Take on Board Podcast – Episode 329

Transcript – Wake up! Moira Junge wants directors to think about sleep

Helga Svendsen: Today on the Take on Board podcast, I'm speaking with Moira Junge about the importance of sleep for board directors. Before we start the podcast today, I'd like to acknowledge the traditional custodians of the land on which we record. For me. I am on the Unceded lands of the Wurundjeri people of the Kulin Nation, and I pay my respects to elders past and present.

I also pay my respects to any First Nations people who may be listening or watching today. I acknowledge their continuing connection to land, waters, skies, culture, and country. I support voice treaty and truth for Aboriginal and Torres Strait Islander peoples in Australia, and I encourage others in the Take on Board community to do the same.

Now, let me tell you about Moura. Moura was on the Sleep Health Foundation Board for six years before stepping into the inaugural CEO role. She's also an advisory board member at Healthy Life. Moira is a public health advocate, a clinical health psychologist, an adjunct associate professor, and former registered nurse.

After three decades on the front lines treating mental and physical health challenges, she made the switch from intervention to prevention. Moira aims to bring clarity, credibility, and urgency to one of the most overlooked and misunderstood pillars of mental and physical health. Sleep. Welcome to the Take Board podcast, Moira.

Moira Junge: Hello Helga.

Helga Svendsen: It is so awesome to have you here, folks. Moira is part of the Take on Board Accelerator program this year. We've talked about sleep a little bit in that program, and in fact, this came up because you'd introduced me to someone….that's right. Who's on the Healthylife Board. As a kind of side note to that conversation, I asked her about nutrition for board directors, and then I'm like, well, hang on a minute.

I should be having a conversation with Moira about sleep for board directors, because it's so important. Yeah, I'm so glad to be here. I'm very much looking forward to that. However, before we dig into sleep for the boardroom, not sleep in the boardroom, folks, sleep for the boardroom. Let's dig a little bit deeper about you.

Tell me what was young Moira like and when did you get your first inkling that you might end up as a board director?

Moira Junge: Wow. Gosh, I never had an inkling that I'd be a board director, but I did have an inkling that I was going to be a, in an ambassador and work in foreign embassy. So, so some kind of leadership roles?

Exactly. Uh, I guess the young Moira was the youngest, or second youngest, number nine out of 10 children. And so very, very surrounded by lots of noise and lots of people, and two very busy parents who were very community oriented. You know, mom was the president of. So many things at once, like the, the, you know, the school things and the netball club and other things, and dad was the, you know, very involved at the church.

Imagine with, um, 10 children, we were brought up Catholic, so they were very big with a, you know, football club, netball club, and the church staff and so we were always very involved. So, and sleep was a big thing in our family. We had lots, we were very health conscious, like we were down the beach. Cold water swimming at Sandringham Beach before.

That was cool. I was very embarrassed that dad did that in the 1970s. We had lots of veggies. We had sleep. Was really prioritised. You know, that was a really healthy lifestyle and it really, yeah, happy loving environment. And probably we'll get to my sort of the career trajectory and the, the thing was related to tragedy in year 10, like my mum got sick and died very quickly with cancer.

Yeah. Really awful. It really shaped the, the rest of my long 36 year career in health and still going.

Helga Svendsen: Oh my gosh. It's so interesting having these conversations so often I hear about, well, definitely about powerhouse parents, but powerhouse moms. I hear a lot about powerhouse moms that, as you said, the president of this, that, and the other, like everything, keeping the community going.

It's interesting. It's a real influence. Clearly on the next gen, that's us. Yeah, and presumably the next gen again, and the next gen again, of women who get involved in these things.

Moira Junge: Yeah, absolutely. But then I think also, I think probably not really attending to her health, too little, too late with sort of monitoring symptoms and, and probably not sleeping enough and, and things like that have been a real call to action for me.

