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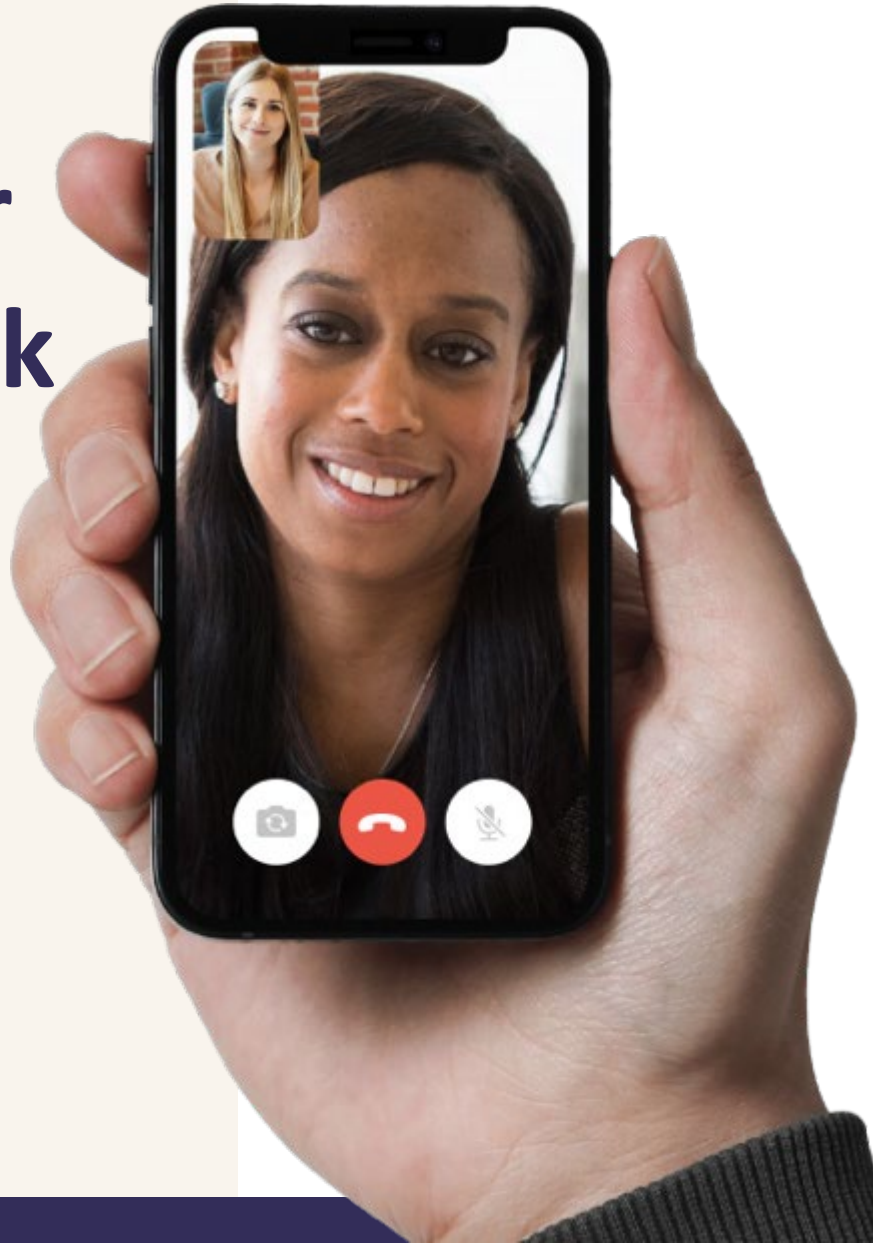
Sleep Disorders and their Impact on Return to Work



CSPDM – Oct 13, 2026

Bradley C. Smith
Founder, CEO
HALEO Clinic

haleoclinic.com

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Where in Canada are you connecting from?





Why do sleep disorders matter for disability?



Bradley Smith
CEO and Founder
HALEO

- **Unaddressed need**: Untreated sleep disorders impose a great, unnecessary cost to client recovery
- **Substantial opportunity** to improve and accelerate client recovery using effective, durable, evidence-based solutions

