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## **Submission on the Draft Preventive Health Strategy 2021-2030**

**Australasian Sleep Association**

**19 April 2021**

The Australasian Sleep Association represents 900 clinicians and researchers specialising in sleep health and sleep disorders. Members include specialist physicians, sleep scientists, general practitioners, psychologists, academics and researchers, pharmacists, dentists and surgeons. Our vision is a community with healthy sleep practices supported by best-practice sleep science and sleep medicine.

## Summary

The Australasian Sleep Association congratulates the Department on a comprehensive and thorough Draft National Preventive Health Strategy. We are particularly supportive of the inclusion of all aspects of the health system, broader community, structural and economic influences on health and wellbeing, and the need for an equity lens approach to preventive health.

However, there is a single glaring omission in the draft strategy which must be addressed.

As highlighted in the report of the Parliamentary Inquiry into Sleep Health Awareness in Australia<sup>1</sup>, sleep is as important for health and wellbeing as fitness and nutrition. Quality sleep is essential for every person's well-being, and inadequate or poor-quality sleep adversely affects every body system.

It is critical for the National Preventive Health Strategy to recognise the important scientific evidence presented to this inquiry and include "Improving sleep health" as an eighth focus area for action alongside "Improving access to and consumption of a healthy diet" and "Increasing physical activity".

The Inquiry report was tabled in April 2019, but there has been no Government response to the 11 recommendations as yet. The National Preventive Health Strategy is a prime opportunity for the Government's response to be delivered within existing policy frameworks and priorities. It would be a sadly missed opportunity if sleep health was not included in the final Strategy.

There is strong evidence that improvement in sleep health will facilitate achievement of targets in other focus areas. For example:

- Sleep problems have a clear bi-directional relationship with mental health problems (focus area 7)
- Sleep problems compound the effects of alcohol consumption (focus area 6)
- Addressing sleep problems can help manage overweight and obesity (focus areas 2 and 3)
- Addressing sleep problems can reduce the risk of other chronic health conditions such as diabetes, cardiovascular disease and diabetes.

With the total cost of poor sleep estimated at \$66.3 billion in 2016-17,<sup>2</sup> there is also clear economic benefit to including "Improving sleep health" as one of the nine focus areas in our important national blueprint for preventive health.

## Inquiry into Sleep Health Awareness in Australia

This inquiry was referred to the Standing Committee on Health, Aged Care and Sport by the Minister for Health, The Hon. Greg Hunt MP, in September 2018. After a number of public hearings and over 130 submissions, the Standing Committee tabled its final report in April 2019.<sup>1</sup> There has been no Government response to the report's 11 recommendations in the two years since the report was tabled.

Recommendation 1 argues persuasively for the inclusion of "Improving sleep health" as an eighth focus area in the National Preventive Health Strategy.

### **Recommendation 1**

The Committee recommends that the Australian Government prioritise sleep health as a national priority and recognise its importance to health and wellbeing alongside fitness and nutrition.

All 11 recommendations arise from the exhaustive process of gathering and reviewing the latest scientific evidence on the importance of sleep health to human wellbeing, and the devastating effects that inadequate or poor-quality sleep has on individuals, their physical and mental health, and the Australian economy.

In fact, the comprehensive findings listed in the report could appropriately form the basis for an additional section of the Strategy detailing an additional focus area of “Improving sleep health”. Further, the 11 recommendations could even serve as a clear action plan on how the targets might be reached during the implementation phase of the Strategy.

It would be a significant missed opportunity if sleep health were not included in the National Preventive Health Strategy. Not only would this addition complete this comprehensive and important national strategy, but its inclusion would also be a very appropriate formal Government response to the Inquiry’s recommendations.

## Boosting impact in other focus areas

An additional benefit of including sleep in the Strategy is that improving Australia’s approach to sleep health will likely boost achievement in other key focus areas.

Sleep problems have a clear bi-directional relationship with mental health problems (focus area 7).<sup>3</sup> The Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM 5) outlines 10 sleep-wake disorders. Inadequate sleep has been associated with increased rates of depression and the development of dementia. Chronic insomnia often occurs alongside other mental health conditions such as depression and anxiety, and increases suicide risk. Treating sleep disorders such as insomnia can also improve common mental health problems such as depression.<sup>4</sup>

Sleep problems compound the effects of alcohol consumption and vice versa (focus area 6).<sup>5</sup> People with alcohol use disorders commonly experience insomnia symptoms, and alcohol use can exacerbate the symptoms of sleep apnoea.

