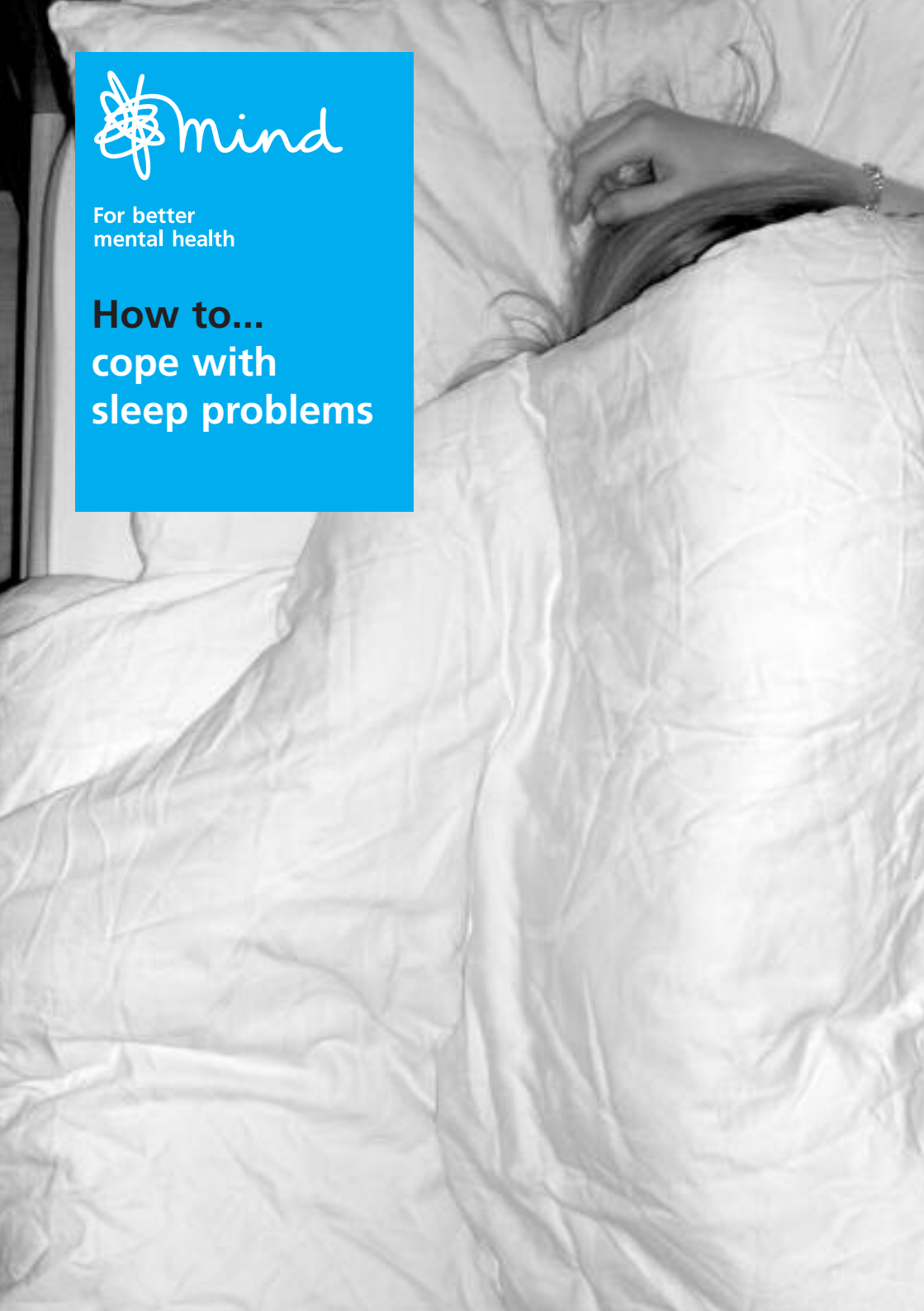




For better  
mental health

## How to... cope with sleep problems



# How to... cope with sleep problems

“I know I swept the trauma of my divorce to one side. Now, I find that the slightest bit of stress, whether it's professional or personal, sets off my insomnia. I feel that psychotherapy is helping a lot, although I still have a long way to go. I think that once I've addressed my past unhappiness and got it out of my system then, I hope, I'll be able to sleep again.”

