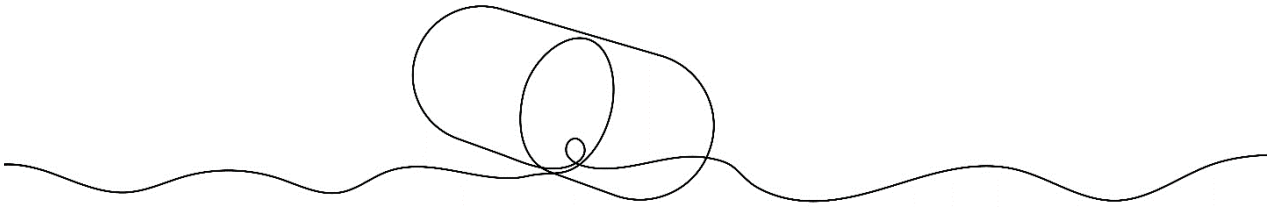
BE-SAFE

Implementing a patient-centred and evidence-based intervention to reduce **BE**nzodiazepine and sedative hypnotic use to improve patient **SAFE**ty and quality of care



BE-SAFE podcasts online

BE-SAFE public deliverable report **D6.5**

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- **Fundació Salut i Envelliment** – FsiE
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- **Université catholique de Louvain** - UCLouvain
- CHU UCL Namur (affiliated entity)
- University of Bern – UBERN
- University of Athens - NKUA
- Oslo University Hospital - OUS
- Institute of Psychiatry and Neurology – IPIN

This report is published on the BE-SAFE website https://besafe-horizon.eu/

1. Introduction

The BE-SAFE podcast series has been created to spark conversations and raise awareness about the use of benzodiazepines and other sedative-hypnotic medicines (BSHs) in older adults. These medications are commonly prescribed for sleep problems and anxiety, but long-term use can carry serious risks, including falls, confusion, and dependency.

Through this series, key topics are explored related to sleep health, safe medication practices, and how older people and relatives can work together with health professionals to make informed and shared decisions to reduce or stop the use of sleeping pills are explored. The episodes feature a variety of voices, sharing their experiences, knowledge, and practical advice.

BE-SAFE podcasts´ aim is to inform, inspire, and empower listeners. Whether the listener is a health professional, a patient, a caregiver, or a person interested in supporting safer care, the podcast will offer insights that matter.

The podcast is available in all the languages of the BE-SAFE consortium member countries: Spanish, French, German, Norwegian, Greek, Polish, and English, and the episodes can be listened to on Spotify, Youtube and BE SAFE Website.

2. Work performed

2.1. Rational

Benzodiazepines and other sedative-hypnotic medications are widely prescribed to older adults for conditions like insomnia and anxiety, but their long-term use can lead to serious health risks, including falls, cognitive impairment, and dependence. Despite these risks, many patients and healthcare providers face challenges in discussing and implementing safer medication practices.

The BE-SAFE podcast series addresses this gap by providing an accessible and engaging content to share evidence-based information, real-life experiences, and expert insights on the safe use and deprescribing of these medicines. Podcasts offer a flexible way - delivered in a familiar format that resembles conventional radio listening- to reach diverse audiences, including patients, caregivers, healthcare professionals, and policymakers, across multiple languages and countries. BE-SAFE aims to maximize access to high-quality information, and grounded in health literacy principles tailored to the knowledge levels of older adults.

By fostering understanding, encouraging shared decision-making, and amplifying patient voices, the podcast series supports BE-SAFE's mission to improve patient safety and patient-centred care. It promotes the essential role of healthcare professionals in guiding and supporting patients through informed choices about benzodiazepine use. It complements BE-SAFE educational materials efforts by reaching audiences in an informal yet informative way, helping to create lasting awareness. All these materials are encouraging behaviour change around benzodiazepine use.

The series responded offers short, culturally adapted audio episodes that combine evidence-based advice, real-life questions from older adults and clear expert responses. Podcasts are a low-barrier, audience-friendly format that can reach older people, caregivers and the wider public across languages and countries.

2.2. Description

Step 1: Community engagement & content sourcing

The first stage of production centred on engaging directly with the target audience to ensure that the podcast content would be authentic, relevant, and relatable to older adults. To achieve this, the FSiE team organised and facilitated an in-person session at the Baix Guinardó Community Centre in Barcelona, Spain. This session was designed to capture the main concerns and questions older adults have about sleep problems, helping to shape the podcast around their real-life experiences and needs.

