



FOUNDATIONS OF STUDENT SLEEP HEALTH

A Campus Action Toolkit
*Reducing Sleep Burden and Expanding Access
to Evidence-Based Support*

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START HERE

Sleep is health. Yet across campuses, many students who struggle with sleep never receive structured, evidence-based support. This toolkit helps campuses close that gap.

This toolkit is designed for:

- Students
- Student organizations
- Campus health teams

Our focus is simple: reduce the sleep care gap— the distance between students who need help and students who receive structured, evidence-based support.

HOW TO USE THIS TOOLKIT



Students



Student Leaders



Campus Teams

Three ways to use this toolkit:

1. **Students for their own wellbeing:** Start with the Self-Check and 7-Day Plan. If sleep problems are ongoing, use the Help-Seeking Guide
2. **Student Leaders:** Use the 4-Week Sleep Support Sprint to normalize and simplify help-seeking.
3. **Campus Teams:** Build a Sleep Help Pathway and publish simple, transparent metrics each term.

WHY FOCUS ON SLEEP?

Sleep is not simply a lifestyle choice. It is a foundational biological need that supports learning, emotional regulation, physical safety, and long-term health. Most adults function best with at least seven hours of sleep per night.

When sleep becomes persistently disrupted, the effects extend beyond feeling tired as it can affect mood stability, concentration, reaction time, academic performance, and overall wellbeing. Sleep problems are not just “bad habits” or a lack of discipline.

Chronic insomnia is a recognized and treatable health condition. **Cognitive Behavioral Therapy for Insomnia (CBT-I)** is the first-line recommended treatment for ongoing insomnia symptoms and has strong evidence supporting its effectiveness.

WHY FOCUS ON SLEEP?

What matters most:

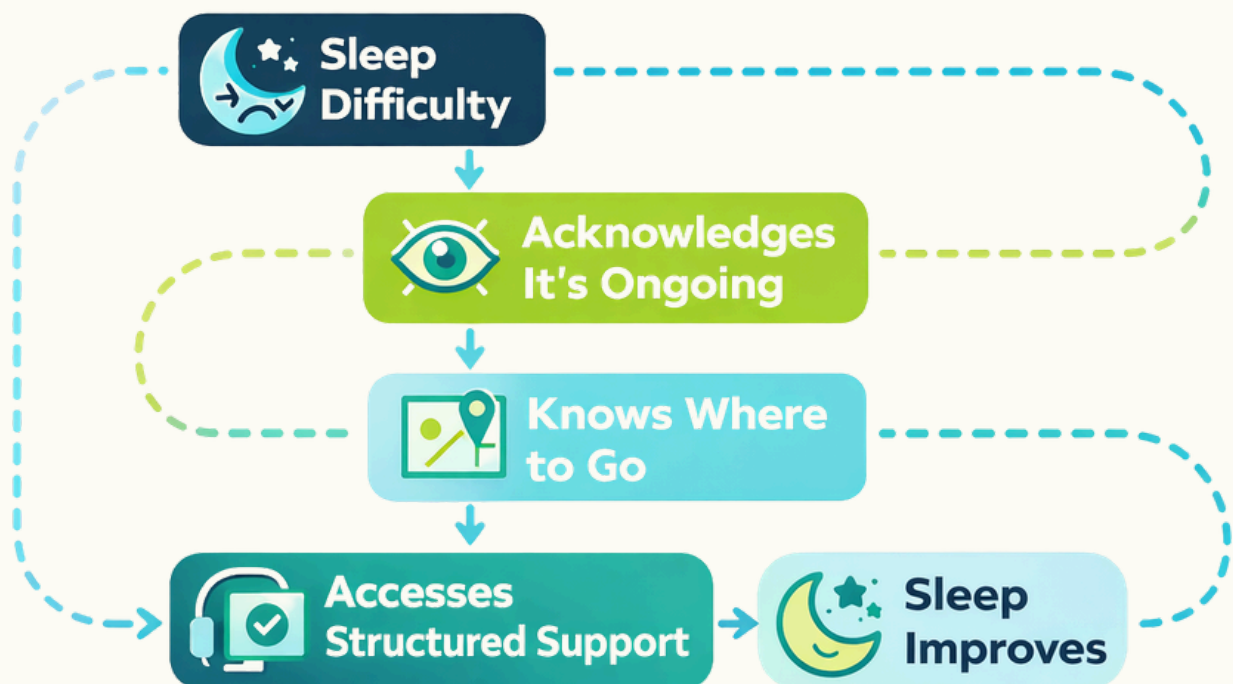
- Persistent insomnia affects mood, learning, safety, and academic success.
- Chronic insomnia is treatable, and CBT-I is the recommended first-line approach.
- The biggest barrier is often access—including cost, awareness, stigma, and wait times.



