

Creating a 10-year National Sleep Health Strategy

PRE-BUDGET SUBMISSION 2024-25

SUBMITTED BY

The Sleep Health Foundation (SHF) and the Australasian Sleep Association (ASA)





Sleep Health Foundation

ABN 91 138 737 854

www.sleephealthfoundation.org.au

A national organisation devoted to education, advocacy and supporting research into sleep and its disorders.



Australasian Sleep Association

ABN 91 138 737 854

www.sleep.org.au

The peak national association of clinicians and scientists devoted to investigation of sleep and its disorders.

Summary

Four in every ten Australians are not getting the sleep they need. The direct financial cost of this inadequate sleep is [currently estimated](#) to be \$26.2 billion annually, including productivity losses of \$17.9 billion. If health and wellbeing costs are considered, the cost rises to \$66.3 billion annually. Of even greater concern, in 2016-17 poor or inadequate sleep [was estimated](#) to contribute to 3017 deaths in Australia.

Poor sleep health [is a risk factor](#) for accidents and injuries, including an estimated 23% of motor vehicle crashes. Poor sleep is associated with a range of chronic health conditions such as Type 2 diabetes, hypertension, obesity, cardiovascular disease, dementia, major depression and all-cause mortality.

The recent [Government response](#) to the Standing Committee on Health, Aged Care and Sport's report *Bedtime Reading: Inquiry into Sleep Health Awareness in Australia* supports the report's recommendations, acknowledging the importance of sleep to good health:

The National Preventive Health Strategy recognises that sleep, alongside nutrition and physical activity, is essential to preventing poor physical health and wellbeing. (p.4)

Now is the time for a strategic approach to responding to Australia's sleep health crisis, to address its impacts on the economy, health systems and health and wellbeing. This is the first recommendation of the Australian Health Policy Collaboration's recent report [Sleep: A Core Pillar of Health and Wellbeing, Improving Population Sleep Health to Reduce Preventable Illness and Injury – A Policy Evidence Brief](#).

The establishment of a 10-year National Sleep Health Strategy will only be effective if it is relevant to a range of policy portfolios in addition to health. The strategy will address a neglected and increasingly significant health issue, align with other national social, economic and health priorities and it will complement other national strategies developed for comparable health issues, including the:

- National Suicide Prevention Strategy 2020
- Closing the Gap National Agreement
- National Injury Prevention Strategy 2020-2030
- National Women's Health Strategy 2020-2030
- National Men's Health Strategy 2020-2030
- National Preventive Health Strategy 2021 – 2030
- National Obesity Strategy 2022 - 2032

Establishing a 10 year National Sleep Strategy

Inadequate and poor-quality sleep is a complex and widespread health concern relevant across all age groups. Some notable examples include:

- **Children** with poor sleep experience lower educational outcomes
- **Adolescents** with poor sleep increase their risk of mental health problems and suicide
- For **young workers**, poor sleep doubles work absenteeism, depression, particularly among shift workers
- Poor sleep and sleep disorders double the risk of **chronic disease**, type 2 diabetes, stroke, heart disease, obesity, depression and all-cause mortality
- Poor sleep increases eating of energy-dense/low nutrition foods, increases **obesity** risk and significantly impairs weight-loss efforts
- Poor sleep predicts increased risk of postpartum depression in **new parents**, which affects 10-15 % of women in the general population, anxiety and accidents and injuries
- Poor sleep and sleep disorders affect **mental health**, increasing the risk of developing depression, reducing the effectiveness of depression treatment and increasing the chances of depression recurring after treatment. Poor sleep also doubles suicide risk, increases anxiety and reduces general well-being
- Sleepiness contributes to 23% of **motor vehicle accidents**, and is therefore thought to be the largest identifiable and

preventable cause of accidents in all modes of transport

- 26% of **workplace injuries** are due to poor sleep, and shift workers have increased risk of mood disorders, cardiovascular disease, diabetes, gastrointestinal disturbances, reproductive disturbances and cancer.
- Inadequate sleep is a modifiable risk factor for **dementia**, with as little as a 1% reduction in deep sleep each year for people over 60 years of age equating to a 27% increased risk of developing dementia.
- Very high prevalences of inadequate sleep (15-34%) and sleep disorders such as obstructive sleep apnea (39-46%) have been reported in **Indigenous Australians**.

