TEENAGE HEALTH & WELLBEING FACTSHEET

Teenage Sleep and Changing Body Clocks

Why sleep shifts during puberty, what can help, and when tiredness needs assessment

The short version

During puberty, the body clock commonly shifts later. A teenager may not feel sleepy until later even though school still requires an early start. This is biological—not simply laziness—but routines, light, screens, caffeine, stress, health and environment can push sleep later still. A steady wake time, morning daylight, daytime movement, a protected wind-down and realistic teamwork usually help. Persistent exhaustion, breathing pauses, severe mood change or sudden sleep attacks need professional assessment.

What changes in adolescence?

Later sleepiness	Puberty can delay the internal timing of sleep. Teenagers may feel alert late at night and struggle to wake early.
Sleep need remains high	The Royal College of Psychiatrists gives about 9–10 hours as a general guide, while recognising individual variation.
Social jet lag	Large weekend lie-ins can shift the body clock, making Sunday night and Monday morning especially difficult.
Not all tiredness is lifestyle	Sleep apnoea, restless legs, pain, medicines, depression, anxiety, ADHD, substance use and other conditions can disrupt sleep.

Respect and responsibility can coexist

A later teenage body clock is real. Teenagers can still learn habits that protect sleep, and adults can help by listening, reducing conflict and making changes together.

Your body clock: sleep pressure, light and timing

Body clock	The circadian system times alertness and sleep across roughly 24 hours. Light is one of its strongest signals.
Sleep pressure	The longer you are awake, the more pressure builds to sleep. Long or late naps reduce that pressure.
Morning light	Natural light soon after waking helps signal daytime and can gradually support an earlier rhythm.
Evening light	Bright light and screens can delay sleep timing. Content, messages and games also keep the brain emotionally alert.
Delayed sleep-wake phase	A person sleeps well when allowed a late schedule but cannot fall asleep or wake at socially required times. It is common in teenagers and differs from general insomnia.
Timing treatment	Specialist light therapy or melatonin depends on precise timing. Used at the wrong time, either may worsen the body-clock shift.

The strongest anchors

- a consistent wake-time range
- regular meals
- a calmer, dimmer evening
- natural light after waking
- daytime activity
- small weekend differences

A realistic school-week plan

Aim for steady improvement rather than demanding instant sleep at an hour when the teenager is not sleepy.

Morning	Get up within the agreed window, open curtains, seek daylight, eat or drink something suitable and begin moving.
After school	Use light, movement and food to reset after the day. If a nap is essential, keep it brief and early rather than sleeping for hours.
Homework	Set a finishing point. Move intense revision and problem-solving away from the last part of the evening where possible.
Wind-down	Protect 30–60 minutes for lower light, fewer messages and a repeated sequence such as shower, clothes ready, reading or quiet audio.
Bed	Go to bed when sleepy within the planned range. If wide awake, leave the bed briefly for a quiet, dim-light activity and return when sleepy.
Weekend	A modest lie-in may help recovery, but repeatedly shifting several hours later can reset the clock and prolong the cycle.

Move gradually

When sleep is very late, shift the schedule in small steps while keeping wake time and morning light steady. Large sudden changes often fail and create arguments.

Phones, gaming, streaming and social media

Technology affects sleep through light, time displacement, notifications, social pressure and stimulating content. The solution is not simply blaming the phone; it is designing a routine that the teenager can actually follow.

Agree a stop point	Aim for at least the final 30–60 minutes without interactive screens. Longer may help when sleep is significantly delayed.
Charge elsewhere	Charge the phone outside the bedroom where safe and practical, or use a family charging point and a separate alarm clock.
If it must stay	Use Do Not Disturb, disable non-essential notifications, keep it out of reach and avoid checking during night waking.
Night mode is not enough	Lower brightness may reduce glare, but it does not remove the alerting effects of content or time spent online.
Family example	Rules are easier to accept when adults also protect sleep and do not message teenagers late at night.
Online distress	Bullying, fear of missing out, upsetting content and pressure to reply may require emotional and safeguarding support—not only screen limits.