WHAT IS THE SLEEP CARE GAP?

The Sleep Care Gap is the difference between:

- **Need:** How many students are struggling enough that sleep affects daily life.
- **Support:** How many students receive structured insomnia care (CBT-I or digital CBT-I).



CAMPUS SNAPSHOT

Sleep Need (How Many Students Are Struggling?)

- Weeknight short sleep (<7 hours): ___%
- Frequent trouble sleeping: ___%
- Often tired or rarely rested: ___%
- Sleep affected academics: ___%

These indicators show how many students may need additional support.

Sleep Support (Who Is Getting Help?)

- Sought help for sleep in past 12 months: ___%
- Received structured insomnia care: ___%

These indicators show how many students are moving from struggle to structured care.

CAMPUS SNAPSHOT

Where Is the Gap Largest?

- Insurance status
- Living situation
- Undergraduate vs graduate
- Other subgroup

Identifying where the gap is widest helps prioritize action.

IF YOU ARE A STUDENT

When Should You Seek More Support?

Occasional poor sleep happens to everyone. But if sleep problems continue for weeks and begin affecting your daily life, it may be time to consider more structured support.

Quick Self-Check

- Has sleep been difficult most nights for several weeks?
- Is it affecting your mood, energy, focus, or academic performance?
- Have you tried basic changes (bedtime routine, limiting caffeine, screen adjustments) but the problem persists?

If you answered yes to most of these, your sleep may need more than general tips.

IF YOU ARE A STUDENT

How to Ask for Help

It can feel awkward to bring up sleep concerns. Here is a simple way to start the conversation:

“Sleep has been a persistent problem and it’s affecting my day and my schoolwork. I’d like to explore structured insomnia treatment, such as CBT-I. If in-person care isn’t available, is there a digital CBT-I option?”

You do not need to minimize it. Sleep affects every part of your day.

Important

If sleep problems are ongoing and interfering with your life, you deserve more than quick advice. Structured support exists— and asking for it is a reasonable step.

THE 7-DAY SLEEP RESET PLAN

This is a brief, structured reset to help stabilize your sleep schedule. It is not a treatment for chronic insomnia, but it can help you see whether small adjustments make a difference.

Days 1-2: Track

Write down:

- Bedtime
- Wake time
- How rested you feel in the morning

Focus on observing patterns— not judging them.

Days 3-4: Stabilize

Choose one consistent wake-up time and keep it steady, even on days off. A regular wake time is one of the strongest signals for resetting your sleep rhythm.

THE 7-DAY SLEEP RESET PLAN

Day 5: Wind Down

Create a 30-minute buffer before bed:

- Lower lights
- Reduce screens if possible
- Do something calming and predictable

The goal is to signal to your brain that sleep is approaching.

Day 6: Protect

Reduce common sleep disruptors:

- Limit caffeine after early afternoon
- Avoid long or late naps
- Keep your sleep window protected

THE 7-DAY SLEEP RESET PLAN

Day 7: Reflect

Ask yourself:

- Did falling asleep become easier?
- Did you wake feeling more rested?
- Are symptoms improving?

Important

If sleep problems have been ongoing for weeks or months, a one-week reset may not be enough.

That is not a failure.

It is information.

It may be a signal that structured insomnia treatment would be more effective.

IF YOU ARE A STUDENT LEADER

Your Role: Reduce Stigma. Increase Clarity.

You are not responsible for diagnosing or fixing sleep problems. Your role is to make it easier for students to recognize when sleep needs support and to know where to go.

Small, consistent messages can shift campus culture.

Week 1: Set the Message

Post one clear, supportive statement:

"If sleep problems are ongoing and affecting your day, structured insomnia care can help. Start by checking your campus health page."

Keep it visible and repeatable.

IF YOU ARE A STUDENT LEADER

Week 2: Make Help Easy to Find

Share the campus sleep help page.

Add a QR code to posters, social media, or group chats.

Remove guesswork about where to go.

Week 3: Host a 20-Minute Myth Session

Keep it simple:

- Myth: “Sleep problems are just bad habits.”
- Fact: Persistent insomnia is treatable.
- Myth: “Everyone is exhausted in college.”
- Fact: Ongoing sleep disruption deserves support.

