

Sleep Well, Feel Well

A practical, person-centred guide to protecting sleep as part of emotional wellbeing - without turning bedtime into another performance target.

Sleep and wellbeing are closely connected

Sleep does not solve every mental-health difficulty, but it influences how much capacity we have to meet the day. When sleep is poor, concentration, memory, emotional regulation, frustration tolerance, sensory processing and decision-making can become harder. Pain may feel more intrusive and ordinary pressures may require much more effort.

The relationship also works in the other direction. Anxiety, low mood, trauma, grief, physical illness, pain, caring responsibilities, hormones, neurodivergence, medication effects and ongoing stress can all disrupt sleep. This is why persistent sleep problems deserve curiosity and appropriate support rather than blame.

What does 'sleep well' actually mean?

It does not mean achieving a perfect number every night. Individual sleep needs vary. A more useful question is whether your sleep is sufficiently restorative for you and whether difficulties are persistent enough to affect your daytime functioning, health or wellbeing.

Four foundations to explore

- **Rhythm:** regular cues such as wake time, daylight and meal timing can help support the body's sleep-wake pattern.
- **Environment:** temperature, light, noise, bedding, pain and sensory comfort can influence how easy it is to settle.
- **Transition:** the brain often needs a bridge between a demanding day and sleep.
- **Pressure:** trying desperately to force sleep can increase monitoring and arousal.

Carl Rogers and a kinder starting point

A person-centred approach begins with your actual experience rather than an idealised version of what your sleep 'should' look like. Acceptance does not mean giving up on change. It can reduce the additional struggle created by judging yourself for struggling.

"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).

A simple evening check-in

- What is still activated in my mind?
- What does my body need before I ask it to settle?
- Is there anything important I can write down for tomorrow?
- Is my environment comfortable enough for my sensory and physical needs?
- Am I expecting myself to go directly from high demand to sleep?

Rest still matters

If sleep does not arrive immediately, rest is not worthless. Removing the pressure to 'perform' sleep can help reduce frustration. If you are awake for a prolonged period and becoming increasingly activated, a quiet low-stimulation activity may help until sleepiness returns, where this is safe and physically practical.

Practical Ways to Support Better Sleep

Build a wind-down that is realistic

A useful wind-down does not need candles, a bath and an hour-long routine. It needs to be repeatable. Choose a small number of cues that tell your system the active part of the day is ending.

- Finish or park tomorrow's planning before getting into bed.
- Reduce highly stimulating work, conflict or problem-solving where possible.
- Dim or soften lighting if this feels comfortable.
- Use a familiar calming activity: reading, audio, stretching, breathing or quiet sensory regulation.
- Prepare essential morning items so your brain does not need to rehearse them overnight.

When your brain will not switch off

Instead of trying not to think, give thoughts somewhere to go. Keep a notebook nearby or create an earlier 'brain download'. Sort thoughts into: *tomorrow action*, *needs support*, and *cannot solve tonight*. This is not about eliminating worry; it is about reducing the need to keep rehearsing it.

Neurodivergence and sleep

ADHD may involve hyperfocus, delayed sleep timing, racing thoughts, difficulty stopping rewarding activities and inconsistent routines. Autistic people may experience sensory sensitivities, strong transition needs, anxiety around unpredictability or a need for very specific sleep conditions. These are practical factors, not evidence of laziness.

Helpful neurodivergent adjustments

- Use an external alarm to begin winding down rather than relying on feeling tired.
- Build a transition activity between hyperfocus and bed.
- Keep sensory supports consistent and accessible.
- Use a short visual bedtime sequence rather than a long routine.
- Allow alternative communication or written planning when verbal processing is depleted.
- Discuss persistent timing or medication-related concerns with an appropriate clinician.

Sleep and physical health

Reflux, pain, breathing problems, restless legs, hormonal changes, urinary symptoms and medication effects can all disturb sleep. Persistent problems should not automatically be labelled stress. Loud snoring with breathing pauses, gasping, marked daytime sleepiness or other concerning symptoms warrant medical assessment.

Alcohol, caffeine and sleep

Alcohol can cause initial sleepiness but may fragment sleep later. Caffeine, nicotine, recreational substances and some medicines may also affect sleep. Individual responses vary. Do not stop prescribed medication without professional advice, and seek specialist support if alcohol or substances are becoming a regular way of getting to sleep.