Helga Svendsen: Well, let's turn to sleep then, shall we? Moira, those that are not governance nerds out there would probably think sleep happens in the boardroom. That is not what we are talking about, and in fact, it is probably about sleeping outside the boardroom so we can operate our best in the boardroom. Where should we start this story?

Moira Junge: I think probably you need to start with that. Sleep is such a hugely important core pillar of health, like a core component of our wellbeing, and it's something that even though you hear it talked about all the time in the media, et cetera, it is something that we haven't had enough attention to it.

Society level, but we haven't had systems influence policy, government funding, awareness campaigns, all that sort of stuff. So, but what I want to bring, so that's my sort of what, what I'm doing career wise now with this, the, the job. But what I want to bring to this discussion around in the boardroom, and particularly the audience, is largely female.

Women are twice as likely to report insomnia. We know that leaders like the type of women in your community, in my community, quite conscientious, educated, driven, high empathy, self-confessed warriors, they are prone to insomnia. And then also maybe around this age two, not always, but I think there's a bit of a bracket here of perhaps perimenopause and menopause women in these leadership roles and or aspiring to leadership.

So I think it's a really great conversation just to start with. That sleep's important. Why I'm so passionate about it that we need to talk about the individual factors that people can do, but also perhaps these larger ones around stemming the flow, sort of the upstream factors, like the whole of society factors.

Because with sleep, it's actually the individual circles like, you know, if you think about a grass. I often show if I'm giving presentations, there's a small circle of individual factors and there's small, a bigger circle of social ones and then even bigger whole of society factors. So yeah, a bit like sort of that circle of influence you might have seen that the things we can influence, it's the same sort of thing with sleep.

We know that it's a sort of a health equity issue. People you see on those Uber bikes going around crazily at night, they're probably doing three jobs. They're not getting a lot of sleep. A lot of people worry. Mental health issues are not getting a lot of sleep. Sometimes there's not much choice. Like a recent survey we did with the Sleep Health Foundation, we did a sort of household survey.

The representative sample, 70% of people said, look, you know what? I know sleep's important, but it's my health. It's my mental health, it's my family, it's my work. I don't feel I have a lot of choice. I don't think I have a lot of choice over my sleep and when and how and how well I sleep. So I thought that's a really interesting thing.

So the boardroom discussions, not only for the women listening who are sort of, you know, senior leaders and boardroom and they need to keep well, being aware of bringing this into their discussions and, and thinking about wellbeing at work and wellbeing in their organisations. They're in for, you know, all

Helga Svendsen: different

Moira Junge: levels.

Helga Svendsen: The sleep is so important, so I know when I don't sleep well, if I want my brain to function the next day, you're sure my body as well. But for the board, often it's more about your brain than your body. But if I want my brain to function and I haven't slept well, it's very difficult to keep on it.

Moira Junge: And we know why.

We know that there's a thing called the glymphatic system. Which wasn't in the textbooks when I was around. It was actually only discovered in 2012 that there's an incredible sort of a inbuilt cleaning system that the brain has and largely happens during sleep. So the toxins that build up during the day are sort of flushed out and you know, the cerebral spinal fluid goes through.

There's all these lovely things that happen largely in sleep. So when we don't get the sleep, we need. Especially with someone like you who hasn't adapted to poor sleep, it's something very unusual for you to not sleep well. That brain fog, you can feel hungover without alcohol. You can feel like, gee, I just, I feel like I'm feel a bit unwell and I just, I don't have clarity, I have difficulty with my words.

I have difficulty, you know, remembering things. So that's sort of the, the what happens with, with. Poor sleep like acutely. So longer term, people with inadequate sleep over long stretches of time are more at risk of some, you know, chronic health conditions. So, you know, it's an, it's an urgent thing we need to take seriously because you're at more risk of cardiovascular issues, some dementias mental health conditions.

Obesity and overweight type two diabetes, all sorts of things like that, which I hate. I'm much more of a positive speaker and solution focused person, but the reality is we can't ignore those things. But the actual, the flip side, which I, I find really frustrating is that you can't. We don't want people to be anxious about their sleep and overthink it because ironically and cruelly, paradoxically, they won't sleep well then.

