

Supplementary Table 1. Outline of ACT-i Sessions

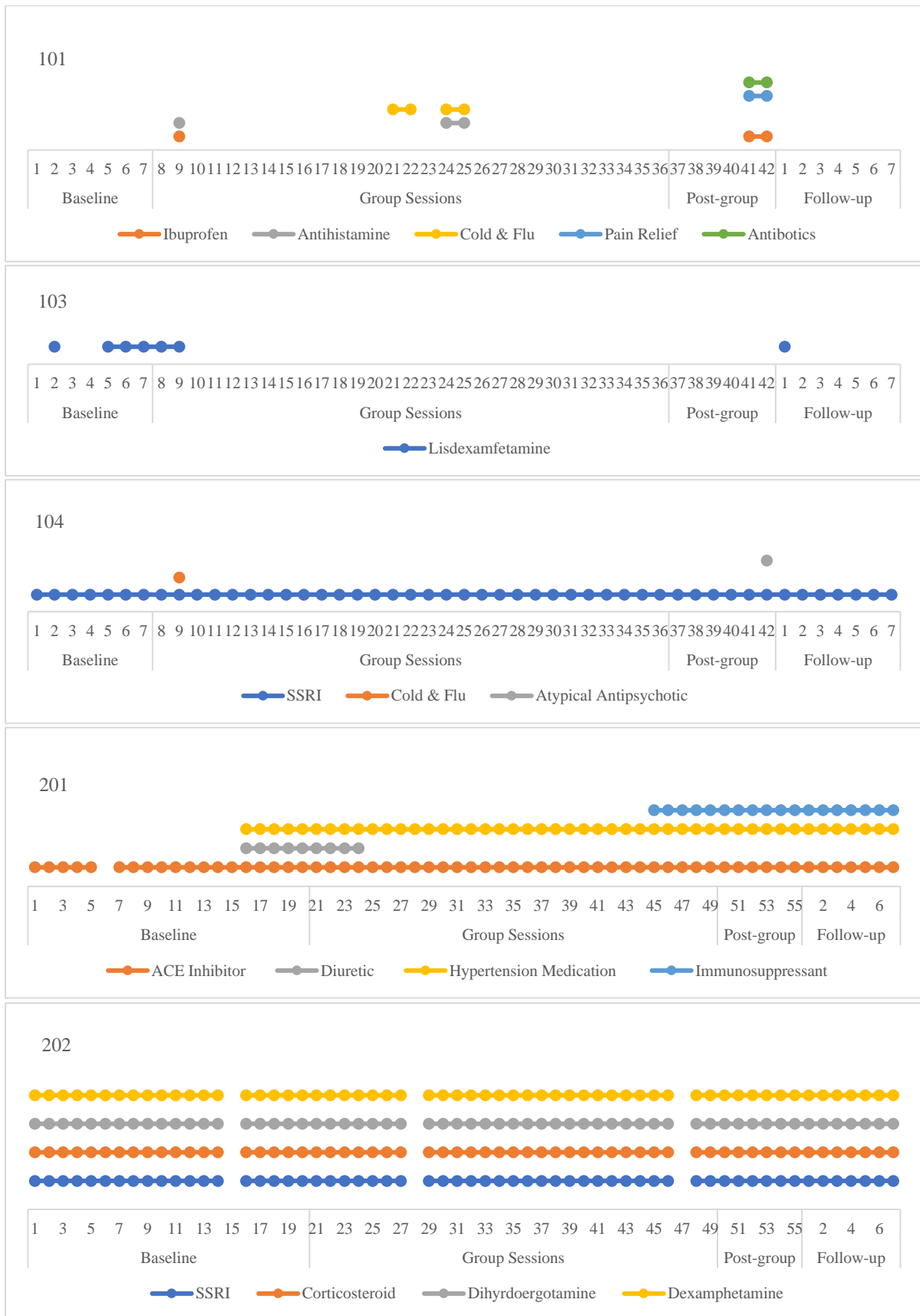
Week	Session Content Overview
1	<ul style="list-style-type: none"> a. Understanding normal sleep b. Insomnia (triggers & amplifiers) c. Acceptance. How acceptance can help sleep d. Costs of insomnia; barriers to sleep e. Tug of war exercise
2	<ul style="list-style-type: none"> a. Mindfulness – paying attention to the present b. Body scan exercise c. Using mindfulness to help sleep at night; using mindfulness during the day d. Brief mindfulness of the breath exercise e. Willingness to accept experiences, applications to sleep f. Welcoming thoughts, emotions, and sensations g. Physicalising exercise
3	<ul style="list-style-type: none"> a. Looking at your sleep, revisiting normal sleep b. Aligning your body clock c. Sleep hygiene, the sleeping environment and bedtime routines d. Building an individual sleep plan, using what has been learnt about sleep e. Using what has been learnt about acceptance, mindfulness, and willingness in implementing sleep plan
4	No session this week, participants put in place their sleep plan
5	<ul style="list-style-type: none"> a. Mindful eating exercise b. Revisiting what has been learnt about sleep, acceptance, mindfulness, and willingness c. Revisiting the sleep plan. How did the sleep plan go? d. Your values applied to sleep: what you want to do; how you want to do it. e. The way forward: learning to live, taking action, and onward journey from your insomnia