**This booklet looks at the nature of sleep, the causes of insomnia and other sleep problems, and describes the self-help approaches and professional help available.**



## How much sleep do I need?

Usually, about seven or eight hours a night is enough for the average adult, but a small number of people need more than ten hours or fewer than five. At least one sleep expert believes we could all get by on six hours of 'core sleep', with the emphasis being on quality rather than quantity.

The amount of sleep we need, and its pattern, changes with age. Small babies sleep for around 17 hours each day, in several short bursts. Young children need a nap during the day to make a total of nine or ten hours. In healthy adults, between 19 and 30 years old, seven or eight hours sleep a night is usually enough. After the age of 50, this average falls to six hours, or less. Older people often revert to sleeping for several shorter stretches.

Sleep passes through several cycles of deep and light sleep each night. At the end of each cycle, a different kind of sleep takes over, known as REM (rapid eye movement), when we dream. This happens roughly every 90 minutes. Dreaming is even more important for our wellbeing than deep sleep, which is thought to be especially restorative for the brain.

During deep sleep, more growth hormone is released than at any other time of day. When extra hormone is needed (during adolescence and in pregnancy, for instance, or following exercise), or when we're short of sleep, we take more deep sleep, and stay asleep for longer. Older people spend more time in light sleep.

### **Can lack of sleep harm me?**

Losing a night's sleep once in a while won't cause lasting damage. During stressful times, when starting a new job or sitting exams, people can go for several nights with as little as two or three hours a night. Once the pressure is off, most of them return to their normal sleeping pattern. But some people develop more lasting problems, which can lead to fatigue during the day, and cause irritability and difficulty concentrating. This can be dangerous, especially when people are driving, operating machinery or doing other skilled tasks.



It has been suggested that poor sleepers might develop more problems with their general health than good sleepers. But, studies that have looked at the negative effects of sleep deprivation have only noted psychological changes, which can be reversed when the sleep loss is made up.

When people frequently go without sleep, or have many broken nights, they build up a 'sleep debt', which eventually has to be paid off. Sleep debt can affect intelligence and control of movement, and can have a bad effect on the metabolism and on hormones. While people are in the sleep-debt state, they are more likely to make mistakes or act irrationally. Sometimes, lack of sleep contributes significantly to the development of serious mental health problems.

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### **I feel exhausted all the time. Do I have insomnia?**

If you're feeling tired, irritable and having problems concentrating, you may automatically put it down to not getting enough sleep. But, studies have shown that people who believe that they have long-term insomnia may actually be getting only 40 minutes less sleep per night than other people. It's easy to overestimate the length of time you spend lying awake at night.

Sometimes, people who have been taking sleeping difficulties in their stride are confronted with additional stress. This can make them suddenly focus their attention on their sleeping pattern, so they come to believe, mistakenly, that all their problems stem from insomnia. But tiredness and a sense of fatigue can have other causes, like stress, depression or certain health problems.

Many people experience difficulties in sleeping. If you have a couple of disturbed nights, for whatever reason, it can make you more anxious about getting to sleep, or about whether you are having enough sleep. This worrying can make your sleeping problem worse.



### **What can trigger insomnia?**

There may be practical reasons behind your insomnia. You may have difficulty getting to sleep because the conditions are unsuitable – it may be too hot or too cold, too noisy or too light. Or there may have been a sudden change in your circumstances, such as moving into a new home or staying in a hotel, for example.

If that change is a spell in hospital, you may be feeling very anxious, too. Being in pain, of course, will inevitably inhibit sleep. Any illness can temporarily change your sleeping habits. There are also a number of illnesses that may directly cause insomnia, including an under-active thyroid and post-viral fatigue syndrome (myalgic encephalomyelitis, or ME).

Certain prescription drugs can disturb sleep, and if you take a diuretic, for example, you may need to get up in the night to go to the toilet. If you are taking prescription drugs and having problems sleeping, it's worth asking your GP or pharmacist about it. Sometimes, sleeping becomes a problem when you stop taking certain medicines, such as antidepressants, or minor tranquillisers. (See *Further reading*, on p. 14.)

Jet lag or shift-work can disrupt the internal body clock that tells you when to sleep and when to get up. If you have been awake all night, it may be difficult to get a good sleep, starting in the morning, because your body temperature, adrenaline levels and general alertness are all increasing. Shift workers sometimes have to come off night work because of long-term fatigue.