The session brought together 11 older adult participants, and although it was not a requisite for participating, all of the participants had personal or indirect experience with issues related to sleep disturbances and, in some cases, the use of benzodiazepines or similar sedative-hypnotic medicines. The group represented a mix of individuals currently taking these medications, those who had reduced or stopped their use, and those who supported friends or family members in similar situations. This diversity of experience provided a rich foundation of perspectives for the project.

During the meeting, participants were invited to share their questions, doubts, personal concerns, and lived experiences regarding sleep health and benzodiazepine use. The FSiE facilitators ensured that the conversation was informal, supportive, and free of judgement, so that participants felt comfortable discussing topics that are often considered private or stigmatised.

The goals of this session were twofold:

1. **Gather real-world material** — The main outcome was to collect a bank of genuine, unfiltered questions from older adults that could later be transformed into the fictional "listener letters" featured in the podcast episodes.
2. **Test the proposed format** — The session allowed the team to introduce the advice-style format to participants, explaining how their input would be adapted into a call-in or letter-reading structure, similar to the classic mid-20th century radio shows that inspired the production. Their reactions helped validate the suitability of the tone, pacing, and structure for the intended audience.

The questions and concerns gathered covered a range of topics, including:

- Worries about long-term dependence on sleep medications.
- Uncertainty about how to start a conversation with a doctor about reducing medication.
- Curiosity about natural or behavioural alternatives to improve sleep.
- Anxiety over withdrawal symptoms and whether sleep would return without pills.
- Confusion over what constitutes "use" versus "abuse" of benzodiazepines.

Following the session, the team analysed and distilled these contributions into a set of representative listener profiles and letters. These letters were not direct transcriptions of participant comments but carefully adapted composites, developed to ensure alignment with the existing knowledge produced within BE-SAFE and supported by current evidence.

Additionally, participants retained the authenticity and emotional tone of the original testimonies while ensuring privacy and narrative flow. For instance, each letter was then re-imagined in the style of a call-in or written inquiry to the fictional host of the podcast. This transformation preserved the essence of the participants' voices while fitting the dramaturgical structure of the advice-show format, which relies on distinct "questions from the public" followed by an expert's personalised yet broadly applicable response.

By starting the process with a face-to-face community conversation, the production team grounded the entire podcast series in lived experience rather than abstract scenarios. This step ensured that the episodes would resonate with real listeners, reflect genuine concerns, and speak in a voice that older adults could recognise as their own.

Step 2: Clinical/scientific review

Once the pool of listener letters had been created from the Barcelona community session, the next priority was to ensure that every piece of advice and information given in the podcast was both medically accurate and aligned with best practices for safe benzodiazepine use and deprescription. To achieve this, the FSiE team worked closely with BE-SAFE consortium partners (IPIN and UCLouvain) creating a panel of sleep medicine specialists and other healthcare professionals experienced in managing insomnia, anxiety, and medication tapering in older adults.

This review process began with a comprehensive screening of each letter to identify the core clinical issues it raised. For example:

- Concerns about long-term dependency on benzodiazepines.
- Requests for safe, non-pharmacological alternatives for sleep.
- Fears related to withdrawal symptoms.
- Clarification of the difference between occasional and chronic use.

For each of these issues, the BE-SAFE experts provided evidence-based recommendations, drawing from current clinical guidelines, peer-reviewed research, and their own patient care experience. Key themes that consistently emerged included:

- The importance of gradual, supervised deprescription to avoid withdrawal symptoms.
- Cognitive Behavioural Therapy for Insomnia (CBT-I) as a first-line, non-drug approach to improving sleep.
- The role of lifestyle habits adjustments such as: sleep hygiene, exercise timing, and reduced caffeine/alcohol in supporting long-term sleep quality.
- Encouragement for patients to have open, collaborative conversations with their healthcare providers rather than discontinuing medication on their own.

The experts also helped shape how the information was communicated. Since the intended audience included older adults with varying levels of health literacy, the responses were rewritten to use clear, plain language, avoiding unnecessary medical jargon while preserving clinical accuracy. Advice was framed in a supportive and non-judgemental tone, echoing the warm, reassuring voice of the classic advice-show host.

Another critical part of the process was ensuring that the emotional resonance of the original letters was respected in the responses. The experts worked with the scriptwriters to make sure that each reply began by validating the listener's feelings and experiences, before moving on to practical steps and professional recommendations. This approach reinforced the idea that the podcast was not just a lecture, but a conversation rooted in empathy and understanding.

The outcome of this stage was a set of fully vetted, ready-to-record scripts for each episode. These scripts balanced emotional connection with robust clinical guidance, ensuring that listeners would receive not only compassionate advice, but also safe, actionable strategies to address their concerns.

By embedding expert review at this stage, the production team ensured that the podcast would maintain credibility with healthcare professionals while remaining approachable and relevant to older adult listeners.

