TEACH[R]

Sleep deprivation in Australian school students: An overview of recommendations and associated academic and health impacts

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Abstract

This paper reports and synthesises current research on the academic and health implications of sleep deprivation on school students. There is a strong bank of research that confirms the connection between adequate sleep and student wellbeing, but little to indicate that schools are providing education to children and families about this. Recommendations are provided for what possible next steps could be in improving student wellbeing through sleep education.

Sufficient sleep is a precursor to holistic student wellbeing.

Introduction

Sufficient sleep is a precursor to holistic student wellbeing. According to the Australian Institute of Health and Welfare (AIHW), "getting enough sleep is crucial for our overall health and wellbeing" (2021, p.1). Current research links sleep to improved academic, physical and emotional wellness and success (Evans-Whipp & Gasser, 2019; McGorry et al., 2024; Ramar et al., 2021; Walker, 2017). Concurrently, research also exposes the toll that sleep deprivation takes among secondary-school-aged students. However, the impact of sleep is often overlooked when considering student achievement. One example is sleep's startling omission from Professor John Hattie's 'Visible Learning' (2009) and leading Australian school wellbeing programs. Data from the 2018 Longitudinal Study of Australian Children (LSAC) (Australian Institute of Family Studies [AIFS], 2019) reveals that a large number of secondary school (SS) students are receiving fewer hours of sleep than the recommended minimum. Insufficient sleep was particularly evident on school nights. The following article will provide a brief overview of sleep deprivation and its academic, physical and emotional toll in the context of Australian SS students.

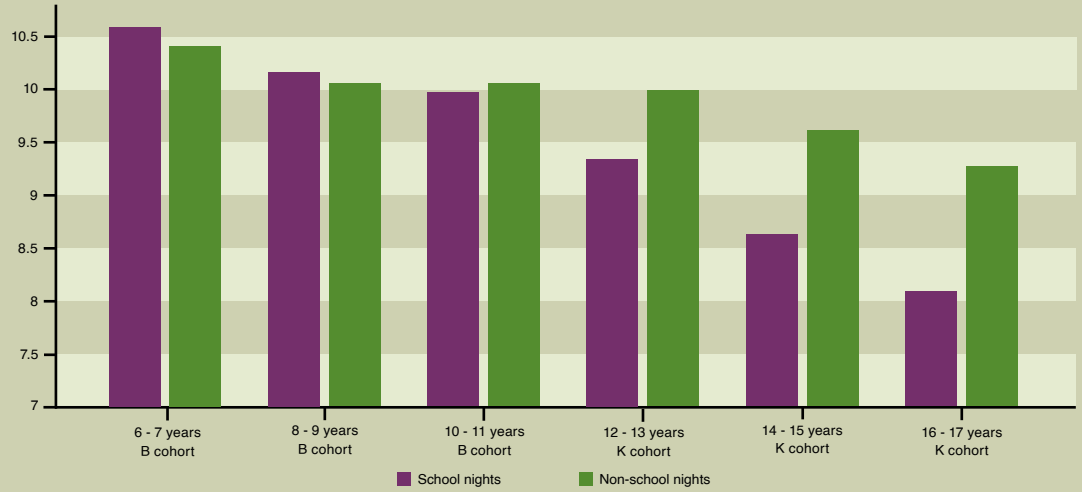
Background

The Department of Health, Disability and Ageing (2021) is the Australian standard for identifying the recommended amount of sleep by age bracket. Aligning with this standard, findings from the LSAC were optimistic for Australian primary-school-aged students with "nearly all 6-7 year olds" receiving the minimum recommended hours of sleep on school days (AIFS, 2019, p.4). This statistic declined to just half of 16-17-year-olds, as shown in Figure 1. Alarmingly, this statistic frequently continues to decline among Australian University students (i.e. Batten et al., 2020). Aboriginal and Torres Strait Islander students aged 5-12 years averaged 10 hours per night; however, less data was available for those aged 13-17 years (Deacon-Crouch et al., 2019). Ongoing research continues to inform and develop an understanding of sleep recommendations for Australian children by age bracket.

Building upon these standards, identifying how much sleep an individual student requires for optimal function requires additional considerations beyond one's age bracket. These may include: genetics, exercise, physical and mental health, gender, and cultural traditions such as the midday siesta. (Dolezal et al., 2017; Fatima et al., 2016; Harvard Medical School, 2021; Shim & Kang, 2017). With so many varying factors, Solan (2023) cautions individuals to consider sleep quality before quantity, citing that "sleep quality is vital for our overall health" (para.7). For this reason, educating students about quality sleep goes far beyond citing a recommended minimum number of hours.

