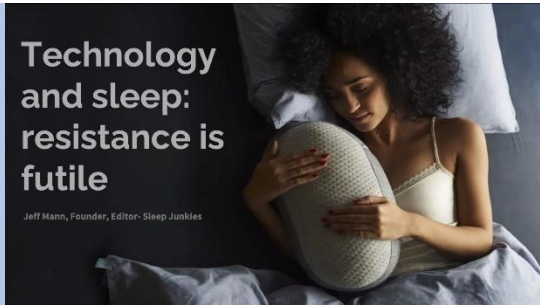


# Making Sleep: New agendas for a new public health?

7th and 8th July 2021

University of Surrey

Symposium Report: Professor Rob Meadows (Surrey), Professor Christine Hine (Surrey) and Professor Jason Ellis (Northumbria)



Dr Georgia Cook  
@GeorgiaC\_sleep

Loving the variety of perspectives #makinngsleep is providing. Such an array of interesting, insightful and challenging topics/questions being highlighted and discussed! Making me really reflect #sleep #research #challenges #agenda #policy #publichealth

Rob Hickman @robhickman\_ · Jul 8  
Replying to @robhickman\_  
Second day of the @UniOfSurrey online workshop - @michaelgrandner spoke about 'Sleep, Health and Society'

Especially relevant slide on sleep, illness, and immunity 🙄

Actigraphy Sleep Duration (hours)	Adjusted % with Objective Correlates
1.5	~45
3.4	~35
5.2	~25
7.1	~15

Category	Relative to Short Sleeps	Relative to Long Sleeps
Heart rate	~1.5	~0.5
Peak Power	~1.5	~0.5
Time to Exhaustion	~1.5	~0.5

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## WRITING THE SLEEP CRISIS

Dr Diletta De Cristofaro (Northumbria University)

writing\_sleep  
writing\_sleep

https://www.writingleep.com/

Fran Pilkington-Cheney @FranPilkington

Fascinating morning at #makinngsleep so far, listening to experiences of treating patients with insomnia & thinking about 'what is good sleep?' with Louise Berger, & now considering the sleep crisis in contemporary literature with @writing\_sleep #sleep #research @IAS\_SurreyUni

Emma Sullivan @emmacsullivan\_

Fascinating and insightful couple of days at #makinngsleep, from reflecting on 'what is good sleep?' to considering whether we are in a public health sleep crisis, been great to take a step back from my research bubble and consider the bigger picture #sleep #research @IAS\_SurreyUni

4:36 PM · Jul 8, 2021 from Yorkshire and The Humber, England · Twitter for iPhone

Rosie Gibson @RosieGibsMoul

#MakingSleep's second sessions have also been fabulous including @SleepJunkies describing the sleep tech industry and ethics Christine Hine on the online landscape of sleep, rounded up by our host @RobertMeadows16 who questioned how we define sleep quality 🙄🙄🙄

12:55 PM · Jul 7, 2021 · Twitter Web App

## Background to the event

It has become commonplace to read headlines like the following (from the [Independent](#))

News

### **‘Catastrophic’ lack of sleep in modern society is killing us, warns leading sleep scientist**

Responses to this ‘crisis’ have been numerous. In 2019, the BBC News reported that the UK Government were planning to issue guidance on how much sleep people should be getting every night. This resonated with calls from the UK Royal Society for Public Health, for a ‘slumber number’ to be published which makes it easier for individuals to know how much they should be sleeping. The United States National Sleep Foundation has also recently issued age-specific sleep duration recommendations.

These strategies may appear misguided. For one, sleep is liminal and beyond the limits of voluntary agency. It is also linked to social position – with race, ethnicity, culture, employment, neighbourhood, socioeconomic status, marriage, and the family environment all impacting on an individual’s sleep. Those not currently in paid employment and those with lower education have higher odds of sleep problems even when other factors are controlled for.

Others have called for more research/sleep science or held large-scale meetings to discuss the implementation gap and the gulf between research and policy. Recommendations here include: researching costs/benefits associated with screening/diagnosing and treating insomnia; promoting education and literacy regarding obstructive sleep apnea; increasing the number of students who get sufficient sleep; and performing trials aimed at improving treatment adherence for sleep disordered breathing. Yet it remains unclear how this is to be achieved and conversations are periodically repeated with little tangible progress.

