FREE GUIDE

Sleep & Mental Health

A practical guide to better sleep for the whole family. Why sleep is the foundation of mental health and exactly what to do to improve it tonight.

8 pages | Printable | Shareable

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The single most underrated tool in mental health is a good night's sleep.

Why Sleep Is the Foundation

If mental health were a building, sleep would be the foundation. Every psychiatric condition is made worse by poor sleep, and many conditions improve significantly when sleep improves. This is not a metaphor. It is biology.

During sleep, your brain consolidates memories, processes emotions, clears metabolic waste, and restores neurotransmitter balance. When sleep is disrupted, everything else suffers: mood, attention, impulse control, anxiety tolerance, and the ability to cope with stress.

The Sleep-Mental Health Connection

- Depression: Up to 90% of people with depression report sleep disturbance. Improving sleep often improves mood even before other treatments take full effect.
  - Anxiety: Sleep deprivation amplifies the amygdala (the brain's alarm system) by up to 60%, making everything feel more threatening.
    - ADHD: Poor sleep mimics ADHD symptoms almost perfectly. Many children diagnosed with ADHD also have undiagnosed sleep issues that, when treated, reduce symptoms dramatically.
      - Bipolar Disorder: Sleep disruption is one of the most reliable triggers for manic and depressive episodes.
        - OCD: Sleep deprivation increases intrusive thoughts and makes compulsions harder to resist.

> Key Insight:
> When patients tell me they are sleeping poorly, it is often the first thing we address — even before medication changes. Fix the sleep, and everything else gets easier to treat.

Sleep Hygiene: The Essentials for Adults

Sleep hygiene refers to habits and environmental factors that promote consistent, restful sleep. These are not suggestions — they are the foundation that makes everything else work.

The Non-Negotiable Five

1. Consistent schedule: Go to bed and wake up at the same time every day, including weekends. Your circadian rhythm depends on consistency. Sleeping in on weekends creates "social jet lag" that makes Monday harder.
2. Screen curfew: Screens off 30-60 minutes before bed. Blue light suppresses melatonin production by up to 50%. If you must use a screen, enable night mode and dim the brightness.
3. Cool, dark, quiet room: Ideal temperature is 65-68 degrees Fahrenheit. Use blackout curtains or an eye mask. Use a white noise machine or earplugs if noise is an issue.
4. No caffeine after noon: Caffeine has a half-life of 5-6 hours. That afternoon coffee at 2 PM still has half its caffeine in your system at 8 PM.
5. Bed is for sleep only: Do not work, scroll, eat, or watch TV in bed. Your brain needs to associate the b with sleep and nothing else.

If You Cannot Fall Asleep

- If you are not asleep within 20 minutes, get up. Go to another room and do something boring (read a dull book, fold laundry) until you feel drowsy, then return to bed.
- Do not watch the clock. Turn it away from you. Clock-watching creates anxiety that makes it harder to sleep.
- Try the 4-7-8 breathing technique: Inhale for 4 seconds, hold for 7, exhale slowly for 8. Repeat 3-4 times.
- Write down tomorrow's worries on paper and leave them on the nightstand. This physically externalizes the thoughts.
- Progressive muscle relaxation: Starting from your toes, tense each muscle group for 5 seconds, then release. Work up to your head.

If You Wake Up in the Middle of the Night

- Do not check your phone. The light will wake you up further and the content will engage your brain.
- Same 20-minute rule: if you are not back asleep within 20 minutes, get up briefly.
- Avoid alcohol as a sleep aid. It helps you fall asleep but fragments your sleep in the second half night, reducing sleep quality overall.

About Sleep Medications:
Over-the-counter sleep aids (diphenhydramine/Benadryl, melatonin) can be helpful short-term but are not a long-term solution. Prescription sleep medications should be discussed with your doctor. The best long-term treatment for insomnia is Cognitive Behavioral Therapy for Insomnia (CBT-I), which has better outcomes than medication and no side effects.

Children's Sleep: Ages 5-12

Children need more sleep than adults, and their sleep needs change with age:

- Ages 5-6: 10-13 hours per night
- Ages 7-9: 9-12 hours per night
- Ages 10-12: 9-11 hours per night

Building a Bedtime Routine

Children thrive on predictable routines. A consistent bedtime sequence signals the brain that sleep is coming:

1. 30-60 minutes before bed: Screens off. This is the single most impactful change most families can make.
2. Bath or shower: Warm water raises body temperature; the subsequent cooling signals the brain to produce melatonin.
3. Pajamas and teeth-brushing: Keep the sequence the same every night.
4. Quiet activity: Reading together, gentle conversation, coloring. No roughhousing or exciting gar
5. Lights out: Say goodnight with the same ritual each time. Keep it brief and warm.