Step 3: Script development

With the clinically reviewed responses in place, the next stage was to transform the material into a cohesive, engaging script that could serve as the backbone of each podcast episode. This meant going beyond factual accuracy to capture the distinct voice and atmosphere of the mid-20th-century radio advice shows that inspired the format: the Spanish classic *El Consultorio de Elena Francis*.

The FSiE writing team began by shaping each set of listener letters and expert responses into a dramatic arc suitable for audio storytelling. The goal was to create an intimate, conversational rhythm where the host could respond with both empathy and authority. This required carefully balancing narrative flow, emotional tone, and informational clarity.

The original Spanish texts were written in a friendly, advice-show register that reflected the pacing, expressions, and structure typical of radio programming from the 1950s and 1960s. Special attention was given to intonation cues and pauses that would guide the voice actors in delivering a believable performance.

Once the Spanish versions were finalised, FSiE translated them into an English master script. This was not a literal, word-for-word translation — instead, it was a transcreation process, ensuring that the essence of the advice, emotional nuance, and cultural references would make sense to a broader, international audience.

As part of this adaptation, the team made deliberate space for cultural tailoring:

- Pop-culture references from the 1960s that could be swapped for local equivalents in each country edition.
- Local popular knowledge — sayings, common metaphors, or familiar domestic scenarios — that would resonate with older listeners.
- Adjustments to the level of affection and familiarity expressed by the host, which varies culturally; for instance, in some regions, terms of endearment from a stranger are welcomed, while in others, they might feel too intimate.

These cultural anchors were not just decorative. They played a key role in making the stories relatable, evoking a sense of trust and nostalgia that increases listener engagement — particularly among the 65+ audience.

The final English master script served as the reference blueprint for all country editions. It maintained a consistent structure — introduction, letter readings, empathetic expert replies, and outro — while allowing each partner country to localise the language and style to fit their own cultural landscape.

Through this process, the team ensured that every version of the podcast would **sound like it belonged to its audience**, rather than feeling like a generic translation. This adaptability would prove essential in the later localisation and recording stages.

Step 4: Translation and cultural localisation

TP21 coordinated translations and localisation for Belgium, Norway, Switzerland, Poland and Greece, working with designated local contacts to adapt idioms, references and tone to each country.

The translation process began with the use of advanced language models to generate initial drafts in each target language. These drafts were then carefully reviewed and proofread by native-speaking partners, who made sure that the content reflects local linguistic nuances and cultural preferences. This approval step was crucial to ensure that even synthetic voices would sound authentic to their target audience.

Step 5: Recording & production

Once the scripts had been finalised and approved in all required languages, the project moved into the recording and production phase — the moment when written words became an engaging audio experience for listeners.

For the Spanish edition, FSiE coordinated an in-studio recording sessions using native human voices from within the local team. Voice actors were carefully selected for their ability to convey the warmth, reassurance, and conversational intimacy essential to the advice-show style. During the recording sessions, producers paid close attention to pacing, tone, and emphasis, ensuring that the delivery mirrored the familiar cadence of mid-20th-century radio. Subtle pauses and empathetic inflections were used to give the impression that the host was speaking directly to each individual listener.

For the other country editions (Belgium, Norway, Switzerland, Poland, Greece), TP21 oversaw the recording process using AI-generated voices, where the finalized scripts were converted into audio using high-quality voice generation technology. Particular attention was given to selecting voices that sounded natural and engaging, avoiding any artificial tone.

The decision to use AI-generated voices in the country-specific editions of the BE-SAFE podcast was driven by both practical and strategic considerations. AI voice technology allowed for rapid production across multiple languages while maintaining consistent audio quality and style across diverse linguistic contexts.

The audio files underwent post-production to enhance clarity, adjust volume levels, and incorporate introductory, concluding, and transitional music. Each episode concludes with an acknowledgement of the granting authorities—the European Union and the Swiss State Secretariat for Education, Research and Innovation—whose support made this project possible.

Step 6: Publication and dissemination

The BE-SAFE podcast series will be made available through multiple accessible channels to ensure broad reach and engagement, particularly among older adults. Episodes will be published on the official BE-SAFE website, where users can easily navigate and listen to content tailored to their needs. In addition, the series will be distributed via popular online podcasting platforms such as:

- BE-SAFE Spotify channel (https://open.spotify.com/user/31dx2tndackfhziwvrstvzrueity)
- BE-SAFE Youtube channel
- BE SAFE Website (https://besafe-horizon.eu/en/information/for-patients in all languages)

and additional services, allowing for flexible listening across devices. To reinforce visibility and encourage interaction, the launch and ongoing dissemination will be supported through targeted social media campaigns, helping to connect with both the general public and caregivers, and to foster awareness around safer sleep and medication practices.

