Sleep and Self-Harm at University: A Comorbid Coincidence?

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Agenda

- What is Sleep?
- (Not) Sleeping at University
- Self-Harm and University Students
- The Association between Sleep and Self-Harm
- My Research
- Where do we go from here?

What is Sleep?

- 1/3 of life spent sleeping, or trying to (Aminoff et al., 2011)
- Possible functions of sleep: development, energy conservation, brain & body restoration, cognition, performance, wellbeing (Zielinski et al., 2016)
- Sleep deprivation negatively effects perception, concentration, vision, reaction time, performance, immune system functioning, mental health (Orzeł-Gryglewska, 2010)

(Not) Sleeping at University

- 62% of students report poor sleep (Becker et al., 2018)
  - Poor sleep quality, short sleep duration, long sleep onset latency (Becker et al., 2018)
- Transition to university poses challenges to sleep
  - Delayed circadian preference (Roenneberg et al., 2004)
  - Early rise-time
  - Psychosocial factors
- Approximately 30% of university students meet clinical threshold for insomnia (Sivertsen et al., 2018)
- Sleep problems are a problem in their own right, but should also be considered a pathway to other mental health problems

Self-harm and University Students

Self-harm: self-injurious behaviour with/without suicidal intent

Rise in non-suicidal self-injury amongst 16–24-year-olds (McManus & Gunnell, 2020)

Lifetime prevalence of suicidal ideation (22.3%), plans (6.1%), and attempts (3.2%) amongst university students (Mortier et al., 2017)

1/3 – 1/2 adolescents who self-harm do not seek support (Rowe et al., 2014)

The Association between Sleep and Self-Harm

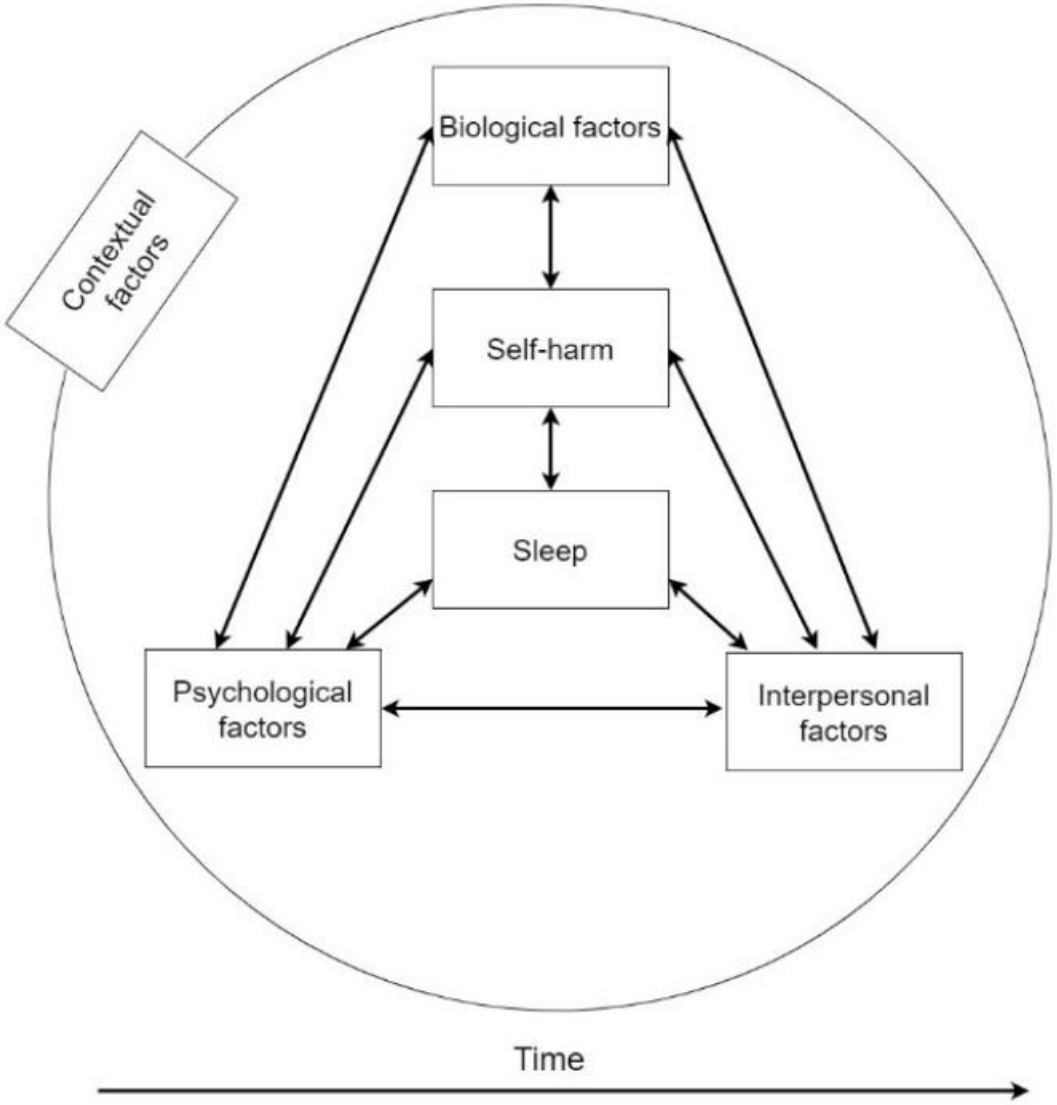
Nightmares (Cukrowicz et al., 2006)