Alcohol, nicotine and caffeine are all powerful drugs, which alter sleep. One cigarette may have a calming effect that promotes sleep, but as you smoke more, nicotine levels rise and act as a stimulant. On average, a smoker sleeps 30 minutes less every night than a non-smoker. Alcohol is also a sedative and makes people sleep, but when the amount of alcohol in the system drops, it can have the opposite effect, causing insomnia later on in the night. Long-term drinking can ruin natural sleeping patterns. More than five cups of coffee, per day, is also likely to make it difficult to get to sleep and to stay asleep.

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### Problems for older people

Although older people tend to sleep less, it can be easy to ignore the contribution of social factors, such as loneliness, poor living conditions, depression, or the effects of living in an institution, such as a nursing home or hospital. Insomnia can often be the result of not getting enough exercise, too, because people get less opportunity for physical activity as they get older.

### Emotional problems

Sleeping problems are often connected to underlying emotional problems that are causing anxiety or depression. Somebody who is habitually very anxious, may become afraid of falling asleep, because they fear they might die in their sleep. A depressed person, on the other hand, is more likely to wake in the early hours of the morning feeling panic-stricken or full of dread.

Any traumatic experience is likely to bring disturbed nights in its wake. Stressful events such as unemployment, bereavement or divorce frequently trigger bouts of insomnia.



### What about other sleep problems?

#### Nightmares

You may have nightmares if you are stressed, anxious or depressed, or if you are withdrawing from drugs, such as minor tranquillisers or antidepressants. They are also common following a traumatic event.

#### Sleep walking and night terrors

These occur during deep sleep, and may be caused by stress, or when normal sleep patterns have been broken (when doing shift work, for instance).

Night terrors can accompany sleepwalking, or may occur on their own. During these brief episodes, the dreamer may scream and seem very frightened, although they are not fully awake. Both sleepwalking and night terrors are more common in children, who often grow out of them. Take any necessary precautions, such as installing stair gates and locking doors and windows.

### **Sleep paralysis**

During the dreaming (REM) phase of sleep, limb muscles are limp and paralysed. If something suddenly disturbs you during this phase of sleep, your mind may wake up before your body does, and so, for a few seconds, you become aware of your inability to move and may be unnerved by it. Usually, such episodes are very brief, ending when you become fully awake.

### **Hallucinations**

People sometimes have hallucinations as they are falling asleep or while they are waking up. The hallucinations are usually very brief and simple, and the person quickly becomes fully awake and aware. They aren't a sign that anything is wrong, but may occur, for example, when looking after a wakeful baby, or when sleep is similarly disrupted.

### **Narcolepsy**

Extreme daytime sleepiness may be caused by narcolepsy. Those who are affected fall asleep frequently, throughout the day, and experience vivid images and voices as they are dropping off. While this is happening, they may twitch, their eyes may jerk and their muscles lose power. They may also have hallucinations, which may last longer or be more elaborate than the brief hallucinations mentioned above. Sleep paralysis is also more common and longer lasting.

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### Sleep apnoea

People with this condition tend to snore very loudly and to stop breathing, for very short periods, during the night. They wake, briefly, when this happens, and so may become tired the following day. The condition is more common among the overweight, and with increasing age (see *Useful organisations*, on p. 12).



### How can I improve my sleep?

The key to feeling refreshed is having a regular pattern, not how many hours of sleep you get. If you go to bed before you're really tired, and then sleep badly, you'll tend to stay in bed later in the morning, which will affect the next night's sleep, and so on. The following steps can help you establish a good pattern.

#### Establishing a routine

- Go to bed only when you really feel tired enough to sleep.
- Don't read, watch television or use your computer in bed. These are waking activities.
- If you don't fall asleep within 20 minutes, get up and relax in another room. Do something soothing, such as listening to music, until you're tired enough to go back to bed.
- Repeat this process, if you are awake for long periods.
- Set the alarm at the same time each morning. Don't sleep in late to make up for a bad night. This will only make it harder to sleep the following night. You may need to follow this programme for several weeks, to establish a regular pattern.
- Avoid taking a nap during the day. But if you really are overtired, taking a short nap after lunch can be beneficial.
- After a long flight, you need to get your body clock in tune with local time. However tired you feel, avoid going to bed until the local bedtime, and get up reasonably early the next morning. You should then quickly adjust to a new pattern.