What we're covering today



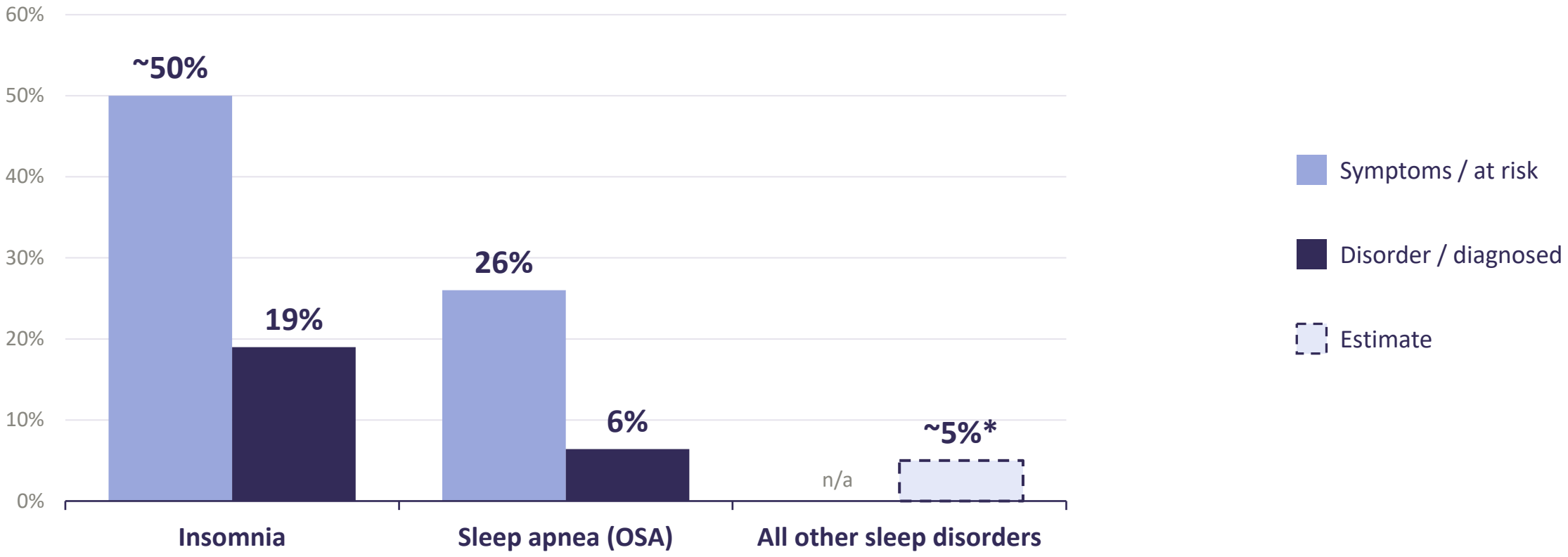
Bradley Smith
CEO and Founder
HALEO

- **Why sleep disorders matter** (with focus on insomnia)
  - Understanding nature and scale of the problem
  - Effects on health, productivity, safety, recovery, and RTW
- **What you can do address the issue**
  - Understanding the evidence supporting treatment options
  - Best practices for targeting and assessing clients for referral
  - Practical considerations for accommodating, scheduling, and re-integrating a client at work

Why Do Sleep Disorders Matter?



Sleep disorders are prevalent
in the Canadian population



Insomnia: Robillard et al. (2021), J Sleep Res; Morin et al. (2021), Sleep. OSA high risk: PHAC (2009); diagnosed: Canadian Health Measures Survey 2016–17.
*All other sleep disorders: order-of-magnitude estimate; no national symptom data available (circadian rhythm disorders, parasomnias, restless legs, narcolepsy).

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Insomnia is the most prevalent sleep disorder in the Canadian population



1. Robillard et al. (2021). Profiles of sleep changes during the COVID-19 pandemic: Demographic, behavioural and psychological factors. *J Sleep Res.*
2. Morin et al. (2021). Prevalent, incident, and persistent insomnia in a population-based cohort tested before 2018 and during the first wave of COVID-19 pandemic. *Sleep*

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Insomnia affects your ability to function

Daily functioning



Impact of poor sleep on individuals

- Decreased immune response + increased pain
- Drowsiness + fatigue
- Irritability + impaired cortisol regulation
- Attention and memory impairment
- More forgetful, less attentive and focused
- Exacerbation of mood disorder symptoms



Impact at work

- More likely to be absent
- Less productive
- Less alert, not as sharp
- Difficulty managing mood
- Impaired judgment

Insomnia affects your ability to function

Safety and vigilence

Studies show similarities between **cognitive and behavioral impairment related to sleep deprivation and alcohol intoxication.**

17 hours awake
=
blood alcohol level
of 0.05

24 hours awake
=
blood alcohol level
of 0.10

Sources : Institute of Medicine (US) Committee on Sleep Medicine and Research, 2006. Canadian Council of Motor Transport Administrators

Chronic insomnia harms physical and mental health

Physical Health

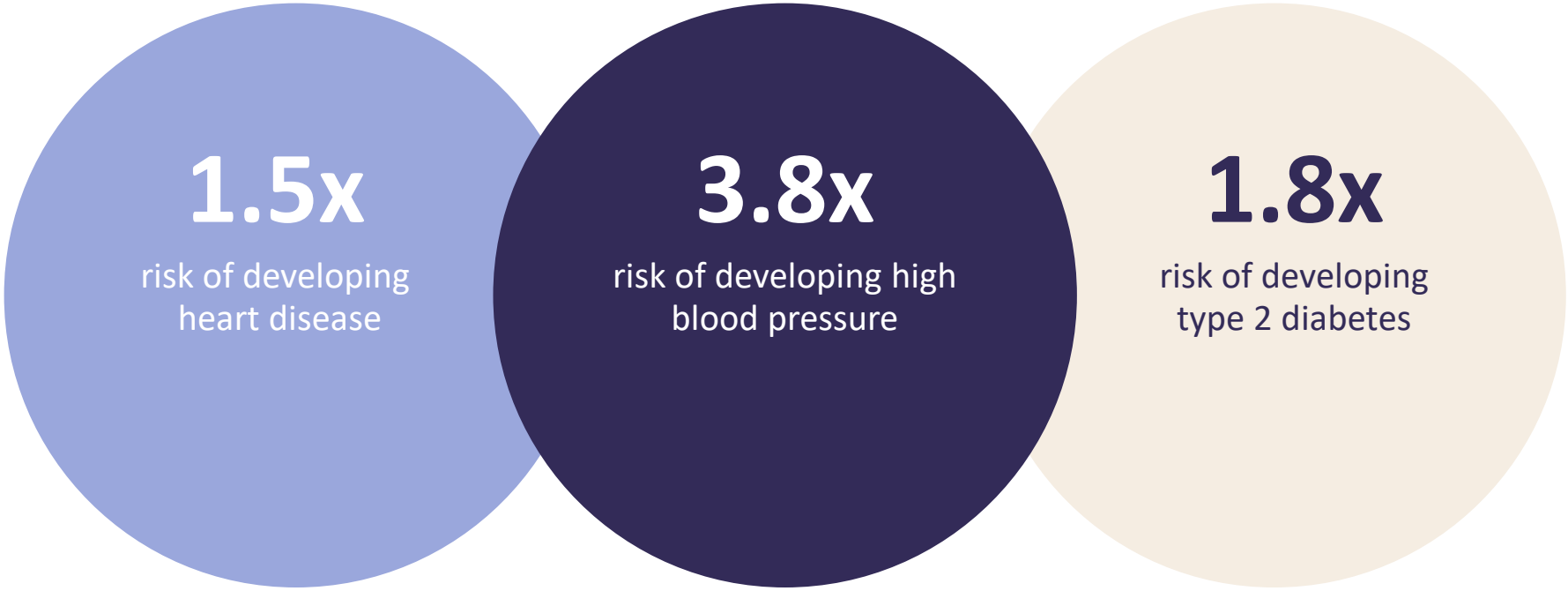
- Cardiovascular disease (stroke, heart attack)
- Metabolic disease (diabetes) and obesity
- Neurological disease (vascular dementia, Alzheimer's)
- Weakened immune system
- Reproductive system problems
- Increased sensitivity to pain
- Cancer