Step 7. Evaluation of impact

To measure the success of the BE-SAFE podcast series beyond publication, the project will implement a mixed strategy combining analytics tracking with direct listener feedback.

- Analytics tracking: We will monitor key indicators such as the number of downloads/streams, unique listeners, average listening duration, and geographical reach using platform analytics (e.g., Spotify for Podcasters, website metrics, and other hosting services). Tracking these indicators will allow us to identify which topics and formats generate the highest engagement and where our audience is concentrated geographically.
- Listener feedback: We will actively invite feedback from listeners through short online surveys linked on the BE-SAFE website and shared via social media campaigns. Questions will focus on clarity, relevance, and perceived usefulness of the episodes. In addition, we will encourage anecdotal feedback from partner organisations, patient associations, and healthcare professionals who share the podcast with their communities.
- Continuous improvement: Insights gathered from analytics and feedback will be reviewed periodically by the consortium, allowing future episodes or dissemination activities to be refined and tailored more closely to audience needs.

Metrics:

KPI	Goal
Total number of plays	3.500
Completion rate: Number of listeners that finish the episode	60%
Number of downloads from website	700
Audience retention rate: Rate of listeners between first and third episode	33%
Ratings and reviews	3.5/5

2.3. Partners involved

FSiE — Content coordination and Spanish production

FSiE served as the lead partner for overall content coordination, guiding the project from the initial community engagement stage through to final delivery. This included designing and facilitating the in-person session in Barcelona, developing the original Spanish scripts, adapting them into the advice-show format, and producing the English master script. FSiE also managed the full recording and production of the Spanish-language episodes using native human voices, ensuring the pilot edition set the quality standard for all other versions.

IPIN and UCLouvain — Scientific review and validation

IPIN was responsible for reviewing all health-related content in the scripts. This included verifying the accuracy of clinical information, validating behavioural recommendations such as CBT-I techniques, and ensuring that all advice reflected current best practices for benzodiazepine use and deprescription. IPIN's review ensured that the podcast could be trusted as a credible health resource. In parallel, the UCLouvain team reviewed the appropriateness of the questions and concerns selected from the original session, ensuring that the content was relevant and applicable across all participating countries.

TP21 — Localisation coordination and AI production

TP21 played a central role in producing and localising the country-specific editions of the BE-SAFE podcast. It coordinated the translation and adaptation of the English master script into multiple

languages, including English, French, German, Norwegian, Polish, and Greek, ensuring that the warmth and tone of the original were preserved. For all non-Spanish editions, TP21 oversaw the recording process using AI-generated voices, carefully selecting profiles that sounded natural and engaging while matching the vocal style and delivery to the intended audience profile. The use of AI technology allowed for rapid, consistent, and high-quality production across diverse linguistic contexts. Beyond script adaptation and voice production, TP21 also managed post-production, refining audio clarity, balancing volume, and integrating musical elements. Each episode concluded with acknowledgements of the granting authorities, highlighting the European Union and the Swiss State Secretariat for Education, Research and Innovation, whose support made the project possible.

Local partners *(UCLouvain, Oslo University Hospital, UBern, IPIN, NKUA)*
Each participating country appointed a local contact to review the translated scripts for linguistic accuracy and cultural resonance before recording. These partners ensured that idioms, references, and the level of formality or affection were adapted appropriately for their audience, so that each edition would feel like a genuinely local production rather than a direct translation.

3. Conclusion, next steps

The development of the BE-SAFE podcast series represents a strategic and collaborative effort to promote safer medication practices and improve sleep health among older adults. From its initial co-design phase—grounded in real concerns and lived experiences—to its multilingual production using AI-generated voices and culturally adapted scripts, the project has prioritized accessibility, relevance, and authenticity. Dissemination through the BE-SAFE website, major podcasting platforms, and reinforced social media outreach ensures that the series reaches a wide and diverse audience. By combining innovative technologies with participatory methods and evidence-based content, the podcast stands as a powerful tool for advancing health literacy, fostering shared decision-making, and supporting sustainable, patient-centred care across Europe.