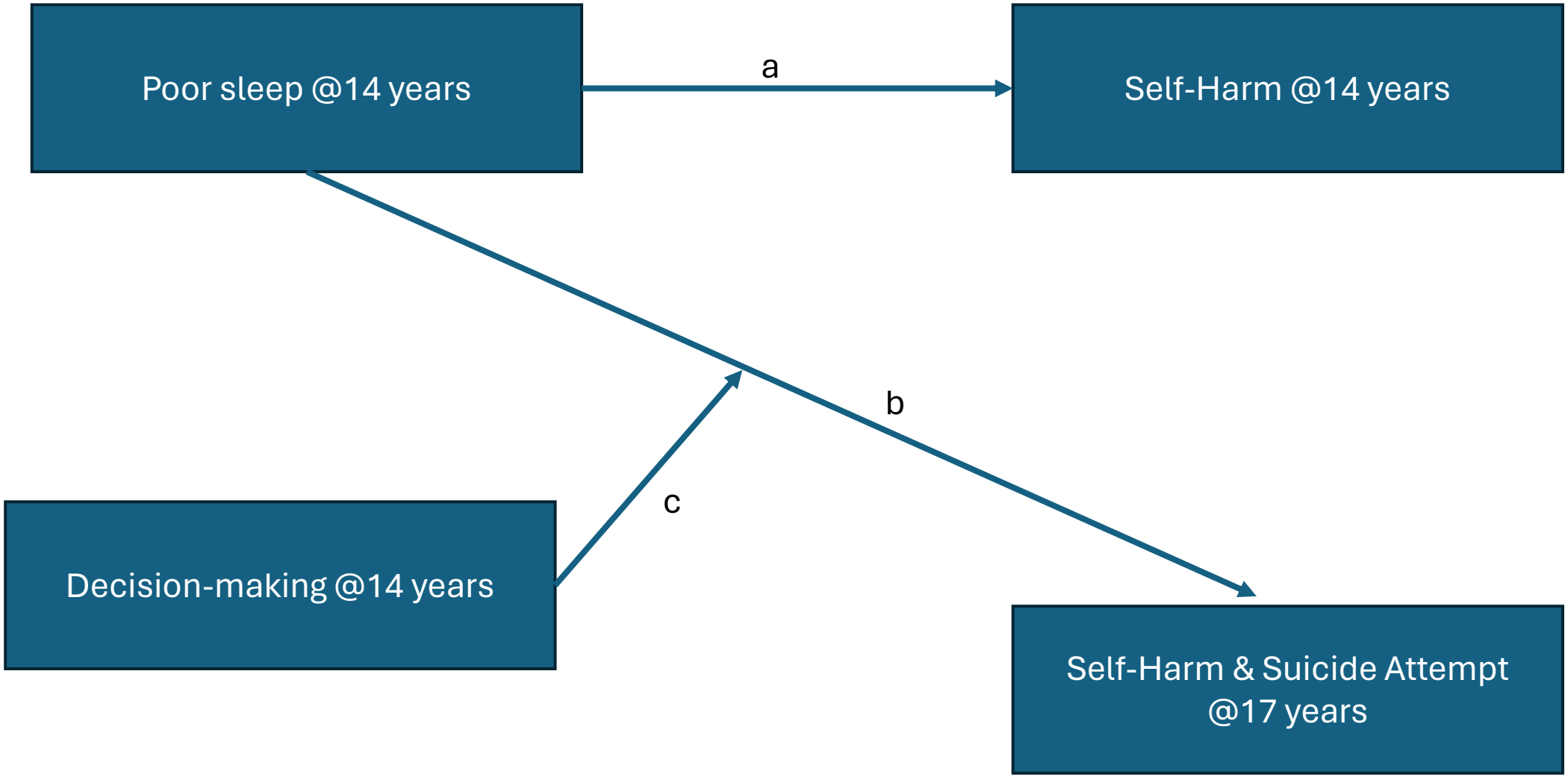
Poor sleep quality (Supartini et al., 2016)

Variability in sleep timing, insomnia severity and nightmares (Bernert et al., 2017)

My Research

- Investigate the longitudinal associations between sleep and self-harm during adolescence
- Test specificity of this relationship
- Determine contribution of other factors (decision-making, self-esteem, biological influences, etc.)




Poor sleep @14 years
a
Self-Harm @14 years
b
c
Decision-making @14 years
Self-Harm & Suicide Attempt @17 years

Where Do We Go From Here?

- Seek to understand the nature and specificity of the relationship between sleep and self-harm
- Uncover underlying mechanisms and contributing factors
- Identify critical time points for intervention
  - School based intervention promoting good sleep hygiene and strengthening mechanisms
  - Clinicians aware of specific sleep risk markers for subsequent self-harm
- Need for longitudinal studies to track physical, socio-emotional, behavioural, and cognitive development at a population level to determine general trajectory