

SLEEP AND MENTAL HEALTH

THERE'S A CLOSE RELATIONSHIP BETWEEN SLEEP AND MENTAL HEALTH. LIVING WITH A MENTAL HEALTH PROBLEM CAN AFFECT HOW WELL YOU SLEEP, AND POOR SLEEP CAN HAVE A NEGATIVE IMPACT ON YOUR MENTAL HEALTH.

- **Anxiety** can cause thoughts to race through your mind, making it difficult to sleep.
- **Depression** and **Seasonal Affective Disorder (SAD)** can lead to oversleeping - either sleeping late in the morning or sleeping a lot during the day. If you experience difficult or troubling thoughts as part of depression, this can also cause insomnia.
- **Post-traumatic stress disorder (PTSD)** can cause nightmares and night terrors, disturbing your sleep. This can mean you feel anxious about falling asleep, which could lead to insomnia.
- **Paranoia** and **Psychosis** may make it difficult for you to sleep. You may hear voices or see things that you find frightening, or experience disturbing thoughts, which make it hard to fall asleep.
- **Mania** often causes feelings of energy and elation, so you might not feel tired or want to sleep. Racing thoughts caused by mania can make it hard to fall asleep and may cause insomnia.

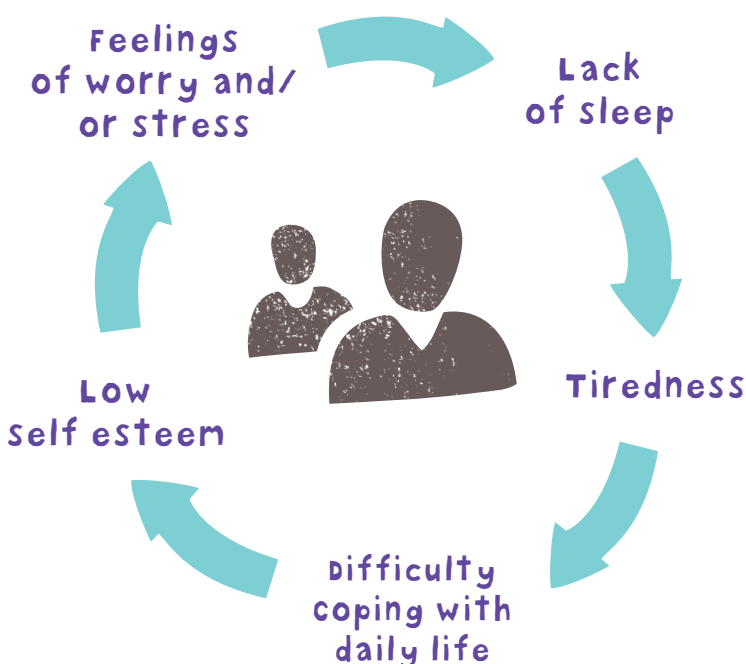
SLEEP PROBLEMS AFFECT MORE THAN 50% OF ADULT PATIENTS WITH GENERALISED ANXIETY DISORDER AND ARE COMMON IN THOSE WITH POST-TRAUMATIC STRESS DISORDER (PTSD).

Insomnia and other sleep problems have also been shown to increase the risk of developing depression.

A longitudinal study of 1,000 adults aged 21 to 30 in a Michigan health maintenance organisation found that, compared with normal sleepers, those who reported a history of insomnia were 4 times as likely to develop major depression by the time of the second interview 3 years later.

Studies report that 69% to 99% of patients experience insomnia or report less sleep during a manic episode of bipolar disorder. However, in bipolar depression 23% to 78% of patients sleep excessively (hypersomnia).