### Sleep aids

- Look at your sleeping arrangements. Is your bed and bedding comfortable? Do the temperature and light levels suit you? Is there enough fresh air in the room? If you are easily bothered by noise, try using earplugs.
- Try setting aside some time during the early evening for reflecting on your day. Think over any difficulties and write down your next step. Making an action list early in the evening may help you to avoid focusing on problems when you go to bed.
- Try to wind down during the later part of the evening. Avoid any complicated work or activity.
- If your brain is still busy with daytime concerns, listening to the radio quietly for a while may distract you.
- Try having a warm bath, to help you unwind.
- Practise a relaxation technique before you go to bed. Breathe slowly and deeply: four seconds in, hold for four seconds and then four seconds out. Consciously tense and relax your muscles, in turn; start with your toes and work up.
- Hop pillows, or a few drops of lavender oil in the bath or on your pillow, may help you relax.
- A hot, milky drink may encourage sleep.
- If you feel physically exhausted, but your mind is full of racing, intrusive thoughts, don't try to force sleep, it will only make you feel more anxious. Try keeping your eyes open, instead, and as they start to close, tell yourself to resist. The more you try to stay awake, the sleepier you'll become.
- Interrupt unwanted thoughts by repeating a soothing word (such as 'peace') over and over to yourself.
- Try visualising a scene or landscape that has pleasant memories for you.
- If you wake during the night, go through your relaxation routine.

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### Life-style improvements

- Avoid coffee, tea, cocoa, cola and other drinks containing caffeine. Try decaffeinated coffee and herbal teas, instead.
- Limit alcohol in the evening to one or two drinks.
- Get enough exercise. Fit people sleep better, on the whole, and if you haven't had any exercise during the day, it will be more difficult to sleep soundly. Consider changing your habits and going for a walk in the early evening.
- Eat only a light meal in the evening, and avoid snacks.
- Yoga and meditation are also useful methods for combating stress. (See *Further reading*, on p. 14.)
- If you are stretched to the limit during the day, doing a stressful job and taking on too many responsibilities, you are unlikely to sleep well. Insomnia can be a symptom of other, more general difficulties, and you may need to improve your assertiveness, time-management and decision-making skills.



### If self-help fails, what else can I do?

If you haven't yet done so, it may be a good idea to see your GP, so that any physical problems can be eliminated. It may be appropriate to have a blood test to check your thyroid function. If you feel that depression, or any other emotional problems, may be causing your difficulties, or if you are suffering from nightmares, you could consider talking to a counsellor or psychotherapist. Your GP may be able to refer you.

You could also go to see a clinical psychologist who works with people experiencing sleep problems. They may use cognitive behaviour therapy to help you. (See *Making sense of cognitive behaviour therapy (CBT)*, on p. 14.)

Treatment may involve keeping a sleep diary, recording information, such as, the time it takes you to get to sleep, any anxious or repetitive thoughts, the number of times you wake up and for how long, and the number of anxiety dreams you are having. The emphasis is on changing old habits.

### **Sleeping pills**

These can help if you're experiencing acute stress, caused by a crisis or a bereavement. They are sometimes prescribed to try and break a bad sleep habit. But sleeping pills should not be prescribed for more than a few days, because they may be addictive. Their effectiveness decreases, over time, and people may experience 'rebound' insomnia when they stop taking them. Newer sleeping pills are said to cause less dependency, but such claims should be treated with caution. (See *Making sense of sleeping pills and minor tranquillisers*, on p. 14).

There are particular concerns about sleeping pills being prescribed for older people, since they tend to remain in the system for longer. Cognitive therapy may be just as effective, and the benefits last longer.

### **Sleep clinics**

These are used to assess insomnia and other sleep problems, such as narcolepsy or apnoea, and involve spending several nights in the sleep laboratory, wired up to a polygraph machine that monitors your sleep. (It may be possible to use one in your own home.) As a result, people sometimes come to realise that they sleep far longer than they thought. Being observed and taken seriously may be therapeutic in itself, even if there is no magic cure at the end of it.