Mental Health

- Mood disorders
- Anxiety
- Depression
- Substance use disorder
- Attention and memory problems
- Difficulty managing stress

Chronic insomnia significantly increases risk of serious chronic disease

Effects on physical health



Meta-analysis of prospective cohorts, 122,501 people (RR 1.45)

Chronic insomnia with <6 h sleep, 7.5-year follow-up (OR 3.75)

Difficulty staying asleep, meta-analysis of 107,756 people (RR 1.84)

Sources: Sofi et al. (2014), Eur J Prev Cardiol 21(1):57–64; Fernandez-Mendoza et al. (2012), Hypertension 60(4):929–935 (Penn State Cohort); Cappuccio et al. (2010), Diabetes Care 33(2):414–420. RR = relative risk; OR = odds ratio.

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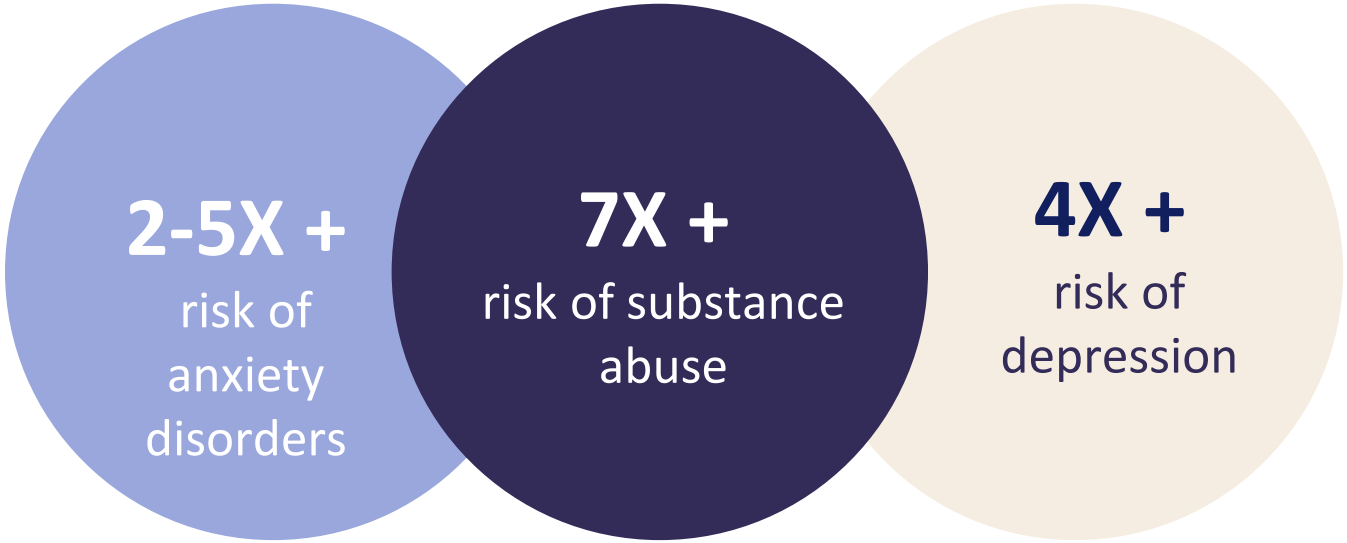
Chronic insomnia significantly increases risk of serious chronic disease

Effects on psychological health



Bi-directional relationship between sleep and mental health

Source(1): Institut national de santé publique, survey on the habits and behaviour of Quebecers, January 28, 2021
Source (2): University of Ottawa study on the impact of the pandemic on the risk of mental disorders, December 2020

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Untreated insomnia drives
huge costs to organizations

Estimated days lost (annualized)

	Good sleeper (n=493)	Insomnia symptoms (n=308)	Chronic insomnia (n=147)
Days absent from work	**3**	**7.2**	**10**
Lost productivity (in days)	**10.6**	**16.1**	**45.6**

*Hidden Costs of Poor Sleep - white paper detailing the breakdown of each cost and sources is available upon request

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Untreated insomnia drives
huge costs to organizations



Annual lost days

Per individual suffering from insomnia disorder



Productivity cost

Annual cost per employee with severe insomnia versus a good sleeper



Accidents + errors

Drives 8% of workplace incidents, generates 23% of the total cost

*Hidden Costs of Poor Sleep (HALEO) - white paper detailing the breakdown of each cost and sources is available upon request

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Why Do Sleep Disorders Matter for Disability Management?



