



New England (HHS Region 1)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Seasonal Affective Disorder: Responding to the Winter Blues in the Classroom

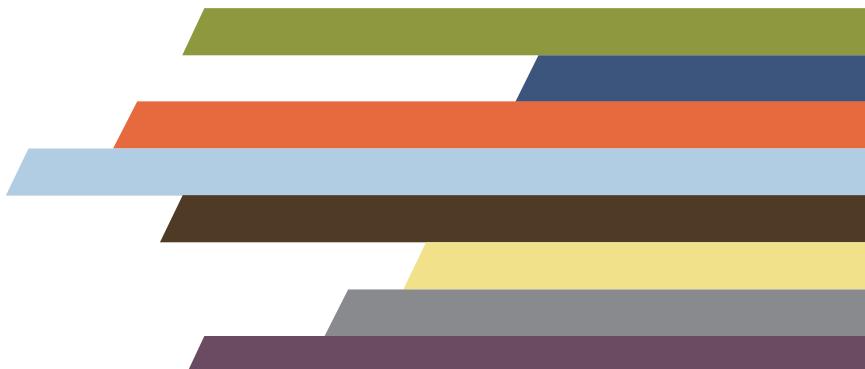
A Childhood-Trauma Learning Collaborative Toolkit Resource

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INTRODUCTION

School leaders may see an increase in student and staff depressive symptoms during the winter months.

Preventive measures and intentional interventions can alleviate the negative stress responses that contribute to seasonal affective disorder (SAD).

Seasonal affective disorder (SAD) is a subtype of clinical depression that typically occurs during the winter months and is associated with a reduction in sunlight exposure. Students and staff who are prone to depressive symptoms may be particularly vulnerable to increased feelings of sadness, loneliness, and hopelessness during the winter when sunlight hours are shortest.



NEW ENGLAND MENTAL HEALTH TECHNOLOGY TRANSFER CENTER

(New England MHTTC) serves Health and Human Services (HHS) Region 1, which includes the states of Connecticut, New Hampshire, Rhode Island, Maine, Massachusetts, and Vermont.

New England MHTTC offers support at local, regional, and national levels on recovery-oriented practices, including recovery supports, within the context of recovery-oriented systems of care. These include, but are not limited to, person and family-centered care planning and shared decision-making; peer support; supported employment, education, parenting, and spirituality; and other strategies to promote the community inclusion of children/youth and adults with serious mental illnesses and their loved ones.

Support is provided to educators and schools in New England through the Childhood Trauma- Learning Collaborative (C-TLC), a school mental health initiative collaborating with twenty-four C-TLC Fellows (educators, school psychologists, and social workers) in the six New England states. The goals of this collaborative are to accelerate learning about and implementation of best and promising practices to improve supports and services to students with behavioral and emotional challenges who are most at-risk. We further services in New England through the Fellows who act as ambassadors providing a conduit to their local communities and as exemplars of some of the best and most promising practices.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has funded the New England Mental Health Technology Transfer Center in part to “heighten awareness, knowledge, and skills of the Region 1 mental health workforce to implement evidence-based prevention, mental health promotion, treatment, and recovery support services across the continuum of care” (New England MHTTC, 2019).¹ This toolkit will provide educators in Region 1 and beyond with practical advice for preventing, recognizing the symptoms of, and addressing SAD in the school building and community.

WHAT IS SEASONAL AFFECTIVE DISORDER (SAD)

Referred to in popular culture as the “winter blues,” seasonal affective disorder (SAD) affects up to 16 million Americans each year with an additional 10-20% of Americans experiencing more mild symptoms (Genetics Home Reference, 2019)²

SAD affects some environments and populations disproportionately. It is most prevalent in:

