

# When sleep is difficult

A gentler plan for tonight and the days ahead

Being tired and unable to sleep can feel lonely and frustrating. You do not have to get everything right tonight. Choose one small change that fits your life; this sheet is not a test of how well you can sleep.

## 1 Give the day somewhere to land

Before bed, you might jot down one concern and one practical next step for tomorrow. Keep it brief. You do not have to solve every worry before resting, and you can skip writing if it makes you more caught up in your thoughts. [1]

## One thing that can wait until tomorrow

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## 2 Make a little room to wind down

Try a familiar quiet activity, such as reading or listening to calm music. Make the space comfortable, with less light and noise if possible. Go to bed when sleepy. You do not need an elaborate routine or a perfect bedroom. [1, 2]

## 3 If being awake is becoming a struggle

If it is safe and practical, leave bed for a quiet activity in dim light, then return when sleepy. Avoid checking the time repeatedly. If getting up is unsafe or difficult, choose a quiet activity where you are and ask for advice that fits your mobility and health. [1]

## 4 Support the next day gently

Aim for a fairly regular getting-up time that fits your circumstances, and some daylight after waking. Caffeine later in the day can disturb sleep; avoid using alcohol as a sleep aid. Adapt around shift work, caring duties or illness with professional advice where needed. [1, 2]

## One change I could try, and any help I need

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A difficult night does not mean you have failed. If a routine or sleep tracker becomes another source of pressure, discuss that too. Turn over for signs that need attention and routes to help.

# Getting the right support

Sleep difficulties sometimes need more than a routine

## When to speak with your GP

Ask for help if sleep problems persist, changes have not helped, or your daily life is affected. You can seek help sooner if you are struggling. Ask about cognitive behavioural therapy for insomnia (CBT-I), a structured treatment for ongoing insomnia. This sheet is not a CBT-I programme. [1, 2]

## Look beyond stress alone

Tell your GP about pain, uncomfortable legs, mood changes, medicines or other symptoms. Loud snoring with gasping or pauses in breathing, or marked daytime sleepiness, needs assessment for possible sleep apnoea or another sleep disorder. Do not drive or operate machinery while sleepy. [1-3]

Decisions about starting, changing or stopping sleep medicines need to be discussed with a qualified prescriber. Ask a pharmacist or prescriber before using over-the-counter sleep products. [2]

## Get urgent help for an unusual change

Sleeping very little while feeling unusually energised or irritable, with racing thoughts or risky behaviour, needs prompt assessment. Contact your GP, out-of-hours GP or mental health team urgently. If you cannot stay safe or there is immediate danger, use the emergency number below. [4, 5]

## Someone to talk to in Ireland

*Samaritans: 116 123. Text About It: text HELLO to 50808. Both offer free support day and night. They are listening services, not a substitute for emergency care. Elsewhere, use local support services. [5]*

## Sources and further reading

Original prompts informed by the following independent guidance.

1. [HSE: Sleep problems - tips and self-help](https://www2.hse.ie) (www2.hse.ie)
2. [NHS: Insomnia](https://www.nhs.uk) (www.nhs.uk)
3. [NHS: Sleep apnoea](https://www.nhs.uk) (www.nhs.uk)
4. [NIMH: Bipolar disorder](https://www.nimh.nih.gov) (www.nimh.nih.gov)
5. [HSE: Get urgent help for a mental health crisis](https://www2.hse.ie) (www2.hse.ie)

Sources checked 3 October 2026. The organisations cited have not endorsed this resource.

## More free information and support routes

### [More about sleep difficulties and anxiety](#)

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