Supplementary Table 2. Individual ISI scores, diagnosed associated conditions, and current medication use

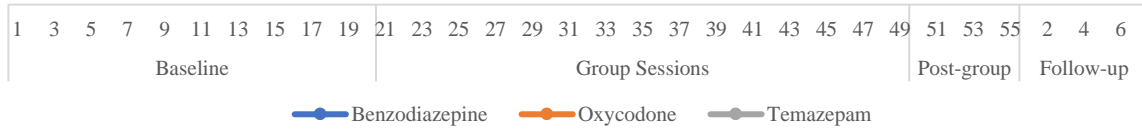
	101	102	103	104	201	202	203	204
ISI Scores								
<i>Pre-Intervention</i>	9 ^b	20 ^c	18 ^c	26 ^d	10 ^b	15 ^c	22 ^d	23 ^d
<i>Post-Intervention</i>	7 ^a	14 ^b	10 ^b	20 ^c	9 ^b	11 ^b	16 ^c	14 ^b
<i>2-month Follow-up</i>	3 ^a	10 ^b	N/A	20 ^c	7 ^a	13 ^b	N/A	12 ^d
Have you ever been diagnosed with any of the following conditions?								
<i>Anxiety</i>		X		X	X	X	X	X
<i>Depression</i>				X	X	X	X	
<i>Insomnia</i>						X		
<i>Obsessive compulsive disorder</i>								
<i>Speech or language impairment</i>	X							
<i>ADHD</i>			X			X		
<i>Cerebral palsy</i>								
<i>Asthma</i>			X				X	
<i>Allergies</i>	X							
<i>Hearing impairment</i>						X		
<i>Seizure disorder</i>								
<i>Visual impairment</i>								
In the past 2 weeks, have you taken any of the below medications?								
<i>Sleeping tablets/capsules</i>					X		X	
<i>Tablets/capsules for anxiety or nerves</i>								X
<i>Antidepressants</i>				X		X		
<i>Tranquilisers</i>								
<i>Mood stabilisers</i>								
<i>Other medications for your mental health</i>								

Note: ^a No insomnia; ^b Sub-clinical insomnia; ^c Moderate insomnia; ^d Severe insomnia

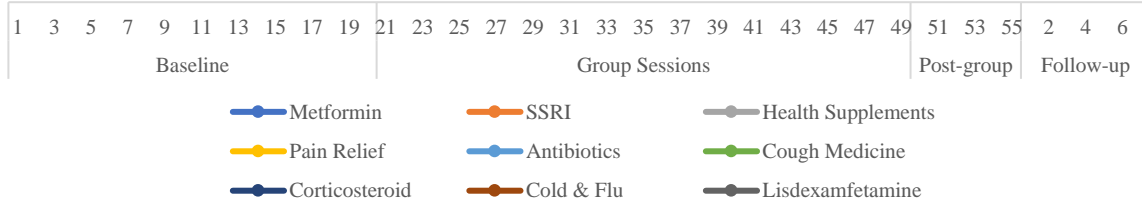
Supplementary Figure 1. Individual medication use data across the trial