Try one experiment for seven nights

- move charging away from the bed
- set a gaming finish alarm
- write tomorrow’s tasks down
- turn notifications off
- replace scrolling with audio
- compare sleep and morning energy

Caffeine, energy drinks, nicotine and other substances

Caffeine lasts	Caffeine can remain active for hours. Tea, coffee, cola, pre-workout products, chocolate and some medicines all contribute.
Energy drinks	High-caffeine energy drinks can worsen sleep, anxiety, headaches and concentration. A large can may contain more caffeine than is suitable for a younger teenager.
New England restriction	The UK Government announced that sales of high-caffeine energy drinks to under-16s in England will be banned from April 2027, subject to the stated legislative process.
Nicotine and vaping	Nicotine is a stimulant and dependence or overnight withdrawal can disturb sleep. Vaping is not a sleep aid.
Alcohol and cannabis	They may feel sedating but can fragment sleep, affect memory and mood, and carry wider risks. Mixing substances or using them to sleep needs support.
Stopping suddenly	Heavy caffeine use may cause headache and fatigue when reduced. Gradual reduction and suitable professional advice can be more manageable.

A practical target

Avoid energy drinks. Move other caffeine earlier, ideally stopping by early afternoon, and check labels. Individual sensitivity varies, so some teenagers need an earlier cut-off.

Stress, exams and a mind that will not switch off

Move worry earlier	Set a short “worry and planning” period before the wind-down. Write the next action for each concern rather than solving everything in bed.
Revision boundary	Choose a finish time, prepare tomorrow’s materials and stop. All-night revision usually harms attention, memory and emotional regulation.
Calm the body	Try slow breathing, progressive muscle relaxation, a warm shower, gentle stretching, prayer, mindfulness or quiet audio—whichever feels acceptable.
Bedroom association	Where possible, study away from the bed. If space is limited, pack work away and change the room’s lighting or bedding to signal sleep.
Night waking	Avoid clock-watching and scrolling. If fully awake for a while, use a quiet dim-light activity and return when drowsy.
Ask for help	Persistent panic, low mood, trauma, school refusal or thoughts of self-harm need timely mental-health support.

Sleep supports revision

Sleep helps memory consolidation, concentration and emotional control. Protecting sleep is part of an exam plan, not time taken away from learning.

Neurodiversity, disability and long-term conditions

ADHD	Time blindness, hyperfocus, restlessness and medication timing may affect sleep. Review the full pattern with the prescriber rather than stopping medication independently.
Autism	Sensory differences, anxiety, routines, interoception and co-existing physical conditions may contribute. Use a personalised visual plan and adjust one factor at a time.
Pain and fatigue	Pain, migraine, asthma, eczema, reflux, menstrual symptoms and long-term illness can disturb sleep. Pacing must balance activity, rest and medical care.
Learning disability	Use accessible language, pictures, repetition and supported choice. Include the young person in decisions as fully as possible.
School adjustments	Where health or disability affects attendance and learning, discuss reasonable adjustments, workload, start-of-day support and a coordinated plan.
Do not wait for a label	Helpful routines, sensory adjustments and support for anxiety can begin while assessment is pending.

Teenager-led planning

Ask what they believe is disrupting sleep and which change feels possible. A plan imposed without their involvement is less likely to last.

When poor sleep may be a health problem

Sleep apnoea	Loud regular snoring, pauses, gasping, choking, restless sleep, morning headache or severe daytime effects need assessment.
Restless legs	An uncomfortable urge to move the legs at rest may delay sleep and can be associated with iron deficiency or other conditions.
Delayed sleep-wake phase	Sleep is good on a late schedule but school-time sleep and waking are persistently impossible. Specialist timing advice may be needed.
Narcolepsy	Irresistible sleep attacks, sudden muscle weakness triggered by emotion, sleep paralysis or vivid dream-like experiences around sleep require specialist assessment.
Mental health	Insomnia, sleeping much more, nightmares or reversal of day and night can accompany anxiety, depression, trauma or mania.
Medicines and substances	Prescribed medicines, supplements, caffeine, nicotine, alcohol and drugs may affect sleep. Review safely and confidentially with an appropriate professional.

Urgent help

Call 999 for severe breathing difficulty, blue or grey colour, a prolonged seizure, collapse, serious overdose or a young person who is unresponsive. For immediate danger from self-harm or suicidal intent, use emergency services and do not leave the young person alone.

Melatonin, sleeping tablets and supplements

Melatonin is about timing	It is not simply a stronger sleeping tablet. Specialist use may help certain circadian or neurodevelopmental sleep problems, but dose and timing need clinical oversight.
Do not buy casually online	Unregulated or imported melatonin products may have uncertain strength, ingredients and legality. Do not use another person’s prescription.
Sleeping tablets	Sedating medicines are not a routine long-term solution for teenagers and can cause side effects, tolerance or dependence.
Antihistamines	Do not use regularly just to induce sleep. They can cause next-day impairment or paradoxical excitement and may hide the cause.
Herbal products	“Natural” does not guarantee safe. Products can interact with medicines or be unsuitable in health conditions.
Treat the cause	Breathing problems, pain, restless legs, anxiety, depression and substance use need specific assessment rather than sedation alone.