4. Annexes

4.1 - Link to audio files

Podcasts can be listened in the following links:

a. BE-SAFE Website

Language	Link
English	https://besafe-horizon.eu/en/information/for-patients
Spanish	https://besafe-horizon.eu/es/Para_pacientes_ES
French	https://besafe-horizon.eu/fr/Pour_les_patients_FR
German CH	https://besafe-horizon.eu/de/Fuer_Patienten_DE
Norwegian	https://besafe-horizon.eu/no/For_pasienter_NO
Polish	https://besafe-horizon.eu/pl/for-patients-pl
Greek	https://besafe-horizon.eu/el/gia-astheneis

b. Spotify

https://open.spotify.com/user/31dx2tndackfhziwvrstvzrueity

c. Youtube

A Youtube page is currently being created

4.2 - English script

Episode 1:

Hello and welcome to another episode of An Open Heart with Ellen. I'm Ellen, and it's a pleasure to have you with us.

Today's episode is dedicated to the topic of sleep and the use of sleeping pills. As always, we'll be responding to your letters with care and compassion. Each letter we address has been thoughtfully reviewed, and our responses are grounded in guidance from qualified sleep experts. Thank you for joining us—let's begin.

[Intro music]

Dear Mrs. Elen:

My name is Margaret and I'm 67 years old. I've been taking lorazepam for years to sleep – my doctor said it would calm my nerves. I'm still taking it, but I'm not sure why. I don't want to be sedated anymore; I want to be calm but still be myself. These pills make me feel like a zombie. What can I do to stop depending on them so much?

With love

Margaret

Dear Margaret:

Thank you for writing and for sharing your story so openly.

What you're experiencing is completely understandable. Many people begin taking medication during a difficult time, and almost without realizing it, find themselves relying on something they no longer feel in control of. You've expressed it very clearly: you don't want to miss out on life — you want to live it fully, with calm, and as yourself.

You've already taken the first step: recognizing that something isn't right and wanting to change it. Now, I encourage you to speak with your doctor about this — just as honestly as you've written here. They can help you reduce this medication gradually and slowly — because doing it all at once is not recommended — and guide you on other ways to take care of yourself.

To help your body and mind rest more naturally, try to establish a consistent sleep routine. Go to bed and wake up at the same time every day, even on weekends. Avoid caffeine and alcohol in the afternoon and evening, as they can disrupt your sleep. Only go to bed when you feel sleepy, and use your bed only for sleep and intimacy. These are small gestures, but done with consistency and care, they can go a long way.

And if you need it, your doctor can refer you to a specialist so that together you can work on what's causing your anxiety and help you sustain yourself without relying solely on medication.

Finding calm again is possible Margaret — and doing so while feeling like yourself is absolutely within reach.

[Interlude music]

Dear Mrs. Elen:

My name is George, and I'm retired. I spent many years working in the pharmaceutical industry, so I understand the value of medication. I'm a proponent of medicine, but I don't believe everything can be fixed with pills. But I also know that not everything can — or should — be solved with pills.

There are nights when sleep simply won't come, and in those cases, a benzodiazepine can be useful. But what happens when sleeplessness becomes chronic, when everyday stress makes it hard to rest night after night? Are there other ways to manage this without becoming dependent on medication?

With respect

George

Dear George:

Thank you for your words, so sensible and full of experience. It's clear you speak with knowledge, and also with the wisdom that comes from having lived a long time and worked in a world, like that of pharmacy, that knows both remedies and their limits well.

You are absolutely right when you say that not everything can be fixed with a pill. There are times when a medication can be a relief, a temporary support. But when discomfort becomes a daily companion, what we really need is not to fall asleep... but to truly wake up. To find meaning, connection, and support.

And perhaps the most important step is the one you've already taken: asking questions. When we acknowledge that we may need something more than medication, it opens the door to other ways of healing. That might mean talking to a psychologist who can help you explore what's weighing on you. Or finding activities that reconnect you with others, with what you enjoy, with what makes you feel alive.

You are not alone, and it's never too late to find new ways to take care of yourself. Because medicine—good medicine—also knows how to listen.

[Interlude music]

Dear Mrs. Elen:

I'm writing from bed — yet another night without sleep. I've been taking pills for years, but lately even when I sleep, I wake up just as tired, as if I hadn't slept at all. I don't want to continue like this. I'm afraid of becoming dependent. Is there anything natural or a habit that really works? What can I do to sleep better without relying on medication?

I would really appreciate any advice

Loretta

Dear Loretta:

Thank you for sharing something as intimate as your sleepless nights with me. You're not alone — many people lie awake at night, exhausted and unsure of what else to try. Good sleep isn't just about closing your eyes; it's also about finding peace.

Writing this letter was a strong first step. When insomnia becomes persistent and you wake up feeling unrested even with medication, it's time to look deeper.

It's possible that what you're experiencing is chronic insomnia, which can sometimes be linked to medication dependence or underlying anxiety. While healthy sleep habits — like reducing screen time before bed, sticking to a schedule, or drinking herbal tea — are helpful, you may now need more structured support.