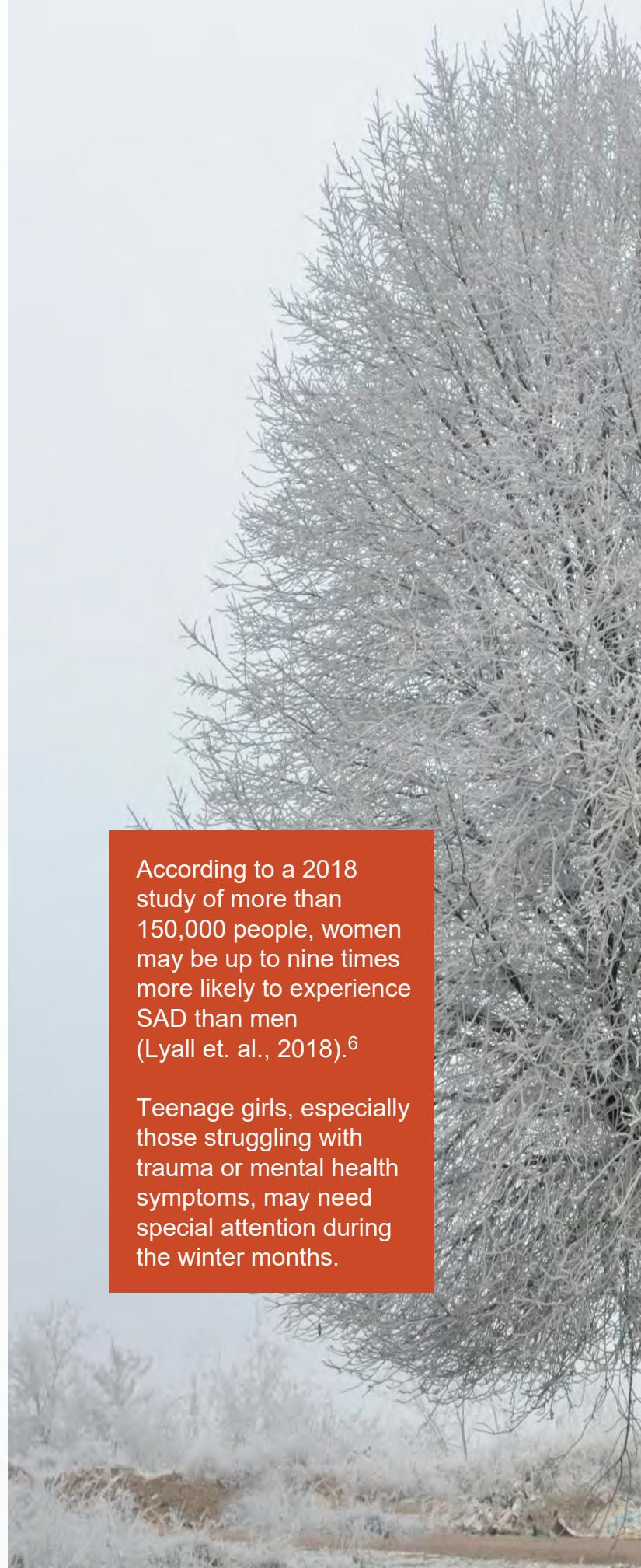
- Areas further from the equator
- Areas with less sunlight exposure
- Young adults
- Females
- Families with a history of depression
- People who already have depression or a bipolar disorder
- People with low levels of vitamin D
- People who have other chronic medical conditions

