



Sleep and Mental Health *on campus*

A Practical Toolkit for *Integrating Sleep into
Student Mental Health Systems*

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START HERE

Sleep problems are one of the most **common health issues** reported by college students, and they frequently occur alongside mental health challenges.

Data from the American College Health Association (ACHA) show that large numbers of students are already engaging with mental health services.

For example:

- *36.0% of undergraduate students reported receiving psychological or mental health services within the last 12 months*
- *42.6% of graduate and professional students reported receiving mental health services within the last 12 months*

At the same time, mental health concerns are among the most common barriers to academic performance. Issues such as anxiety, depression, and sleep difficulties frequently contribute to missed classes, lower grades, and delayed academic progress

Despite this overlap, sleep is rarely included as a routine component of mental health screening or campus prevention strategies.

This toolkit introduces a simple shift:

- *Treat sleep as core mental health infrastructure.*
- *Not just wellness advice. Not just lifestyle guidance. But a screenable, modifiable driver of student mental health outcomes.*

HOW TO USE THIS TOOLKIT



Students



Student Leaders



Campus Teams

- **Students:** Use the Sleep–Mood Check to see how sleep may be affecting stress, mood, and focus. If sleep problems persist, follow the suggested support options.
- **Student Leaders:** Use the conversation guides to start simple discussions about sleep and mental health during peer programs or campus events.
- **Campus Teams:** Add the sleep screening questions and Tiered Response Model to counseling intake, early-alert systems, and prevention programs.

THE SLEEP–MENTAL HEALTH CYCLE

Sleep – Anxiety

Poor sleep increases emotional reactivity and threat perception. Anxiety then increases nighttime rumination and difficulty falling asleep.



Sleep – Depression

Sleep deprivation can produce symptoms that resemble depression, including fatigue, low motivation, and difficulty concentrating



Sleep – Academic stress

Sleep problems impair the memory consolidation, attention, and decision making—all of which increase academic strain.



Sleep – Crisis Risk

Periods of nighttime wakefulness are associated with increased vulnerability to emotional distress and suicidal thinking.

WHY *SLEEP SCREENING* SHOULD BE STANDARD IN MENTAL HEALTH INTAKE

Most counseling intake forms assess:



Depression



Stress



Anxiety



Substance Use

But sleep questions are often missing or superficial.

Adding 2–3 targeted sleep questions can significantly improve early detection of risk factors contributing to psychological distress.



Sleep onset



Sleep duration



Sleep quality

Counseling centers can include simple questions such as:

- “How long does it usually take you to fall asleep at night?”
- “On average, how many hours of sleep do you get on weeknights?”
- “How often do you feel well-rested when you wake up?”

These questions mirror indicators already measured in the ACHA–NCHA survey, making them easy for campuses to benchmark against national data.



WHEN SLEEP IS DRIVING THE SYMPTOMS

In some cases, sleep disruption is not just a symptom, it may be a primary driver of mental health complaints.

Common patterns seen in students include:

1. **The Insomnia–Anxiety Loop**

Students struggle to fall asleep → worry about not sleeping → increased anxiety → worse insomnia.

2. **Sleep Deprivation Mimicking Depression**

Chronic sleep restriction produces:

- low energy
- poor concentration
- reduced motivation

These symptoms may resemble depressive disorders but can improve significantly when sleep stabilizes.

3. **Nighttime Rumination Cycle**

Students experiencing stress or anxiety often report racing thoughts late at night. Delayed sleep then worsens next-day stress tolerance.

A TIERED RESPONSE MODEL FOR CAMPUS CARE

Not all sleep problems require the same level of intervention. A tiered model allows campuses to respond proportionally.



Tier 1: Mild Sleep Disruption

Examples:

- inconsistent sleep schedule
- occasional insomnia
- academic stress affecting sleep

Recommended supports:

- Sleep education workshops
- Digital CBT-I programs
- Sleep hygiene coaching
- Campus sleep awareness campaigns

Tier 2: Sleep + Mental Health Symptoms

Examples:

- persistent insomnia
- anxiety-related sleep disturbance
- rumination at night

Recommended supports:

- Cognitive Behavioral Therapy for Insomnia (CBT-I)
- Counseling support
- Stress-management interventions
- Behavioral sleep strategies

Tier 3: Severe Sleep Disturbance + Crisis Risk

Examples:

- severe insomnia with depression
- nighttime suicidal ideation
- prolonged sleep deprivation

Recommended supports:

- integrated mental health care
- psychiatric evaluation if necessary
- safety planning and crisis monitoring
- coordinated care between counseling and health services

THE SUICIDE PREVENTION CONNECTION

Sleep disturbance is increasingly recognized as an independent and clinically relevant suicide risk factor.