Research-based sleep standards provide a guide for Australian School students. As individual factors

Figure 1: A graph depicting Australian school children's average sleep duration in hours, by age.



Notes: 6–7 year olds: *n* = 4,237, 8–9 year olds: *n* = 4,048, 10–11 year olds: *n* = 3,578, 12–13 year olds: *n* = 3,845, 14–15 year olds: *n* = 3,316, 16–17 year olds: *n* = 2,944. 95% confidence intervals are shown by the 'I' bars at the top of each column. Where confidence intervals for the groups being compared do not overlap, this indicates that the differences in values within each age category are statistically significant. Data were parent-reported at ages 6–7 and 8–9 years and self-reported at all other ages.
Source: LSAC Waves 4–7, B and K cohorts, weighted. B cohort: Waves 4 (6–7 years), 5 (8–9 years) and 6 (10–11 years). K cohort: Waves 5 (12–13 years), 6 (14–15 years) and 7 (16–17 years)
Credit: Longitudinal Study of Australian Children 2019 (creativecommons.org/licenses/by/4.0/)

> *Sleep is a biological necessity*

may influence the amount of sleep an individual requires to thrive, sleep education is crucial. With this understanding, the concept of sleep deprivation can now be explored.

Defining Sleep Deprivation

The Victoria State Government defines sleep deprivation as "inadequate or insufficient sleep sustained over a period of time" (Better Health Channel, 2024, para.6). Among SS students, the most common causes of sleep deprivation have been grouped into two categories by the author: Modifiable contributors and root causes.

1. Modifiable contributors to sleep deprivation can be improved with behavioural or environmental changes. These include, but are not limited to: technology use, caffeine consumption, external time pressures (including homework and extracurricular activities), academic stress and poor sleep hygiene (Aepli et al., 2015; Alonzo et al., 2021; Bartel et al., 2018; Beckford et al., 2015; Evans-Whipp, 2021; King, 2017; Stiglic & Viner, 2019).
2. Root causes of sleep deprivation require sustained effort or external support to address. These include, but are not limited to: early school start times, biological clock shifts during puberty, mental health challenges, an unsafe sleep environment, sleep disorders and physical health challenges, for example, chronic pain or diabetes (Bartel et al., 2018; Billings et al., 2020; Evans-Whipp, 2021; Owens et al., 2014; Robinson & Matthews, 2024).

Walker refers to sleep deprivation as "a silent sleep loss epidemic" and cautions that it is fast becoming "one of the greatest public health challenges" of the 21st century (as cited in TED, 2019, 16:22). The following paragraphs will explore the academic, physical and emotional toll of sleep deprivation in the context of SS students.

Impact of Sleep Deprivation

Sleep is a "biological necessity" and crucial for the health, wellbeing and safety of an individual and their community (Ramar et al., 2021, para.1). Phrased another way, "adequate sleep is imperative for our physical and mental wellness" (Morton, 2022, as cited in Lounsbury, 2022). The following paragraphs will explore the impact of sleep deprivation among SS students from academic, physical, and emotional perspectives.

Academic

A student's ability to encode, store and retrieve memories could be described as the foundation

> *Sleep deprivation has been identified as a precursor to a range of neuro-developmental disorders*

of learning. This vital link to academic success is significantly hindered by sleep deprivation (Krause et al., 2017; Rasch & Born, 2013; van Buuren, 2025, as cited in TEDx Talks, 2025). Findings by Curcio et al. reveal that "sleep quality and quantity are closely related to student learning capacity and academic performance" (2006, para.1). When a student is sleep deprived, either before or after encoding newly learnt material, the effect is detrimental to memory formation (Newbury et al., 2021). Additional side effects include: negatively affected brain function, reduced cognitive processing ability, shortened attention span, impaired working memory, reduced efficiency, increased time spent completing homework, diminished intrinsic motivation and decreased sleep spindle activity (AIFS, 2018; Albuquerque et al., 2023; Campbell et al., 2023; Youlden, 2025). Furthermore, sleep deprivation is linked to a reduced willingness to "exert effort in the pursuit of performance goals" (Massar et al., 2019, para. 1). These side effects are notable, particularly when the age bracket of students working towards their Higher School Certificate (HSC) correlates with those experiencing the highest levels of sleep deprivation among SS students.