(National Institutes of Mental Health, 2016)³

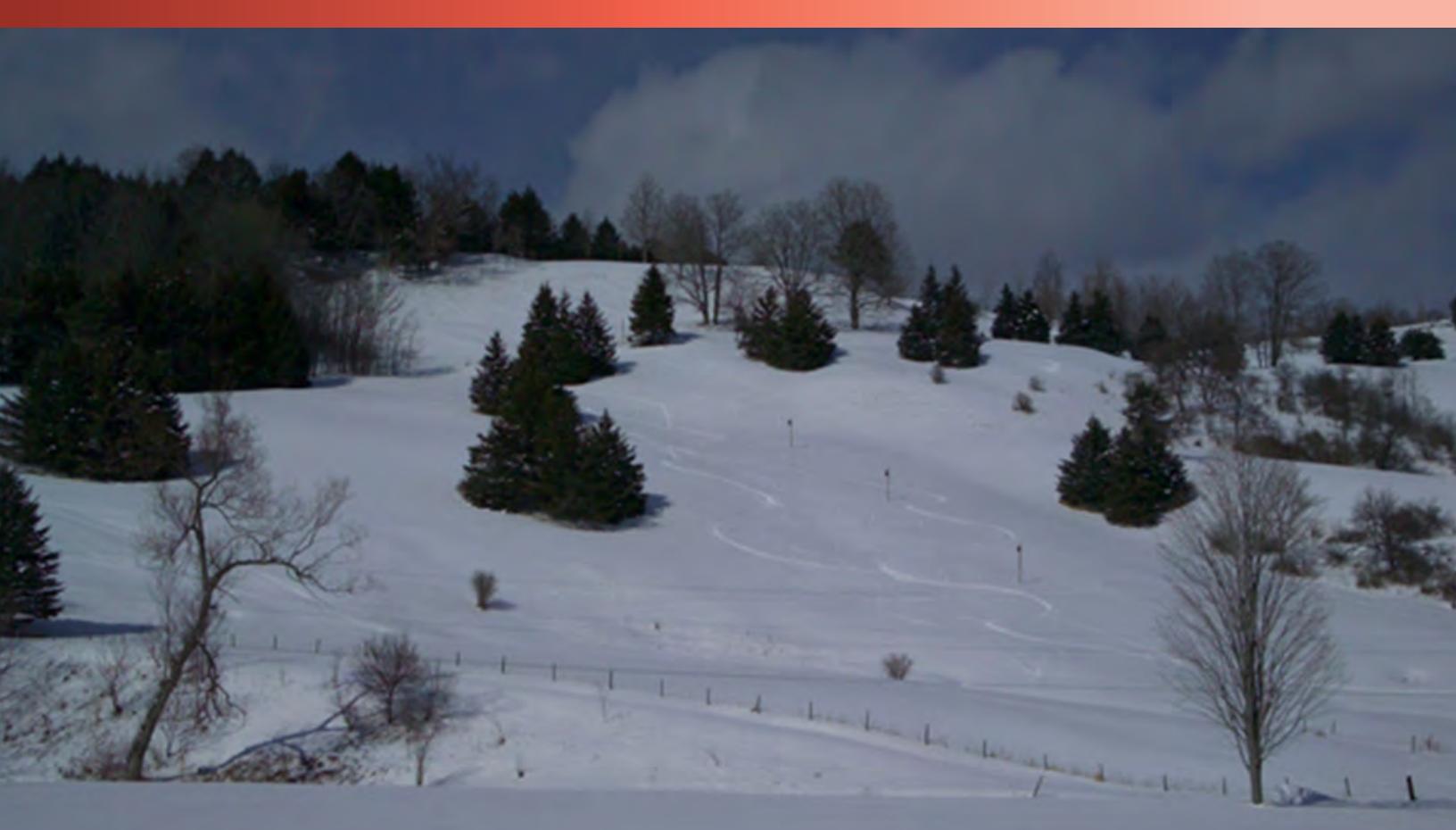
Young adults are at higher risk of developing SAD than older adults (Lukmanji, Williams, Bulloch, & Patten, 2019).⁴ This may be due to the increased chance of dysregulated sleep, an important factor in SAD, and hormonal changes during this phase of adolescence. Those with a history of mental health disorders, such as major depressive disorder and bipolar disorder, are more likely—10-20% and 25%, respectively—to experience symptoms of SAD (Genetics Home Reference, 2019).⁵

According to a 2018 study of more than 150,000 people, women may be up to nine times more likely to experience SAD than men (Lyall et. al., 2018).⁶

Teenage girls, especially those struggling with trauma or mental health symptoms, may need special attention during the winter months.



UNDERSTANDING THE CAUSES OF SAD



"There is a higher prevalence of SAD in northern states like Alaska (9%) than sunny, southern states like Florida (1%) (Horowitz, 2008).⁷

Research points to a correlation between sunlight exposure and incidence of seasonal affective disorder (SAD).

In the United States, this means that SAD affects people greatest in the late fall and winter during months with the least amount of sunlight—e.g., November, December, January, and February. SAD can also be triggered or heightened by the stress that people often feel around the holidays, including the stress of school work or exams, increased pressures around family and friends, and loneliness and isolation.

WHAT IS SEASONAL AFFECTIVE DISORDER (SAD)



The decreased exposure to sunlight during the winter results in:

1. An increase in melatonin production, which is triggered by darker lighting and which makes people “feel sleepy” more often; and
2. A reduction of serotonin, the brain chemical that allows people to more easily focus, stay calm, and feel happy.

This disruption in these two chemicals can then lead to an overactive stress response, which makes it more difficult for people to bounce back from minor emotional and cognitive setbacks.



The change in light also affects people's circadian rhythms, exacerbating the effects of changing serotonin and melatonin levels, and resulting in increased difficulty falling and staying asleep for some.

A lack of sleep can make regulation of emotions and behaviors more challenging, as sleep deprivation causes the executive functioning of the brain to work less optimally.



