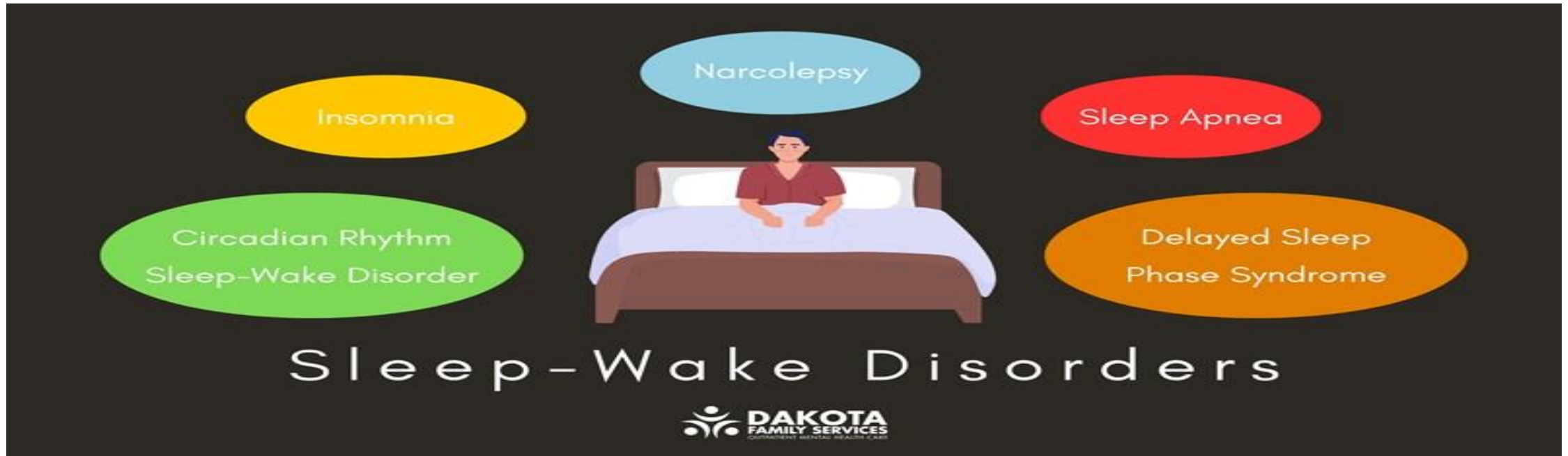


Module code: BMHP6029
BSc (Hons) Health and Social Care
Psychological Classifications and Provisions

Sleep–Wake Disorders: A Social, Cultural and Policy Perspective



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Sleep-Wake Disorders

Introduction:

Millions of people in the world have sleep-wake problems (insomnia, Hypersomnolence, circadian rhythm, parasomnias, movement and breathing disorders).

They are acknowledged as separate clinical entities with ICD-11, but structural barriers and inequitable access together with societal stigma remain.

Historical Developments

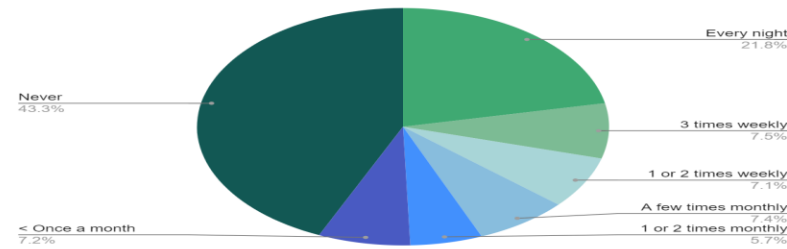
- ✓ Sleep issues considered as moral or personal failure (Bukhari et al., 2021).
- ✓ Change to Medicalisation: The 20th century novelties (EEG, polysomnography) had justified diagnosis and treatment (Bracci, 2022).
- ✓ ICD-11 Effect: Better uniformity in diagnosis, but excessive reliance on biomedical frameworks will overrule the psychosocial causes (NHS, 2024).



Effective Policies and Practices:

CBT-I and CPAP are supported by evidence-based guidelines (e.g. NHS, WHO, AASM).

How often do US adults experience insomnia in 2022?



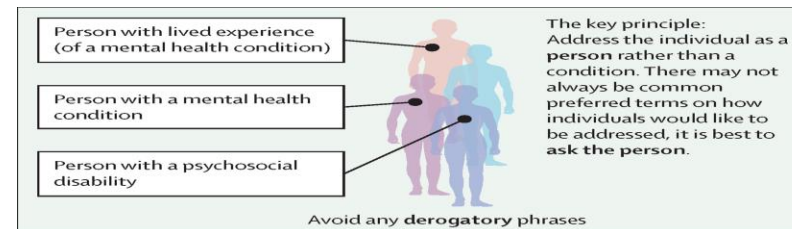
Stigma, Discrimination and Inequality

Personal Stigma: Insocondition.

Cultural Norms: The ethos of Sleep less to succeed promotes guilt and blame (Tobias et al., 2025).

Structural Barriers: Lack of sufficient sleep services, excessive waiting times, lack of CBT-I access (Costa-Silva, 2025).

Intersectionality: Poverty, gender roles and comorbid illness increases exclusionmnia as a self-inflicted.



Gaps:

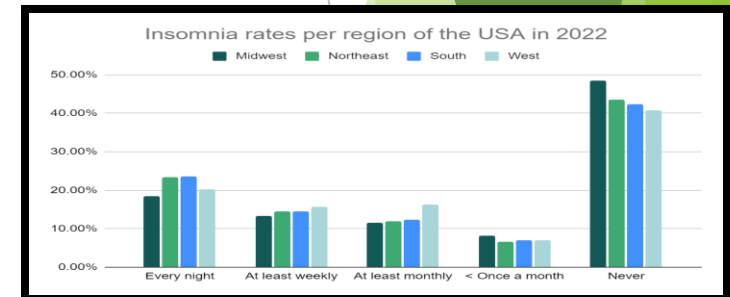
Inequality in service delivery (urban rural gap). Sleep care labour shortages.

Social determinants are ignored in the biomedical focus.

Disjointed multidisciplinary care (Tsega, 2024).

Recommendations

- ✓ Make sleep health a national mental-health and chronic-disease policy.
- ✓ Increase the availability of CBT-I through primary-care and online.
- ✓ Enhance diagnostics by advance tested home-sleep testing.
- ✓ Fund CPAP and therapy in the low resource areas.
- ✓ Conduct anti-stigmatization campaigns and inclusion at the work place.
- ✓ Social determinants: high-risk groups (shift workers, low-income, comorbidity with mental illnesses).



Conclusion

Moral judgment to clinical legitimacy is the change. However, until the issue of stigma, inequity, and structural neglect are addressed, the gains of treatment will be uneven. Equity-based and public-health-oriented approach is essential to attain a real-life sleep health.

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