

Teen Sleep during COVID-19: What can research tell us?

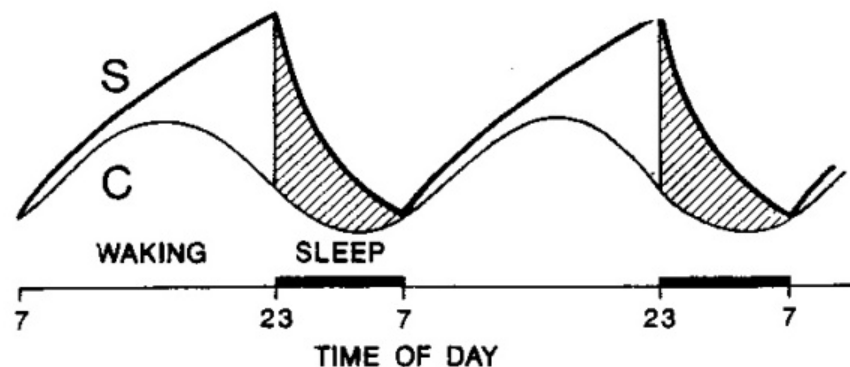


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How We Sleep

- Two processes involved in sleep and wakefulness
 - 1) Sleep homeostasis: the sleep drive
 - 2) Circadian rhythm: the body clock



*Borbély's model of
sleep-wake
regulation (Borbély &
Achermann, 1999).*

Sleep throughout Youth

- **Recommended sleep quantity** (Paruthi et al., 2016)
 - Pre-school (3-5 years): 10-13 hours sleep
 - School-age (6-12 years): 9-12 hours sleep
 - Adolescence (13-18 years): 8-10 hours sleep
 - Only ~30% adolescents achieve this (Eaton et al., 2010)
- **Emergence of range of sleep problems, including:**
 - Insomnia and sleep refusal
 - Nightmares, terrors and sleep walking
 - Movement e.g. restless leg syndrome, head banging, teeth grinding etc.





“The perfect storm” (Carskadon, 2011)

Factors influencing (lack of) adolescent sleep

Biological



Psychological



Socio-cultural

Sleep Habits during COVID-19

- Likely to be lots of variability in sleep
- Some young people following similar routines to pre-COVID
- Others may be allowing body clocks to determine new routines
- Some may be experiencing significant difficulties



Common Adolescent Sleep Difficulties

- **Insomnia**
 - Trouble falling asleep
 - Trouble staying asleep
 - Trouble waking too early
- **Hypersomnia**
 - Trouble sleeping too much
- **Circadian Rhythm Disorders**
 - Delayed sleep phase disorder



The Relationship between Sleep and Mental Health



Cross-sectional Research

- Sleep disturbance is a **common symptom** in young people experiencing anxiety or depression, and vice versa (Goodyer et al., 2017; Chase & Pincus, 2011)



Longitudinal Research

- Sleep problems in adolescence have been associated with **increased risk** of anxiety and depression later in life, and vice versa (Lovato & Gradisar, 2014; Leahy & Gradisar, 2012)



Treatment Research

- Treating sleep problems has been found to **improve symptoms** of anxiety and depression (Gee et al., 2019; Blake et al., 2016)