A recent study by Daniel (2024) revealed that, "despite efforts from policy makers, achievement gaps persist" between English students with special educational needs and disabilities compared to their "typically developing peers" (para.1). In Australia, academic underachievement among corresponding student groups is similarly reported despite educational adjustment or support (Australian Curriculum, Assessment and Reporting Authority, 2024; AIHW, 2024). Sleep deprivation has been identified as a precursor to a range of neurodevelopmental disorders, particularly Attention Deficit Hyperactivity Disorder (ADHD) (Czeisler et al., 2019). Additionally, sleep deprivation is linked to symptom exacerbation for students experiencing ADHD, Attention Deficit Disorder (ADD), Autism Spectrum Disorder, Auditory Processing Disorder, Dyslexia, Dysgraphia and Dyscalculia (Ahmmed, 2020; Bernstein, 2025; Cassoff et al., 2022; Marcelle, 2023; Neff, 2022). Commenting on the interplay between sleep deprivation and learning needs, Dr Marc Frost cautioned that sleep disorders can, at times, be misdiagnosed as ADD or ADHD due to similar symptom presentation (as cited in WKBW TV, 2017). From a different perspective, a recent study by Bastien et al. reported atypical sleep patterns as one of the "defining characteristics of giftedness" (2023, para.1). With the potential to increase student wellbeing and achievement, sleep is an important academic consideration for SS students and policymakers alike.

Australian researchers have also studied the close link between school attendance and academic performance. Research by Daraganova et al. (2014) and Hancock et al. (2018) has linked increased absenteeism rates with reduced NAPLAN scores in primary and secondary settings. There was positive attendance in Year 7, which correlated with three months of learning advancement in Year 9, compared to peers with poorer attendance habits. These results are echoed in research studies worldwide for both primary and SS settings (Aucejo & Romano, 2016; Carroll, 2010; Gottfried, 2009; Hysing et al., 2015). The link between absenteeism and statistically reduced academic achievement is stronger among students experiencing disadvantage, for example, structural inequality or a low socioeconomic status (Hancock et al., 2018). "Likely due to co-varying factors", unjustified absences may present a more significant academic impact than authorised absences (Hancock et al., 2018, as cited in Centre for Education Statistics and Evaluation, 2022, p.16).

With a notable academic impact, research studies identified two key factors fuelling this cycle: school start times and physical health. Each will be briefly described below:

School start times: During puberty, students "undergo a shift in their circadian clocks", which causes them to sleep and wake at a later hour (Weir, 2024). Delaying school start times, even by a mere half hour, has been correlated with increased attendance, punctuality, academic grades and alertness within the classroom (Au et al., 2014; Minges & Redeker, 2017; Wheaton et al., 2016). The American Academy of Paediatrics recommends a school start time no earlier than 8:30 am (Owens et al., 2014).

Physical Health: While explored in greater detail below, sleep deprivation has a detrimental impact on immune response, hormonal function and overall wellbeing. For this reason, research by Garbarino et al. (2021) and Czeisler et al. (2019) correlates a strong link between sleep deprivation, absenteeism and reduced academic performance.

Sufficient sleep rewards students with a cognitive advantage and correlates with improved academic performance (Khan & Al-Jahdali, 2023). Research identifies a positive correlation between sleep and reduced symptom exacerbation for students with additional needs. Research further demonstrates that sleep deprivation is detrimental to learning, establishing a link between sleep, school attendance and academic performance. While school start times are beyond a student's control, prioritising sleep primes SS students for academic success and overall wellbeing.

Physical

Sleep deprivation is linked to poor physical performance and health. Within a school context, one notable example is the increased risk of immune-related disease (Garbarino et al., 2021). A study by Al-Rashed et al. (2025) reported that even a single night of sleep deprivation in healthy individuals "altered the profile of immune cells that help regulate the immune system" (para.2). A poorly functioning immune system is linked to increased levels of absenteeism. As noted above, absenteeism hinders academic potential, emphasising the importance of sleep education.

Sleep deprivation has a detrimental impact on the human body. When considering physical application subjects such as Personal Development, Health and Physical Education [PDHPE], a restricted visual field (Jackson et al., 2008) and sluggish reaction times (Walker, 2017) are relevant concerns. Weight gain, dysregulated cellular metabolism and reduced physical activity are additional identifying traits (Feeney et al., 2025; Wheaton et al., 2017). When left untreated, sleep deprivation can increase the risk of chronic health problems, physically alter brain and DNA structure and reduce life expectancy (CardioSmart, 2025; Gaine et al., 2018; National Heart, Blood and Lung Institute, 2022; Walker, 2017). Stated plainly, prolonged sleep deprivation is lethal (Vaccaro et al., 2020). As educators who seek to equip students with the skills and knowledge to thrive, sleep education is a critical conversation for every classroom.