IF YOU ARE A STUDENT LEADER

Week 4: Run a Quick Pulse Poll

Ask:

- Are you struggling with sleep most nights?
- Do you know where to get structured sleep support?

Use results to inform next steps and share back transparently.

Keep It Practical

You do not need a large event or a full campaign.
Consistency and clarity matter more than scale.

IF YOU ARE A CAMPUS TEAM

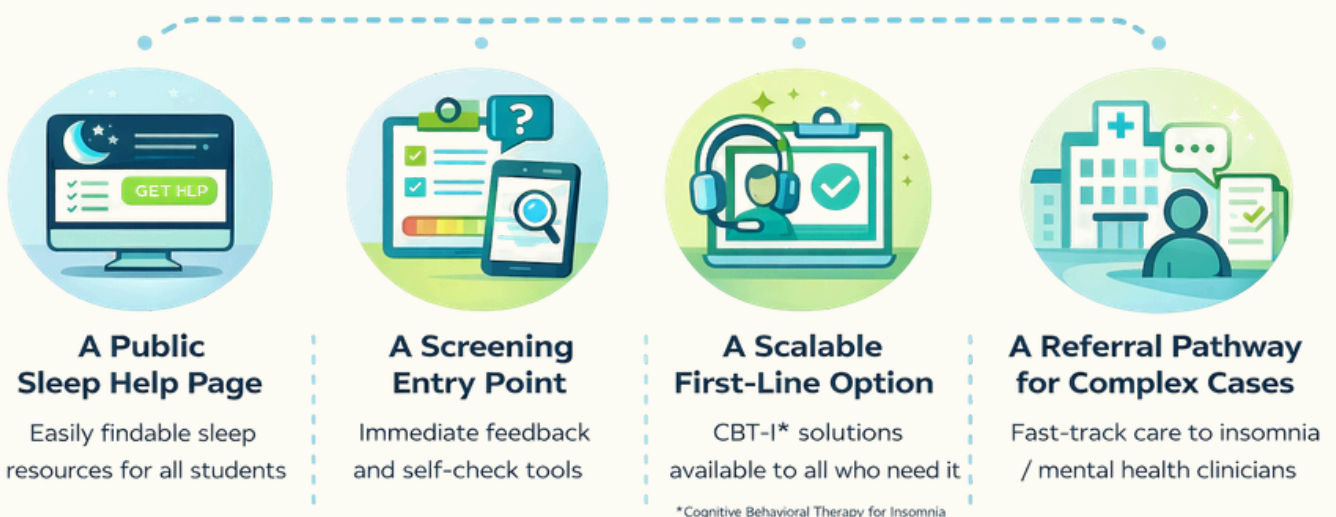
Build a Clear Sleep Support Pathway.

Sleep problems are common on campus.

Access to structured care should not be unclear or accidental. This term, focus on building a simple, visible pathway from concern to care.

You do not need to build everything at once.

Start with four core elements.



*EVEN ONE VISIBLE, STRUCTURED PATHWAY REDUCES THE SLEEP CARE GAP.
CLARITY AND ACCESS MATTER MORE THAN PERFECTION.*

IF YOU ARE A CAMPUS TEAM

1. **A Public Sleep Help Page**

Create one clearly labeled webpage where students can find:

- When sleep problems may need support
- What CBT-I is
- How to access care
- Expected wait times

2. **A Screening Entry Point**

Provide one consistent starting place:

- Brief sleep screening questionnaire
- Counseling intake with sleep-specific option
- Digital self-assessment linked to services

IF YOU ARE A CAMPUS TEAM

3. A Scalable First-Line Option

Offer at least one structured, evidence-based option that can reach multiple students:

