Making Knowledge Matter: Sleep and Mental Health in Young People

Presenter: Faith Orchard

Host: Hannah Vickery

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About us

Charlie Waller was a dynamic, funny, kind and successful young man, with a close and loving family. To the outside world, he had everything to live for. Yet in 1997, at the age of 28, Charlie died by suicide. He was suffering from depression.

In response to this tragedy, his family founded the Charlie Waller Trust, to open up the conversation around depression initially, and to ensure that young people are able to understand and look after their mental health and to spot the signs in others.

Charlie sits at the heart of our story, our vision and our purpose.

Evidence based offer

Positive

We take a positive approach to mental health. We focus on prevention and early intervention and recognise the importance of offering hope.

Proven

Our consultancy, training and resources are all based on sound clinical evidence.

Practical

We give people practical strategies and tools to care for their mental health, and to support others in doing so.

Let us introduce ourselves…

Dr Hannah Vickery

CEO of the Charlie Waller Trust

Previously worked as a Clinical Psychologist within Child and Adolescent Mental Health Services and as Associate Professor of Clinical Psychology at the University of Reading

Dr Faith Orchard

Associate Professor of Psychology at the University of East Anglia

Faith is a Research Psychologist specialising in risk factors for adolescent depression. In recent years her work has focussed on sleep problems as a risk factor for youth mental health, as well as early interventions for disrupted sleep in young people.

Plan for today

- How we sleep
- Sleep in teens
- The relationship between sleep and wellbeing
- Treating sleep problems
- Current research advances
- Q&A with Hannah Vickery

Why is Sleep Important?

Poor quality sleep:

- Mood swings, irritability
- Lack of energy, sluggish
- Poorer concentration and attention
- Increased risk of accidents or injuries

Good quality sleep:

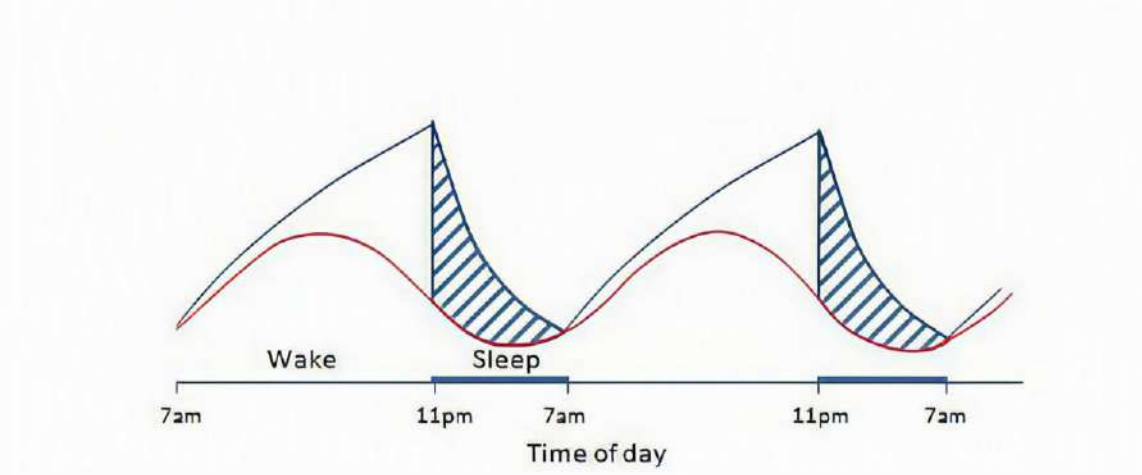
- Positive mood, better emotional regulation
- Feeling more energised
- Improved concentration and attention
- Better memory, enhanced learning
- Growth/ stronger immune system

How we sleep

Two processes involved in sleep and wakefulness

1) Sleep homeostasis: the sleep drive (or pressure)

2) Circadian rhythm: the body clock



Adolescent sleep

8-10 hours is recommended for adolescents

Researchers have found that worldwide:

- Between 32% and 86% of adolescents obtained the recommended sleep on school nights
- Between 79% and 92% on weekends.