Amid this sombre list of side effects, reduced levels of attractiveness and weight gain are closely linked to the emotional health of SS students. From a sleep laboratory in Sweden, Axelsson et al. (2010) conducted an experimental study to identify the impact of sleep deprivation on perceived health. Results demonstrated that "people are capable of detecting sleep loss related facial cues", reducing their perception of one's health and attractiveness (para.23). Physical attraction and body fat have remained a topic of research over the years (for example, Stake & Lauer, 1987; Wang et al., 2015; Xia et al., 2025). Recently, research by Butterfly Foundation revealed that "more than 90% of young people in Australia have some concern about their body image", with 38% "very or extremely concerned" (2023, para.1, 5). Educating SS students about the link between sleep deprivation, physical health and perceived attractiveness has the potential to improve both physical and mental health.

The toll of sleep deprivation on one's physical health is closely linked to poorer academic performance and decreased mental health. The link between sleep deprivation and mental health will be further explored below in the context of Australian SS students.

Mental Health

"Insufficient sleep is a powerful predictor of mental and physical health problems" (Weigle & Vassar, 2024, 3:33). In Australia, Young Minds Matter (2025) reported that almost one in seven children aged 4-17 experienced a mental disorder in the last year, which met the DSM-5 criteria. Of these children, almost one-third had two or more mental disorders concurrently. Nationwide, the Northern Territory has the highest prevalence of reported mental health disorders (Australian Bureau of Statistics, 2023). As "an inverse relationship between mental health problems and academic achievement is a well-known phenomenon in the scientific literature", the toll of sleep deprivation on the mental health of SS students is worth noting (Agnafors et al., 2021, para. 1).

Examination of the LSAC data (AIFS, 2019) correlated failure to meet minimum sleep guidelines with symptoms of poor mental health, particularly anxiety, depression and unhappiness. Furthermore, sleep deprivation has been linked to decreased resilience, poor emotional self-regulation, emotional fluctuation, dysfunctional social interaction, suicidal ideation and a hampered ability to suppress intrusive thoughts (Garey, 2024; Harrington et al., 2025; Martin, 2025; van Buuren, 2025, as cited in TEDx Talks, 2025; Wang et al., 2024). With physical consideration, sleep deprivation has also been linked to self-harm, poor decision-making, increased risk of injury and suicide (Bernert et al., 2007; Liu & Buysse, 2006; Martin, 2025). The Lancet Psychiatry Commission on Youth Mental Health reported that "mental illnesses have their peak onset at age 15 years, and early intervention is crucial" (McGorry et al., 2024, para.1). With this in mind, sleep deprivation is a valid concern for the mental health, safety and wellbeing of SS students.

> *Sleep deprivation has a detrimental impact on the human body*

Summary

Sleep deprivation has a notable toll on the wellbeing of SS students. Academically, sleep deprivation inhibits memory formation, negatively impacts school attendance and exacerbates symptoms of neurodevelopmental conditions (Krause et al., 2017; Walker, 2017). Over time, this can limit a student's academic potential. Sleep deprivation also impacts a student's immune response, weight and physical health (Czeisler et al., 2019; Garbarino et al., 2021). These symptoms directly impact a student's mental health. Sleep deprivation has been further correlated with mental health conditions, decreased resilience, poor emotional self-regulation and suicidal ideation among other side effects (AIFS, 2019; Garey, 2024;

Harrington et al., 2025). With such a significant impact, sleep education is crucial for holistic SS education.

For Christian educators who seek to equip students holistically, sleep education becomes a non-negotiable component of quality wellbeing education. This claim is made after an exploration of current research that highlights the significant academic, physical and emotional toll of sleep deprivation. Many leading school-based wellbeing programs fail to incorporate the topic of sleep. The Lift Project (Morton, 2024 & The Lift Project, 2025) stands out for including the "Rest to feel your best" module. Classroom teachers are encouraged to evaluate their current wellbeing module and ensure that it has a holistic approach to student wellbeing.

As students understand God's gift of sleep, they are equipped to flourish throughout their lives.

> *Sleep deprivation has been identified by some researchers as "one of the greatest public health challenges" of the 21st century*

Conclusion

Sleep deprivation has been identified by some researchers as "one of the greatest public health challenges" of the 21st century (Walker, 2019, as cited in TED, 2019, 16:22). In Australian schools, SS students are bearing the academic, physical and emotional toll of insufficient sleep in increasing numbers. Without reform, this trend is likely to continue. With the potential to significantly improve the holistic wellbeing of Australian young people, further study into the causes of sleep deprivation among SS students is vital. Without education, however, these findings remain unutilised by most SS-aged students. This calls for reforms in the presentation of wellbeing education, including Personal Development, Health and Physical Education (PDHPE), to prioritise sleep education. By investing in research to identify best-practice means of implementing sleep education, SS students are better equipped to make intentional decisions about the modifiable contributors to sleep deprivation in their individual context. Furthermore, families are linked to professional support when addressing root causes. By investing in sleep education, SS students are equipped to thrive in their personal lives and lead Australia towards a brighter future. TEACH

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