Tackling this significant and urgent national priority requires a coordinated and comprehensive solution. In alignment with other national health and wellbeing policy objectives, we are calling for a National Sleep Health Strategy, across multiple portfolios, with a ten-year implementation plan.

As with other significant health issues affecting the health and wellbeing and social and economic participation of individuals, poor sleep health imposes a substantial demand and burden on health services and health expenditure, and is associated with lowered productivity.

A 10-year national strategy will provide a coherent blueprint to improve population sleep health and contribute directly to national health and wellbeing objectives as outlined in the *Measuring what matters* budget framework. It will align with the Australian Government's commitment to enhancing the

capacity of primary care to support people to be healthy and well and improving access to ensure people receive the health care they need when they need it.

A national strategy would set overarching objectives for improved population sleep health and better access to sleep health care. It would consider the wider public policy environment influencing population sleep health and inform targeted and coordinated action at the national and jurisdictional levels to address the increasing incidence and health, social and economic consequences of poor sleep in specific high-risk groups and the wider population. The strategy should also inform and support other public policy areas relevant to sleep health, including road safety, workplace and employment policies, education and town planning.

Proposed aims and objectives for the 10-year National Sleep Health Strategy are set out in the Australian Health Policy Collaboration's recent report [Sleep: A Core Pillar of Health and Wellbeing, Improving Population Sleep Health to Reduce Preventable Illness and Injury – A Policy Evidence Brief](#):

- i. Provide a national policy framework for specific attention to sleep health in health policy, health services and funding and other relevant public policies.
- ii. Promote and support effective population health strategies and sleep health treatment and care nationally, in states and territories and local communities.
- iii. Develop widespread recognition and understanding of sleep health across the life cycle and specifically the importance of appropriate sleep quantity, quality and consistency to health and wellbeing. This should be recognised in health and other public policies and include both awareness raising initiatives for the general population and targeted initiatives aimed at health services, health professionals and population groups at high-risk of experiencing poor sleep health.
- iv. Enhance primary care capacity to identify poor sleep, provide evidence-based information, support and early intervention for sleep health and to refer people with sleep disorders to accessible and appropriate specialist treatment.
- v. Provide at-risk population groups (e.g. children and young people, shift workers, women during pregnancy and menopause, First Nations Australians and older adults) and disadvantaged communities with co-designed, tailored sleep health information and resources, and appropriate early intervention, referral and treatment services.
- vi. Inform and support the development of policies, which directly or indirectly affect sleep health, at all levels of government and within specific industries. Policies should be guided by the best available evidence and aim to promote sleep health in their populations and areas of responsibility.
- vii. Establish routine and comprehensive population sleep health data collections and monitoring mechanisms to inform and evaluate the Strategy, develop target population health initiatives for high-risk population groups and support policy development and service design related to sleep health.
- viii. Support research into the interrelationships between sleep health, physical activity, nutrition and overall health and wellbeing to inform the provision of health care and preventive health policy activities.

Investment

We are well positioned to contribute to and support the process of establishing the 10-year National Sleep Health Strategy, in collaboration with the Department of Health and Aged Care and other relevant departments.

The Sleep Health Foundation represents the community interests in sleep health, and has a strong track record of engagement with consumer groups, businesses, government and other health organisations. The [CRC for Alertness, Safety and Productivity \(Alertness CRC\)](#) was part of the Australian Government's Cooperative Research Centres (CRC) Program, which seeks to improve the competitiveness, productivity and sustainability of Australian industry. Its legacy is embedded within the Foundation and there are strong ties and ongoing projects with industry groups and other health organisations.

The Australasian Sleep Association has significant experience in undertaking evidence reviews to inform key areas of policy development and has established collaborative working partnerships with major health bodies and professional groups such as the Royal Australian College of General Practice, the Australian Psychological Society and the Pharmaceutical Society of Australia.

