

Hi

I have just read about the Inquiry into Sleep Health Awareness in Australia and wish to bring to your attention the impact it has on people with schizophrenia especially those with a more chronic and severe psychosocial disability, not only on their mental health but also on their physical health and well being that also contributes to the early death rate of those people. People with schizophrenia die on average 25 years younger than the rest of the general population. Addressing the problem of sleep health hygiene and awareness in this group of people (and clinicians and community support workers) would help to reduce the early death rate from physical illnesses such as cardiac and lung problems.

I have attached two research papers on this topic that are relatively recent from well known and credible researchers for your information.

Having just had the experience of people with schizophrenia being diagnosed with sleep apnoea, it has come to my attention that it is prevalent in people with schizophrenia. This is a big issue that causes problems to both their mental and physical health. I have found that though it is a relatively well known problem, it is not often addressed or diagnosed and thought it was worth bringing to your attention .

Another factor that you probably are aware of is that many people with schizophrenia also consume huge quantities of caffeine whether through coffee or coca cola or other caffeine laden drinks, and large amounts of caffeine can also cause psychosis. (not to mention the large amount of sugar or sugar substitutes in the sugar free versions that adversely impact on their physical health.) One of the main reasons they consume caffeine laden drinks is that their medications makes them drowsy and they take the caffeine to keep them awake and a bit more alert - self medicating. This of course would be further compounded if they also have sleep apnoea and the self medicating on caffeine would also increase. One of the symptoms of their illness is that they sometimes lack motivation and sleep apnoea would only increase this symptom and may also cause them to have micro sleeps during their waking hours. Their medication also makes them gain weight and renders them more prone to having diabetes, which makes them more likely to have sleep apnoea and if they have sleep apnoea, and self medicate further with increased caffeine and sugar intake etc etc .. It is an ongoing harmful vicious cycle.

To address this problem in this group of people, there would need to be intense on going assistance from clinical and community workers including peer workers in especially in the initial stages of diagnoses and to educate them to have them understand and adhere to the treatment to use the CPAP machines. Some in this group may also need on going support to keep the equipment clean to ensure the machine equipment is hygienically clean for everyday use.

Kind regards

Janet Milford