There is a proven treatment called Cognitive Behavioral Therapy for Insomnia, also known as CBT-I. It doesn't just treat symptoms — it addresses the root causes of poor sleep. This approach is used by professionals in many sleep clinics and often has better long-term results than medication alone.

I encourage you to seek out a sleep specialist or a center that offers CBT-I. With the right support, you can regain restful sleep — without relying on pills.

And as you begin that journey, please be kind to yourself. Rest will return. It just needs the right conditions — and some expert guidance — to find its way back.

[Outro music]

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The information shared has been reviewed by healthcare professionals, but it does not replace personalized medical care. If you have questions or concerns, always consult with your doctor.

Episode 2:

Hello and welcome to another episode of An Open Heart with Ellen. I'm Ellen, and it's a pleasure to have you with us.

Today's episode is dedicated to the topic of sleep and the use of sleeping pills. As always, we'll be responding to your letters with care and compassion. Each letter we address has been thoughtfully reviewed, and our responses are grounded in guidance from qualified sleep experts. Thank you for joining us—let's begin.

[Intro music]

Dear Ms. Elen:

My name is Ruth. I have friends, family, neighbours... we all take something to sleep. Diazepam, lorazepam, whatever. But no one talks about this openly. Are we becoming addicted without realizing it? Where is the line between use and abuse?

Thank you for listening,

Ruth

Dear Ruth,

Thank you for your honest and important question. It's not easy to talk about these things, and yet so many people are thinking the same in silence. You're right — many people rely on medication to sleep, almost like putting a bandage on something deeper. However, there is no clear line separating use and abuse, and it must be done based on each person's circumstances: with the same amount of pills, one person may be using the medication and another may be abusing it. While there is no exact line between use and abuse, there are signs that help us suspect we've crossed a line. For example, feeling that we can no longer sleep or face the day without chemical help is an important indicator.

But the most valuable step is exactly what you've done: noticing the pattern and asking questions. With the right support, there are often gentler, more sustainable ways to improve sleep — ways that don't always require long-term medication.

Do not hesitate to contact your doctor or your pharmacist for support.

[Interlude music]

Mrs. Elen:

My name is Rose. I've always considered myself healthy, and I try to take care of myself. I'm writing because I wonder if what I'm doing might be wrong. On nights when I feel unsettled, I sometimes take a quarter of an old sleeping pill I find around the house. Other times, I use melatonin or drink an infusion to relax—and the next day, I go on with my routine as usual. I don't go to the doctor; I manage things on my own. Is that really a problem? Or do I just know my body and care for myself in my own

way?
Rose

Dear Rose:

Thank you for writing with such honesty. Sometimes, simply asking ourselves: "Am I doing this right?" That doubt, so human, is in itself an act of caring.

I'm glad to hear your health has been good overall, and I understand the instinct to handle occasional discomfort on your own. But even in small doses, prescription medications — like the pills you mentioned — shouldn't be taken without medical guidance, especially if they're old or not prescribed for your current situation.

It's true that from time to time we all feel out of balance. And while taking melatonin or drinking an herbal tea can be part of a gentle routine, it's important to understand that these are not the same as a prescription sleeping pill.

In those moments, a warm tea, slow breathing, or a good conversation can help more than we think. But if these episodes happen often, it might point to something deeper that deserves attention. My advice is to speak with your doctor. Not to be judged — but to be supported. They can help you understand what's going on and offer safer, more effective options.

Caring for yourself isn't just about getting through the moment — it's about finding long-term ways to feel well.

[Interlude music]

Dear Mrs. Elen:

For some time now, every time I go to bed, my head starts spinning. I think about everything I haven't done, what went wrong, what's to come. I don't know what it's like to sleep through the night. My doctor offered me pills, but I'm afraid of starting and not knowing how to stop. What can I do to calm my mind at night without medication? Are there any routines or techniques that truly help?

Thank you for being there,

Lois

Dear Lois:

Thank you for your openness. Many people know exactly what you're describing — lying in bed with a mind that just won't quiet down. Sleep shouldn't feel like a battle, but sometimes it does. It's very understandable that you want to find another way to manage this without relying on medication. Let me share some practical strategies that can help calm your mind and support better sleep. During the day, if you can, move around a bit: go for a walk, dance, do some light exercise. Just don't do it right before bed, because sometimes it activates instead of relaxing. Also, be mindful of caffeine — it's not only in coffee, but also in tea, sodas, and chocolate.

If you take naps, don't keep them to more than half an hour, and preferably before 4 p.m. And at night, keep your bed only for sleeping. If you're in bed thinking, reading emails, or watching videos, your body gets confused and no longer knows when it's time to rest.