- Group CBT-I
- Digital CBT-I
- Hybrid models

4. A Referral Pathway for Complex Cases

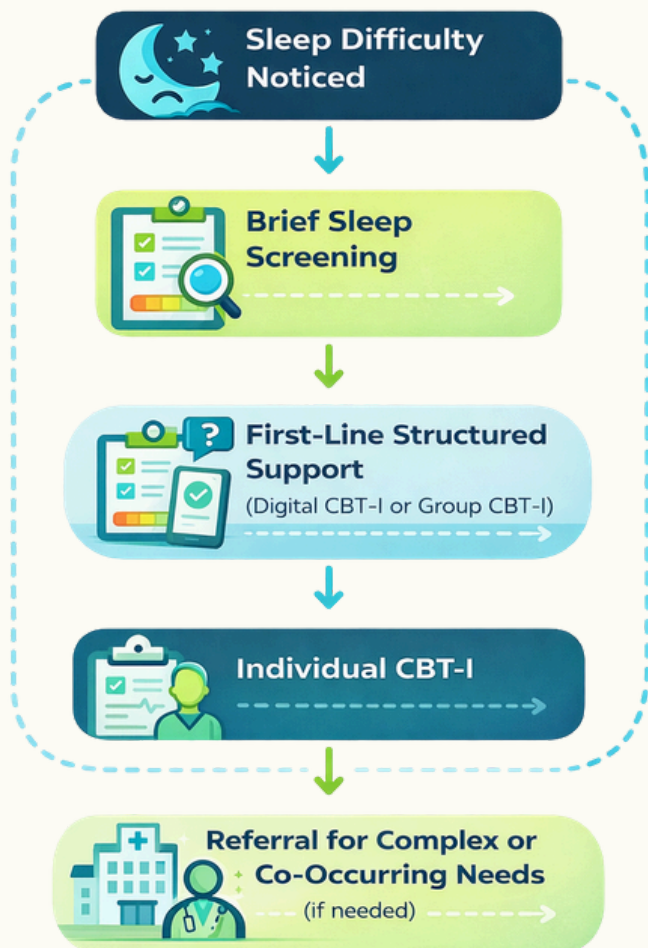
Define how those cases move forward.

Some students may need:

- Medical evaluation
- Co-occurring mental health treatment
- Specialist referral

BUILDING A SLEEP HELP PATHWAY

A visible, step-by-step pathway helps students move from sleep difficulty to structured care without confusion.



Why This Structure Works

- Screening helps determine level of support.
- Scalable options (digital or group CBT-I) increase access.
- Individual CBT-I remains available for students needing more intensive care.
- Medical or specialist referral supports complex cases.

NATIONAL CONTEXT: WHAT ACHA DATA SHOWS

Recent data from the American College Health Association (ACHA-NCHA III, Spring 2025) show that sleep difficulty remains one of the most common and academically disruptive health concerns among U.S. college students.

Undergraduate Students (Spring 2025, n = 47,194)

- 38.3% of undergraduates reported sleep difficulties negatively impacted their academic performance in the past 12 months.
- 46.2% of undergraduates who experienced sleep difficulties said it harmed their academic performance.
- 28.8% reported anxiety negatively impacted academics—closely linked with sleep disruption.
- 23.6% reported depression negatively impacted academics.
- 46.6% reported any food insecurity, which is strongly associated with sleep instability.
- Only 40.4% received psychological or mental health services in the last 12 months.

NATIONAL CONTEXT: WHAT ACHA DATA SHOWS

Graduate & Professional Students (Spring 2025, n = 17,167)

- 24.9% of graduate/professional students reported sleep difficulties negatively impacted academic performance.
- 37.8% of those experiencing sleep difficulties said it harmed their academic performance.
- 31.5% reported anxiety negatively impacting academics.
- 16.9% reported depression negatively impacting academics.
- 39.4% reported any food insecurity.
- 48.0% received psychological or mental health services in the last 12 months.

What This Means for Campuses

Sleep difficulty is not a niche issue. It is one of the most frequently reported impediments to academic performance. And yet, fewer than half of students are accessing structured mental health services.

LANGUAGE MATTERS (DE-JARGON GUIDE)

The words we use shape whether students feel supported or overwhelmed.

When language feels technical or clinical, students are less likely to engage. Choose clarity over complexity.

Examples:

Say This → Instead of This

- **Help pathway** instead of Care cascade
- ***Start simple, step up if needed*** instead of Stepped care
- **Privacy rules** instead of Disclosure control
- **How we define it** instead of Operationalisation
- **Structured insomnia care** instead of Evidence-based behavioral sleep intervention
- **Sleep difficulty** instead of Sleep disturbance symptomatology

LANGUAGE MATTERS (DE-JARGON GUIDE)

Why This Matters

Clear language:

- Reduces stigma
- Makes services easier to understand
- Encourages help-seeking
- Builds trust

Students should not need a clinical dictionary to ask for support.

RESOURCES & FINAL MESSAGE

- Centers for Disease Control and Prevention. (2022). Sleep and sleep disorders. Retrieved from <https://www.cdc.gov/sleep/index.html>
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Reducing the sleep care gap is achievable: one campus, one pathway, one term at a time.

Sleep problems are common.
Persistent insomnia is treatable.

Access to effective sleep support should not be rare.



Have feedback, suggestions, or requests?

We'd love to hear from you—fill out this form:

<https://forms.gle/3c2WpLKpXKLN62RV6>