>[11]</sup> who showed that **Sleepstation is comparable in its outcomes to those obtained with face-to-face CBTi**, in regard to treatment success, magnitude of improvement and numbers completing therapy, an easily accessible and low-cost form of therapy for this common but untreated condition.

One possible reason why Sleepstation is as effective as face-to-face treatment as alluded to by Hasan et al 2022, is the use of human sleep coaches who can show empathy and understand the service user in the same way as a therapist would. This also perhaps accounts for the superior outcomes compared to fully automated dCBTi, however sophisticated an algorithm or AI may claim to be they cannot replicate empathy.

Xu and Anderson 2019<sup>[12]</sup> showed that in a naturalistic study of Sleepstation in primary care 84% of patients who completed the course showed a meaningful improvement in sleep efficiency and quality (there was also a significant improvement in subjective ratings of depression).

# NICE guidance for insomnia treatment

A systematic review and meta-analysis found that Cognitive Behavioural Therapy alone can improve sleep for people with chronic insomnia, without the need for medication.<sup>[9]</sup>

GPs are encouraged to refer to psychological services for a cognitive or behavioural intervention. However, the clinical need remains unmet because there is a shortage of practising insomnia specialists. The focus of many IAPT services within the NHS is on anxiety and depression with relatively few practitioners experienced in CBTi.

**Referring to Sleepstation's online CBTi programme allows you to refer in line with guidance.**

While the NICE guidelines imply that insomnia is treated within primary care, the study by Gardiner and Stanley 2020,<sup>[13]</sup> showed that even outside the traditional route of treatment for insomnia i.e., via a GP, Sleepstation has a significant benefit for the vast majority of people who completed the course.

*"Offer Cognitive Behavioural Therapy for insomnia (CBTi) as the first-line treatment for chronic insomnia in adults of any age."*

**NICE** National Institute for Health and Care Excellence

# Why should I consider referring to Sleepstation?

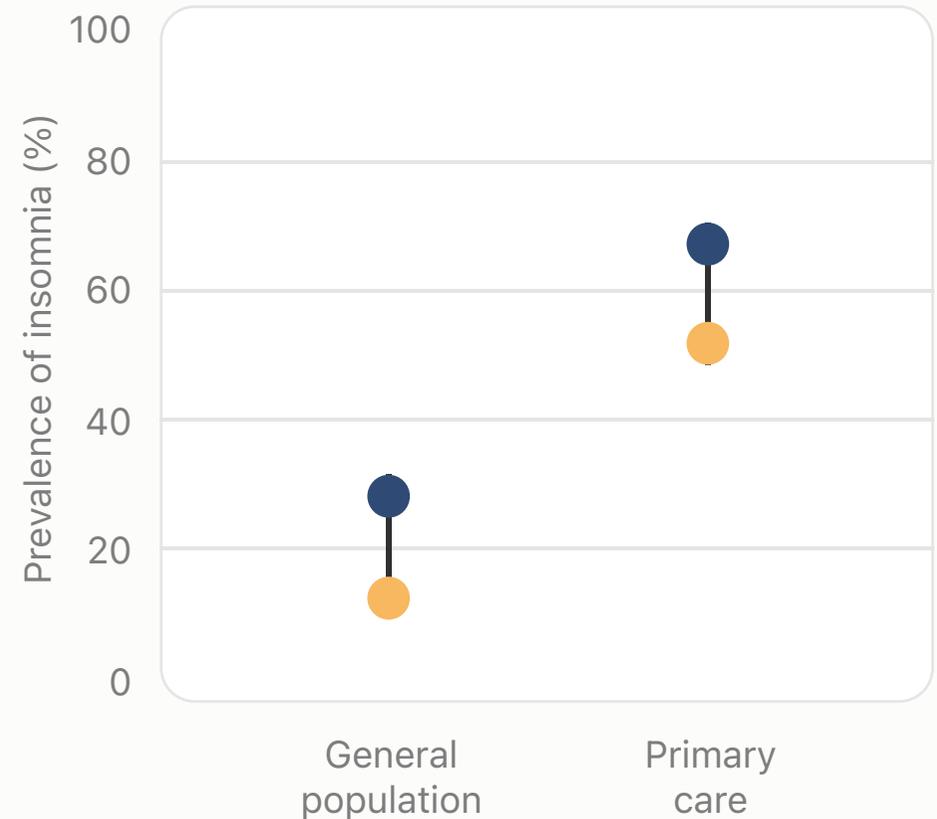
**Sleeping well is essential to physical health and emotional wellbeing.** To feel well, we must sleep well.