YOUR VIEW:

What percentage of your clients experience a sleep disorder?



We don’t know the prevalence of sleep disorders in the Canadian STD/LTD population

What we do know is that insomnia is a major risk factor for disability leave



Long-term sick leave

Increased risk of LTD leave when insomnia is present, all causes



Mental health disability

Increased risk of work disability for mental health when sleep is disturbed 5–7 nights/week



Insomnia + depression

Increased risk of work disability with co-morbid insomnia and depression

Sources: Øverland et al. (2008), Sleep 31(6):875–880 — HUNT Study, n = 37,302 (OR 1.66 vs. 1.56 for depression); Madsen et al. (2016), Scand J Work Environ Health — Danish workforce, n = 10,752 (HR 1.54); Salo et al. (2010), Sleep 33(10):1323–1331 — Finnish public sector, n ≈ 56,700 (HR 1.6). OR = odds ratio; HR = hazard ratio.

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Sleep disorders are highly prevalent in open claims

Australian claims data

Cause – Open Claim ≤ 60 months	% of known sleep disorder
Accident	26%
Mental Health	40%
Musculoskeletal	26%
Cancer	27%
Other	23%

28%

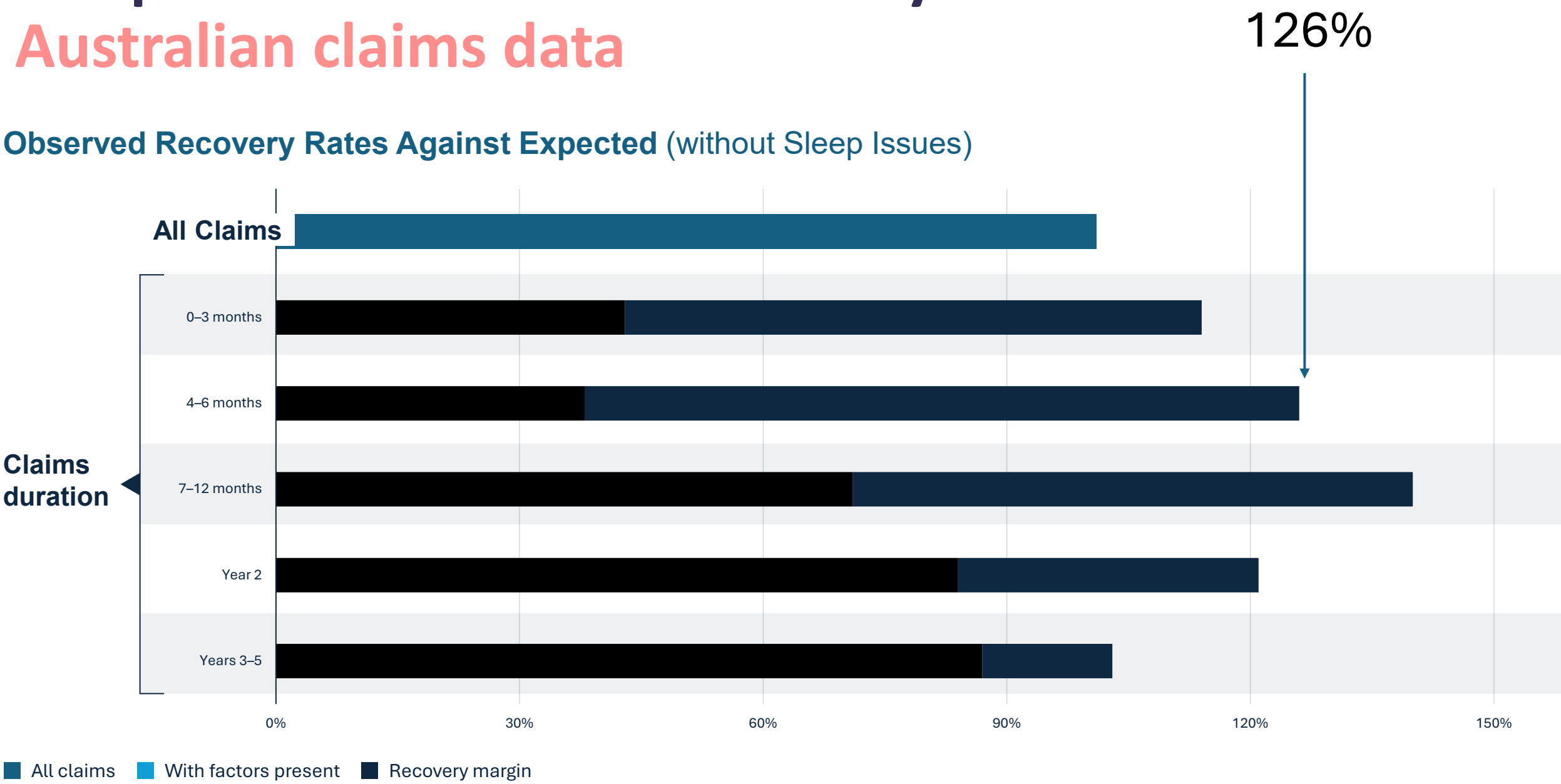
of all open claims (≥ 60 months) with a known sleep disorder

The actual rate of sleep disorders is likely underestimated due to lack of investigation/diagnosis.

