

Wake up Call for College Administrators Regarding Students' Sleep Disturbance and Academic Performance

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Poor sleep is associated with lower academic performance, even when mental health issues such as depression are filtered out [1]. Additionally, physical health issues mount with poor sleep such as increased BMI and blood pressure in students with poor sleep quality. Poor sleep quality as defined as increased wakeups and wakeup time during the night with difficulty initially falling asleep. The assumption that drowsiness and inattention that are consequences of poor sleep quality are limited to the timing of the sleep is erroneous. Neurobehavioral studies indicated results of poor working memory, deflated affect, and difficulty in visuospatial tasks. Neurohumoral changes have been measured with poor sleep quality in areas of reduced immune system functioning. Poor sleep in the young adult population, the typical American College age student (i.e., 18-30), results for some in meeting diagnostic criteria for Insomnia and Delayed Sleep Phase Onset disorder [1,2]. The reduced bedtimes of the typical young adult college student results from their misbalance between academic, social, and personal schedules-sleep is figured in as a low priority. The net result is an irregular sleep pattern of fragmented sleep, napping and extended sleep intervals [2].

College administrators in their employment strive to responsibly program curricular schedules and events for college community life [3]. Nationwide efforts to address early morning start times have had some success with a couple of Universities adjusting the start time of classes closer to a 9am time slot. This allows for the advanced sleep readiness times that typically peak in adolescence/young adult to guide the sleepers' readiness for sleep and insure a sufficient sleep interval opportunity [1]. While not widely adopted, the advanced start time on first classes of the day which are typically the designation of lower classman, constructively attends to the prevalence need of the young adult college student with poor sleep quality [4-7]. The use of student services directed by college administrators has resulted, recently, in an increased use of mental health services and need for psychiatric medication management [1,4,5]. Investigations of sleep quality have identified overuse of alcohol and substances in sleep deprived/poor sleep quality young adults [8,9]. The impulsive behavior of excessive substance use, it is believed, stems in part, from the poor decision making and judgment capacity of sleep deprived individuals with possible neurobehavioral deficits in these cognitive functions [1,8]. Additionally, poor classroom and overall grade performance may, in part, be related to the difficulties in navigating the demands of an academic environment [10]. Thus, the responsibility for effective programming for young adult college students, including those with poor sleep quality may be decentered from focus [9,10].

Psychological anthropological studies have examined the fit between the life needs of the young adult college student and the academic environment governed by college administrators [9,10]. Some authors refer to the "dramatic uptick" in the quality and quantity of adolescent/young adult college student behaviors within the academic environment [10]. The particular institutional settings and services for students are recommended to be modified to fit the full context of young adult college student needs [8-10]. The recognition of psychiatric diagnoses common to this population, including sleep

disturbances of insomnia and delayed sleep phase onset disorder, by college administration needs to continue. Programming expanded to areas that address prevalent conditions of sleep disturbances in young adults and their increased risk for sleep disorders onset of Insomnia and Delayed Sleep Phase Onset [1,8]. Students will make their academic world meaningful and utilize the resources; shouldn't the offerings more responsibly include sleep disturbances?

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