Meta-analytic and longitudinal evidence shows that sleep problems (including insomnia, nightmares, short sleep, and fragmented sleep) are associated with suicidal ideation, suicide attempts, and suicide death, even after adjustment for depression in many studies. (Fernandes et. al., 2020; Spreckelsen et. al., 2025; Weber et. al., 2020). Research also suggests that nighttime wakefulness may be a particularly vulnerable window. Studies have found that suicide risk is disproportionately elevated during overnight hours after accounting for how many people are awake at that time, and greater wakefulness during the night has been linked with more frequent or next-day suicidal ideation. (Tubbs et. al., 2020)

Poor sleep may worsen suicide risk through several pathways. Sleep loss can intensify negative emotional reactions, reduce coping capacity, impair judgment, and weaken emotion regulation. These effects may make distress feel more overwhelming at night, especially for students who are isolated, exhausted, or already struggling with anxiety, depression, substance use, or academic stress. (Baldini, 2025; Harris, 2020)



THE SUICIDE PREVENTION CONNECTION

For campuses, this means sleep should not be treated as a side issue. Sleep questions can function as an early risk-detection signal in mental health and suicide prevention workflows. Asking about insomnia, frequent nighttime awakenings, nightmares, reversed sleep schedules, and “feeling worst at night” may help identify students who need support sooner.

If a student is in crisis or may be at immediate risk

In the U.S., students can contact the 988 Suicide & Crisis Lifeline by calling or texting 988, or by using chat. It is free, confidential, and available 24/7 across the United States and its territories.

Additional U.S. crisis options:

- Veterans Crisis Line: Dial 988, then Press 1; or text 838255; available 24/7.

- Crisis Text Line: Text HOME to 741741 for free;

24/7 crisis support in the U.S.

- The Trevor Project: 24/7 crisis support for LGBTQ+ young people in the U.S. by phone, chat, or text; text START to 678-678 or call 1-866-488-7386.



WHERE SLEEP CAN BE INTEGRATED ON CAMPUS



Counseling Centers



Suicide Prevention Programs



Academic Early Alert Systems



Student Health Services

Sleep can be incorporated into existing systems without major structural changes.

- **Counseling Centers:** Add sleep screening questions to intake forms and triage assessments.
- **Suicide Prevention Programs:** Include sleep disruption as a recognized warning sign.
- **Academic Early Alert Systems:** Faculty or advisors noticing fatigue, missed classes, or poor concentration can refer students for sleep screening.
- **Residence Life:** Residential programming can include sleep education and quiet-hours reinforcement.
- **Student Health Services:** Sleep education and behavioral interventions can be incorporated into routine health visits.

KEY MESSAGE FOR CAMPUS LEADERS

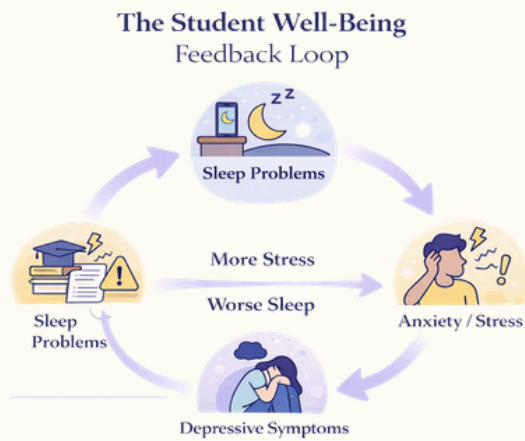
Student mental health initiatives often focus on counseling capacity and crisis response.

But sleep is a scalable upstream intervention.

Improving sleep can:

- *reduce mental health burden*
- *improve academic functioning*
- *strengthen resilience*
- *reduce crisis escalation*

Sleep is not just a personal habit. It is a campus mental health infrastructure issue.



