THE BALANCE

Sleep Disorders and Persistent Sleep Disturbance

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Sleep disturbance can arise from psychiatric, medical, behavioral, medication-related, or substance-related factors, requiring assessment of timing, quality, breathing, movement, and daytime effects.

02 Care may combine CBT-I, behavioral or circadian changes, medication and substance review, treatment of co-occurring conditions, and specialist referral when indicated.

03 Residential treatment may suit complex mental health or addiction presentations involving sleep, while primary sleep disorders often require outpatient or specialist sleep-medicine care.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

Understanding your needs

Understanding sleep disorders

Sleep disorders include insomnia, circadian rhythm disorders, sleep-related breathing disorders, movement disorders, parasomnias, hypersomnolence conditions, and others. This page focuses on sleep disturbance relevant to mental health, addiction, and recovery while recognizing specialist boundaries.

How sleep disorders May Present

Sleep problems often become self-reinforcing through irregular schedules, extended time in bed, naps, worry, substances, devices, travel, and attempts to compensate.

- Difficulty falling asleep, staying asleep, or returning to sleep
- Early waking, irregular timing, jet lag, or a delayed or advanced sleep schedule
- Nonrestorative sleep, daytime sleepiness, fatigue, irritability, or impaired cognition
- Snoring, witnessed breathing pauses, gasping, morning headache, or cardiovascular concern
- Nightmares, panic, movement, unusual behaviors, or distressing experiences during sleep
- Reliance on alcohol, sedatives, cannabis, stimulants, or multiple sleep aids
- Reduced need for sleep with elevated energy, impulsivity, or unusual confidence
- Increasing fear of bedtime, clock checking, sleep tracking, and rigid attempts to control sleep

A wearable or sleep score can provide limited information but does not establish a diagnosis. Excessive tracking can worsen anxiety for some people.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Assessment considers timing, opportunity, behavior, environment, mental state, medical symptoms, medication, substances, and the need for specialist testing.

Sleep and wake timing, variability, naps, travel, light exposure, and time in bed

Daytime sleepiness, fatigue, cognition, driving, and safety-sensitive work

Snoring, breathing pauses, movement, parasomnias, pain, and medical history

Bedroom environment, devices, work demands, family routines, and continuing care

Safety and the appropriate setting

Extreme sleep loss with mania, psychosis, suicidal intent, severe confusion, dangerous driving, or another acute concern requires urgent psychiatric or medical assessment. Breathing difficulty or other acute physical symptoms require local medical care. Alcohol or sedative dependence can make abrupt changes unsafe. Respiratory sleep disorders require appropriate diagnostic and treatment capability rather than reassurance from a residential setting.

04 / CARE BUILT AROUND YOU

Care built around you

Treatment may include cognitive behavioral therapy for insomnia, circadian and behavioral changes, treatment of psychiatric or substance-related conditions, medication review, and referral for respiratory or neurological sleep care.

Identify acute mood, psychosis, driving, medication, and substance risks Establish a consistent sleep and wake framework suited to the diagnosis

Reduce behaviors that intensify conditioned arousal around sleep Use CBT-I or another evidence-informed method when indicated

Review alcohol, sedatives, stimulants, caffeine, and medication safely Treat nightmares, anxiety, depression, pain, or mania within the wider plan

Refer for sleep study or specialist care when breathing, movement, or neurological symptoms warrant it Plan for travel, work, family, and local continuity

Sleep hygiene alone is not a complete treatment for chronic insomnia or another sleep disorder. A residential environment may improve sleep temporarily without resolving what will happen after return to ordinary demands.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm private setting can create room for treatment, rest and reflection. The residence, schedule and practical support are organized around one client at a time.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

The plan should survive travel, work, time zones, family routines, and access to medication or substances. It may include a sleep clinician, therapist, prescriber, respiratory provider, and a process for recurring insomnia. Progress may include more regular and restorative sleep, less time struggling in bed, safer daytime alertness, reduced reliance on substances, and greater confidence responding to occasional poor nights.

07 / CONSIDERING THE NEXT STEP

Considering the next step

Is insomnia the only sleep disorder treated on this page?

No. The page considers insomnia and circadian disruption within mental health and recovery while recognizing that breathing, neurological, and other primary sleep disorders may need specialist care.

Can sleep apnea look like depression or ADHD?

Daytime fatigue and cognitive problems can overlap. Snoring, breathing pauses, gasping, and other indicators may justify specialist assessment.

What is CBT-I?

Cognitive behavioral therapy for insomnia is a structured treatment addressing sleep behavior, conditioned arousal, beliefs, and schedule. It is more than general sleep hygiene.

Can alcohol or sedatives improve sleep?

They may feel sedating while worsening sleep quality, dependence, breathing, or risk. Abrupt cessation can also be unsafe, so a qualified review is needed.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.