Source: Munich Re – May 2025

Sleep: A Foundation for Recovery

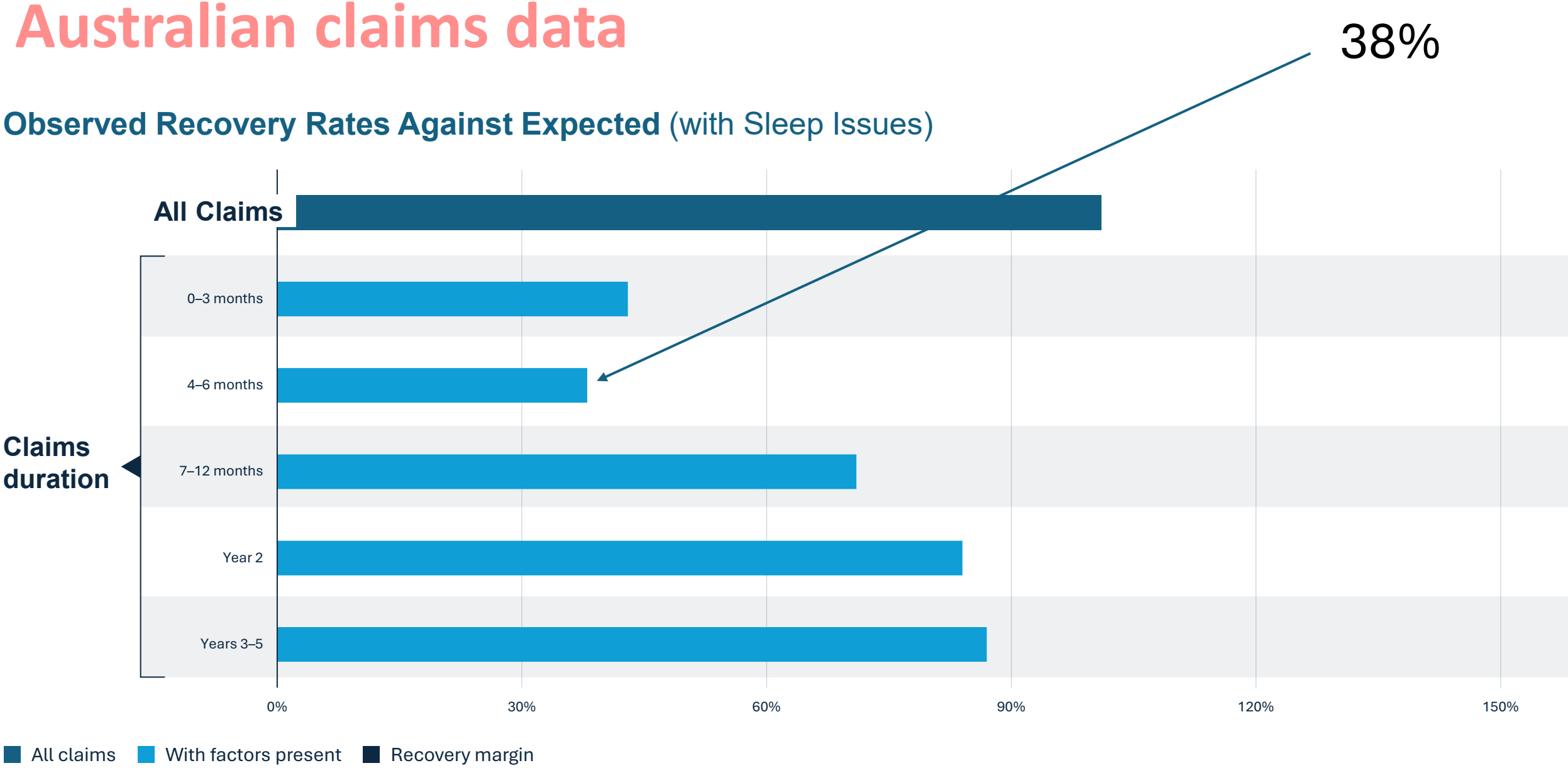
Australian claims data



Source: Munich Re – May 2025

Sleep: A Foundation for Recovery

Australian claims data



Source: Munich Re – May 2025

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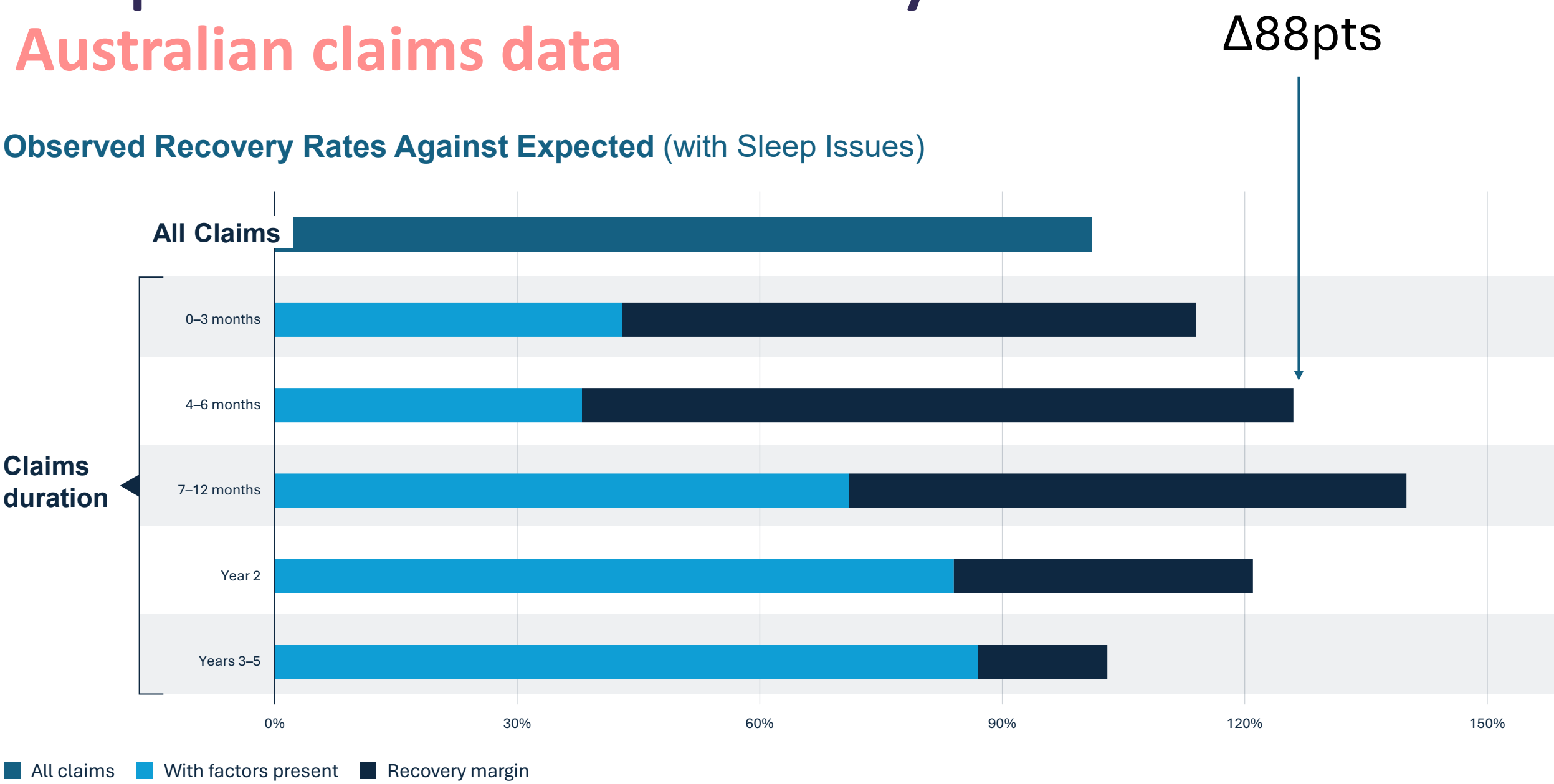
Australian claims data



Source: Munich Re – May 2025

Insomnia is highly co-morbid with common drivers impeding a return to work

Cognitive performance*

- Focus and concentration
- Brain fog
- Memory
- Language

Daily functioning*

- Energy level
- Motivation
- Physical performance
- Resilience
- Mood