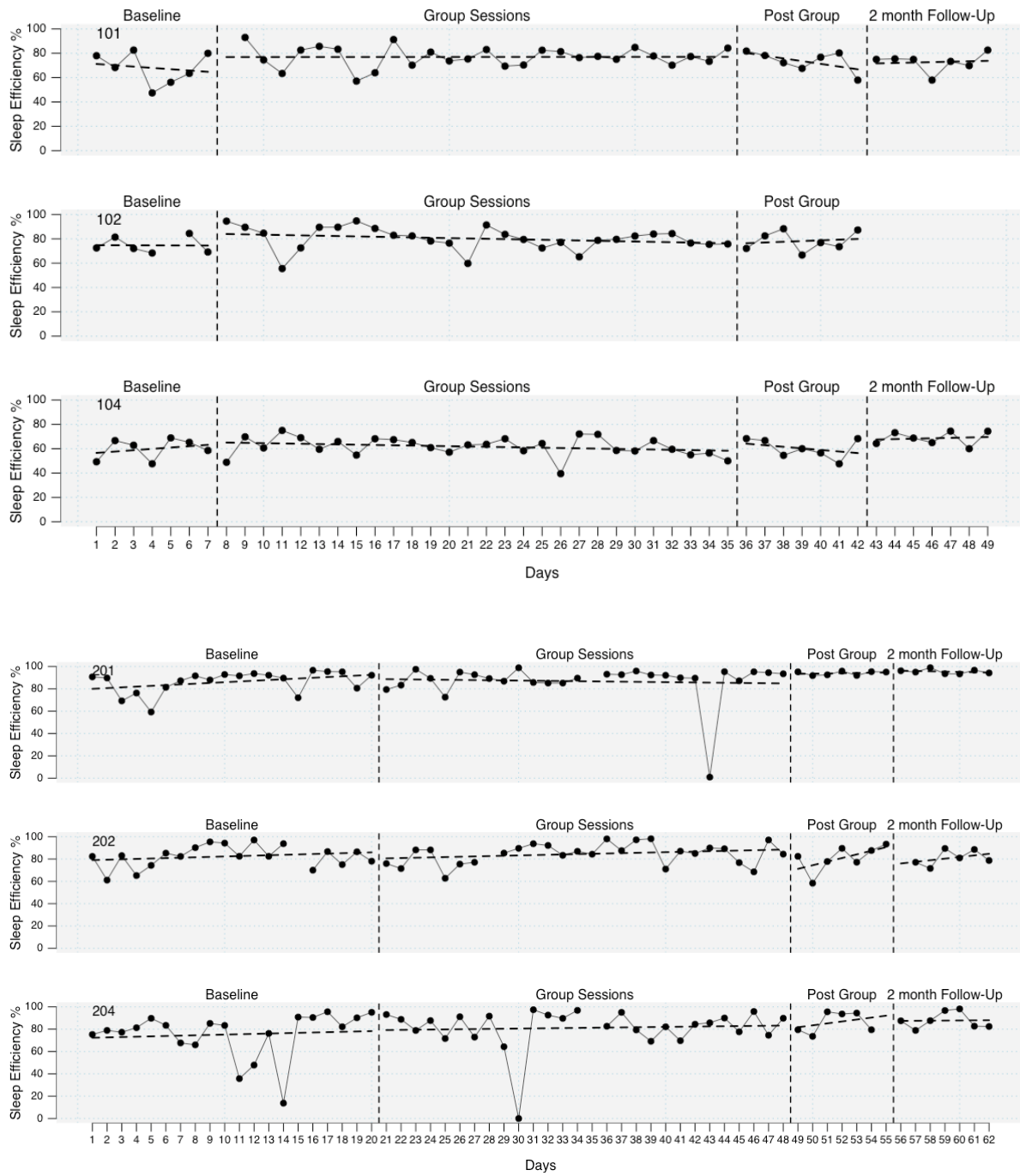
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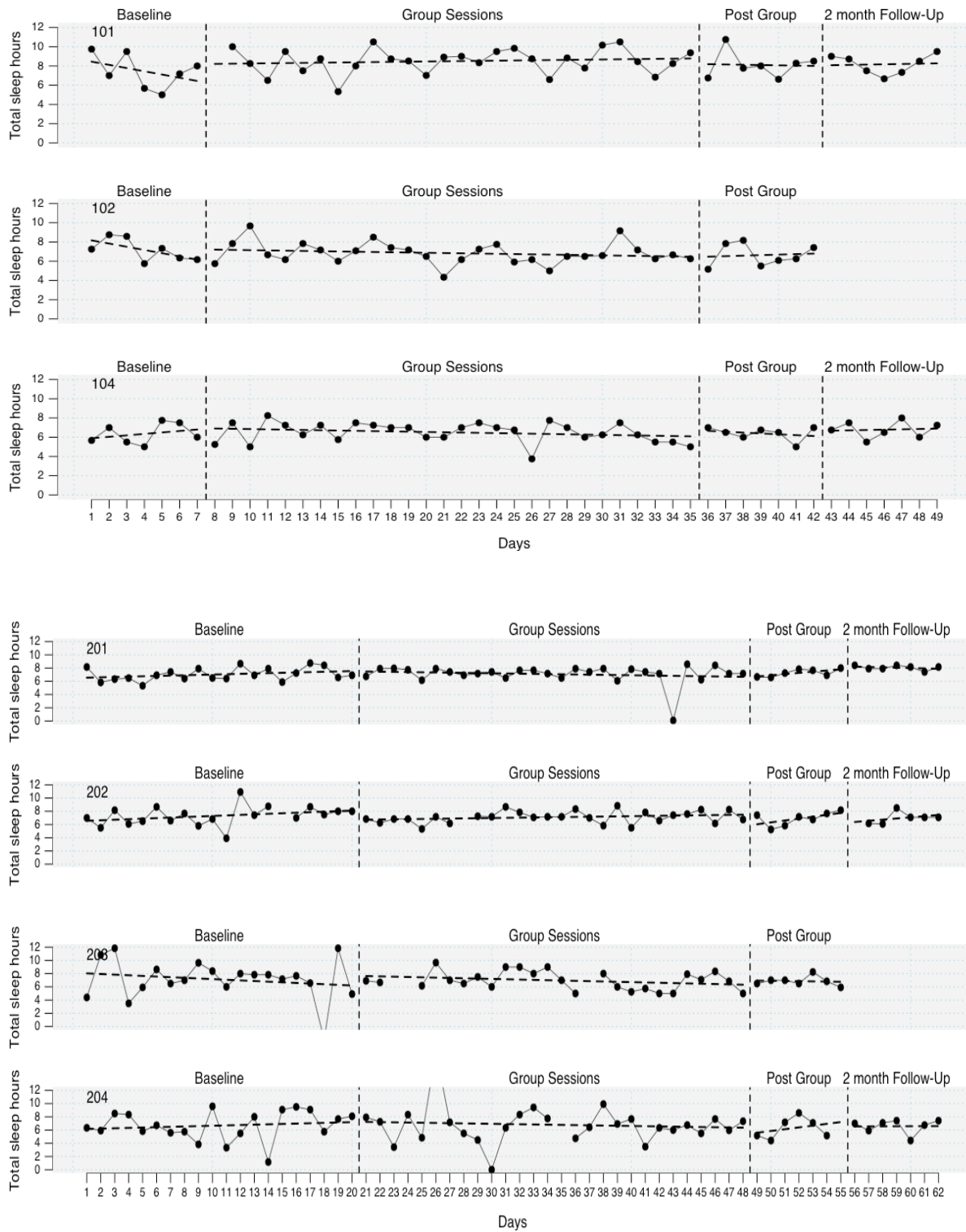
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