About insomnia
What ‘a good night’s sleep’ means for one person might be different for another. Some people need more than 8 hours of sleep to feel rested while others need less. It is also normal to experience some variation in sleep from night to night and for your sleep patterns to change as you age. However, ongoing sleep difficulties, which leave you feeling constantly tired, can signal a more serious problem – insomnia.

Ongoing sleep problems can affect physical health, mental health, and quality of life, so addressing problems with sleep is essential for wellbeing.

Symptoms
The key symptom of insomnia is difficulty falling asleep, staying asleep, or waking too early, despite having the opportunity to sleep well. For insomnia to be diagnosed, sleep difficulties must have been present for more than one month.

Common symptoms of insomnia include:
- fatigue, tiredness, or lack of energy
- problems with attention, concentration or memory
- difficulties performing social, work, or caregiving responsibilities
- making avoidable errors or having accidents at work or while driving
- low mood or feeling irritable

- tension headaches or digestive problems
- daytime sleepiness, or feeling ‘tired and wired’ during the day but not necessarily sleepy
- worrying about sleep, or about functioning the next day.

Causes
Many things can cause insomnia, such as:
- stress and worry
- significant life events
- changes to shift work or to your routine
- changes in home life.

For most people, once a period of stress or change has passed and life has settled down, sleep returns to normal; for others, however, sleep problems can continue.

We know that several health and lifestyle factors can also affect sleep, including:
- caffeine, cigarette smoking, alcohol use, some medications, and some drugs
- environmental factors like noise, light, and a too warm or too cold bedroom
- other health concerns, such as asthma, bronchitis, and chronic pain
- other sleep-related disorders that might cause the person to feel restless (such as restless leg syndrome) or which might affect the person’s breathing while they are asleep (such as sleep apnoea)
- mental health issues, particularly anxiety and depression.

Insomnia often leaves the person feeling frustrated, stressed, and worried about their sleep problems, which can make it even harder for them to sleep, and a sleep-worry cycle may then start.

Treatment
Cognitive behaviour therapy for insomnia (CBT-I) is the most widely used and effective psychological treatment for insomnia. CBT-I is made up of a number of different techniques, which are described below.

Learning that your bed is for sleep
People with sleep difficulties sometimes use their time awake in bed for activities other than sleep, such as reading, watching TV, using electronic media (e.g. e-readers and smartphones), which can stimulate the brain and make it harder to fall asleep. Using bedtime for these other activities can also reduce the connection the brain makes between bed and sleep.

In ‘stimulus control therapy’ therefore, clients are encouraged to use their bed for sleep only (sex being the exception), rather than for other activities that stimulate the brain and interfere with sleep.

People with sleep difficulties also often lie in bed awake and then sleep in, preventing them from developing a good sleep routine.
In ‘sleep restriction therapy’, a strict bedtime and wake-time routine is set up to minimise the amount of time spent in bed awake. For example, if a person usually spends hours in bed but only sleeps for six of those hours, they would be set a schedule of going to bed for a set number of hours only and waking at a set time, even if they wanted to sleep in. Gradually, as sleep improves, the time spent in bed is also increased.

Practising helpful ways of thinking
Unhelpful thoughts, worries, and beliefs about sleep, insomnia, and its consequences, can make it harder for the person to sleep. In cognitive therapy these unhelpful thoughts are identified, and more helpful ways of looking at sleep and sleep problems are developed, and ways to cope with stress about sleep are explored.

Learning relaxation skills
Relaxation skills training involves teaching the person a variety of techniques that help calm the mind and body. Techniques such as progressive muscle relaxation, breathing exercises, and guided imagery (focusing the mind on positive, soothing images), are used to reduce mental activity such as worry that interferes with sleep.

Practising sleep hygiene
Sleep hygiene refers to a set of behaviours or habits that can increase the length and quality of sleep.

Good sleep hygiene practices include making changes to your bedroom to make it a more comfortable space to sleep in, decreasing activities before bedtime that can interfere with sleep (such as using electronic devices), and improving a range of lifestyle factors that support sleep (such as making changes to diet and exercise).

Seeking help
If you are concerned about the quality of your sleep, if you are feel tired, sleepy or irritable during the day, or if your sleep problems are affecting your day-to-day activities, a medical checkup with a GP is important, to see if a health issue is affecting your sleep. Some people with insomnia benefit from a combination of medication and psychological interventions. A GP or medical specialist can offer advice and assistance around whether medication might be of benefit.

A referral to a sleep clinic might also be made. The sleep specialist can further assess the person’s sleep, and might arrange for the person’s sleep to be monitored overnight, either at home or in the clinic, to better understand the reasons for the sleep problems.

You might also consider seeking assistance from a psychologist. Psychologists are highly trained and qualified to treat people with sleep problems, using techniques based on best available research. Psychologists help people identify and learn to manage the factors that contribute to their sleep difficulties. Psychologists begin their work by conducting a thorough assessment. You might be asked to keep a sleep diary for a week, which includes a record of bedtimes, wake-times, the quality of sleep, and other issues. With this information, the psychologist can determine the best course of action. Treatment usually involves a combination of the CBT-I techniques described above, tailored to the person.

To locate a psychologist in your area, call the APS Find a Psychologist service on 1800 333 497 or visit www.findapsychologist.org.au.

Your GP can also organise a referral to a psychologist experienced in working with sleep problems. Check with your GP whether you might be eligible for rebates or reduced rates.

Tips to improve your sleep
• Use your bed only for sleep (and sex), and not for other activities.
• Make sure your bedroom is quiet and dark during your sleeping hours.
• Make sure your bedroom is a comfortable temperature – not too cold or too warm.
• Avoid using electronic media such as the computer, television, smartphone, e-reader or tablet at least one to two hours before going to bed.
• Avoid coffee, tea and other caffeinated drinks during the afternoon and evening.
• Avoid alcohol.
• Cut down or stop smoking with help from a medical practitioner. Sudden attempts to stop smoking and nicotine replacement patches can affect sleep.
• Exercise regularly, but avoid exercising immediately before bed.

Additional resources
• Australian Psychological Society (APS)
  Australia’s largest professional association for psychologists
  www.psychology.org.au
• Australasian Sleep Association (ASA)
  The peak scientific body in Australia and New Zealand representing clinicians, scientists and researchers in the area of sleep
  www.sleep.org.au
• Sleep Disorders Australia
  An organisation that provides information and support to people experiencing sleep disorders
  www.sleepoz.org.au