Purpose

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) presents this position statement to avow its strong and continuing opposition to the practice of deep sleep therapy. The RANZCP recognises that psychiatrists have a critical role to play in acknowledging historical harmful practices and committing to learn from them.

Key messages

- The RANZCP wholly opposes the practice of deep sleep therapy.
- Deep sleep therapy has not been demonstrated to be effective in treating any psychiatric condition.
- Deep sleep therapy poses particular hazards including unacceptably high morbidity and mortality rates.
- Deep sleep therapy is prohibited by law in some jurisdictions.

Definition

‘Deep sleep therapy’ (also referred to as continuous narcosis or deep sedation therapy) is the term used for a procedure in which a patient is maintained (for a period of at least several days) in a comatose or semi-comatose state with sedative and other psychotropic drugs. The term ‘deep sleep’ is in fact a misnomer as such a state is not normal sleep.

Evidence

Deep sleep therapy was a psychiatric practice most notoriously used between 1962 and 1979 in Sydney, Australia, at the Chelmsford Private Hospital during which it was anticipated that patients' minds would be able to overcome mental afflictions. It was prescribed for various conditions ranging from schizophrenia, anxiety and depression to obesity and addiction. This involved periods of induced coma, often for several weeks, caused by the intermittent administration of intravenous barbiturates. Many patients either died during the sleep or awoke from it with varying degrees of impairment, ranging from permanent amnesia to chronic panic. At least twenty-four patients died and many others suffered permanent physical and psychological damage at the hospital during that period (Walters, 2009; Anderson, 1991). The hospital was forced to close in the early 1980s and the Chelmsford Royal Commission was established in the 1990s to investigate the deaths that occurred there (Slattery, 1991). Deep sleep therapy is now prohibited by law in some jurisdictions.
Recommendations

Intermittent administration of intravenous barbiturates has no place in the treatment of psychiatric illnesses for the following reasons:

- Deep sleep therapy has not been demonstrated to be effective in treating any psychiatric condition, and its administration poses particular hazards.
- The morbidity and mortality rates associated with deep sleep therapy are unacceptably high.

Additional resources

Position statement 84: Acknowledging and learning from past mental health practices (RANZCP, 2016).

References


Walters C (2009) Chelmsford victim gets a legal ray of hope, but it's 36 years overdue. Sydney Morning Herald, 7 September.

Disclaimer

This information is intended to provide general guide to practitioners, and should not be relied on as a substitute for proper assessment with respect to the merits of each case and the needs of the patient. The RANZCP endeavours to ensure that information is accurate and current at the time of preparation, but takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.