We need to innovate. If we are to achieve a national sleep strategy, we need a radical departure from traditional thinking. This was the focus of the Making Sleep event held on the 7<sup>th</sup> and 8<sup>th</sup> July. ...The workshop brought together scholars and practitioners to debate and discuss how we might move beyond traditional confines and work towards a national sleep strategy. It had the following objectives:



## Event themes

**Day 1** of the event was focussed on exploring ‘the complexities of sleep’ across different domains (the clinic, technology, art/literature and public health). It began with a series of keynotes and ended with breakaway groups. Several common threads appeared, including:

### *Reflecting on the idea of ‘crisis’*

Diletta De Cristofaro rightly brought our attention to the fact that experts are divided as to whether society is actually profoundly sleep deprived. Diletta called for more engagement with this idea of a sleep crisis and what it tells us about current conceptions of sleep and health. Breakout groups also suggested that researchers might be ‘guilty’ of using this terminology and language of ‘crisis’ in grant applications to get the message across and perpetuating issues.

### *The complexities of good sleep*

Louise Berger discussed how some people are currently beyond the reach of Cognitive Behavioural Therapy for Insomnia (CBT-I) and how a focus on sleep can be a driver for poor sleep. Louise also asked us to consider the idea of ‘good sleep’ embedded within CBT-I. Meadows also looked at the sleep quality of 200,000 people across 68 countries. Whilst there seemed to be remarkable consistency in what the concept of sleep quality meant across the data, estimates of threshold parameters suggest that those with more years of education have an increased threshold for reporting mild sleep problems but a lower threshold for reporting sleep problems as severe or extreme.

### *The complex relationship between technology and sleep*

Jeff Mann described what he called the ‘mother of all ironies’ – we need tech solutions to help us fix the damage tech may have caused to our sleep. In discussing transhumanism, Jeff also made clear that people engage with sleep for a variety of different reasons. The importance of ‘difference’ and ‘complexity’ was echoed in Christine Hine’s talk – where we heard that different forms of sleep knowledge co-exist in online spaces, but disparities are often challenged. Christine also highlighted how sleep discourse is shaped according to features and conventions of different platforms

**Day 2** focused on building ‘responses’ to this complexity. Dr Michael Grandner outlined current socio-ecological approaches to sleep health and the importance of taking into account social inequalities; as well as individual, family and contextual determinants of sleep health. Building upon this, Professor Martyn Pickersgill highlighted how multi-perspectival responses are needed. Humanities and social sciences have much to offer here; but efforts are required to think about how these

conceptual frames can be brought into dialogue and how different disciplines can work alongside and with one another. For example, sociology will invariably shift across the roles of ‘champion’, ‘critical friend’ and/or ‘critique’.

The day ended with a panel discussion – led by Professor Derk-Jan Dijk - and wider conversation amongst delegates.

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## Outcomes

Recommendations from the workshop include: (i) continuing to take account of social inequalities; (ii) thinking critically about ‘framing’ and the current language of crisis; (iii) exploring the nuanced relationship between technology and sleep; (iv) recognising that the future is likely to get more complex; and (v) continuing to reflect on how best to build multidisciplinary teams and embed social science within discussions of public health and sleep.

From this, immediate implications for practice include:

Framing: (i) Consider moving away from talking about disease, disorder and destruction; (ii) consider getting people to buy in to sleep by talking about health and happiness; (iii) consider moving away from concepts which attempt to quantify sleep (e.g. optimal sleep duration), towards a language of sleep need, sleep opportunity, sleep ability as underpinnings of sleep quality and sleep health. Goal in the outset of work by public health should normalise sleep, not create nomothetics.

Local Strategies: (i) Work on *strategies* rather than a single public health *strategy*. Some of these may not talk to sleep at all (but rather focus on determinants, such as poverty). Sleep opportunity is not always about ‘choice’; (ii) building up from *understandings* – what do people think - and use this as the focus for interventions. Reflecting the points above, this is likely to result in *multiple, local, interventions*.

## Next Steps

A video version of this report is currently being produced. We will continue to explore the utility of releasing other talks from the event.

The team are also in the process of identifying a space and format for an online, dialogic, community – with a view to using this community to continue discussions and develop a collective/edited report. It is likely that future grant applications will also draw on this network.

## **Acknowledgements**

We gratefully acknowledge the support of the Institute of Advanced Studies at the University of Surrey. We would like to thank Mirela Dunic and Vicki Blamey from IAS for all their support and advice throughout the process; as well as Louise Jones who provided valuable support throughout the process.

We are also very grateful to Professor Sarah Nettleton (York) who played an important role in shaping this event and the ideas underpinning it.