Insomnia disorder remains the most commonly reported sleep disorder. Estimates of the prevalence depend on the criteria used to define insomnia and the population studied and range from 10-30%.<sup>[14]</sup> <sup>[15]</sup>

The prevalence of insomnia in **primary care** patients has been reported to be as high as 69%, with 50% reporting occasional insomnia and 19% reporting chronic insomnia.<sup>[16]</sup>

10% of the UK population visit their GP each year with sleep related issues,<sup>[17]</sup> making sleep a major clinical problem and contributing significantly to the strain on GP resources.

In a systematic review and meta analysis published in Dec 2022<sup>[18]</sup> looking at the prevalence and long-term health effects of **long-COVID** among hospitalised and non-hospitalised populations found impaired sleep to be in the top five most prevalent symptoms.



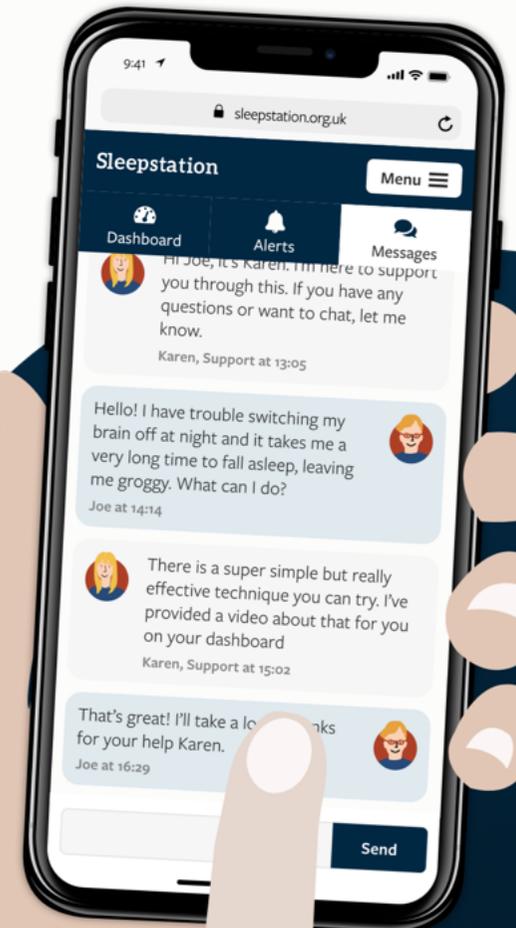
# What steps are involved?

Sleepstation is a personalised service tailored to individual needs and circumstances. **The first step is screening and assessment.** Our sleep support programme may not be the right option for everyone. We screen all referrals and provide full explanations if we can't support the person. Our **care navigators** can signpost service users to other services, where relevant. **There are no waiting lists.**

**Personalised sleep support is provided to all services users**, who also have access to a wide range of resources and self-help tools. Programmes of support are tailored to individual needs and typically last 3–9 weeks.

The next step is a detailed sleep review. Each service user is provided with a personalised report containing recommendations that they can discuss with their coaches.

Those accessing the CBTi therapy services are provided with personalised sleep improvement plans, based on their review. Therapy sessions are delivered asynchronously and users can discuss their progress and access support from our sleep team via a **secure online messaging system available throughout the course.**



# Treating insomnia without medication

To treat insomnia, medications (especially sedative hypnotics) have been used because of their quick effects in a short time period.<sup>[19]</sup> However, medication for insomnia can present several adverse effects<sup>[20]</sup> and addiction during long-term use.<sup>[21]</sup> Moreover, medication has a limited effect on the long-term relief of insomnia.<sup>[22]</sup>

**Pharmacological therapy is generally not recommended for the long-term management of insomnia.**<sup>[23]</sup>

With a shortage of practising insomnia specialists within the UK (fewer than 10 specialist centres), patients can wait many months, or even years, to see someone. This has left GPs and other healthcare providers little option but to recommend alternative, less effective treatments, and revert to hypnotic prescribing.