So we have to, and, and often these, the women I'm talking to, that, that that profile is just talking about they, it's often the leaders and conscientious, educated people will overthink it and we'll probably present to or think I'm not, they label themselves as really poor sleepers. And they're probably not the target audience.

Like they're, they're getting adequate sleep a lot of the time. They're quite educated. They just think they should be getting do better, you know, should be striving for, it should be more, they should be the A plus students, they want a plus with their sleep. So a lot of the treatment has been, and anyone listening to this or you know, people, you'll know most of what I do.

Professionally as a psychologist specializing in insomnia, and now with my public health messages about sleep to the general Australian public. A lot of it is saying try not to worry too much about it. Try not to look at the clock. You don't need eight hours. It doesn't have to be unbroken. In fact, we wake all the time, all the messages are like that.

So probably when we started the foundation in 2009, or the first, A GM was 2010. It was around that whole, the public need to know how important sleep is. because no one was talking about it. Sleeplessness, particularly in corporate areas, was a badge of honour. Like it was really uncool to go to bed at nine o'clock.

It's sort of on brand to do late meetings and get up to into work really early. So we started talking about it and now what I do mostly now. There's been an overcorrection. Social

media influences, the commercial determinants. There's people are sort of selling and talking about it a lot because people know how desperate people are about sleep, and we now have to dampen down like we have to say, look, you know what, you don't need all those pills and potions and products.

Most of you just need to sort of. Manage your workload, understand the light and dark influences some key messages. So, so we feel like we've got a really key role in being an antidote to the frenzy that's in out there in the media and social media. So we we're hope, hoping for attention for that. Make some funding to sort of bit of a David and go.

Story of being able to actually be like, like Beyond Blue has been able to do for mental health and what the Heart Foundation does for heart health. That people sort of know what, who they are and to get trusted information. They're the voice of truth perhaps, you know, they're well regarded. We just want to be that, you know, we want to be the voice of truth and well regarded that the public know.

And your listeners know that there is, there's information, we've got a hundred fact sheets. We're hoping to get our own podcasts on sleep. We're hoping to have a helpline one day, all that sort of stuff that, that people will know what, where to go for trusted information.

Helga Svendsen: It's difficult then, right? because there's so much on there.

There's a hundred fact sheets. There's, and I'm about to ask you for your favourite tip, which out of a hundred fact sheets is going to be tricky to do, but, and people listening will be. Everywhere on the spectrum, there's going to be some like me who are good sleepers and sorry sister, my sister, I'm going to dump you in and there's going to be some who are my sister who is not a good sleeper and everybody in between.

Right. And I know this makes it really difficult because there is a really broad range, but what are some of your tips? Because we know sleep is important, we know that it impacts on. Physical and mental health, as you've said, we know the board directors need to be performing their best in the boardroom.

What are some of the things that we should be on the lookout for and or doing that is not just the next social media craze, but science.

Moira Junge: I think, well, the main sort of call to action or the main thing I'd love people to know is don't put up with poor sleep if it's really debilitating, like if it's negatively impacting on your occupational functioning or social functioning or both.

It's really important to not just accept that as a normal part of menopause or a normal part of aging, or a normal part of being a busy mom, whatever. It's actually really important to not put up with that bit. Like there's a lot of talk now about pain. Speak up and ask for help because there will be a reason for your poor sleep.

And there will be a solution. So get a GP referral, go to a sleep specialist, that, that sort of thing, that's a call to action. But that's the really the extreme end of people who are feeling

very debilitated. Like they're not going to work or changing jobs or not going for jobs based on their sleep or lack thereof and that sort of stuff.

So that's, that's a really important key thing. And I think what a, another key thing is to try not to self diagnose or shop around and look at. Things online where you think, oh, right, I'm going to, and all of a sudden you're on melatonin and magnesium and you've got this special mattress and you've got this special plugin blanket, like try not to go too far with all that sort of stuff.