It's also helpful to speak with a mental health professional. You don't need to be in crisis to benefit from therapy — psychologists today regularly support people dealing with stress, poor sleep, or emotional overload. One especially effective approach is Cognitive Behavioral Therapy for Insomnia (CBTI), which is designed to help people like you regain healthy sleep without medication.

What you're going through matters, Lois. Sleep will return — with the right tools, support, and time, your body and mind can learn to rest again.

[Outro music]

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Episode 3:

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[Intro music]

Dear Mrs. Elen:

What drives me crazy is that when I say I can't sleep or that I'm nervous, the only response I get from the health staff is represcribe sleeping pills again. No one asks me how I'm really feeling or what's behind it. Where are the other options? Why isn't anyone offering tools that help us cope instead? I feel trapped in a cycle where I need more and more just to feel less.

Writing with hope,

Mary

Dear Mary:

I can sense the weight of your words — the exhaustion and frustration of feeling unheard. That cycle you describe is, unfortunately, very real for many people: when the solution no longer brings relief but instead creates a sense of distance from yourself. What you're feeling matters, and it deserves a different kind of attention. I encourage you to speak openly with your doctor and express your wish to explore other ways of managing what you're going through — not by increasing medication, but by finding true relief. Many health centers now offer alternatives: psychological support, therapy groups, and gradual reduction plans for medications like the ones you're taking.. But it's important that you don't do it alone. These drugs should be discontinued gradually and slowly and always with the guidance of a professional, so that your body—and soul—don't suffer more than necessary.

To help make your sleep stronger and address insomnia, here is advice based on the principles of Cognitive Behavioral Therapy for Insomnia, also known as CBT-I:

- *Keep a consistent sleep schedule: Go to bed and wake up at the same time every day, even on weekends. This helps regulate your body's internal clock and improves sleep quality.*
- *Use your bed only for sleep and intimacy: Avoid reading, watching TV, using your phone, or working in bed. This strengthens the association between your bed and sleep, making it easier to fall asleep when you get into bed.*
- *Go to bed only when you feel sleepy: If you're not sleepy at bedtime, do a quiet, relaxing activity outside the bedroom until you feel ready for sleep.*
- *If you can't fall asleep, get up: If you're unable to fall asleep and start to feel nervous about it, leave the bedroom and do something relaxing in another room. Return to bed only when you feel relaxed and sleepy again. This helps reduce frustration and anxiety about not sleeping.*

- *Limit time in bed to your actual sleep time: Avoid spending extra time in bed trying to "catch up" on sleep. Restricting your time in bed helps build up your natural sleep drive, making it easier to fall and stay asleep. As your sleep improves, you can gradually increase your time in bed.*
- *Challenge unhelpful thoughts about sleep: Notice and question negative or unrealistic beliefs about sleep, such as "I'll never function if I don't sleep 8 hours." Replace them with more balanced, realistic thoughts. Remind yourself that occasional poor sleep is not harmful and that trying to force sleep often makes it harder to sleep.*
- *Practice relaxation techniques: Before bedtime, use relaxation methods such as deep breathing, progressive muscle relaxation, or mindfulness meditation to calm your mind and body.*
- *Maintain healthy sleep habits: Avoid caffeine, nicotine, and alcohol in the hours before bedtime. Keep your bedroom dark, quiet, and at a comfortable temperature. Establish a relaxing pre-sleep routine and avoid looking at clocks during the night.*

By consistently following these strategies, you can strengthen your sleep patterns and reduce insomnia. If your sleep difficulties persist, consider seeking help from a healthcare provider trained in Cognitive Behavioral Therapy for Insomnia (CBT-I)

And remember that your hope is the most valuable thing you have. Don't let go of it. Sometimes, the first step toward well-being isn't a recipe, but a courageous decision: the decision to want to live with feeling again.

[Interlude music]

Dear Ms. Elen,

For some time now, I've struggled to sleep, and I live with a constant sense of unease that makes it hard to breathe calmly. When I mention this during medical visits, the answer is almost always the same: more pills. And I keep wondering… is that really all there is? Isn't there another way? I feel trapped in a cycle where each new medication pushes me further away from who I am.

With respect — and a real need for answers,

Harold

Dear Harold,

Thank you for sharing your experience. I can feel the weight of your words — that sense of being caught in a loop where the treatment no longer feels like help.

What you're describing is more common than many people realize, but no less important because of it. It's perfectly reasonable to ask for alternatives when medication doesn't feel like the right path anymore.

I encourage you to speak to your doctor again, clearly and calmly. Let them know that you want to explore other options — that you're looking not for a stronger dose, but for real, sustainable ways to feel better.