Health*

- Immune system
- Dealing with stress
- Anxiety symptoms
- Depressive symptoms
- Chronic pain
- Chronic fatigue

*Reducing or stopping sleeping pills can further improve symptoms by removing important side effects.

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YOUR VIEW:

Does this data surprise you?



What Can Disability Management Professionals Do to Address the Issue?



Best practices for referring
Understand, target, assess

Understand

Understand the treatment options

What is the supporting evidence?

Target

Start with a targeted approach

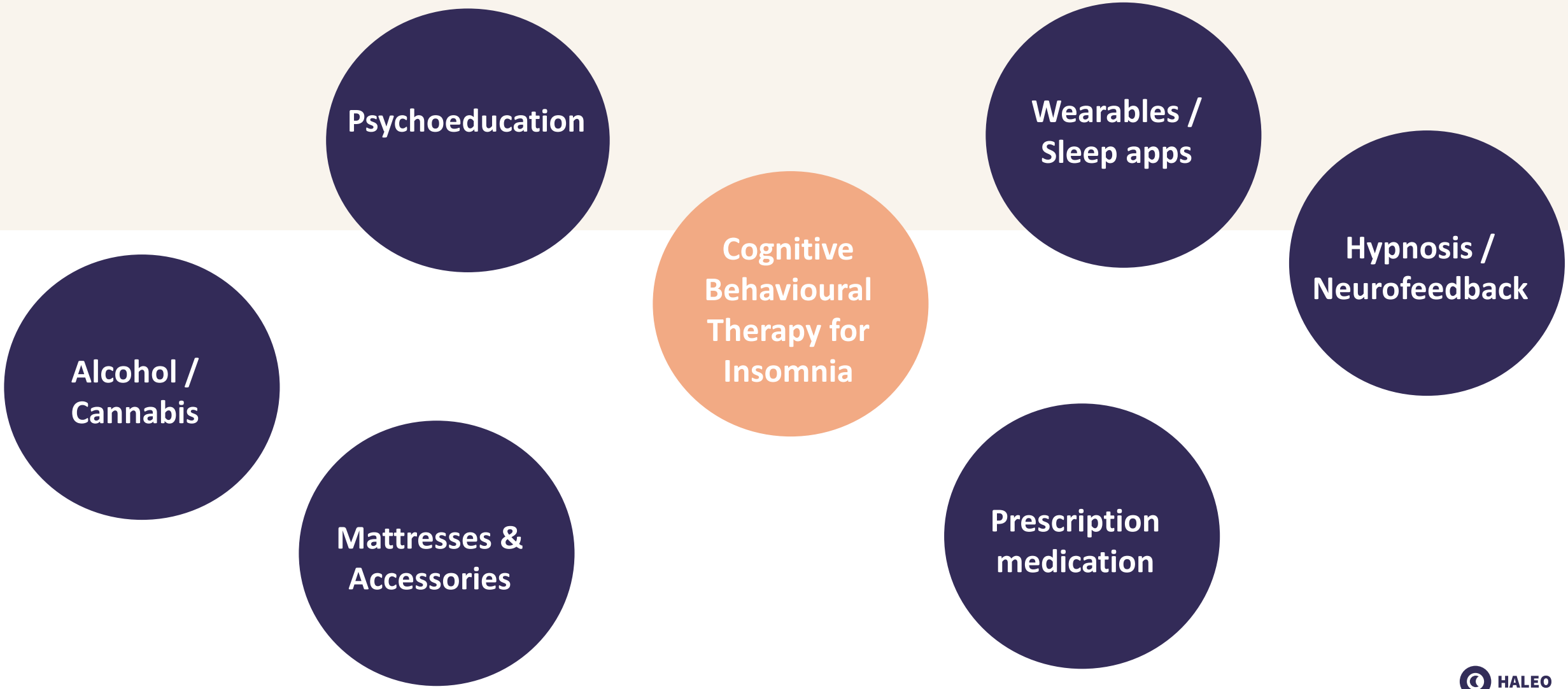
Which clients and when to intervene?