Paruthi et al. (2016)
Gariepy et al. (2020)

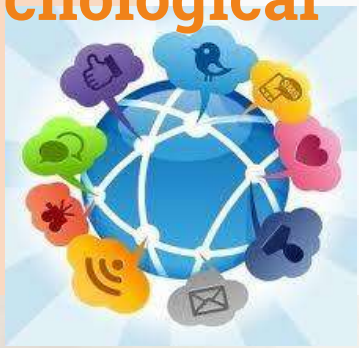
The perfect storm

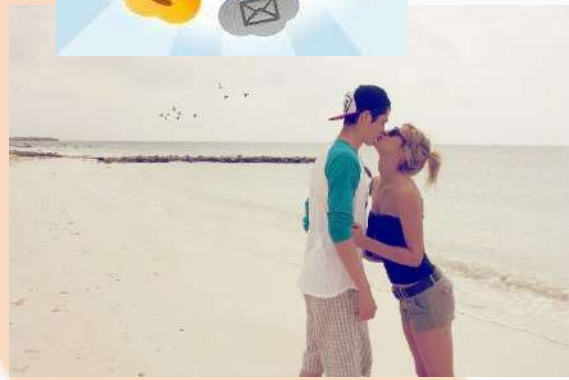
The perfect storm

Biological

Socio-cultural

Psychological





“Social Jetlag”

- At the weekend, social activities and chronic sleep loss lead to late nights and long lie ins.
- But on Monday morning, we have to get up early again for school.
- These constant fluctuations can lead to constant feeling of jetlag.

Long-term impact of poor sleep

At age 15 years, 5,000 young people took part in a diagnostic interview of mental health disorders and completed measures of sleep. Anxiety and depression was measured again at age 17, 21 and 24.

Sleep patterns

Less total sleep time on school nights predicted higher anxiety and depression at ages 17, 21 and 24 years

Sleep quality

Daytime sleepiness, night waking and perception of sleep, all predicted anxiety and depression at ages 17, 21 and 24 years

Orchard, F., Gregory, A.M., Gradisar, M. and Reynolds, S. (2020), Self-reported sleep patterns and quality amongst adolescents: cross-sectional and prospective associations with anxiety and depression. *J Child Psychol Psychiatr, 61*: 1126-1137. https://doi.org/10.1111/jcpp.13288

Treating sleep problems tips and techniques

Taken from cognitive behavioural therapy for insomnia

Effect of CBT-I on insomnia and mental health

Treating insomnia

CBT-I is effective at treating insomnia with adults and adolescents, in individual and group settings, and with face to face and online delivery.

Treating anxiety and depression

Review article of effect of CBT-I on depression found 49 studies (only 4 studies on adolescents). Significant improvements on depression, especially in depressed individuals

Review article of effect on anxiety found 43 trials (only 2 studies on adolescents). Significant improvements in anxiety, particular in individuals with clinical anxiety.

- Gee, B., Orchard, F., Clarke, E., Joy, A., Clarke, T. & Reynolds, S. (2018). The effect of non-pharmacological sleep interventions on depression symptoms: A meta-analysis of randomized controlled trials. *Sleep Medicine Reviews*.
- Staines, A. C., Broomfield, N., Pass, L., Orchard, F., & Bridges, J. (2022). Do non-pharmacological sleep interventions affect anxiety symptoms? A meta-analysis. *Journal of Sleep Research*, *31*(1), e13451.

1) Difficulty winding down

- We want to create good day and night habits to help promote evening tiredness.
- We also might want to help young people develop a 30-60 minute evening routine for 'winding down'.

Sleep hygiene

- Reducing **caffeine** (especially in the evening)
- Staying active during the day, getting **exercise**
- **Natural light**: opening the curtains, spending time outside
- **Comfortable** bed, cool and dark bedroom.
- Reducing use of **electronics** in the evening (45mins-30mins before bed).
- Strategic **technology use**. When using devices, make sure activity is not too stimulating
- **Detach** from the day. Complete a daily diary of what you have achieved today and what you have to do tomorrow.
- **Relaxing**, wind down time e.g. bathing, reading, lower lights, comfortable pyjamas

2) Difficulty waking up

Some young people experience extended sleep inertia.

- For most people this ~5 to 20 minutes of grogginess, heavy eyes, sore shoulders, and a feeling of wanting to go back to sleep.
- For others, sleep inertia can last several hours.

It is helpful to normalize the unpleasant feelings on waking and point out that these are not good data for making judgments about staying in bed versus getting up. It's usually better to get up and moving.

2) Difficulty waking up

In both cases an individualised version of the RISE-UP routine (Harvey, 2016), can be very helpful.

- The goal is to use activity scheduling and goal setting to reinforce getting out of bed.
- Allow room for creativity.

Example RISE-UP routine:

- Refrain from snoozing
- Increase activity
- Shower or wash face and hands
- Expose yourself to sunlight
- Upbeat music
- Phone a friend

3) Irregular sleep wake times

Targeting irregular sleep wake times, requires drawing on several components of CBT-I

- Sleep scheduling
- Brain-bed associations
- No napping

Sleep scheduling

It is important to maintain a consistent sleep-wake cycle, so our bodies can get into a rhythm

Keeping to a **regular** bedtime and waketime

- This includes weekends! (sleep experts recommend a max. 2 hour lie in on the weekend).