More and more health centers now offer alternatives like psychological support, therapeutic groups, and supervised programs to gradually reduce certain medications. But it's important to do this with professional guidance — not on your own — to avoid making things harder on your body and mind.

In the meantime, there are steps you can take that come from Cognitive Behavioral Therapy for Insomnia (CBT-I), a highly effective method used by sleep specialists. Here are a few you might try:

- *Stick to a regular sleep schedule: Go to bed and wake up at the same time every day.*
- *Reserve the bed only for sleep (and intimacy): Avoid using it for reading, watching TV, or checking your phone.*
- *Go to bed only when you feel sleepy: Don't force sleep.*
- *If you can't sleep, get up: Do something quiet and relaxing, then return to bed when you feel drowsy.*
- *Avoid extending time in bed to "make up" for lost sleep: Less time in bed can improve sleep quality over time.*
- *Challenge unhelpful thoughts: Remind yourself that one bad night won't ruin the next day.*
- *Practice relaxation techniques: Try breathing exercises or gentle body scans to wind down.*
- *Create a sleep-friendly environment: Dark, quiet, cool rooms work best. Avoid caffeine, alcohol, and screens at night.*

The questions you're asking, Harold, are a sign of clarity — and of hope. And hope is often where real change begins.

[Interlude]

Dear Mrs. Elen,

My name is Thomas. I'm 66, recently retired, and I've always considered myself a "night owl." I tend to go to bed around 1 or 2 a.m. and sleep until late morning. Lately, some friends have told me I should be sleeping *before* midnight to get "the good sleep." That's made me anxious — like I'm doing something wrong just by following my natural rhythm.

I fall asleep easily, I sleep deeply, and I feel fine the next day… but now I'm questioning myself. Is it true that sleep before midnight is more valuable? Should I try to change my schedule?

Thank you for your help,

Thomas

Dear Thomas,

Thank you for writing — and for asking a question that so many people quietly wonder about. You're certainly not alone in hearing that old saying: "the sleep before midnight is the most important." It's a phrase passed down for generations — but thankfully, science gives us a clearer picture.

The truth is, what matters most is not when you sleep, but how regularly you do it and how restorative that sleep is. You're absolutely right to listen to your body. If you naturally fall asleep later and still get the hours you need, that's perfectly okay.

The reason this myth became popular is that the deepest, most restorative phase of sleep — known as deep sleep or NREM stage 3 — tends to happen early in the night. But "early" means early in your sleep cycle, not necessarily before midnight. Whether you sleep from 10 p.m. to 6 a.m. or from 1 a.m. to 9 a.m., your brain will still follow that same architecture and give you the deep rest it needs.

What is important, however, is that your sleep routine is consistent. Try to go to bed and wake up around the same time every day, even on weekends. This helps your body's internal clock stay in sync and improves sleep quality over time.

So no — you don't have to force yourself into an early bedtime if that's not your rhythm. Rest well, Thomas — in your own time.

[Outro music]

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The information shared has been reviewed by healthcare professionals, but it does not replace personalized medical care. If you have questions or concerns, always consult with your doctor.

4.3 – Methods table

Output	Description	Tool / Method Used	Responsible Partner
Listener letters	Composite fictional letters based on community session input	Human facilitation & manual adaptation	FSiE
Clinical responses	Evidence-based replies to listener letters	Expert panel review (IPIN, UCLouvain)	FSiE with BE-SAFE partners
Spanish master script	Script written in advice-show style	Human authorship, transcreation	FSiE
English master script	Transcreation of Spanish script into English	Human translation & adaptation	FSiE
Localised scripts (BE, NO, CH, PL, GR)	Adapted translations from English master	AI-assisted translation (advanced language models) + human review	TP21 with local contacts
AI voice recordings	Podcast audio in BE, NO, CH, PL, GR	AI-generated voices (voice synthesis software)	TP21
Spanish voice recordings	In-studio human voice actors	Recording studio, supervised by producers	FSiE
Post-production	Editing, mixing, music integration	Audio editing software	TP21
Dissemination	Uploads to website & podcast platforms	Standard hosting & analytics tools (Spotify, website CMS, etc.)	BE-SAFE consortium

4.4 – Tools table

Tool / Technology	Purpose / Use Case	Stage of Production
ChatGPT (GPT-5)	Draft translations of the English master script into local languages	Step 4: Cultural localisation
ElevenLabs v3 (alpha)	Creation of natural-sounding synthetic voices for non-Spanish editions	Step 5: Recording & production
Audacity v3.7.5	Enhancing clarity, adjusting volume, and integrating music	Step 5: Recording & production

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