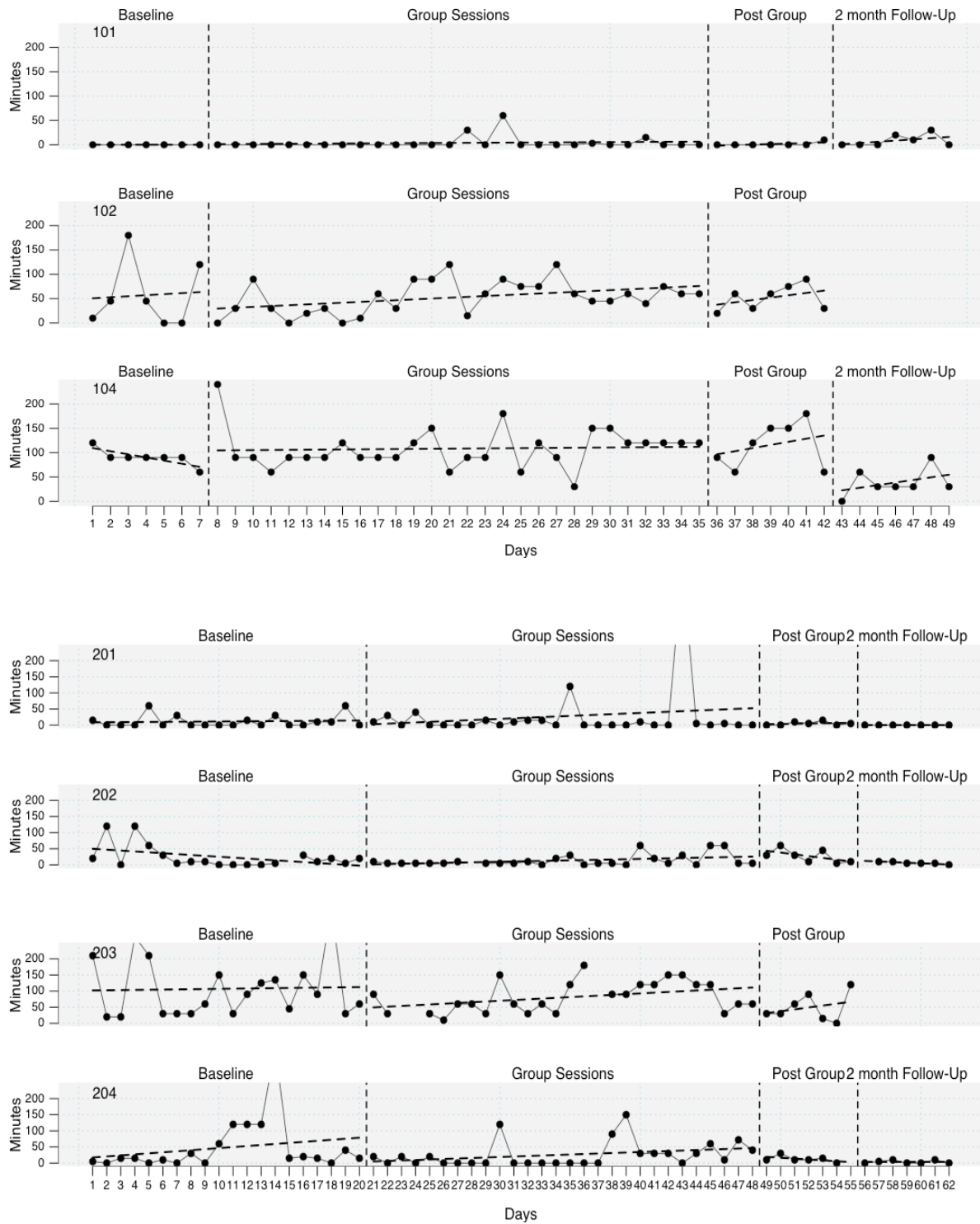
Supplementary Figure 2. Sleep diary individual sleep efficiency data.



Supplementary Figure 3. Sleep diary individual total sleep time data.



Supplementary Figure 4. Sleep diary individual wake after sleep onset data.



Supplementary Figure 5. Sleep diary individual sleep onset latency data.

