SLEEP & STRESS

When School Starts Before Teenagers Are Ready

Early mornings can collide with adolescent body clocks; here is what that mismatch means and what you can realistically change.

The alarm is not the whole problem

The alarm sounds, and the negotiation begins. Five more minutes. Then another five. A teenager who can stay animated late into the evening now seems physically fused to the mattress. By breakfast, everyone is irritated. By the first lesson, staying awake may feel like work.

It is tempting to call this laziness, poor discipline or a bedtime problem. But puberty shifts teenagers' biological clocks. They tend to fall asleep later and wake later, while school may still require an early start. That collision is one reason many teenagers do not get enough sleep.

The useful question, then, is not simply whether a teenager should try harder to get out of bed. It is whether the hours available between becoming sleepy and needing to leave for school can accommodate enough rest. For teenagers aged 13 to 18, the general recommendation is eight to 10 hours a day. An early start can make that window difficult to protect.

Sleep is part of the school day

Sleep may look like empty time, but the brain and body remain active. Across the night, the brain cycles through non-rapid eye movement (non-REM) sleep and rapid eye movement (REM) sleep. Those stages support learning, insight and memory formation, as well as feeling rested and energetic the next day.

That matters in a classroom. Too little sleep can impair clear thinking, quick reactions and the ability to form memories. It can also increase mistakes, risk-taking and accidents. A teenager may be physically present at school yet have more difficulty focusing on what is being taught and holding on to it afterward.

Mood belongs in this conversation too. Sleep deprivation can contribute to irritability, anxiety, depression and relationship problems, particularly for children and teenagers. A bad morning is not proof that sleep is the only issue, but repeated short nights can turn an ordinary

disagreement over shoes, homework or breakfast into a harder day for everyone.

These are supports, not moral tests. A teenager struggling despite them has not failed.

Hours are only half the story

A later school start would not automatically make every night restorative. Sleep quality matters as well as duration. Frequent interruptions can prevent someone from getting enough of particular sleep stages, even when the time between bedtime and the alarm looks adequate on paper.

A 2024 systematic review of 89 studies examined sleep and measures of body fat in adolescents. Poor sleep hygiene, later and more variable sleep timing, a later body-clock preference and greater sleep disturbance were consistently associated with increased obesity and adiposity. Findings for sleep quality and efficiency were mixed, so the review does not show that one bedtime rule can determine a teenager's weight.

The distinction is important: association is not destiny, and the review did not test school start times as a cure. It did suggest that matching schedules more closely to body-clock preference and improving sleep hygiene, including a consistent bedtime routine, could reduce obesity and adiposity. The evidence supports taking timing seriously without pretending that sleep explains every health concern.

You cannot bedtime your way out of everything

Families are often handed a list of sleep rules as though perfect compliance can cancel an early morning. It cannot change the biological shift of puberty or move the opening bell. If the required wake time leaves too little room for eight to 10 hours, better habits may help protect the available window, but they do not make the conflict disappear.

Still, the edges of that window matter. Keeping bedtime and wake time consistent can support the sleep-wake rhythm. Large differences between school nights and weekends can disrupt the body clock. Quiet time before bed may help, while bright artificial light from televisions or computer screens may signal that it is time to remain awake.

Caffeine and nicotine can also interfere with sleep. Caffeine's effects can last for up to eight hours, so late-afternoon coffee, tea, caffeinated soda or chocolate may make falling asleep harder. A cool, quiet and dark bedroom supports sleep, as does spending time outside during the day when possible. These are supports, not moral tests. A teenager struggling despite them has not failed.

Know when it is more than a timetable

Morning difficulty offers clues, but it does not provide a diagnosis. Ask what happens beyond the first alarm: Is getting up persistently hard? Is focusing during the day difficult? Does the teenager doze off? A yes to any of these questions can indicate that sleep habits need attention.

Continued trouble sleeping is the point at which this stops being only a household scheduling problem. A healthcare provider can consider whether a sleep disorder, including insomnia or sleep apnea, may be involved and whether further assessment, such as a sleep study, is appropriate.

Long-term insomnia also deserves more than a succession of improvised fixes. Cognitive behavioral therapy for insomnia (CBT-I) is usually recommended as the first option for persistent insomnia and can be delivered by a doctor, nurse or therapist in person, by telephone or online. Melatonin is not a proven insomnia treatment, can cause side effects and can affect blood-pressure control, so supplements should be discussed with a healthcare provider.

Protect one week with light-blocking curtains

On Monday, treat sleep as part of the school timetable rather than whatever remains after everything else. Allow enough time for sleep and keep the sleep and wake pattern as consistent as the week permits. Use the hour before bed for quiet time, and move televisions, computers and phones out of the bedroom if they are distractions.

Then make one physical change: darken the bedroom with light-blocking curtains. Keep the room cool and quiet as well. This will not move school later or force sleep to arrive on command, but it removes a supported obstacle from the limited sleep window a teenager has.

At the end of the week, pay attention to three things: getting up, focusing during the day and dozing off. If those remain persistent problems, bring those observations to a healthcare provider. The goal is not to produce a perfectly compliant sleeper. It is to stop treating exhaustion as a character flaw and start treating sleep as time the school day already depends on.

Where this comes from

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- Teen Health

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