

MEN'S MINDS / UNDERSTANDING THE PATTERN

Sleep, anxiety and the cycle that can build

Poor sleep and ongoing worry can wear you down. When you are exhausted, worries may feel louder and harder to put aside; when your mind stays on alert, settling into sleep can become difficult. This guide helps you notice the pattern without blaming yourself, and consider a next step that feels manageable.

Why the two can affect each other

Anxiety is not “all in your head”. It can show up as a racing mind, tension, restlessness, a fast heartbeat, stomach discomfort or a sense that something needs fixing right now. At bedtime there may be fewer distractions, so worries about work, money, health, relationships or tomorrow can seem to fill the whole room. Trying hard to force sleep can add pressure: “I have to sleep now” becomes one more demand to manage.

After a poor night, concentration, patience and emotional energy may be lower. Everyday problems can then feel more threatening, and the body may stay keyed up for longer. This can become a loop: worry disrupts rest; tiredness makes worry tougher to carry; the next night starts with more pressure. Not everyone experiences this in the same way, and sleep problems can also have physical, environmental or medication-related causes.

A cycle to notice - not a label

1 Worry rises Thoughts or body tension make it harder to settle.	2 Rest becomes difficult You may lie awake, wake often or wake unrefreshed.
3 The next day feels heavier Low energy can make coping and decisions harder.	4 More worry at bedtime You may start anticipating another difficult night.

Some people use alcohol, cannabis, non-prescribed drugs or medication outside its directions in the hope of falling asleep, staying asleep, quieting thoughts or feeling less anxious. That can make sense as an attempt to get through a hard night. It does not mean you have failed. The short-term effect can feel different from what happens later in the night or over time; for example, alcohol may make some people sleepy at first while disrupting sleep quality later.

A gentle question: “What am I hoping this will do for me tonight - and how do I feel tomorrow?” Noticing the answer is information, not a test.

Take a moment to notice whether this pattern sounds familiar. You do not need to decide on a diagnosis or make a big change today. One honest observation can be a useful beginning.

MEN'S MINDS / COPING WITHOUT SHAME

When substances become part of coping

A coping strategy usually starts because it offers something useful in the moment. Understanding both the relief and the cost can help you make choices with more support and less self-criticism.

What it may be doing for you

You might reach for something because your mind is racing, because you dread another night awake, because you feel tense or on edge, or because it is the quickest way you know to switch off. Sometimes it is connected with pain, trauma, loneliness, shift work, pressure or a difficult living situation. Ask what the substance or medicine is helping you get through; that need matters, even if the current method is causing problems.

IN THE MOMENT	POSSIBLE COST TO NOTICE
It may seem to help you feel drowsy, quieter, less tense or less aware of distress. Effects vary by substance, person, dose, health, and what else has been taken.	Sleep may remain unrefreshing or broken; anxiety or low mood may feel worse later; energy, memory, relationships or work may be affected. It can become harder to rely on the substance less, especially if tolerance or withdrawal develops.
It may feel private and predictable when asking for help feels exposing, confusing or "not for me".	Keeping it secret can increase isolation and delay support. You can start with one trusted person or a GP and choose what you are ready to share.

A brief self-check

Try answering these without grading yourself. You can write a few words, make a voice note, or simply think them through.

- ☐ What do I use - including prescribed medication, alcohol, cannabis or other drugs?
- ☐ When am I most likely to use it, and what tends to happen beforehand?
- ☐ What do I hope it will change: sleep, anxious thoughts, body tension, memories, mood or something else?
- ☐ What do I notice later that night, the next morning, or across the week?
- ☐ Has anyone close to me raised a concern, or have I felt less in control than I want?

Safety comes first. Alcohol and some medicines can be dangerous when mixed, and medicines should be taken only as prescribed. If you drink heavily or get shaking, sweating, nausea or marked anxiety when you cut down, do not stop suddenly without medical advice - withdrawal can be dangerous. Speak with a GP or alcohol service about a safe plan.

You do not have to wait until things are "bad enough" to ask for help. A conversation can be about sleep or anxiety first; you can mention substance use when you feel ready. A clinician can help look at the whole picture and discuss options without assuming one explanation fits everyone.