PREVENTING SAD

School leaders and educators can take steps to prevent themselves, their colleagues, and their students from experiencing the increased sense of helplessness and loneliness that can accompany seasonal affective disorder (SAD). Many of the prevention techniques involve an assessment of your school's mental health support team:

1. Is your staff trained to recognize and appropriately respond to mental health issues?
2. Do you have the tools and resources necessary to respond to students and staff experiencing SAD?
3. Is your mental health support team using evidence-based responses?

In addition to having mental health supports available, school policies should encourage students to spend time between classes, during recess, and during other free time outside as long as weather permits. Make physical exercise opportunities, particularly those outside, available at this time, as both exercise and sunlight can mitigate some of the effects of seasonal depression.



Increasing exposure to sunlight and cultivating healthy stress coping mechanisms are the best methods of prevention for SAD for both school staff and students.

Prevention Techniques

- Pay attention to people around you who may be more vulnerable to SAD symptoms, including yourself
- Keep blinds open to let in sunlight
- Have recess outside
- Don't increase workload over winter months
- Provide/encourage healthy carbohydrates
- Encourage physical exercise and good sleep hygiene
- Teach students mind-body awareness and how to recognize symptoms that they need help dealing with related to depression
- Normalize mental health support
- Have mental health supports available, especially cognitive behavior therapy (CBT)
- Have self-care and stress-relieving supports available (e.g. free massage day, support dogs, dance breaks, etc.), especially during winter months. Model good self-care for the people around you.

RECOGNIZING THE SYMPTOMS OF SAD

Many of the symptoms of seasonal affective disorder (SAD) are similar to those of major depressive disorder (MDD). However, for those who do not have MDD, these symptoms primarily appear during the late fall and winter months. For staff and students suffering from MDD, SAD can intensify symptoms.



Symptoms

- Increased craving for sugary foods and carbohydrates
- Weight gain
- Fatigue
- Hypersomnia (sleeping a lot)
- Difficulty concentrating
- Irritability and anxiety
- Increased sensitivity to rejection
- Avoidance of social situations
- Loss of interest in previously enjoyable activities
- Feelings of guilt or hopelessness

Source: NIMH, 2016 ⁸



TREATING SAD IN THE SCHOOL BUILDING

In some cases, SAD symptoms may have biological causes, or benefit from medical intervention.

If you notice symptoms of SAD in your students, colleagues, or yourself, please don't wait to reach out to your school-based mental health support staff, or medical provider. SAD symptoms can result in distress, reduced productivity, affected relationships, and, in some cases, substance use, self-harm or suicidality. SAD, like other mental health disorders, is a medical issue that can benefit from the strategies mentioned in this toolkit, but may also require the support and consultation of professional providers.

COGNITIVE BEHAVIORAL THERAPY STRATEGIES

Like traditional depression, the gold standard for treatment appears to be cognitive behavioral therapy (CBT) strategies, specifically the cognitive reframing component of the therapy. Educators can teach students to find the positive aspects of the winter months—such as time to slow down and spend time with family and friends, a chance to enjoy the snow and sip warm tea or cocoa, etc.—and focus on those whenever they feel down about the more difficult things winter brings.

A quick list of resources and CBT techniques, including those for children, can be found at:

[SAMHSA Cognitive Behavioral Therapy Overview](#)

[The Complete List of Cognitive Behavioral Therapy \(CBT\) Techniques](#)

OTHER TREATMENT STRATEGIES

Encourage staff and students to spend some time outside each day and to engage in physical activity for 30 minutes a day, five times a week.

If CBT is not effective after some time, therapy boxes, vitamin D, and, anti-depressants may help. The use of light therapy boxes is not appropriate for all students and may require caution, especially those who have bipolar disorder. Students who do see success with light boxes will want to spend about 10-15 minutes per day in front of the box for their first sessions. If no improvement in mood is observed, try increasing the time spent at the light box to 30-45 minutes per day (Virk et al, 2009).⁹



TREATMENT OPTIONS

Cognitive-Behavioral Therapy (CBT) techniques: A First Response

Cognitive-behavioral therapy has been shown to be more effective than light boxes at treating SAD. It's especially good at preventing relapse (Rohan, Lindsey, Roecklein, & Lacy, 2004).¹⁰

With CBT strategies, children can learn lifelong skills for coping with stress and negative thought patterns through reframing. Children become more in tune with their thoughts and feelings and realize they can change them.

