



Consider the Following: There is no major psychiatric condition in which sleep is normal Sleep disruption often happens before psychiatric symptoms Once sleep normalizes, would someone still meet criteria for a major mental health diagnosis? 3

· Millions of federal dollars allocated for mental health programs Millions of dollars funding new SEL programs in Interventions

- schools Increased access to mental health treatment
- Free trainings for various staff on Youth Mental Health First Aid and Psychological First Aid
- Many pediatrician offices now offer behavioral health services Increased in home, crisis, and wrap around
- services available More avenues for mental health treatment: Virtual, Text hotlines, etc.



Impact of these Investments on the

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Recent

Aimed to

Reduce the

Youth Mental

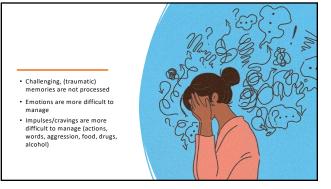
Health Crisis











The Under-Slept Brain

- 70% reduction in immune cell activity- COVID anyone?
- Increased appetite/weight gain/Type 2 Diabetes
- Up to 40% reduction in school performance and learning outcomes (A vs. F)
- 60% increase in emotional reactivity

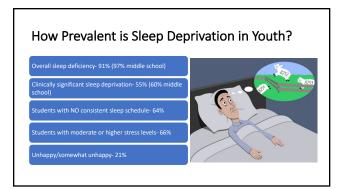
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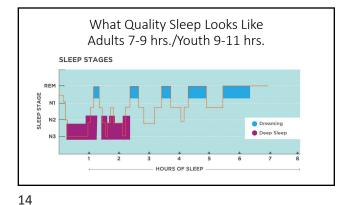
- Increased risk of aggression, bullying, and behavioral problems
- Hypersensitivity to pleasurable experiences
- Significantly predicts early onset of drug and alcohol use during later adolescents

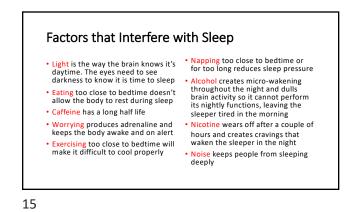
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Eliminates the temptation to peek at your phone and ruin your sleep

Top Recommendation



Physically Remove All Electronics from Bedroom Areas at Night



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Strategies to Share with Parents

- 1. Make it a family affair- Trying something together is easier 2. Collaborative approach- Get youth concerns/state your concerns/problem solve together
- 3. Provide relaxing alternatives before bed
- 4. Scaffolded forced choices: Remove electronics at bedtime
- Remove electronics at 6 pm
- Remove electronics for 24 hours at a time

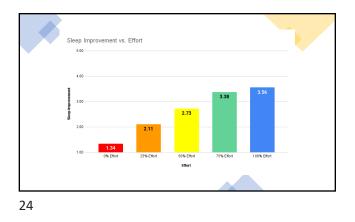


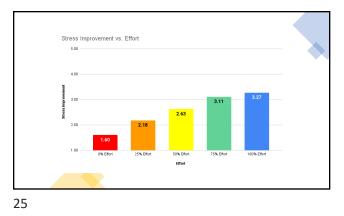


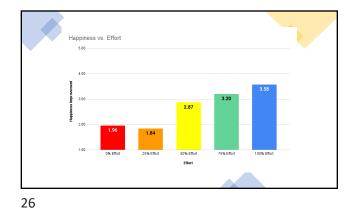














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