We also don't want to go to bed too early, or we will lie there awake (and exacerbate the problem).

The brain-bed association

The key idea is to make sure that the bedroom is **associated with sleeping**, not with being awake and active.

=

Make sure you use **bed** for **sleep** and not other daily activities

In an ideal world:

- Complete homework in a separate room, or on a beanbag
- Watch TV in the living room rather than in the bedroom
- Only sleep in bed.
- Sleeping in other places, such as on the sofa, weakens the association between the bed and sleep

Difficulty falling asleep

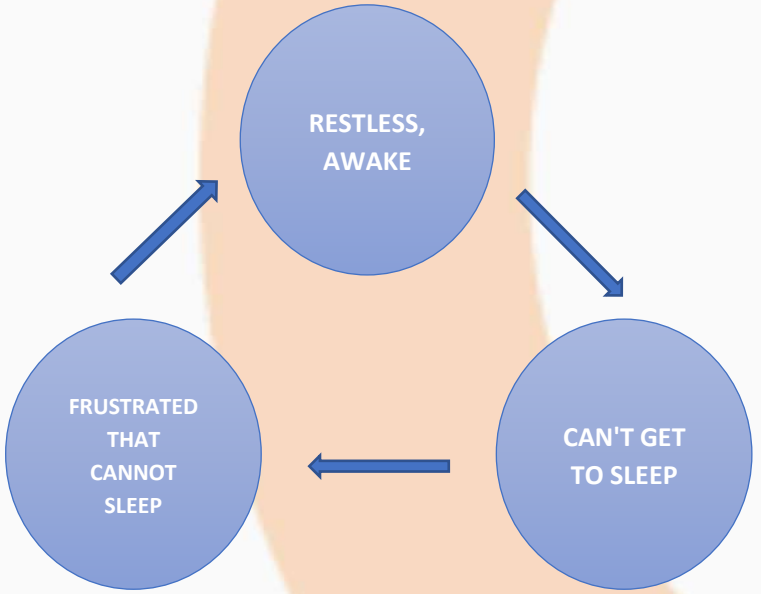
Distraction:

Try something that is challenging, but that does not make you feel any particular emotions.
For example:

- Counting backwards from 1,000 in 7's.
- Word games or games based on categories (e.g. food, animals…)

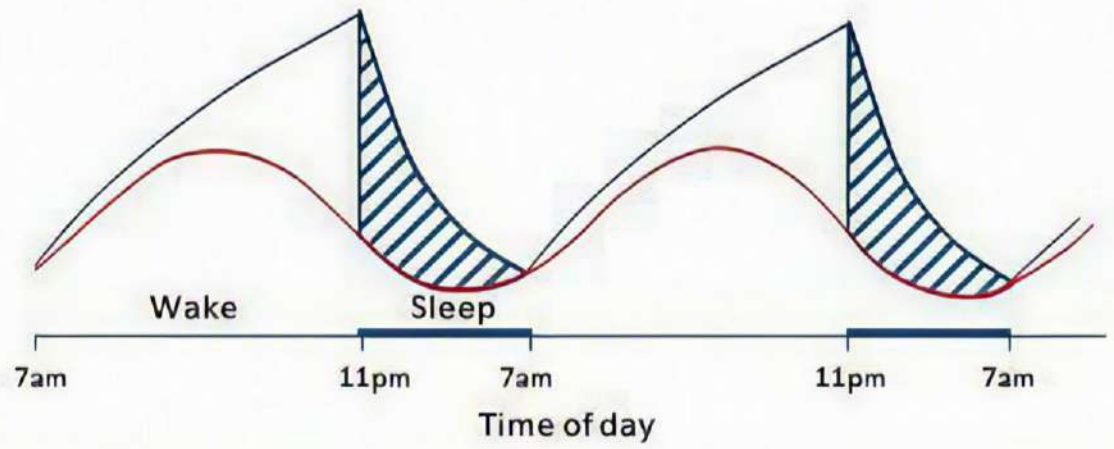
The 20 minute rule:

- After 15-20 minutes, you should get out of bed. Return to bed when you feel more tired.
- This is to make sure we do not start associating our beds with being awake.



Avoid napping!

Remember the two processes involved in sleep and wakefulness...