Light Boxes: Use with Caution

Light boxes, special lights that shine brighter than average bulbs, have been shown to decrease SAD symptoms for some users; however, light therapy does not always work and is not always appropriate for everyone. Some children might need more exposure or a brighter light. Light boxes might even be harmful to some children. For example, they can trigger hypomania or mania in those with bipolar disorder (Miller, 2015).¹¹ Thus, patients should always check with a doctor before trying light therapy.

Medication: Consult a Medical Provider

Students with a naturally low production of vitamin D may benefit from over the counter supplements. This should be discussed with a physician.

If CBT, light boxes, and vitamin D do not work for older youth, antidepressants may be appropriate, but must be used with caution and be monitored closely to make sure there are no serious side effects. When combined with psychotherapy, the benefits tend to outweigh the risks when monitored by a physician (Holmes, 2019).¹²

Cognitive Distortion and Reframing for SAD

Overgeneralization Distortion (SCENARIO I)

"I never get to go outside and do anything fun, because it's too cold and wet! I hate the winter!"



Cognitive Reframing

"What fun activities can we do inside? Can we play a game together and make hot chocolate? Maybe we can see the snow as an opportunity to make a snow man or go sledding."



Scenario II

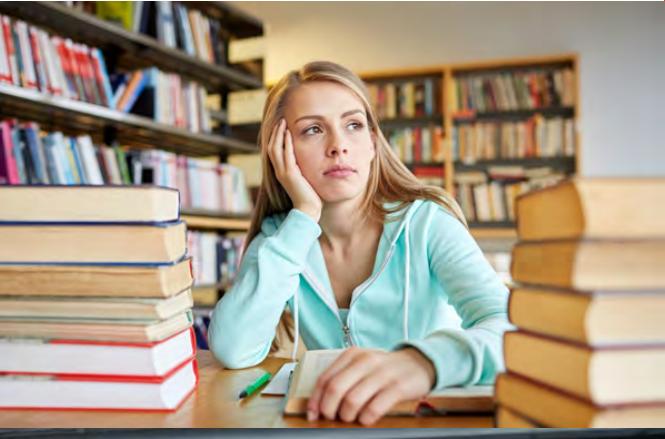
**Cognitive distortion
(black and white thinking; shoulds)**

"I should be excited about the holidays and winter break off from school, but it all makes me feel really anxious and sad since my parents split up and now the winter break is ruined."



Challenging the Distortion...

"The holidays and winter break will be really different, and it makes sense that I would feel anxious about that and sad about my parents' divorce. It's really normal to feel that way when these things happen. Maybe there are some happy things we can do together to celebrate and keep our traditions going. When things are tough, it's good to have something to look forward to!"



John Grohol has described 15 types of cognitive distortions based on the earlier work of David Burns (1980).¹³ These include:

- Filtering
- Polarized (Black and White) Thinking
- Overgeneralization
- Jumping to Conclusions
- Catastrophizing
- Personalization
- Control Fallacies
- Fallacy of Fairness
- Blaming
- Shoulds
- Emotional Reasoning
- Fallacy of Change
- Global Labelling
- Always Being Right
- Heaven's Reward Fallacy

(Grohol, 2012)¹⁴

With depression, these distortions, which include negative self-talk, may pop up in various ways. They often revolve around feelings of helplessness, hopelessness, shame, anxiety, and effective problem solving. These distortions may lead to self-destructive and dangerous situations. Rather than taking on all the blame and guilt, many distortions can be addressed by

- Finding the distortions
- Examining the evidence
- Positive, kind self- talk
- Doing an experiment to test the validity of the assumption
- Surveying others to get their input
- Substituting less emotionally loaded language
- Considering factors contributing to the situation

Sometimes individuals can watch videos to learn about these strategies, or practice these techniques on their own. In other circumstances it may be good to see a therapist who can guide you through these positive ways of reframing your thinking. Teachers and other school personnel can also use these techniques to help students reflect on alternatives to the distortions that may be foremost in their minds.

ADDITIONAL CONSIDERATIONS

Staying active is important. However, this is not always easy if you are already experiencing symptoms of SAD. There may be creative (and natural) ways to increase such activity.

In one study conducted with teenaged girls in northern Finland, researchers reported that girls seemed to bear the impact of the darkness in cold winters better when they had access to nature, and particularly with animals (Wiens, Kyngäs, & Pölkki, 2016).¹⁵

Many schools have found success using comfort dogs as therapeutic resources for students with depression. They may also benefit students and staff suffering from SAD.