Systematically Assess

Take a systematic approach to assessment

How to know if a client could benefit from support?

Many solutions promising to fix insomnia,
only one proven to resolve the underlying causes



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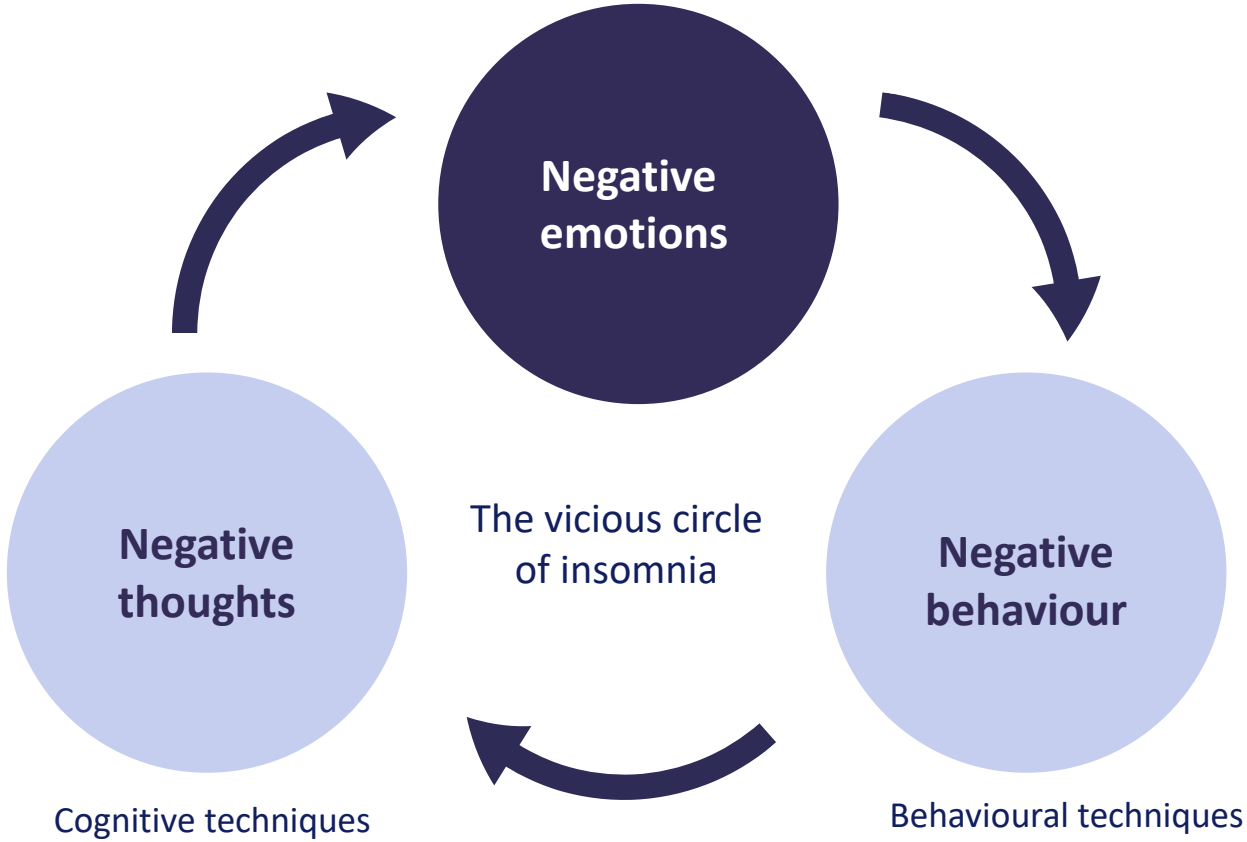
Cognitive behavioural therapy for insomnia (CBT-I)

Highly effective, evidence-based treatment

The gold standard, recommended as **first-line treatment** for adults with chronic insomnia.