Accessing help for sleep

Access to sleep interventions is one of the major problems facing sleep professionals

We have strong evidence of effectiveness, but access is a postcode lottery for adults, and almost non-existent for young people

Programmes for Young People

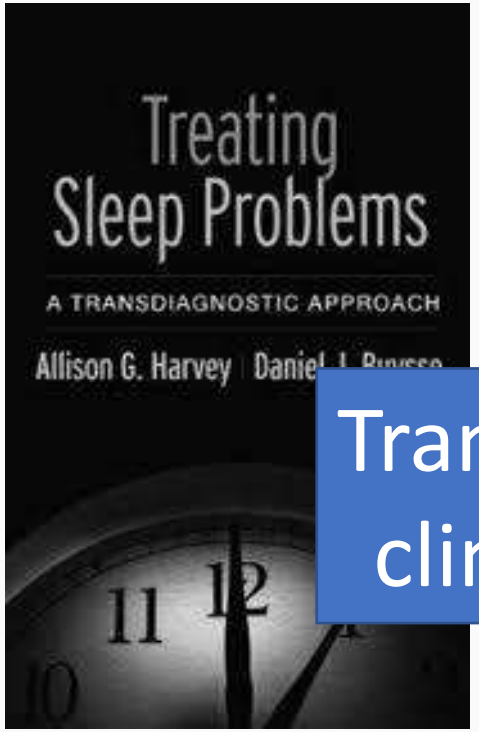
The better sleep programme

- Norfolk and Suffolk NHS Foundation Trust (NSFT) is the only trust in the country* that offer a manualized sleep intervention for young people
- Available for 14-25 year olds who are receiving treatment from NSFT's youth teams
- 6 week course, CBT-I informed
- Evidence based
- Although they are collecting evidence of the effectiveness and roll-out (Rollinson et al., 2021; 2024; 2025), there is currently no trial evidence, which makes it hard to roll out nationally

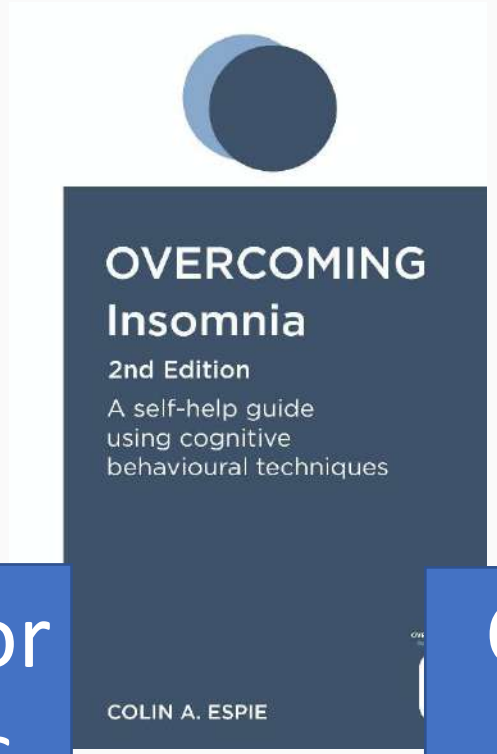
The iBLISS study

- Investigating the Benefits to Lifestyle of Improving Sleep Strategies
- ‘Pilot’ clinical trial in schools, examining a brief group sleep intervention
- Screen years 8-11 (age 12-16 years) for poor sleep quality
- Mental health practitioners deliver sleep workshops
- Research team conduct baseline, post-treatment assessments, interviews, and 3-month follow up
- Examine change on sleep (questionnaires and actiwatches), depression, anxiety, and negative thinking