STUDIES ESTIMATE THAT BETWEEN 65% AND 90% OF ADULT PATIENTS WITH MAJOR DEPRESSION EXPERIENCE SOME KIND OF SLEEP PROBLEM



TYPES OF SLEEP DISORDER



Parasomnias (including Insomnia)	<p>Parasomnias are a category of sleep disorders that involve abnormal movements, behaviours, emotions, perceptions, and dreams that occur while falling asleep, sleeping, between sleep stages, or during arousal from sleep.</p>
Snoring	<p>Snoring is the hoarse or harsh sound that occurs when air flows past relaxed tissues in your throat, causing the tissues to vibrate as you breathe. Nearly everyone snores now and then, but for some people it can be a chronic problem. Sometimes it may also indicate a serious health condition. In addition, snoring can be a nuisance to your partner.</p>
Obstructive Sleep Apnoea (OSA)	<p>Sleep Apnoea is when your breathing stops and starts while you sleep. The most common form is called Obstructive Sleep Apnoea (OSA). Main symptoms of sleep apnoea are:</p> <ul style="list-style-type: none">■ When breathing stops and starts during sleep■ When making gasping, snorting or choking noises during sleep■ Feeling very tired during the day. <p>Sleep apnoea can be serious if it's not diagnosed and treated.</p>
Restless Leg Syndrome	<p>Restless Leg Syndrome, also known as Willis-Ekbom disease, is a common condition of the nervous system that causes an overwhelming irresistible urge to move the legs. Some neurologists (specialists in treating conditions that affect the nervous system) believe the symptoms of restless legs syndrome may have something to do with how the body handles a chemical called dopamine.</p>
Narcolepsy	<p>Narcolepsy is a rare long-term brain condition that causes a person to suddenly fall asleep at inappropriate times. The brain is unable to regulate sleeping and waking patterns normally, which can result in:</p> <ul style="list-style-type: none">■ excessive daytime sleepiness - feeling very drowsy throughout the day and finding it difficult to concentrate and stay awake■ sleep attacks - falling asleep suddenly and without warning■ cataplexy - temporary loss of muscle control resulting in weakness and possible collapse, often in response to emotions such as laughter and anger■ sleep paralysis - a temporary inability to move or speak when waking up or falling asleep■ excessive dreaming and waking in the night - dreams often come as you fall asleep (hypnagogic hallucinations) or just before or during waking (hypnopompic hallucinations) <p>Narcolepsy does not cause serious or long-term physical health problems, but it can have a significant impact on daily life and be difficult to cope with emotionally.</p>

<p>Bruxism (Teeth Grinding)</p>	<p>Teeth grinding and jaw clenching (also called bruxism) is often related to stress or anxiety. It does not always cause symptoms, but some people get facial pain and headaches, and it can wear down your teeth over time. Most people who grind their teeth and clench their jaw are not aware they're doing it. It often happens during sleep, or while concentrating or under stress.</p>
<p>Sleep walking</p>	<p>Sleepwalking is when someone walks or carries out complex activities while not fully awake. It usually occurs during a period of deep sleep. This peaks during the early part of the night, so sleepwalking tends to occur in the first few hours after falling asleep.</p> <p>The exact cause of sleepwalking is unknown, but it seems to run in families. You're more likely to sleepwalk if other members of your close family have or have had sleepwalking behaviours or night terrors.</p> <p>The following things can trigger sleepwalking or make it worse:</p> <ul style="list-style-type: none"> ■ not getting enough sleep ■ stress and anxiety ■ infection with a fever, especially in children ■ drinking too much alcohol ■ taking recreational drugs ■ certain types of medication, such as some sedatives ■ being startled by a sudden noise or touch, causing abrupt waking from deep sleep ■ waking up suddenly from deep sleep because you need to go to the toilet.
<p>Nightmares and Night Terrors</p>	<p>Night terrors in adults, formally known as "pavor nocturnus", are a type of parasomnia sleep disorder that is distinguished by extreme fear and the impaired ability to return to full consciousness.</p> <p>An individual suffering from a night terror will wake up suddenly, usually sweating, gasping for air or screaming. It can be very difficult to rouse someone experiencing an episode of such a disorder, and often they will return back to normal sleep patterns without ever fully awakening.</p> <p>Since night terrors do not typically appear during rapid eye movement (REM) sleep, a person afflicted with such a disturbance usually cannot recall the attack.</p>
<p>Rapid Eye Movement (REM) Behaviour disorders (RBD)</p>	<p>During the REM phase of sleep, the muscles in the body usually enter a state of temporary paralysis.</p> <p>In a person with RBD, this paralysis is incomplete or even completely absent, so the person "acts out" their dreams, sometimes in dramatic or violent ways.</p>

STIGMA

THE OVERWHELMING MAJORITY OF PEOPLE WITH MENTAL HEALTH PROBLEMS REPORT BEING MISUNDERSTOOD BY FAMILY MEMBERS, SHUNNED AND IGNORED BY FRIENDS, WORK COLLEAGUES AND HEALTH PROFESSIONALS, CALLED NAMES AND MUCH WORSE BY NEIGHBOURS.