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ACP American College of Physicians · NIMH National Institute of Mental Health · ESRS European Sleep Research Society · AASM American Academy of Sleep Medicine · CADTH Evidence Driven · Australia and New Zealand Sleep Science Association · Canadian Sleep Society · Société Canadienne du Sommeil · BAP · NICE National Institute for Health and Care Excellence

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Cognitive-behavioral therapy for insomnia (CBT-I)

Key components of treatment



Reduce the time it takes to fall asleep, the number and duration of awakenings

- Sleep restriction therapy



Associating bed and bedroom with sleep

- Stimulus control therapy



Modification of harmful sleep-related thoughts

- Cognitive restructuring



Sleep diaries

- Sleep hygiene psychoeducation



Reduced hypervigilance

- Relaxation training

CBT-I delivers significant, durable clinical outcomes

Post-therapy outcomes, > 11,000 clients*

Post-therapy

>90% of clients with chronic insomnia **no longer have clinically significant insomnia** symptoms.

>65% of clients with significant anxiety symptoms **saw a noticeable improvement.**

>70% of clients with significant depression symptoms **experienced a noticeable improvement.**

>60% **reduced or stopped** their sleep medication usage.

>85%

Completed treatment

<10%

Relapse rate after 2 years

*Source: HALEO clients participating in a CBT-I program. Outcomes based on those who completed treatment for insomnia, shift-work, and/or nightmares, and completed a post-therapy assessment. Completion rates based on B2B clients.

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CBT-I works in disability populations

Post-therapy outcomes, > 500 claimants*



85% of claimants with chronic insomnia no longer have clinically significant symptoms following therapy.

>90% completed treatment

	Anxiety	Depression	Medication
BEFORE	**82%** of claimants presented significant anxiety symptoms (>7 on HADS scale)	**73%** of claimants presented significant depression symptoms (>7 on HADS scale)	**44%** of claimants used sleep medication before therapy
AFTER	**52%** of those claimants achieved notable symptom improvement (at least one category change on HADS scale)	**59%** of those claimants achieved notable symptom improvement (at least one category change on HADS scale)	**58%** of those claimants reduced or stopped their use of sleep medication following therapy

*Source: HALEO clients on disability leave participating in a CBT-I program. Outcomes based on those who completed treatment for insomnia, shift-work, and/or nightmares, and completed a post-therapy assessment

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YOUR VIEW:

How many of you are familiar with CBT-I?



Start with a targeted approach

Prioritize clients most likely to respond



Claim duration is under 12 months

Look for

Opportunities to intervene early

Why it matters

Recovery gap is widest early on: clients with sleep issues recover at 40-70% of expected in months 0–12

AND / OR



Mental health is driving the claim and/or is a barrier to recovery

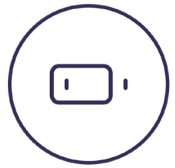
Look for

Anxiety, depression, burnout or grief.

Why it matters

Treating insomnia can significantly improve mood disorder symptoms.

AND / OR



Cognitive or daytime functioning is a barrier to recovery

Look for

Fatigue, brain fog, poor concentration or memory, low energy and motivation

Why it matters

These are core RTW readiness barriers, and among the first to improve as sleep improves

Systematically ask your clients about their sleep

"How are you sleeping?"



Using **alcohol** or **other substances** to fall or stay asleep

"Are you having difficulty
falling asleep,
staying asleep,
or getting back to sleep?"



Frequent, recurring **nightmares**



Feel you are **underperforming**



Irritable, have difficulty concentrating



Don't feel refreshed when waking up

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Support sleep during return to work

Accommodations during insomnia recovery

Accommodation examples - all workers

Consistent, flexible schedule
Fixed wake time; later start if sleepy during early treatment

Graduated return
Increase hours in step with sleep and functioning gains

Protected treatment time
Brief virtual sessions scheduled within work hours

Reduced cognitive load
Written instructions, task lists, regular breaks

Protected evenings
No after-hours email or calls, so the wind-down routine holds

Shift + safety-sensitive workers

Start on day shifts
Return to nights only once sleep is stable

Forward-rotating schedules
Day → evening → night; sufficient time between shifts

Temporary modified duties
No solo safety-critical tasks while sleepy

Fatigue risk management
Cap consecutive nights; planned night naps

Safe commute
Avoid driving home drowsy after nights

Good to know if treating during RTW: daytime sleepiness can rise for the first 2–3 weeks of CBT-I (sleep restriction) before sleep consolidates. Plan duties around it, and coordinate changes with the treating clinician.

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Case study

From stalled recovery to sustained RTW

Male, mid-40s • Managing Director and owner, recruitment business • Off work since Dec 2024 after loss and grief



Clinical assessment: before and after a 6-week program

	Insomnia	Sleep efficiency	Anxiety	Depression	Burnout risk
BEFORE	Near the clinical threshold	Normal	Significant	Significant	Very high
AFTER	**No longer meets threshold**	**Maintained**	**Moderate**	**Minimal**	**At risk**

Outcome: improved sleep enabled better emotional wellbeing and greater resilience and capacity for work. The client moved from ~15 hours/week to full duties and has stayed there for two months.

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Summary - why it matters

- Insomnia is highly prevalent and associated with much lower-than-expected RTW rates
- Cognitive Behavioural Therapy for Insomnia is an effective, clinically proven solution
- A structured, thoughtful approach can effectively improve and accelerate recovery across your caseload

Summary – what you can do today



Bradley Smith
CEO and Founder
HALEO

brad@haleoclinic.com

- **Start by targeting clients with high potential**
  - Less than 12 months on claim
  - Mental health driving the claim or a barrier to recovery
  - Cognitive and/or daytime functioning is a barrier to recovery
- **Systematically ask your clients: “How are you sleeping?”.**
  - Look for the signs that insomnia or another sleep issue may be impeding recovery
- **Reach out to me directly for additional information or support**

Q & A



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Thank You!



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