

LETTERS TO THE EDITOR

Youth, mental health, and sleep

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As members of the Public Safety Committee of the American Academy of Sleep Medicine, we were heartened to read the recent advisory from the United States Surgeon General, "Protecting Youth Mental Health."¹ The advisory serves to call attention to adolescent mental health as an urgent public health issue and offers strategies to address gaps and challenges. This is especially important now, as research indicates increasing mental health challenges among adolescents related to the coronavirus disease 2019 (COVID-19) pandemic.²

We concur that policy and institutional changes are necessary to combat the teen mental health crisis. Of all the systemic changes that must be made, we would add that we must not overlook the cornerstone importance of adequate, well-timed sleep to promote optimal mental health and well-being. Thus, policies to promote optimal adolescent sleep health are key. Sound sleep policies are tools that can be used to avoid chronic sleep loss among adolescents, which increases accident risk, impairs judgment, prevents proper memory formation,³ reduces mood stability, and increases impulsivity.⁴

Policies to delay school start times in middle and high school students are foundational to support sufficient sleep in adolescents. Early school start times in middle and high school curtail sleep, and evidence supports delayed school start times to promote learning, health, and driving safety.⁵ Advocacy efforts by the American Academy of Sleep Medicine and other organizations such as the American Academy of Pediatrics have successfully promoted delayed school start times.⁶ For example, legislation exists in California to delay school start time until at least 8 AM for middle schools and at least 8:30 AM for high schools.⁵

Another area of concern related to adolescent sleep and mental health is the increased and pervasive use of technology and social media. During the pandemic, American students significantly increased their usage of social media and technology with a shift toward virtual schooling and decreased extracurricular activities. In addition to its direct effects on mental health, the use of technology can hinder sleep by decreasing sleep time and causing sleep interruption.⁷ Thus, facilitated efforts by schools and policymakers to assist adolescents and families in prioritizing wise technology are needed.

Finally, we believe that scientific evidence is important to inform the best strategies to protect teen mental health, including

research on the short-term and longer-term impacts of adequate sleep on recovery from mental health challenges. Funding for studies of the impacts of sleep as an intervention in the mental health crisis is critical.

In its advisory, the Surgeon General notes that the youth mental health crisis is not something that can be fixed "overnight"—and yet, perhaps we need to begin with overnight for we believe sleep is essential to health⁸—including mental health. We call for policies that promote adequate, well-timed sleep opportunity and sensible management of time on social media and electronic devices and funding for research to understand more fully the protective and recovery impacts of sufficient sleep on mental health outcomes among adolescents.

CITATION

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REFERENCES

1. US Surgeon General's Advisory. Protecting Youth Mental Health. <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>. Accessed April 28, 2022.
2. Magson NR, Freeman JYA, Rapee RM, Richardson CE, Oar EL, Fardouly J. Risk and protective factors for prospective changes in adolescent mental health during the COVID-19 pandemic. *J Youth Adolesc*. 2021;50(1):44–57.
3. Guerrero MD, Barnes JD, Walsh JJ, Chaput JP, Tremblay MS, Goldfield GS. 24-Hour movement behaviors and impulsivity. *Pediatrics*. 2019;144(3):e20190187.
4. Council on Communications and Media. Media use in school-aged children and adolescents. *Pediatrics*. 2016;138(5):e20162592.
5. Adolescent Sleep Working Group Committee on Adolescence/Council on School Health. School start times for adolescents. *Pediatrics*. 2014;134(3):642–649.
6. Watson NF, Martin JL, Wise MS, et al; American Academy of Sleep Medicine Board of Directors. Delaying middle school and high school start times promotes student health and performance: an American Academy of Sleep Medicine position statement. *J Clin Sleep Med*. 2017;13(4):623–625.
7. Council on Communications and Media. Children, adolescents, and the media. *Pediatrics*. 2013;132(5):958–961.
8. Ramar K, Malhotra RK, Carden KA, et al. Sleep is essential to health: an American Academy of Sleep Medicine position statement. *J Clin Sleep Med*. 2021;17(10):2115–2119.

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