Those ‘Holiday Blues’ Could be Seasonal Affective Disorder

As predictable around the winter holidays as Christmas music in malls the day after Thanksgiving are ‘Holiday Blues’ articles and news segments. Invariably each year, the subject of depression around the holidays is rerun as much as “It’s a Wonderful Life” with requisite interviews of psychiatrists and other mental health professionals. Yet, as valid as the ‘Holiday Blues’ phenomenon is, including anxiety and stress that occur during this part of the calendar year, it’s essential to recognize and differentiate so-called ‘Holiday Blues’ from Seasonal Affective Disorder (SAD).

Central to this understanding is that SAD is not just an older person’s illness; it actually inflicts young people between the ages of 15 and 55 the most. Even though the median age of onset for SAD is 27, symptoms can begin as early as 15 years of age. In other words, be careful not to assume that symptoms of depression and anxiety that present in a young person at this time of year are necessarily due to the ‘Holiday Blues.’

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) uses the following criteria to identify or diagnose depression with a seasonal pattern (i.e. SAD):

- Depression that begins during a specific season every year for at least two years
- Depression that ends during a specific season every year for at least two years
- No episodes of depression during the season in which you experience a normal mood for at least two years
- Many more seasons of depression than seasons without depression over the lifetime of your illness

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‘Holiday Blues’ or SAD (continued from previous page)

In children and adolescents these symptoms may look different. The usual signs of sadness, like tearfulness for example may instead present as irritability or aggression. Instead of observed fatigue, children or adolescents experiencing a depressive episode may be viewed as being ‘lazy’ by their parents or teachers. Concentration problems or indecisiveness that adults with depression experience may be misattributed in children and adolescents as inattentive or disruptive.

Viewing children and adolescents with SAD as being lazy, disruptive, or irritable may be even more common. If a young person is experiencing these signs year-round, parents and teachers may find it easier to identify depression as the underlying cause. However, a youth who only displays these symptoms from November to March may be seen as a child who just doesn’t like school and isn’t putting in the effort.

People living in states like New York are at higher risk because the incidence of SAD increases in northern latitudes. For example, Florida has the lowest rate of SAD at 1.4% of the population while New York’s close neighbor New Hampshire has the highest rate in the continental U.S. at 9.7% incidence level. This correlates closely with cities that have the darkest winters. One study ranked the New York cities of Buffalo, Syracuse and Rochester as having the 7th, 8th, and 10th darkest winters respectively.

Increased depression and anxiety around the winter holidays is by no means a trivial subject even though it does receive its fair share of attention at this time of the year. It is for many people a legitimate source of distress. Differentiating between ‘Holiday Blues’ and SAD, however, has important implications for understanding what a young person is experiencing and the appropriate therapeutic approach.

According to NIMH, the four major types of treatment for SAD are medication, light therapy, psychotherapy and vitamin D. Alternatively, articles like the one here* by the American Academy of Pediatrics offer useful suggestions for how to help young people navigate the feelings and emotions that can accompany the holiday season.


What Dogs Teach us about Compassion, Connection and Comfort

You’ve probably seen it too many times - the child off to himself at lunch, a young boy who is new to the school and not making friends, the girl who seems okay but whose dad is seriously ill. Or there are the friends, colleagues, and classmates left behind after tragic events such as suicide, drug overdose, car accidents, or sudden death.

We ourselves are often hesitant to reach out and compassionately connect and comfort those who are hurting. We think “I don’t know what to say,” “I think they are over it,” or “I don’t want to make it worse.” So what happens? Those hurting are left to feel more and more isolated and alone. Continue on page 5...
Study Ranks Social Media Sites on Mental Health Impact

Researchers from the Royal Society for Public Health, in conjunction with the Young Health Movement, recently published a report entitled #StatusOfMind, which looks at the positive and negative effects of social media on young people's health and well-being.

The study found that Instagram is the most detrimental social media platform to young people's mental health. Snapchat ranked the second worst for mental health of the sites reviewed in the report followed by Facebook. On the plus side, YouTube topped the list as the most positive with Twitter coming in after it.

The researchers surveyed almost 1,500 teens and young people aged 14 to 24 from across the U.K. to score how each of the social media platforms they use impacts 14 specific factors related to their health and well-being. These included emotional support, depression, body image, loneliness, sleep, self-expression, self-identity, community building, and bullying among others.

"Social media has been described as more addictive than cigarettes and alcohol, and is now so entrenched in the lives of young people that it is no longer possible to ignore it when talking about young people's mental health issues," - Shirley Cramer, the chief executive of the Royal Society for Public Health

"Social media has been described as more addictive than cigarettes and alcohol and is now so entrenched in the lives of young people that it is no longer possible to ignore it when talking about young people's mental health issues," Shirley Cramer, the chief executive of the Royal Society for Public Health, said in a statement. Cramer notes that both Instagram and Snapchat "are very image-focused and it appears they may be driving feelings of inadequacy and anxiety in young people."

"Instagram easily makes girls and women feel as if their bodies aren't good enough as people add filters and edit their pictures in order for them to look ‘perfect,’ one participant from Northern Ireland wrote.

Social media is far more prevalent in younger generations and many young people have never known a world without instant access to the internet and social media platforms.