Inadequate sleep affects metabolic and endocrine functions, and there is a clear link between poor sleep and the risk of obesity<sup>6</sup> and related conditions such as diabetes.<sup>7</sup>

There is a large body of evidence that demonstrates that inadequate or poor-quality sleep increases the risks for significant chronic health conditions such as cardiovascular diseases, including hypertension, stroke, heart attack and arrhythmias. It also increases the prevalence of some cancers (focus area 4).<sup>8</sup> Improving the amount and quality of sleep experienced by Australians is likely to support other strategies to reduce the prevalence of these conditions.

For people with poor quality sleep, finding the energy to undertake adequate physical activity can be a significant challenge (focus area 3). Around four out of 10 Australian adults (more than 7 million people) report insufficient sleep on a daily or several-days-a-week basis.<sup>2</sup> This is likely to be a significant barrier for those people in achieving the increased levels of physical activity that the Strategy sets out as a target for this focus area.

## Economic benefits

Finally, including “Improving sleep health” as an eighth focus area in the Strategy will ultimately bolster its economic benefits through savings to the health system and the broader Australian economy.

A report by the Sleep Health Foundation<sup>2</sup> calculated the costs of poor or inadequate sleep to the economy at \$66.3 billion in 2016-17. This includes \$26.2 billion in financial costs made up of:

- Health system costs of \$1.8 billion, or \$246 per person with inadequate sleep
- Productivity losses of \$17.9 billion, or \$2,418 per person with inadequate sleep
- Informal care costs of \$0.6 billion, or \$82 per person with inadequate sleep
- Other financial costs, including deadweight losses, of \$5.9 billion, or \$802 per person with inadequate sleep

It also includes loss of wellbeing costs of \$40.1 billion, or \$5,420 per person with inadequate sleep.

The Productivity Commission’s Inquiry into Mental Health<sup>9</sup> found that the direct economic costs of mental ill-health and suicide were estimated at \$43-70 billion in 2018-19. Taking action to prevent sleep problems that contribute to the burden of mental ill-health will deliver additional economic benefits.

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## References

- <sup>1</sup> House of Representatives Standing Committee on Health, Aged Care and Sport. (2019). [Bedtime reading. Inquiry into sleep health awareness in Australia](#). Parliament of the Commonwealth of Australia.
- <sup>2</sup> Deloitte Access Economics Pty Ltd. (2017) [Asleep on the job: costs of inadequate sleep in Australia](#). Sleep Health Foundation.
- <sup>3</sup> Australasian Sleep Association. (2019) [Submission to the Productivity Commission Inquiry into Mental Health](#).
- <sup>4</sup> Cunningham, J. E. A., & Shapiro, C. M. (2018) Cognitive Behavioural Therapy for Insomnia (CBT-I) to treat depression: A systematic review. *Journal of psychosomatic research*, 106, 1-12. doi: <https://doi.org/10.1016/j.jpsychores.2017.12.012>
- <sup>5</sup> Thakkar, M.M, Sharma, R. & Sahota, P. (2014) Alcohol disrupts sleep homeostasis. *Alcohol*, 49 (4), 299-310.
- <sup>6</sup> Gangwisch J E, Malaspina D, Boden-Albala B.et al. (2005) Inadequate sleep as a risk factor for obesity: analyses of the NHANES I. *Sleep*, 28, 1289–1296.
- <sup>7</sup> Beccuti, G. & Pannain, S. (2011) Sleep and obesity. *Current Opinion in Clinical Nutrition and Metabolic Care*, 14 (4), 402-412. doi: [10.1097/MCO.0b013e3283479109](https://doi.org/10.1097/MCO.0b013e3283479109)
- <sup>8</sup> Australasian Sleep Association (2019) [Submission to the Inquiry into sleep health awareness in Australia](#).
- <sup>9</sup> Productivity Commission (2020) *Mental Health*, Report no. 95, Canberra