Common Childhood Sleep Problems

- Bedtime resistance: Often anxiety-driven. Validate feelings, maintain the routine, and us approach.
- Nightmares: Normal and common. Comfort your child, remind them it was not real, a calm. If nightmares are frequent and distressing, discuss with your doctor.
- Night terrors: Different from nightmares — the child appears awake but is not. Do Keep them safe and they will settle on their own.
- Bed-wetting: Very common through age 7 and not unusual through age 10. It punish. Limit fluids before bed and discuss with your pediatrician.
- Difficulty falling asleep: If your child consistently takes more than 30 minut may be too early. Try shifting it 15-30 minutes later.

Teen Sleep: A Special Challenge

Teenagers are biologically programmed to fall asleep later and wake up later. This is not laziness — it is a real shift in their circadian rhythm called delayed sleep phase. Unfortunately, early school start times work against this biology.

What Parents Need to Know

- Teens need 8-10 hours of sleep per night. Most get 6-7.
  - Melatonin release shifts later in puberty, making it genuinely harder for teens to fall asleep before 11 PM.
    - Chronic sleep deprivation in teens is linked to increased depression, anxiety, suicidality, car accidents, and poor academic performance.
      - Social media use before bed is the number one sleep disruptor for teens. The combination of blue light, social stimulation, and FOMO (fear of missing out) is devastating to sleep.

Practical Strategies for Teens

- Phone charges outside the bedroom. This is the single most important rule you can set.
  - Set a screen curfew together (not for them — with them). Teens respond better to collaborative rule-making.
    - Make their bedroom sleep-friendly: blackout curtains, cool temperature, no TV.
      - Avoid scheduling early-morning activities when possible.
        - Weekend sleep-in should be limited to 1-2 hours past weekday wake time (more than that di circadian rhythm).
          - If your teen cannot fall asleep before midnight despite good sleep hygiene, discuss melat their doctor.

ADHD + Sleep:
Stimulant medications can delay sleep onset. If your child takes ADHD medication and has trouble falling asleep: (1) talk to the doctor about adjusting medication timing, (2) ensure the last dose is not too late in the day, and (3) avoid giving caffeine alongside stimulant medication.

Medication and Sleep

Many psychiatric medications affect sleep. Here is what to know:

Medications That May Help Sleep

- Trazodone: Commonly prescribed at low doses specifically for sleep. Not habit-forming.
- Mirtazapine (Remeron): An antidepressant with strong sedating properties at lower doses.
- Hydroxyzine: An antihistamine used for anxiety that also promotes sleep.
- Melatonin: Over-the-counter, helpful for circadian rhythm issues. Best taken 1-2 hours before desired bedtime at 0.5-3mg (more is not better).
- Gabapentin: Sometimes used for anxiety-related insomnia.

Medications That May Disrupt Sleep

- Stimulants (Adderall, Ritalin, Vyvanse): Can cause insomnia. Take early in the day.
- SSRIs (Prozac, Zoloft, Lexapro): Can cause either drowsiness or insomnia depending on the perso
- Bupropion (Wellbutrin): Activating — best taken in the morning, never at bedtime.
- Steroids (prednisone): Commonly disrupt sleep. Discuss timing with your doctor.

When to Talk to Your Doctor About Sleep

- If you consistently take more than 30 minutes to fall asleep
- If you wake up multiple times per night and cannot get back to sleep
- If you snore loudly, gasp, or stop breathing during sleep (may be sleep apnea)
- If you are sleeping 8+ hours but still feel exhausted
- If your child's sleep problems are not improving with behavioral strategies
- If sleep problems started when a new medication was introduced

Your Sleep Improvement Checklist

Start with the items that are easiest for you. Add one new habit each week. Even small changes compound over time.

Environment

- ☐ Bedroom temperature between 65-68 degrees
- ☐ Room is dark (blackout curtains or eye mask)
- ☐ Noise is managed (white noise, earplugs, or quiet)
- ☐ No TV or computer in the bedroom
- ☐ Comfortable mattress and pillows

Habits

- ☐ Same bedtime and wake time every day (within 30 minutes)
- ☐ Screens off 30-60 minutes before bed
- ☐ No caffeine after noon
- ☐ No alcohol within 3 hours of bedtime
- ☐ Regular exercise (but not within 2 hours of bedtime)
- ☐ Relaxation routine before bed (reading, breathing exercises, warm bath)

For Children

- ☐ Consistent bedtime routine (same steps, same order, every night)
- ☐ Screens off 30-60 minutes before bed
- ☐ Bedroom is cool, dark, and quiet
- ☐ No TV or devices in the child's bedroom
- ☐ Phone charges outside the bedroom (teens)

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