A number of studies in recent years have raised concerns about the potential health effects of frequent social media use on young people – particularly when it comes to mental health.

While the researchers acknowledge there is still much to be learned about social media's impact on mental health, they say these are important conversations that need to be further explored, especially surrounding young people who are the most vulnerable to potential harms.

The report also discusses ways to reduce the risks and calls for action from government and social media companies to help promote positive aspects of social media.
Update on Mental Health Education in Schools: Advisory Council Workgroups Begin to Deliberate

Five workgroups of the Mental Health Advisory Council have been tasked with developing recommendations to guide the implementation of a new law that requires schools to begin teaching about mental health as part of the school health curricula. The following is a brief summary of each workgroup’s area of focus:

*Mental Health Instruction/Resources for the Classroom (PreK-12th)* – This group will focus on recommendations for additional functional knowledge for mental health at elementary, intermediate and commencement levels. Functional knowledge is useable, applicable, and relevant; it is useful to help students maintain their health or the health of someone around them. It is used to practice health related skills.

*Multiple Dimensions of Mental Health* – This group will provide guidance on wellness, early prevention and awareness, developing resiliency, positive behaviors and self-care, creating an overall state of well-being. The group will consider mental health as being more than an illness and disease, but on a continuum of wellness.

*Mental Health Resources for Schools, Students, and Families* – This group will recommend evidence-based and best practice resources and programs that are already available to support resource building of a sustainable infrastructure that will bolster programming and the work of pupil personnel services in schools.

*Supporting a Positive School Climate and Culture* – This group will make recommendations on creating a school climate and culture that supports mental health wellness for the whole school, whole child, and whole community (CDC). The group will focus on models of assessment, engagement, support systems, (PBIS) etc., that can positively influence supporting a coordinated positive school climate and culture while supporting and being sensitive to identified mental health needs of students and families.

*Implementation* – This group will focus on the policies, professional development, and resources that will help support schools as they implement the new requirement. They will consider how cross-collaboration can be enhanced at both the state and local level to build support.

The five work groups are comprised of a wide diversity of education and mental health professionals and representatives from a variety of interest groups. Participants include health educators, social workers, school psychologists and counselors, groups representing teachers, superintendents, and school boards, and state agency representatives from State Education (SED), the Office of Mental Health (OMH), the Department of Health (DOH), and the Office of Alcohol and Substance Abuse Services (OASAS).

The Advisory Council met on November 8, 2017 and will meet again in February of 2018. The Council’s final recommendations, including suggested resources for schools, will be featured in the next issue of *Healthy Young Minds*. 
(Social Media Sites—continued from page 3)

These recommendations include:

- A pop-up ‘heavy usage warning’ on social media – 7 in 10 young people surveyed supported the idea of getting an alert if they exceed a set level of usage on a site.

- Spotting troubled users – 4 out of 5 supported social media platforms identifying users who could be suffering from mental health problems by their posts and discretely signposting ways for them to get support.

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- Pointing out photo manipulations – more than two-thirds of the young people surveyed believe social media platforms should highlight when photos of people have been digitally manipulated.

"For young people, using social media and digital technologies as a tool to help with mental health make sense for many reasons," said Dr. Becky Inkster, Honorary Research Fellow at the University of Cambridge. "Social media is a part of their daily lives and so care could be delivered in a lifestyle-integrated, self-managed approach." She also says social media offers a unique opportunity to communicate with young people in creative ways.

"As health professionals we must make every attempt to understand modern youth culture expressions, lexicons, and terms to better connect with their thoughts and feelings," Inkster said.

Source: CBS Interactive Inc.

Comfort Dogs (Continued from page 2)

We also now know that the busier our lives get and the more communication changes from face to face to screen to screen, the more loneliness and isolation increase. We need to combat these trends with meaningful and authentic connection.

A new program is being rolled out to do just that. Five+ years of observing comfort/therapy dogs in crisis response settings in our schools and communities has shown that these dogs know exactly what to do when most humans don’t. They are able to connect, comfort, and love those in the most desperate of situations without hesitation.

These lessons have been central to the creation of a skill based curriculum that teaches humans how to comfort by introducing steps to create Compassionate Connections to those hurting. These are intentional and required actions that create a relational engagement that is free from screens, texts, Instagram, or Snapchat.
Did you know?

Problem Gambling Among Teens

- More than any other age group, adolescents are at the greatest risk for developing gambling problems.*
  Youth risk developing a gambling problem at a rate of about two to three times that of adults.
- Approximately 750,000 teens have gambling concerns in the U.S. **
- 11 percent of the youth surveyed gambled twice per week or more, a rate that has traditionally been used to describe “frequent” gambling. **
- Boys are more likely to gamble and develop problems than girls.
- Teens who gamble have higher rates of alcohol & binge drinking, drug use, suicidal thoughts and attempts, school problems (e.g., lower grades, truancy, behavior issues), depression, family problems, peer relationship problems, legal and money troubles and dissociative (“escape”) behaviors.

*The New York Council on Problem Gambling. For more resources about prevention and other actions schools can take please visit: http://youthdecideny.org/

** Rates have likely increased since this 2007 survey with the growth of on-line gambling opportunities.