MEN'S MINDS / SMALL STEPS THAT MAY HELP

Support sleep and calm the worry loop

There is no single perfect routine. Choose one or two realistic steps and try them consistently enough to learn whether they help. If a suggestion does not fit your body, culture, home, work pattern or caring responsibilities, adapt it.

Make sleep less of a performance

If you can, keep a steady getting-up time, including after a rough night. Go to bed when sleepy rather than going early to chase sleep. A short wind-down can signal that the day is changing gear: lower the lights, do a quiet activity, or listen to something familiar. If you are lying awake and becoming more frustrated, a calm low-light activity for a while may help you return when sleepier. Avoid driving or doing risky tasks when you feel sleepy.

Notice what affects your own sleep. Caffeine, nicotine, alcohol, some medicines, pain, room temperature, noise, shift work and interrupted breathing can all be relevant for different people. You do not need to overhaul everything at once. If a medicine might be affecting sleep, ask the prescriber or pharmacist before changing it. If sleep has been poor for months or is making daily life hard to manage, contact your GP; treatment may include cognitive behavioural therapy for insomnia (CBT-I) or assessment for another sleep condition.

Give worries a place in the day

Earlier in the day or evening, set aside 10 to 15 minutes to write down what is on your mind. For each worry, note whether there is a next action, a question for someone, or nothing you can solve tonight. If it has an action, make the first step small: send one message, check one date, or write the question down for tomorrow. When the worry returns at bedtime, remind yourself that it is recorded and you have a time to return to it.

Try one calming anchor

NOTICE	TRY	KEEP IT GENTLE
Your body is on alert	Feel your feet on the floor or bed. Name five things you can see, then lengthen your out-breath only if comfortable.	Stop if focusing on breathing makes you feel worse. Choose a neutral sound, object or movement instead.
The mind is racing	Write the thought in a note. Ask: "Is there one useful action now, or can this wait until tomorrow?"	You are not required to argue with every thought or force yourself to feel calm.
You feel alone with it	Send a simple message: "Sleep and worry have been hard. Could you check in with me tomorrow?"	Pick someone safe, or contact a professional service if a personal contact is not right.

A first step for tonight: _____

Someone or somewhere I can contact: _____

Small repeated changes are more useful than punishing yourself for a difficult night. If you have tried self-help and are still struggling, professional support is a reasonable next step, not a last resort.

MEN'S MINDS / REFLECTION & GETTING SUPPORT

Build a plan you can actually use

Use this page to notice patterns and choose support. Leave anything blank that you do not want to answer; you can bring it to a GP, therapist, pharmacist or substance support service.

A week of check-ins

Make brief notes for each day, including nights that went better. Patterns can help you decide what to try next.

DAY	SLEEP: BED / WAKE / RESTED?	WORRY OR STRESS	WHAT HELPED?
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____

A way to start the conversation

"I have been struggling with sleep and anxiety. I sometimes use _____ to switch off or sleep. I am noticing _____. I would like help understanding what is going on and what I can do safely. Could we talk through options?"

Where to turn

IF...	YOU COULD...
Sleep or anxiety affects daily life, persists for months, or self-help is not enough.	Contact your GP. In England, many people can self-refer to NHS Talking Therapies. Ask about sleep assessment or CBT-I if suitable.
You are worried about alcohol, drugs or medication.	Talk with your GP or a local alcohol/drug service. Share what, how much and when, so advice can be safe. Services differ across UK nations.
You need urgent mental health help, or someone is in danger.	In England, call NHS 111 or use 111 online for urgent mental health help. Immediate danger: call 999 or go to A&E.; Samaritans: 116 123.

You can ask someone to sit with you while you make a call, write down symptoms first, or request another way to communicate. You deserve support before you reach breaking point.

SOURCES & FURTHER READING

NHS: [Insomnia](#) | [Anxiety](#) | [Sleep advice](#)

[Alcohol & withdrawal safety](#) | [Urgent mental health help](#) | [Drug support](#)

Reviewed 26 September 2026. General information only; it cannot assess your individual situation or replace medical advice.

Notes or questions I want to take with me