Everyone listening is educated enough to be their own personal scientist, practitioner or scientists. You have a bit of a lens inside and think what are the key things? When did it. Probably start, what are the sort of precipitating and perpetuating factors here and the predisposing so that you know, their own personality type, et cetera.

So maybe, because I think a lot of people are sort of throwing a lot of stuff at their sleep, but not hitting the root cause, not sort of targeting the right thing. So that's, that's another sort of. It's hard to give the top tips with the, the top tips are really these things like work out what the problem is, make sure you've got enough room for sleep, like prioritize it.

Carve out more than eight hours a day for it. You may not need eight hours, but you need to have that time of getting off to sleep and the winding down period before sleep. You need to have an understanding that you will wake, all of us wake in the night. Even a young, healthy person with no mental health problems or no big jobs, or no physical health problems and aches and pains, et cetera.

They'll wake a couple of times an hour because they are sort of changing body position or transitioning into a different sleep stage. But what happens is they're not looking at the clock, so such a split second that in the morning when they wake up. It's not salient enough. It hasn't gone into the memory.

It hasn't been something that's been processed enough to go into the memory bank. But when we start to have sleeping difficulties and you know, when they start, often it could be around, you know, your first baby or your first time you're in perimenopause. It's the first time you think, oh my God, I can't sleep.

All of a sudden we accidentally perpetuate it because we've. We've been really distressed by it and we keep looking at the clock or we, we try too hard. We call, we call it sleep effort in textbooks. I try not to put too much effort into it if I detect that people are really putting a lot of effort into sleep.

Someone like you Hall are like, I didn't know you're a great sleeper. But I, when we researched people, when we ask people who are good sleepers, what's the secret? Like we need to know. Can you have a guess what they tell us? They're a bit dumbfounded. They say, I don’t know, actually, they get, I've never really thought about it.

I don't worry about it. And I'm, yeah, they, they're not hooked into any kind of narrative about that. They must, um, because I know it's awful and I'm so lucky that when I haven't slept well, like around, you know, pregnancy and menopause and losing loved ones, and I

just haven't worried about it either. And it's been, and it's actually settled within weeks and months.

It's just sort of settled. It hasn't been a thing. So in terms of insomnia, those things are, yeah, don't look at the clock, don't be in bed. Don't be anywhere near the, under the covers until you are ready for sleep. So sleepy and tired. And that's a difference of we we're tired all the time, but if you are tired but still wired and you are right, you, you're not sleepy.

So you need to, and it doesn't matter whether that's 10:00 PM or 4:00 AM someone like me as if I was your practitioner. I always say, doesn't matter for now, we're just going to get you. We want you to be in a situation where you're only in bed. For sleeping. I'm matching the time in bed with sleep and we sort of, we have this sort of, this calculation that we have with, um, with this work that I used to do as a clinician.

We want to look at your time in bed, your total sleep time divided by time in bed. If you think about that, if that was four out of eight, you're getting a 50% sleep efficiency. And these high achievers that I'm speaking to, your, your audience, the high achievers want an A. They, they don't want a 50%. They, they used to get eighties on their exams so that I can't magically make them, not I, but I can make that four out of five.

I can make them get an A straight away. You can get an A because you are matching, you can get a four out of five, you think, okay, well I'm only getting four or five hours anyway. So what we say is it's just being in bed under the covers for four or five hours maximum. Don't lie, you are violating the principles of good sleep health.

If you are in bed awake, being distressed, it's okay. Those of you are great sleepers like you, Halle. Don't take my advice. Just do what you are doing. But someone who's thinking, oh, you know what, I really need to lean in here and learn a few hot tips. They're the principles and, and a lot of what I'm talking about is other principles.

CBTI, cognitive behavioural therapy for Insomnia. And we have a really good fact sheet on the sleep vaccination website. It's just a couple of pages and it just gives you the sort of an outline what it is. So then you might think, oh look, I'm a, that sounds good to me. And then we've also got a directory of CBT.