Stigma is the perception that a certain attribute makes a person unacceptably different from others, leading to prejudice and discrimination against them.

Mental health stigma and discrimination prevent people from seeking help: this can delay treatment and impair recovery. It isolates people, excluding them from day-to-day activities and making it hard to build new relationships or sustain current ones. It can stop people getting or keeping jobs.

WHY IS IT KEY THAT WE BRING CONVERSATIONS ABOUT MENTAL HEALTH INTO THE WORKPLACE?

- **9 out of 10 people** who experience mental health problems say they face stigma and discrimination as a result.
- **60% of people** said that stigma and discrimination are as damaging or more damaging than the symptoms of their mental health problem.
- **35% of respondents** said that stigma had made them give up on their ambitions, hopes and dreams for their life.
- **27%** said stigma had made them want to give up on life.

Figures come from viewpoint survey 2014/15 (Institute of Psychiatry). Survey of 1,000 people using secondary mental health services in five locations in England.

WHY DO EMPLOYEES FEEL THAT THEY CAN'T TALK ABOUT THEIR OWN MENTAL HEALTH AT WORK?

Stigma around mental health remains a key issue in the UK.

- In a survey of UK adults, **56%** said they would not hire someone with depression even if they were the best candidate for the job.
- It is perhaps not surprising, therefore, that **less than half of employees** say they would feel able to talk openly with their line manager if they were suffering from stress and why only **11% of employees** have discussed a recent mental health problem with their line manager.
- A **quarter of people** have considered resigning due to stress.
- **35% of people** think they would be less likely to get promoted if they had depression.

Employees might be worried that they might not be trusted with work if they were to disclose a mental health issue, or that they might be passed over for promotion. Employee might be apprehensive that colleagues or managers won't believe the extent of the issue and think they are 'taking the mick' or being lazy.

With the average British person spending just over 1800 hours a year in work, an environment where a great number of people feel uncomfortable talking to their employer or colleagues about their mental health prevents those staff from truly being themselves, open and honest for over 35% of their waking hours each and every year.

STIGMA AROUND SLEEP

“WHILST STIGMA AROUND MENTAL HEALTH CAN PREVENT PEOPLE FROM SEEKING HELP, IT CAN ALSO COMPLICATE HOW PEOPLE SEEK HELP AND MANAGE CHRONIC OR OTHERWISE SLEEP DISORDERS, RENDERING THE IMPACT OF A SLEEP DISORDER “UNACCEPTABLE.” Dement and Vaughn (1999)

In the developed world sleep is strongly associated with weakness, even shame. Stigma is often thinly veiled behind common colloquiums such as “don’t get caught napping”, “if you snooze you lose” or even “time is money”. Within the workplace, especially in jobs that are high pressured and constant, light and dark are no longer managers of sleep schedules replaced by our often-unrelenting work schedules.

In addition to the stigma around sleep, many of us practice sleep reducing habits as part of required modern living. Consistently limiting sleep can make us more vulnerable to sleep disorders which can have a detrimental impact on both our physical and mental health.

Sleep is an essential and involuntary process, without which we cannot function effectively. It is as important to our bodies as eating, drinking and breathing, and is vital for maintaining good mental and physical health. Sleeping helps to repair and restore our brains, not just our bodies. During sleep we can process information, consolidate memories, and undergo a number of maintenance processes that help us to function during the daytime.

Yet, whilst awareness of the importance of good exercise and nutrition has increased over the years, there remains a perception in society that quality sleep is expendable. Indeed, it is even widely accepted as part of the role for many caregivers, parents and night shift workers.

People struggling with chronic sleep disorders might find themselves feeling stigmatised because they struggle to fulfil role expectations, struggle with the impact this has on their health overall (including mental health) and find themselves unable to seek support. This can result in what’s known as presenteeism - that is people attending work whilst and despite being ill and therefore not performing at full ability.



To learn more about Sleep and Mental Health - why not visit Mental Health Foundation's **website**.

The Sleep Council offer a menu of support and information around all things sleep and wellbeing, visit their [website](#) to find out more.