Use medicines safely

Only use a product recommended or prescribed for that teenager, at the advised dose and time. Store medicines securely and seek urgent advice after accidental or intentional overdose.

Parents and teenagers: reducing the conflict

Start with curiosity	Ask what is happening at night and what mornings feel like. Listen before offering solutions.
Agree the outcome	Focus on feeling better, attending school safely and protecting health—not winning an argument about bedtime.
Share responsibility	The teenager can choose parts of the routine; adults can support household quiet, morning light, transport and access to care.
Use experiments	Try one change for seven to fourteen days and review the evidence rather than treating a difficult night as failure.
Protect privacy	Discuss sensitive issues respectfully. Health professionals can offer confidential conversations within safeguarding rules.
Avoid punishment	Removing all social contact or repeatedly shaming late waking may worsen stress. Set proportionate boundaries while investigating genuine difficulty.

A two-week sleep record

- sleep and wake times
- night waking
- caffeine and energy drinks
- snoring or unusual events
- estimated time to fall asleep
- naps and weekend lie-ins
- screens and late messages
- mood and daytime functioning

NHS, private and combined support

NHS route	A GP, school nurse or suitable young people’s service can review health, mental wellbeing, medicines and substance use and refer to paediatrics, respiratory, ENT, neurology, mental health or sleep services.
Private route	Families may choose a private paediatrician, sleep physician, ENT specialist, clinical psychologist or appropriately qualified therapist. Faster access is not the same as the correct expertise.
School or college	Pastoral staff, SENCOs and student support can help with workload, attendance, exam planning and reasonable adjustments where needs are evidenced.
Using both	Share the sleep diary, medication list, letters and agreed plan. Clarify who investigates, prescribes, monitors and communicates with education.
Complementary support	Relaxation, mindfulness, massage or wellbeing coaching may sit alongside appropriate care when safe and wanted. They must not replace assessment of breathing pauses, narcolepsy, seizures or serious mental distress.

Choosing a private provider

- Check GMC, HCPC or other appropriate registration and specific experience with adolescents.
- Check CQC registration where required.
- Ask how physical health, mental health, neurodiversity, medicines and safeguarding are considered.
- Request written goals, fees, review points and communication arrangements.
- Avoid guaranteed cures, blame-based programmes or sales-led supplement plans.

How Health Matters UK can support

Health Matters UK offers personalised health education and practical wellbeing support for teenagers and their parents. We can help make sense of the sleep pattern, build a realistic plan, prepare for NHS or private appointments and support family communication. We do not diagnose sleep disorders or mental-health conditions, perform sleep studies, prescribe or change medicines, or replace regulated clinical care.

Map the pattern	Organise sleep timing, school demands, screens, caffeine, activity, symptoms, medicines and weekend shifts.
Teenager-led plan	Choose one or two realistic changes that respect autonomy, neurodiversity and the household’s circumstances.
Prepare appointments	Turn observations into clear questions and bring a useful diary, medication list and any recordings of snoring where appropriate.
Navigate routes	Explain the roles of NHS, school and suitable private professionals and identify symptoms needing faster care.
Support parents	Reduce blame, manage disagreements and recognise how chronic sleep loss affects the whole family.

A helpful first goal

Keep wake time within an agreed range, seek morning daylight and move caffeine earlier. Review after seven days before adding another change.

Teenage health matters to us

Teenagers deserve sleep advice that respects both their biology and their growing independence. They should not be dismissed as lazy when their body clock has shifted, nor should serious symptoms be blamed entirely on phones. Health Matters UK can help young people and parents use reliable information, make manageable changes and find appropriate NHS or private support.

Important

This factsheet is for general education and does not provide a diagnosis or individual medical advice. Seek assessment for persistent, severe or concerning symptoms. Call 999 in a life-threatening emergency.

Key sources

- Royal College of Psychiatrists: Sleep problems for parents; Sleeping well; Use of digital media for young people (accessed 16 November 2026).
- NHS Every Mind Matters: Sleep problems (accessed 16 November 2026).
- Evelina London Children’s Hospital: How to sleep well for teenagers (accessed 16 November 2026).
- Healthier Together NHS resources: Sleep—young person; Sleep hacks—a guide for teenagers (accessed 16 November 2026).
- UK Government: Children’s health further protected with energy drinks ban; high-caffeine energy drinks evidence and consultation (accessed 16 November 2026).
- Health Matters UK Evidence and Editorial Standards page for our evidence, review and scope.

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