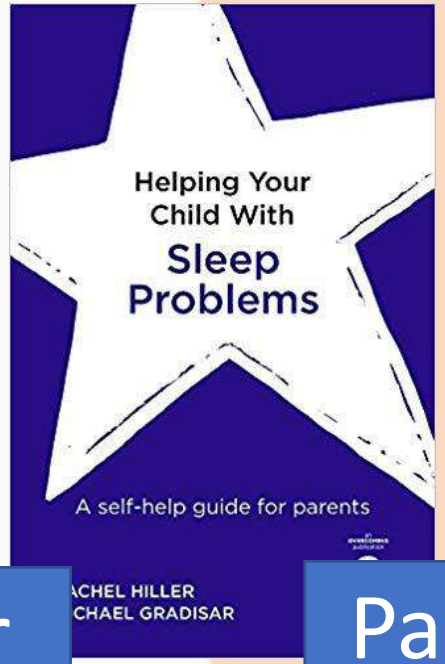
Additional Resources



TranS-C for clinicians



CBT-I for adults



Parents of poor sleepers

Follow-up Q&A

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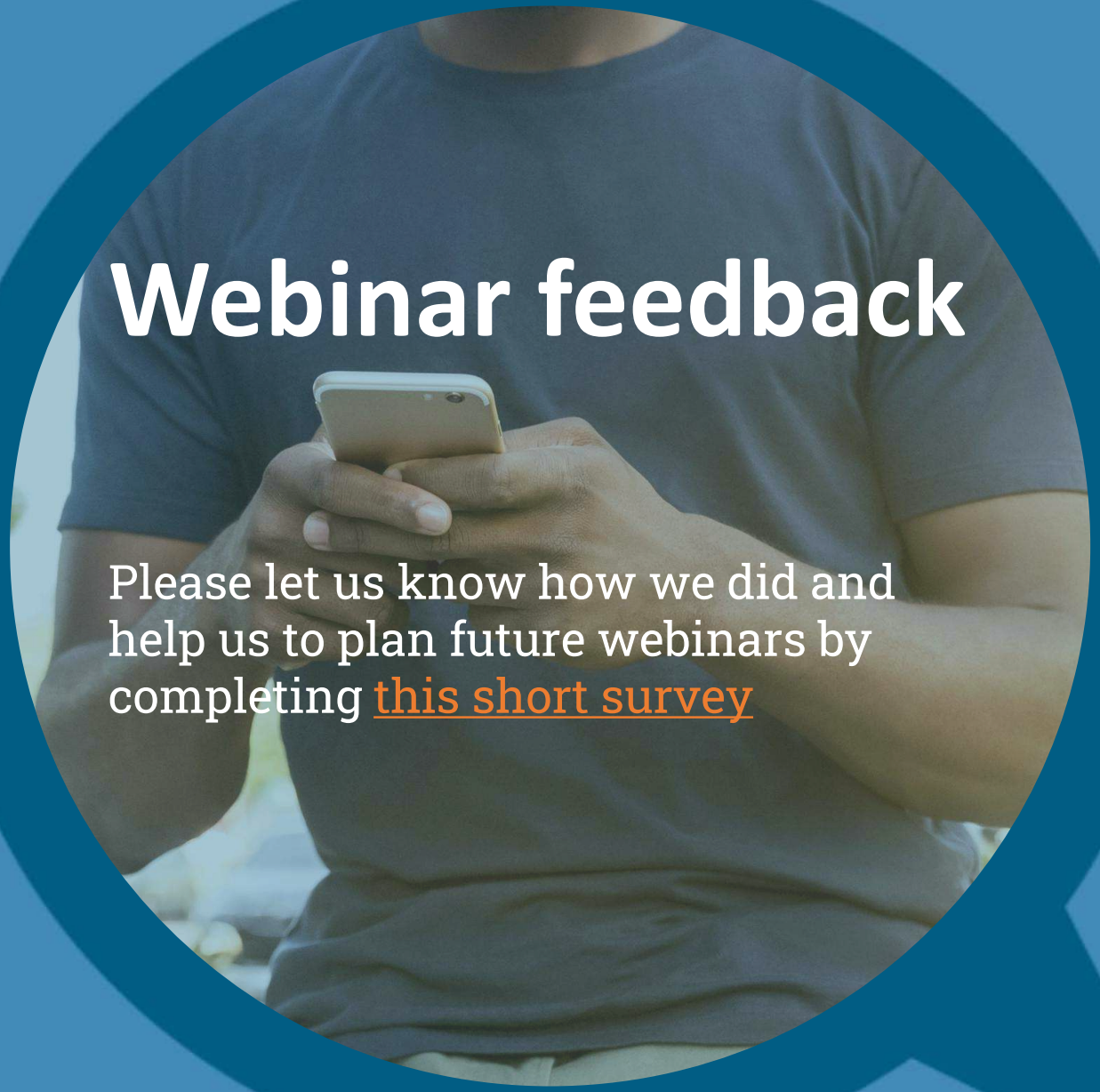
Webinar feedback



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Give us your feedback

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Your support allows us to provide vital resources, guidance, and opportunities and build a brighter future.

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To donate online visit
charliewaller.org/donate

Scan to make an impact

Join our upcoming webinars:

- Resilience: Wednesday, 23 September
- Social Media: Thursday, 8 October
- Perfectionism: Wednesday, 21 October

Previous webinars include:

- Making Knowledge Matter: Low Mood in Young People
- Understanding and Managing Anxiety in Under 12s
- Supporting Children's Emotional Wellbeing
- Understanding and responding to loneliness in a changing world

Mental Health Resources

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