**Sleepstation can effectively address all forms of insomnia without medication.**



**Richard**

45, from Maidstone

*“This course has been fantastic. **The results have been life changing.** I look forward to going to bed. This course has given me the confidence and tactics to further improve my sleep in the future. **Without sleeping pills!** Thank you.”*

Richard had been taking sleeping pills for more than three years before he tried Sleepstation.

# Risks associated with hypnotic prescribing

Hypnotic drugs are not recommended for long-term use as there are concerns regarding their safety.<sup>[2] [24] [25] [26]</sup>

Potential adverse effects include daytime sedation, poor coordination, cognitive impairment and related concerns about the increased risk of driving accidents and falls.

In older people, in particular, the magnitude of the beneficial effect of hypnotics may not justify the increased risk of adverse effects (such as cognitive impairment and increased risk of falls).

Long-term use of hypnotics can lead to the development of tolerance, physical or behavioural dependence, adverse effects on withdrawal, rebound insomnia and increased mortality.

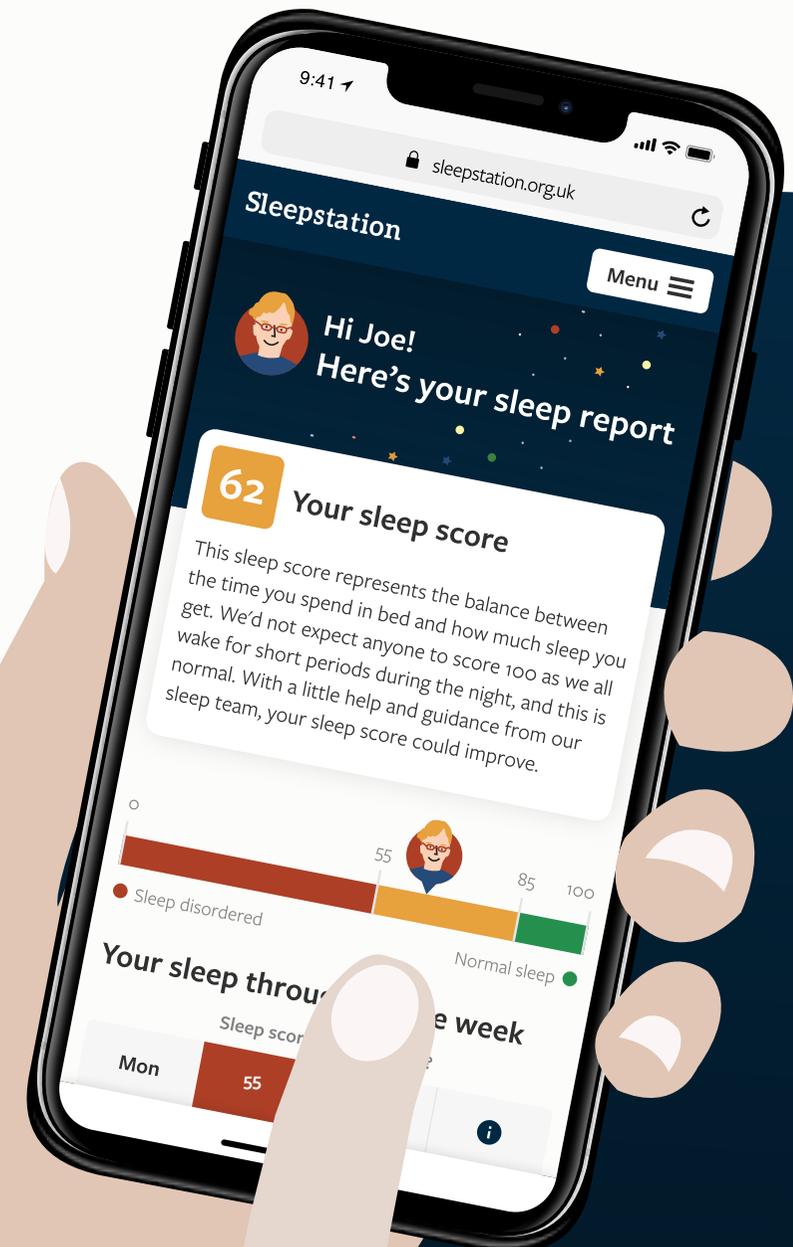


# How can Sleepstation help?

Technology is rewriting the relationship between patients, professionals and care providers. Patients are taking greater control of their health and tools for patient empowerment and self-management provide opportunities for patients' active participation in their care.

