

Sleep, wellbeing and psychosis: Understanding psychological processes for people with psychosis

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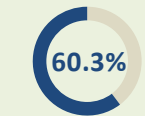
Background

Sleep disturbance is highly prevalent^a and associated with poorer outcomes in people with psychotic disorders^b. This study investigated the psychological factors associated with sleep quality, paranoia, and wellbeing in community mental health care consumers with non-affective psychosis.

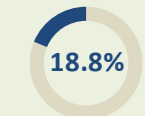
Method

This cross-sectional study recruited participants receiving care through Northern Health Community Mental Health and had a diagnosed non-affective psychotic disorder. The final sample comprised of 69 participants (mean age = 44.3 years, SD = 12.2, range = 21 to 72 years), most identified as male (60.9%), and were born in Australia (68.1%). Participants completed measures of sleep quality, insomnia, wellbeing, paranoid thinking, depression and anxiety symptoms, circadian preference, cognitive fusion, psychological inflexibility, repetitive negative thinking, and dissociation.

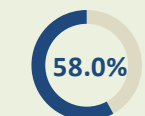
Sample Descriptives



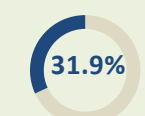
Clinically significant poor sleep quality



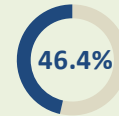
May meet criteria for clinical insomnia



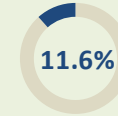
At least subthreshold insomnia



Elevated depressive and anxiety symptoms



Frequent persecutory beliefs



Significant dissociative experiences

Key Results – Regression Analyses



Poorer wellbeing was predicted by:

- Cognitive fusion
- Insomnia symptoms
- Circadian preference

$R^2 = .65$
 $p < .001$



Insomnia symptoms were predicted by:

- Clinical perfectionism
- Cognitive fusion
- Repetitive negative thinking

$R^2 = .39$
 $p < .001$



Persecutory thinking was predicted by:

- Poor sleep
- Depression and anxiety
- Dissociative experiences
- Psychological inflexibility

$R^2 = .37$
 $p < .001$

Dissociative experiences were the strongest unique predictor ($\beta = .50, p = .001$)

Conclusions

Sleep disturbance was common and was associated with poorer wellbeing and greater persecutory thinking in people with non-affective psychosis. Dissociative experiences emerged as the strongest predictor of persecutory thinking, suggesting an important mechanism linking trauma-related processes to paranoid ideation. Overall, findings suggest that psychological interventions targeting sleep, dissociation, and inflexible responses to negative thinking may improve outcomes for people with non-affective psychosis.

References

- ^a Laskemoen, J. F., Simonsen, C., Büchmann, C., Barrett, E. A., Bjella, T., Lagerberg, T. V., Vedal, T. J., Andreassen, O. A., Melle, L., & Aas, M. (2019). Sleep disturbances in schizophrenia spectrum and bipolar disorders – a transdiagnostic perspective. *Comprehensive Psychiatry*, 91, 6-12. <https://doi.org/10.1016/j.comppsy.2019.02.006>
- ^b Kaskie, R., Graziano, B., & Ferrarelli, F. (2017). Schizophrenia and sleep disorders: links, risks, and management challenges. *Nature and Science of Sleep*, Volume 9, 227-239. <https://doi.org/10.2147/nss.s121076>