

Sleep Better, Cope Better

A practical guide to understanding the two-way relationship between sleep and mental health, reducing pressure around sleep, and building routines that support rest, regulation and daytime coping.

Sleep affects how we cope

A poor night does more than make us tired. Sleep loss can make concentration, memory, emotional regulation, pain tolerance, decision-making and sensory processing harder. Problems that felt manageable yesterday may feel much larger after broken or insufficient sleep. At the same time, anxiety, depression, trauma, stress, neurodivergence, physical illness, caring responsibilities and life changes can all disrupt sleep.

This is why sleep is best approached without blame. Struggling to sleep is not a sign that you are failing at relaxation. The aim is to understand the pattern, reduce the things that keep the system activated and build conditions that make sleep more likely.

Think rhythm, not perfection

- **Wake time:** a reasonably consistent wake time can help anchor the body's sleep-wake rhythm.
- **Light:** daylight, particularly earlier in the day, helps provide timing information to the body clock.
- **Movement:** regular daytime activity can support sleep, adjusted for health, disability and individual capacity.
- **Food and fluids:** hunger, reflux, dehydration or very late heavy meals can affect comfort; individual medical and dietary needs matter.
- **Wind-down:** create a transition from doing to resting rather than expecting the brain to stop instantly.
- **Environment:** consider temperature, light, noise, bedding, sensory needs and interruptions.

Carl Rogers: reduce the fight with yourself

Person-centred practice invites us to meet our actual experience rather than criticising ourselves for not matching an ideal. This matters with insomnia because pressure to 'make' sleep happen can itself increase arousal.

"The curious paradox is that when I accept myself just as I am, then I can change." - Carl R. Rogers, On Becoming a Person (1961).

The sleep-pressure trap

After several bad nights, bedtime can start to feel like a test. Thoughts such as 'I have to sleep now', 'Tomorrow will be ruined' or 'Why can't I do this?' can make the bed a place of effort and monitoring. A gentler goal is to create conditions for rest rather than demanding unconsciousness on command.

If you cannot sleep

Avoid clock-watching if it increases anxiety. If you are awake and increasingly frustrated, a quiet, low-stimulation activity outside the bed may be more helpful until sleepiness returns. Keep lighting gentle and avoid turning the night into productive daytime. If mobility, disability or safety make getting out of bed impractical, use a calm alternative that works for you.

Build a Sleep Routine That Fits You

A realistic evening transition

- **60-90 minutes before:** begin reducing stimulating work, difficult conversations and non-urgent problem-solving where possible.
- **Prepare tomorrow:** write down reminders, lay out essentials or create a short list so your brain does not need to rehearse them in bed.
- **Lower sensory load:** dim lights, reduce noise, change uncomfortable clothing, adjust temperature or use preferred sensory supports.
- **Choose a familiar cue:** shower, audio, reading, gentle stretching, breathing or another repeatable activity.
- **Do not chase perfection:** one supportive cue repeated consistently can be more useful than a complicated routine you cannot sustain.

When worry follows you to bed

Give worry somewhere else to go. Earlier in the evening, write down what is on your mind and separate it into: something I can act on tomorrow; something I need help with; and something I cannot solve tonight. The aim is not to prove the worry wrong, but to tell your brain it has been recorded.

Neurodivergence and sleep

ADHD can bring delayed sleep timing, racing thoughts, hyperfocus, difficulty stopping an activity and inconsistent routines. Autistic people may experience sensory sensitivities, difficulty with transitions, anxiety around unpredictability or a strong need for particular sleep conditions. Generic sleep advice can therefore miss the actual barrier.

Neurodivergent-friendly ideas

- Use an external 'start winding down' alarm rather than relying on noticing tiredness.
- Create a transition activity between hyperfocus and bed.
- Keep sensory supports consistent: preferred bedding, sound, darkness, pressure or temperature.
- Use visual routines with only a few essential steps.
- Keep a notepad or voice-note option for thoughts that feel urgent.
- Discuss persistent sleep timing or medication concerns with an appropriate clinician rather than assuming it is a motivation problem.

Sleep, alcohol and quick fixes

Alcohol can make some people feel sleepy initially, but it can disrupt sleep quality and contribute to waking later in the night. Caffeine, nicotine, recreational substances and some medications can also affect sleep. Do not stop prescribed medication without clinical advice. If alcohol or substances are becoming a regular way of managing sleep, seek appropriate medical or specialist support.

Daytime coping after a bad night

- Reduce non-essential demands where possible rather than pretending capacity is unchanged.
- Eat and hydrate according to your needs.
- Use daylight and gentle movement if appropriate.
- Break tasks into smaller steps and externalise reminders.
- Be cautious with important decisions if concentration is significantly impaired.
- If you nap, notice whether timing or length affects the following night; needs vary, especially with illness and disability.
- Do not turn one poor night into a prediction about every night to come.