In Australia who've done the appropriate training. So some of them are psychologists, some of them are ot, some of the nurses they've done, but they've done the training within the Australian Sleep Association. That's sort of the stuff that I teach. That's what I've done for years. So that's a good, good start.

Helga Svendsen: So know the cause, inverted commas or, or reflect on what it might be that that has prompted this and do that in a science-based way with a health professional that can support you on what, once you know what's at play, which avenue you can take. Because the avenue for me might be different to the avenue for you, which is different to the avenue for somebody else.

Moira Junge: Precisely, yep. A lot of people with sleep issues, the vast majority will not need to have professional. The vast majority will be able to have self help and to be able to. Just

kind of, sometimes people just need to prioritize it more. Just watch a little bit less Netflix and pull back on the caffeine and the booze and the, and manage stress workloads and they think, oh gosh, look how good I am, and not have, and be a bit of discipline and sort of boundary setting around their phone use.

Which haven't even touched on that yet because it's a, a bug bear of mine that there's too much focus on that. Whereas most people with sleep problems, that is not the problem. The people with sleep problems, it preceded any kind of addiction to phone use. It's just a little bit overstated that part of it, particularly a lot of conscientious people have already onto that.

They've got the night glow. On their phones. I think, I mean, a key principle would be to know that bright light and whether it's from a phone or just you know, the overhead lights in your house and known to suppress melatonin, which is the hormone we all produce in response to dim light or dark conditions, and that helps us to initiate and maintain sleep.

And conversely, during the daytime in the morning, we want to be out in the light as much as possible. So that's another hot tip is, you know, morning lines as close as possible to wake up. The best strategy for me and my sleep is morning walks. I don't even think about sleep by the time I go to bed. It's actually about what I do during the day.

It's managing my stress. It's walks in the morning, it's daytime little cat naps if I need it. I'm a world's champion and nap, especially work from home. Work from home suits me really well that I will go and have a little, I'll have a little light down. I set my alarm for half an hour. I'll probably get a 10, 15, 20 minute sleep, and it's all within the rules.

I can say this on the record.

Helga Svendsen: Well, I would hope the Sleep Foundation allows whatever it takes to, uh, have healthy sleep. Absolutely. Yeah. Naps are great if they're short. I wanted to turn before, because you'd, you'd made this beautiful point about, as board directors, we want to be able to sleep and have healthy sleep so we can perform well in the boardroom.

However, we also are the custodians of the wellbeing and health and safety of our CEOs, of our executive teams, and of the staff of organisations. What's your advice to chairs of boards who often have a much closer relationship with the CEO? Or even for others who are on the People Cultural Engagement Committee or whatever it may be, should I be sitting down with the CEO next time I meet them saying, how'd you sleep last night?

Moira Junge: I would love to see it as a standard part of the check-in. Like we might, people say, how are you going? Health and wellbeing people, or that just that relationship with your chair or your CEO. Or your colleagues is to say, you know, how are you going? You don't have to specifically say, are you sleeping well?

But it could be a, you know, what's keeping you awake at night, Christian? Like sort of what are your sort of pain for what's keeping you awake at night? And then, and you can say, in all seriousness, you know, are you getting from your sleep? Are you looking after yourself? How's your energy levels, you know, what's your workload like?

And, and I think it's, it's just part of our personal sustainability. I like, I think we are rightly so, talking a lot about the sustainability of the planet and maybe, hopefully not too late, but we have to start talking front and centre about personal sustainability. And it's not just sleep sleeps, but it's, it's stress, it's workload, it's physical and mental health.

My own pain points are like if I'm, I, I'm a great sleeper too, but. Sometimes I have some back issues and, and sometimes I do have a racing mind and sometimes I'm hot at night and dealing with those things. I think that it's important to make sure that we do get adequate sleep or know to catch up, you know, have a little nap if we need, need to.