Another interesting idea was pursued in a master's thesis by Roudebasch (2012)¹⁶—the possibility that architecture could be used to reduce the impact of SAD through the creation of a community center where people could congregate to reduce the sense of isolation.



In his research, Roudebasch examined architecture in towns and villages in Norway, in areas that were impacted by long, dark winter nights. These towns have become tourist attractions with their bright colored buildings, and the use of architecture which considers natural, artificial, directed, and diffused light. Others have also described such environmental approaches as “daylighting,” use of views of gardens and greenery, and intentionally developing spaces that invite people to interact with nature (Boubekri, 2008; Tonello, 2008).^{17 18}

In environmental psychology, the approach is one of considering how to modify our living, work, and community spaces to help individuals feel a better sense of well-being. In that regard, such factors as noise, crowding, and a sense of a “lack of control” over one’s surroundings can also contribute to depression in general and has been used to identify areas of needed improvements to help alleviate SAD (Evans, 2003).¹⁹



Sensory Processing

Sensory processing sensitivity may also impact individuals experiencing SAD (Hjordt, & Stenbaek, 2019).²⁰

This suggests the value of varying environmental stimuli, including the possible use of aroma therapy, music, and videos to elevate mood (Koorenevel, Beersma, den Boer, & van den Hoofdakker, 2003; Tisserand, 2016).^{21, 22}

School leaders can take these concepts into the school building and create calm, inviting spaces with sunlight and greenery to combat the effects of SAD. While redesigning the architecture of the building may not be possible, re-imagine what you can do with the space available so you can make a difference in how comfortable students and staff feel.



CONCLUSIONS FOR EDUCATORS AND SCHOOLS

As with all of education, strategies to help individuals experiencing SAD can be considered from many perspectives: prevention, supports to reduce symptoms and distress, and ways to arrange the teaching and living environment to both alleviate symptoms and accelerate healing or a sense of positivity. By doing this we can collaborate with students to reduce their distress and enhance their resiliency.

While much of the recognition and treatment for SAD remains in the medical and mental health domains, as educators we can search for and implement strategies that may enhance mood and a sense of well-being. This can be done through designing environmental, instructional, and interpersonal supports that increase the school community's ability to focus on the positive side of the winter months.

Above all, it's important for school staff to recognize that, while they may not be able to "fix" SAD, they can work to create a school environment that is aware of mental health symptoms, compassionate towards people who are stressed by the winter months, and supportive of multiple modalities of prevention and treatment of SAD.

During the coldest and darkest months of the year, encourage your school staff and students to:

- Spend time in the sunlight (or perhaps in front of a lightbox when that's not possible)
- Exercise and eat as healthfully as possible
- Engage students and staff in identifying targeted interventions or activities to address the stress and depressive symptoms that might develop at this time of year
- Develop coping skills and strategies
- Recognize distress in self and others
- Identify multiple methods and pathways for additional school-based support or professional help



Modeling awareness and compassion will help all members of your school community to healthfully and mindfully navigate the winter season.

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ADDITIONAL RESOURCES

MHTTC NATIONAL SCHOOL MENTAL HEALTH CURRICULUM

National Center for School Mental Health (ND)

<http://csmh.umaryland.edu/Resources/Needs-Assessment--Resource-Mapping/>

If you are interested in learning more about the New England MHTTC and/or the Childhood-Trauma Learning Collaborative and related training and technical assistance provided free of charge, email us at newengland@mhttcnetwork.org

To help states, districts, and schools across the United States understand the core components of comprehensive school mental health, as well as engage in a planning process, the Mental Health Technology Transfer Center (MHTTC) Network Coordinating Office and National Center for School Mental Health (NCSMH) developed a national school mental health curriculum focused on the core features of effective school mental health initiatives. The curriculum is intended to be used with district teams that can influence, develop, and oversee school mental health systems at the school district and building levels. It contains trainer and participant manuals and slide decks, divided into eight modules that are each designed for delivery in one-hour in-person sessions or can be adapted for shorter or longer sessions. Also included are five recorded virtual learning sessions that are each about 75 minutes long and include a deeper dive into some of the curriculum content with additional examples from states and districts across the MHTTC Network.

To access the curriculum, please visit:

<https://mhttcnetwork.org/centers/mhttc-network-coordinating-office/national-school-mental-health-projects>



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