Digital support services like Sleepstation can deliver customisable, quality care at a fraction of the cost of existing treatments.

**Sleepstation can provide your patients with the support and guidance needed to help them sleep well.**



# Who is Sleepstation suitable for?

There are few contraindications, but Sleepstation is not suitable for all.

Contraindications generally stem from the sleep deprivation aspect inherent in the sleep restriction technique used within CBTi, or clinical complexity which is not suitable for online therapy.

Sleepstation is also based on CBT techniques and requires motivation and engagement from your patient in order to be successful.

Please discuss this with your patient to ensure they are happy to try the programme and use clinical judgement to determine if Sleepstation is right for them.

## **Those with the following conditions or disorders should not use Sleepstation:**

- epilepsy or history of seizures
- bipolar disorder or previous manic episode
- schizophrenia, schizoaffective disorder or previous psychotic episode
- high risk for falls
- currently detoxing from drugs or alcohol.

# Who is Sleepstation suitable for?

## We cannot accept referrals for people who are:

- under 18 years of age
- unable to use a computer/smart phone and access the internet daily.

In some cases where sleep issues are related exclusively to discomfort from certain medical issues the service user may not gain much benefit:

- sleep apnoea
- restless legs syndrome.

We do accept these referrals, but it is sensible to optimise treatment for these issues first where possible before trying Sleepstation.

## Some service users are unlikely to gain significant benefit from Sleepstation:

- pregnant people whose insomnia is related exclusively to pregnancy discomfort
- variable shift workers who transition between day and night shifts frequently
- patients with circadian rhythm sleep wake disorders where this is the primary cause of insomnia.

For patients with PTSD, there is a small risk of temporary worsening of PTSD symptoms during the sleep restriction phase of the programme, which should dissipate as sleep improves.

For patients currently undergoing a course of CBT elsewhere, it is usually optimal to complete this first before starting Sleepstation.

# How do I refer?

The choice of cognitive and behavioural intervention should be guided by clinical judgement, individual preference and availability.

Consider referring to Sleepstation:

- when a person complains of sleep problems lasting longer than four weeks with impact on next day function
- when a person presents with low mood and associated sleep disturbance
- when it is desirable to taper off hypnotic medications.

Sleepstation is available via electronic referral only. Referrals can be submitted via GP/clinic systems or made by emailing a completed copy of our referral form to [tnu-tr.sleepstation@nhs.net](mailto:tnu-tr.sleepstation@nhs.net) from nhs.net email accounts only.

If you do not have a copy of our referral form, a blank copy can also be requested by email.



# How do NHS patients get access to Sleepstation?

People gain most benefit from CBT when it is delivered in a timely manner. Readiness to change drives effective outcomes. Long waiting lists can therefore reduce adherence.

**There are no waiting lists to access Sleepstation and, where contract terms permit, NHS patients can self-refer via our website.**

Following screening and verification (NHS number check), our onboarding team contact NHS patients directly via their preferred contact method (telephone, text or email) to help them get started.



# Insomnia and its effects

Insomnia disorder is defined as difficulty initiating sleep, difficulty maintaining sleep or early morning awakening **with subsequent impact upon daytime function.**

It is associated with daytime fatigue, reduced quality of life and increased ill health across a range of studies and represents a critical public health problem worldwide.<sup>[27] [28] [29]</sup>

Insomnia commonly accompanies conditions such as depression and chronic pain but often persists even after successful resolution of these ‘primary’ conditions.<sup>[1]</sup> Presence of insomnia has been found to predict subsequent depression or anxiety in those with a first episode of mood disorder.<sup>[6] [21] [22]</sup>

It is also a risk factor for the development of hypertension, diabetes and heart disease and is associated with increased healthcare costs.<sup>[30] [31] [32] [33] [34]</sup>



# Screening for insomnia

If your patient has one of more of the following symptoms, then they could have insomnia.

- difficulty falling asleep
- difficulty staying asleep (waking up during the night and having trouble returning to sleep)
- waking up too early in the morning
- un-refreshing sleep (also called “non-restorative sleep”).

To be indicative of insomnia, these symptoms need to lead to daytime consequences including:

- fatigue or low energy
- cognitive impairment, such as difficulty concentrating
- mood disturbance, such as irritability
- behaviour problems, such as feeling impulsive or aggression
- difficulty at work
- difficulty in personal relationships, including family, friends and caregivers.



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