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### Useful organisations

#### Mind

Mind is the leading mental health organisation in England and Wales, providing a unique range of services through its local associations, to enable people with experience of mental distress to have a better quality of life. For more information about any mental health issues, including details of your nearest local Mind association, contact the Mind website: [www.mind.org.uk](http://www.mind.org.uk) or MindinfoLine on 0845 766 0163

#### Battle Against Tranquillisers (BAT)

PO Box 658, Bristol BS99 1XP

tel. 0117 966 3629 or 0117 965 3463

web: [www.bataid.org](http://www.bataid.org)

Helps people withdraw from benzodiazepines and sleeping pills

#### British Snoring and Sleep Apnoea Association

tel: 01737 245 638 web: [www.britishsnoring.co.uk](http://www.britishsnoring.co.uk)

Information and advice

#### Council for Information on Tranquillisers and Antidepressants (CITA)

helpline: 0151 932 0102

web: [www.citawithdrawal.org.uk](http://www.citawithdrawal.org.uk)

Information and advice service for people addicted to tranquillisers

#### Narcolepsy Association UK (UKAN)

tel. 0845 450 0394 web: [www.narcolepsy.org.uk](http://www.narcolepsy.org.uk)

Charity offering information and advice about narcolepsy

**Sleep Matters Insomnia Helpline**

tel. 020 8994 9874 (6pm to 8pm)

Insomnia helpline supported by the mattress industry

**Sleep Unit**

St Thomas' Hospital, Westminster Bridge Road, London, SE1 7EH

Tel: 020 7188 1800

Sleep clinic requiring a doctor's referral.

**Thyromind**

[www.thyromind.info](http://www.thyromind.info)

Encourages people to have their thyroid checked as a possible cause of health problems, including insomnia

# How to...

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### Further reading

- How to assert yourself* (Mind 2006) £1
- How to cope with relationship problems* (Mind 2006) £1
- How to cope with the stress of student life* (Mind 2006) £1
- How to improve your mental wellbeing* (Mind 2007) £1
- How to look after yourself* (Mind 2006) £1
- How to stop worrying* (Mind 2006) £1
- How to survive family life* (Mind 2004) £1
- How to survive midlife crisis* (Mind 2006) £1
- Learn to sleep well kit* (includes audio CD) C. Idzikowski (DBP 2000) £20
- Making sense of cognitive behaviour therapy (CBT)* (Mind 2007) £2.50
- Making sense of sleeping pills and minor tranquillisers* (Mind 2007) £2.50
- Manage your mind: the mental health fitness guide* G. Butler, T. Hope (Oxford University Press 1995) £14.99
- The Mind guide to food and mood* (Mind 2006) £1
- The Mind guide to managing stress* (Mind 2006) £1
- The Mind guide to physical activity* (Mind 2006) £1
- The Mind guide to relaxation* (Mind 2006) £1
- The Mind guide to surviving working life* (Mind 2006) £1
- Mind troubleshooters: stress* (Mind 2008) 50p
- Mind troubleshooters: sleep problems* (Mind 2008) 50p
- Understanding anxiety* (Mind 2008) £1
- Understanding childhood distress* (Mind 2007) £1
- Understanding depression* (Mind 2008) £1
- Understanding post-traumatic stress disorder* (Mind 2003) £1
- Understanding talking treatments* (Mind 2005) £1
- Understanding the psychological effects of street drugs* (Mind 2007) £1

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## Mind's mission

- Our vision is of a society that promotes and protects good mental health for all, and that treats people with experience of mental distress fairly, positively, and with respect.
- The needs and experiences of people with mental distress drive our work and we make sure their voice is heard by those who influence change.
- Our independence gives us the freedom to stand up and speak out on the real issues that affect daily lives.
- We provide information and support, campaign to improve policy and attitudes and, in partnership with independent local Mind associations, develop local services.
- We do all this to make it possible for people who experience mental distress to live full lives, and play their full part in society.

For details of your nearest Mind association and of local services contact Mind's helpline, *MindinfoLine*: **0845 766 0163** Monday to Friday 9.00am to 5.00pm. Speech-impaired or Deaf enquirers can contact us on the same number (if you are using BT Textdirect, add the prefix 18001). For interpretation, *MindinfoLine* has access to 100 languages via Language Line.

Scottish Association for Mental Health tel. 0141 568 7000

Northern Ireland Association for Mental Health tel. 028 9032 8474

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