Campuses can begin integrating sleep into mental health systems with three simple steps:

- Add 2–3 sleep questions to counseling intake forms
- Train counseling staff to recognize sleep-driven symptom patterns
- Offer at least one accessible sleep intervention (e.g., digital CBT-I)

Small changes can create meaningful improvements in student well-being.

NATIONAL CONTEXT: WHAT ACHA DATA SHOWS

In Spring 2025, 36.0% of undergraduates and 42.6% of graduate/professional students reported receiving psychological or mental health services in the past 12 months.

At the same time, key concerns were affecting academic performance:

- among undergraduates:
 - 31.5% reported stress
 - 28.8% reported anxiety
 - 23.6% reported sleep difficulties
 - 21.1% reported depression
- among graduate/professional students
 - 25.5% reported reported stress
 - 24.9% reported sleep difficulties
 - 16.9% reported depression
 - 16.0% reported anxiety

Sleep problems were also widespread.

In Spring 2025, 41.9% of undergraduates and 40.2% of graduate/professional students reported getting less than 7 hours of sleep on weeknights.

RESOURCES & FINAL MESSAGE

- American College Health Association. (2025). American College Health Association-National College Health Assessment III: Graduate & professional student reference group executive summary spring 2025.
- American College Health Association. (2025). American College Health Association-National College Health Assessment III: Undergraduate student reference group executive summary spring 2025.
- Baglioni, C., Battagliese, G., Feige, B., Spiegelhalder, K., Nissen, C., Voderholzer, U., Lombardo, C., & Riemann, D. (2011). Insomnia as a predictor of depression: A meta-analytic evaluation of longitudinal epidemiological studies. *Journal of Affective Disorders*, 135(1–3), 10–19. doi:10.1016/j.jad.2011.01.011
- Bernert, R. A., Kim, J. S., Iwata, N. G., & Perlis, M. L. (2015). Sleep disturbances as an evidence-based suicide risk factor. *Current Psychiatry Reports*, 17(3), 554. doi:10.1007/s11920-015-0554-4
- Cheng, P., Kalmbach, D. A., Tallent, G., Joseph, C. L. M., Espie, C. A., & Drake, C. L. (2019). Depression prevention via digital cognitive behavioral therapy for insomnia: A randomized controlled trial. *Sleep*, 42(10), zsz150. doi:10.1093/sleep/zsz150
- Harris, L. M., Huang, X., Linthicum, K. P., Bryen, C. P., & Ribeiro, J. D. (2020). Sleep disturbances as risk factors for suicidal thoughts and behaviours: A meta-analysis of longitudinal studies. *Scientific Reports*, 10, 13888. doi:10.1038/s41598-020-70866-6
- Liu, R. T., Steele, S. J., Hamilton, J. L., Do, Q. B. P., Furbish, K., Burke, T. A., Martinez, A. P., & Gerlus, N. (2020). Sleep and suicide: A systematic review and meta-analysis of longitudinal studies. *Clinical Psychology Review*, 81, 101895. doi:10.1016/j.cpr.2020.101895
- Mbous, Y. P. V., Nili, M., Mohamed, R., & Dwibedi, N. (2022). Psychosocial correlates of insomnia among college students. *Preventing Chronic Disease*, 19, E60. doi:10.5888/pcd19.220060
- Qaseem, A., Kansagara, D., Forcica, M. A., Cooke, M., Denberg, T. D., & Clinical Guidelines Committee of the American College of Physicians. (2016). Management of chronic insomnia disorder in adults: A clinical practice guideline from the American College of Physicians. *Annals of Internal Medicine*, 165(2), 125–133. doi:10.7326/M15-2175
- Tadros, M., Newby, J. M., Li, S., & Werner-Seidler, A. (2025). A systematic review and meta-analysis of psychological treatments to improve sleep quality in university students. *PLOS ONE*, 20(2), e0317125. doi:10.1371/journal.pone.0317125

**Sleep is not just a wellness behavior—
it is a core component of student mental
health.**

**When sleep problems go unrecognized,
they can amplify anxiety, depression, and
academic stress. Integrating sleep
screening into counseling and prevention
systems allows campuses to identify
risks earlier and provide more targeted
support.**

**By treating sleep as part of mental health
infrastructure, campuses can strengthen
prevention, improve student functioning,
and support long-term wellbeing.**



Have feedback, suggestions, or requests?
We'd love to hear from you—fill out this form:
<https://forms.gle/tjffudcH8bHnSGEy5>