The cost of developing a new 10-year strategy can be estimated based on previous efforts to determine strategic plans in other areas.

The National Women's Health Strategy of 2020-2030 that was successful in the 2021-2022 Federal budget, was costed at \$535.9 million, which included a staged approach with an initial \$26.9 million to provide support to people with eating disorders and their families. This extra support for eating disorders tapped into existing MBS items numbers.

Phase 1: Implementation trial of a digital intervention for insomnia – addressing an urgent need in primary care

It would be recommended that phase 1 of the 10-Year National Sleep Health Strategy would be assisting the government in tackling the mental health crisis by increasing access to insomnia treatments in primary care. Insomnia is the most common sleep disorder in Australia. There is a clear bidirectional relationship between inadequate sleep and mental health conditions. The gold standard for treatment of insomnia is Cognitive Behavioural Therapy for Insomnia (CBTi) yet access to face-to-face CBT-I is limited by the small number of psychologists who offer this therapy and by costs. Existing MBS item numbers cover Focused Psychological Strategies (specific mental healthcare treatments, derived from evidence-based therapies). CBTi is an example of a highly efficacious FPS and there is extensive evidence that demonstrates the efficacy of CBTi in treating insomnia.

The current usual treatment for insomnia symptoms (regardless of whether criteria for insomnia is met) in Australia is sleep hygiene recommendations and sleeping pills. People with insomnia that persists after usual treatment are referred for face-to-face CBT-I delivered by a clinical psychologist trained in this therapy. Increased access to CBT-I would help to improve outcomes for people with insomnia and also support GPs with increased treatment options, especially in non-urban areas. We propose a pragmatic, real-world trial of CBT-I delivered digitally online or via an app to be conducted across a limited number of Primary Healthcare Networks (PHNs) in urban and rural settings. This would allow for estimation of the uptake of the digital CBT-I therapy, clinical and cost-effectiveness and for economic data collection to underpin economic modelling to validate any resource use savings.

We propose the cost of this trial would be approximately \$15 million over 5 years. This trial would also form a useful part of a wider evaluation of the implementation and effectiveness of a broader suite of digital therapies, particularly in the area of mental health.

We commit this proposal to the Government for consideration in the 2024-2025 Budget.

Yours faithfully,



A handwritten signature in blue ink that reads "S. Rajaratnam".

Prof Shantha Rajaratnam
Chair,
Sleep Health Foundation



A handwritten signature in black ink that reads "Garun Hamilton".

Clinical Prof Garun Hamilton
President,
Australasian Sleep Association

About Us



The Sleep Health Foundation

The Sleep Health Foundation is Australia's leading advocate for healthy sleep in the community. It is guided by Lived Experience experts. It aims to improve people's lives by promoting sleep health, raising awareness of sleep disorders and building partnerships with organisations with complementary objectives. It includes a research and industry collaboration committee which is a continuation of the legacy structure from the Alertness Cooperative Research Centre (2013-2020), comprised of stakeholders involved in the development and deployment of innovative solutions to improve workplace productivity and safety. The Foundation collaborates with a range of health information stakeholders such as Health Direct to amplify their messages.



The Australasian Sleep Association

The Australasian Sleep Association is the peak scientific body in Australia and New Zealand representing clinicians, scientists and researchers working in sleep health and sleep medicine. It is experienced in developing clinical guidelines, professional education and other services aimed at improving the quality of sleep health. The association is a current recipient of Commonwealth grant funding under the Health Peak and Advisory Bodies program to provide evidence-based sleep health and sleep medicine information to assist with informing Australian Government policy. This program and another grant under the Quality Use of Medicines, Diagnostics and Therapeutics Program have a focus on supporting the goals of the National Preventive Health Strategy 2021-2030, particularly in relation to education and training of primary health care practitioners in sleep health.

The Foundation and the Association are long-time collaborators, having worked together on the Parliamentary Inquiry into Sleep Health Awareness in Australia and other communication and advocacy work to improve the sleep health of all Australians.