Sleep and chronic illness

Pain, reflux, breathing problems, hormonal changes, medication effects, restless legs and many other physical factors can disturb sleep. Persistent sleep difficulty deserves proper assessment rather than being automatically attributed to stress. Seek medical advice for symptoms such as loud snoring with pauses in breathing, gasping, severe daytime sleepiness, persistent insomnia or concerning physical symptoms.

A kinder morning-after script

Try: 'I did not sleep as I hoped. My capacity may be lower today. I can protect what matters, reduce what can wait, and give tonight another chance.'

Your Sleep Better, Cope Better Toolkit

Sleep pattern tracker

CHECK	YOUR NOTES
Approx. bedtime / wake time	_____
What helped me wind down?	_____
What kept me activated?	_____
Sensory / physical factors	_____
Caffeine / alcohol / medication factors	_____
How did I cope the next day?	_____
One adjustment to test	_____

Build your personal wind-down menu

- For my mind: _____
- For my body: _____
- For sensory comfort: _____
- To park tomorrow's tasks: _____
- If I wake in the night: _____
- After a difficult night: _____

The 'minimum viable' bedtime

On low-capacity evenings, decide what the smallest useful routine is. It might be medication as prescribed, teeth, drink, bathroom, comfortable clothes, alarm and lights down. A minimum routine prevents self-care becoming another exhausting project.

Seven-day experiment

- **Day 1:** notice your current pattern without changing everything.
- **Day 2:** anchor one wake-time or morning-light cue.
- **Day 3:** add a short wind-down cue.
- **Day 4:** reduce one sensory barrier.
- **Day 5:** move worry/planning out of bed.
- **Day 6:** protect daytime coping after a poor night.
- **Day 7:** review what genuinely helped and keep only what is sustainable.

When to seek professional help

Speak to a GP or appropriate clinician if sleep problems persist, significantly affect functioning, or occur alongside severe low mood, anxiety, trauma symptoms, breathing problems, unusual movements, medication concerns or extreme daytime sleepiness. Cognitive behavioural therapy for insomnia (CBT-I) is an evidence-based treatment for chronic insomnia and may be available through appropriate services.

Urgent support

Severe sleep deprivation can worsen mental-health symptoms. If you are experiencing a mental-health crisis, suicidal thoughts, feel unable to keep yourself safe, or have symptoms requiring urgent medical assessment, seek urgent help. In the UK, call 999 or attend A&E; for an emergency; NHS 111 and local urgent mental-health services can direct you to appropriate support.

A Message From Maggie, Books & Resources

A message from Maggie

When you have not slept, everything can feel closer to the surface. Noise can feel louder, decisions harder, emotions stronger and ordinary tasks much bigger. I do not want this guide to become another list of things you are supposed to do perfectly before you are 'allowed' to sleep well.

Start with what is getting in the way for you. It may be worry. It may be ADHD hyperfocus, sensory discomfort, pain, reflux, caring responsibilities, menopause, trauma, medication or simply a life that does not give you enough time to come down from the day. The right support depends on the reason.

A bad night is not a personal failure. Protect your capacity the following day, return to the basics you can manage and try again without turning bedtime into a test. And if sleep is persistently difficult, please seek proper help rather than assuming you just need more discipline.

Better sleep can support better coping, but you deserve support with both.

Recommended reading

Colin Espie - *Overcoming Insomnia and Sleep Problems*. CBT-based self-help material focused on insomnia.

Gregg D. Jacobs - *Say Good Night to Insomnia*. A structured behavioural approach to persistent sleep difficulty.

Carl R. Rogers - *On Becoming a Person*. Person-centred foundations of acceptance and psychological growth.

Russ Harris - *The Happiness Trap*. Useful ACT-based approaches to thoughts, feelings and struggle.

Resources and clinical notes

Useful UK routes include your GP, NHS services and NHS sleep information. Persistent insomnia may benefit from CBT-I. Sleep apnoea and other physical sleep disorders require medical assessment. NICE guidance on insomnia-related prescribing and relevant mental-health conditions should be followed by clinicians where applicable.

References

Rogers, C. R. (1961). *On Becoming a Person*. • Espie, C. A. (2006). *Overcoming Insomnia and Sleep Problems*. • National Institute for Health and Care Excellence (NICE), relevant guidance and Clinical Knowledge Summaries on insomnia and sleep disorders. • NHS information on insomnia and sleep apnoea.

Important: This resource is for coaching reflection and psychoeducation. It does not diagnose sleep disorders or replace medical, psychological or emergency care.

Space to Breathe Therapy - Maggie's Coaching