PRESENTEEISM

“ Regarding decreased productivity at work (i.e. presenteeism) due to sleep problems, several studies have assessed these effects in varying ways. For example, Kessler and colleagues (2011) examined data from the American Insomnia Survey and found that poor sleep quality was significantly associated with lost work performance due to presenteeism.

Swanson and colleagues (2011) found that self-reported symptoms of insomnia, sleep apnoea, restless legs syndrome, and other sleep disorders were consistently associated with presenteeism. McKibben and colleagues (2010) found that sleep disturbances were associated with a 3-fold risk of impaired work performance and a 5-fold risk of limited day-to-day function among employees of the Florida Department of Health.

In a landmark study, Rosekind and colleagues examined data from several US companies and found that for a typical good sleeper, the cost of decreased productivity due to insufficient sleep per year (based on salary) was \$1,293 per employee. This was increased to \$2,319 among those at risk for insufficient sleep, \$2,796 for those with insufficient sleep, and \$3,156 for those with insomnia. ”

Full article can be found [here](#).

“We have stigmatised sleep with the label of laziness. We want to seem busy, and one way we express that is by proclaiming how little sleep we’re getting. It’s a badge of honour. When I give lectures, people will wait behind until there is no one around and then tell me quietly: ‘I seem to be one of those people who need eight or nine hours’ sleep.’ It’s embarrassing to say it in public. They would rather wait 45 minutes for the confessional.

They’re convinced that they’re abnormal, and why wouldn’t they be? We chastise people for sleeping what are, after all, only sufficient amounts. We think of them as slothful. No one would look at an infant baby asleep, and say ‘What a lazy baby!’

We know sleeping is non-negotiable for a baby. But that notion is quickly abandoned [as we grow up]. Humans are the only species that deliberately deprive themselves of sleep for no apparent reason.

In case you’re wondering, the number of people who can survive on five hours of sleep or less without any impairment, expressed as a percent of the population and rounded to a whole number, is zero.”

Mathew Walker, author of *Why We Sleep*

SLEEP AND WORK

200 THOUSAND WORKING DAYS ARE LOST IN THE UK EACH YEAR DUE TO INSUFFICIENT SLEEP - A COST TO THE UK ECONOMY OF OVER £30 BILLION EVERY YEAR.

Certain occupations are particularly at risk of impacted sleep, including hospital night workers, emergency services, police and 24/7 call centres, but it doesn't just affect shift workers.

Stress at work is a significant cause of poor sleep. In a 2014 survey conducted by Mind into workplace stress, 56% of respondents said they found work very or fairly stressful and 53% agreed that it affected their sleep.

In times of stress, many people also report to turning to unhealthy coping strategies. Nearly one in five had smoked cigarettes and over half (55%) had drunk alcohol after work, which can in turn impact the quality of a person's sleep.

THE WORLD HEALTH ORGANISATION ESTIMATES THAT TWO THIRDS OF ADULTS IN DEVELOPED COUNTRIES GLOBALLY DO NOT GET THE RECOMMENDED SEVEN TO NINE HOURS OF SLEEP EACH NIGHT.

Organisations are becoming increasingly aware of the impact of sleep deprivation on the health and wellbeing of employees and the implications for creativity, good decision making, safety, productivity and competitiveness.

Evidence shows poor sleep leads to poor interpersonal interactions and dynamics, poor customer service, mistakes and accidents.

Managers and colleagues might notice:

- A deep tiredness and sleepiness
- A withdrawal from colleagues, disengaged and reduced communication
- Deterioration in performance
- Poor concentration, increased procrastination and fidgeting, more prone to distraction
- Lapses in memory
- Increased irritability and poor mood
- Inability to make decisions or adjustments
- Increased consumption of coffee, energy drinks and other caffeinated beverages
- Increased sickness and sickness absence
- Uncharacteristic, inappropriate behaviour

Where line managers notice these signs, they should look to engage in a conversation with their line reports to understand what is causing their sleep deprivation to be able to take steps to address the problem, including recognising when changes to work can help remove some causes of sleep deprivation.

Common causes of workplace stress that might be contributing factors include: Excessive workload (cited by 52% of the 2014 Mind survey's respondents), frustration with poor management (54%), insufficient support from managers (47%), threat of redundancy (27%) and unrealistic targets (45%).

To learn more about the actions you can take as an employer to support employees to stay well, and to begin a conversation around sleep with employees, see [Business in the Community's Sleep and Recovery Toolkit for Employers](#).