I think a really key point is making sure that people, conscientious people know that we should, consistent sleep is really important, like getting to bed at roughly the same time most nights and getting up roughly at the same time most days. Seven days a week, but I really want people just to know. That on your non-work days, and please give yourself at least a two hour buffer.

Like if you know, a, a sleeping, when we say regular consistent sleep, we're talking plus or minus two hours. Don't be too restrictive on yourself and get up at 6:00 AM on a Saturday. Like, it's really important to not do that. And also don't just hear, you know, if you love your three, four hours, whatever. So it is just more, the point is not to sleep.

Until, you know, two, because that's, that upsets the apple cart with your, with your circadian system and your melatonin rhythm and all that sort of stuff. But it's, so, it's kind of like this being informed, but not taking it to the letter. Like, you know, a, a lot of, too much rigidity around sleep is a, you know, upsets the apple cart.

Helga Svendsen: Which is the same in Oh, so many things. So nutrition, you don't have to be perfect. Yes. Oh

Moira Junge: yes. There's so much to talk about. So, oh, so much

Helga Svendsen: more. But I knew there'd be a lot in here and such a good thing for board directors to focus on. So what are the key things you want people to take away from the conversation that we've had today?

Moira Junge: So many things, but to be succinct, I just want people to understand and really appreciate sleep as a core pillar of their health and their personal health strategy. I think that I want us to all talk about it more in workplaces and in schools, and it just hasn't had the full attention yet. So I want people to.

Help the Sleep health donation's mission and, and talk about it in the same way, have the same attention that food and exercise has had in terms of at a societal and workplace level. I want people to, depending on your attitude, to sleep. If you have a Oh sleep when I'm dead, I kind of mean know. I just don't really prioritize sleep.

I'd love you to just understand that it is. Super important and we, you check, you actually can't afford to ignore it. But also when they want to tell those people who feel like they're poor sleepers and they say they're a poor sleeper, I'd love them to think, well, maybe

they're getting enough sleep. Maybe they are just short sleepers, maybe they're six hours or so is fine for them.

because it's a big range. Six to, you know, six to 10 is normal. And I just want to also yeah. Address that overcorrection, that there's a lot of frenzy and there's a lot of anxiety about. Sleep. So I think if you just, if you're sort of a generally healthy person, get the right information, go to the Sleep Health Foundation website, it becomes, with that main call to action, it's just.

Don't put up with really poor sleep if it's really debilitating. That's probably the bottom line.

Helga Svendsen: Is there a resource you would like to share with the Take on Board community?

Moira Junge: Yeah. Well, I think the main resource for me is actually our website, our Sleep Health Foundation website is, is those hundred fact sheets, and I think at the front page at the moment, on the very front page it says there's two options of just, are you looking for sleep information or the other button is explore your sleep. And I'd love, it's a pilot trial we're doing at the moment at Flinders University. It's like a symptom checker and it's going to help people to actually navigate better. because if you, how would you know to look at sleep apnoea or a hypersomnia or an narcolepsy?

You don't know what you're looking for. So we've, that's really exciting that I'd love. Your listeners to please look at that and spread the word about that, because then we can get it up there as a, it's at the moment, just a trial. If you get a red cap survey, et cetera, ands, it's a part of a part of a research study.

But when it's all done and dusted, it'll be there as a button for us that we, I'm just really excited that that'll help so much with the mission.

Helga Svendsen: Oh, great. I'm going to have a look at that too. Excellent. Great. Oh, Moira, thank you. So awesome to have you here reflecting about how important sleep is. Side note, doubly awesome to have you in the Take on Board Accelerator program this year.

It's so awesome to have you as part of that as well. So thank you for sharing your wisdom with the Take on Board community today.

Moira Junge: Thanks. It's right back at you. I'm a big fan of you and your work, and I'm an avid listener. I won't be able listen to this, so I can't stand listening to my voice, so I'll have to miss this one.

But yeah, I really appreciate it. I appreciate the opportunity and I appreciate this community you've created.

Transcript by Descript