



## Stubborn Bedfellows

Sleep and mental health

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From bipolar disorder to schizophrenia—touching both the young and old, rich and poor, weak and strong—mental illnesses are as serious as they are prevalent. The stats are staggering: In Canada one in four suffer from mental health disorders. Moreover, the World Health Organization has reported that four of the ten leading causes of disability in developed countries are mental disorders.

“Comorbidity between medical and mental conditions is the rule rather than the exception” (Colby, 2011). From asthma to substance abuse, more than two-thirds of adults with mental disorders have medical conditions. Similarly, there are numerous mental illnesses that have robust comorbid relationships to sleep disorders. In fact, a significant proportion of mental disorders have sleep disturbance as a diagnostic criteria. The delicate relationship between mental and physical health and sleep has been known for quite some time. Hippocrates stated that sleeplessness is a sign of pain and suffering and may lead to mental illness, while sleeping during the day is an indication of illness.

Historically, it has been assumed that mood disorders cause changes in sleep patterns (Benca, 2005). While history may have shown this to be a truth, clinical experience also demonstrates there is a bidirectional relationship between sleep and mood,

and sleep disturbances can indeed cause mood disorders. A popular current theory posits that common neural substrates serve as the foundation to both mental health and sleep; and, when compromised, can lead to a disruption in both mental health and the sleep-wake cycle.

Mental health and sleep disturbance: Are they two sides of the same coin? We would argue yes. How does that help us? When mental health is examined we must also, with equal vehemence, assess sleep, as they are integrally related.

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is a sign of pain  
& suffering and  
may well lead to  
mental illness.”  
- Hippocrates*

Of all the mental health disorders associated with sleep disturbances, depression is the most common. It has been estimated that 90% of patients with depression report issues regarding their sleep. Depression just so happens to also be the most costly to employers. “The cost of lost productivity for on the job depressed workers (presenteeism) and lost time for depressed workers that are absent from the job (absenteeism) far exceed

the cost of treatment (medical and medication cost)” (Wilkins, 2011).

What happens to a depressed person’s sleep? People with depression exhibit disturbances in sleep stability such as prolonged sleep latency, increased duration and frequency of wakefulness after sleep onset and early morning awakening. Some 15% of the people with depression sleep excessively. A typical night’s sleep has a distinct architecture, which, for sufferers of depression, is fragmented.

Research conducted by Michael Perlis, Ph.D., indicates that insomnia may be a precursor for the onset of depression. His studies have shown that insomnia invariably precedes episodes of depression. Further, his research has demonstrated that the sleep disorder intensifies during the progression of a relapse or new incidence of depression. Treating the insomnia may prevent or shorten the period of depression. Perlis believes that behavioral treatment specifically aimed at curbing the insomnia of depression may rout the entire disorder.

There are a number of therapies, ranging from CBT to exercise to pharmacologic to strategies of rest-relaxation that can be effective in treating sleep disorders. Sleep and depression recruit common brain regions, it follows that some interventions that prevent or treat one, may help the other.

Sleep disturbances and the

accompanying mental health disorders bring about a multitude of challenges across life's many domains, including the workplace. Treating sleep disturbances that often precede the mental health disorder can minimize the deleterious effects of both these conditions. Secondary to the one suffering the afflictions of a mental illness and sleep disorder, the often rippling effects into family, the community and workplace can be minimized and possibly prevented.

Sleep is not yet a principal component of vocational assessments and it needs to be. During the rehabilitation process disturbed sleep may hinder full recovery and return to work. Recent research has indicated that poor sleep predicts long-term ill health absence as well as later work disability. As noted, sleep and mental health have a bi-directional relationship and sleep disturbances may provide prognostic indicators prior to the onset of disabling disease. Thus, assessing sleep may minimize and in some cases prevent the onset of mental illness, which in turn can only have a favourable impact on return to work.

Sleep and mental health are inextricably linked. The etiology indicates that each is a risk and contributing factor to the other. From assessment to treatment, from diagnosis to prognosis, sleep and mental health are inseparably intertwined. Sleep and mental health, they are stubborn bedfellows.

Insomnia is costing US workforce \$63.2 billion a year in lost productivity. "It's an underappreciated problem. Americans are not missing work because of insomnia. They are still going to their jobs but accomplishing less because they're tired. In an information-based economy, it's difficult to find a condition that has a greater effect on productivity." (Kessler, 2011) ☺



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chronic pain  
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or depression?

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