The morning after a poor night

- Adjust expectations to your actual capacity.
- Prioritise essential tasks and postpone what can safely wait.
- Use food, fluids, daylight and appropriate movement to support the day.
- Externalise reminders if memory and concentration are reduced.
- Be cautious with driving or safety-critical activities if you are excessively sleepy.
- Do not let one poor night become proof that tonight will also be poor.

Protecting sleep without becoming rigid

Routine can help, but fear-driven rules can make sleep feel fragile. Aim for consistency with flexibility. Social events, illness, caring and life will sometimes disrupt the plan. The skill is returning to supportive patterns without treating variation as failure.

Your Sleep Well, Feel Well Toolkit

My sleep and wellbeing check

AREA	WHAT I NOTICE	WHAT MAY HELP
Mind	_____	_____
Body / pain	_____	_____
Sensory environment	_____	_____
Routine / timing	_____	_____
Stress / emotion	_____	_____
Daytime capacity	_____	_____

My minimum bedtime routine

- Essential body care: _____
- Medication as prescribed: _____
- One sensory adjustment: _____
- One way to park tomorrow: _____
- My 'enough for tonight' stopping point: _____

Seven gentle experiments

1. Notice your current sleep pattern without judging it.
2. Try a consistent morning cue such as daylight.
3. Move planning or worry out of the bed.
4. Change one sensory factor.
5. Create a short transition from activity to rest.
6. Protect your capacity after a difficult night.
7. Keep only the changes that genuinely helped.

A daytime wellbeing review

- How much energy do I have today?
- What feels harder after poor sleep?
- Do I need more quiet, processing time or practical support?
- What can I simplify?
- What would help me feel more regulated rather than simply more productive?
- Is there a repeated sleep problem I need to discuss with a professional?

When to seek professional support

Speak with a GP or appropriate clinician when sleep difficulty persists, significantly affects daily life, or is associated with concerning physical or mental-health symptoms. Cognitive behavioural therapy for insomnia (CBT-I) is an evidence-based treatment for chronic insomnia. Sleep apnoea and other sleep disorders require appropriate medical assessment.

Urgent help

Severe sleep loss can worsen mental-health symptoms. If you are in immediate danger, have suicidal thoughts, cannot keep yourself safe or have symptoms requiring urgent medical care, seek urgent support. In the UK, call 999 or attend A&E; in an emergency; NHS 111 and local urgent mental-health services can help direct you.

A Message From Maggie, Books & Resources

A message from Maggie

Sleep can become something we judge ourselves by. We can lie awake calculating how many hours are left, worrying about tomorrow and feeling as though everybody else knows how to do something that should be simple. But sleep is not a test of character.

I want you to look at what your sleep may be responding to. Perhaps your nervous system has not had time to come down from the day. Perhaps your body is uncomfortable. Perhaps ADHD means your brain becomes most alive at night, or autistic sensory needs make the environment difficult. Perhaps grief, anxiety, pain, hormones or life circumstances are keeping you awake.

Start there. Make the environment kinder. Make the transition easier. Protect the following day when you have slept badly. And if the problem keeps going, ask for proper support rather than blaming yourself.

Sleeping well can help us feel better, but feeling supported can also help us sleep. Both sides of that relationship matter.

Recommended reading

Colin Espie - *Overcoming Insomnia and Sleep Problems*. A CBT-based guide to understanding and changing persistent insomnia.

Gregg D. Jacobs - *Say Good Night to Insomnia*. Practical behavioural approaches to sleep difficulty.

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

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

Resources and references

Useful UK routes include your GP, NHS sleep information and appropriate sleep or mental-health services. Persistent insomnia may benefit from CBT-I. Symptoms suggestive of sleep apnoea or other physical sleep disorders require medical assessment.

Rogers, C. R. (1961). *On Becoming a Person*. • Espie, C. A. (2006). *Overcoming Insomnia and Sleep Problems*. • NHS information on insomnia and sleep apnoea. • NICE Clinical Knowledge Summaries and relevant guidance relating to insomnia, sleep disorders and associated mental-health conditions.

Important: This is a coaching and psychoeducational resource. It does not diagnose a sleep disorder or replace medical, psychological or emergency care.

Space to Breathe Therapy - Maggie's Coaching