Mental Health

Winter blues, fact or fiction?
What to know about seasonal affective disorder

By Estelle Morrison

While winter holidays can be a time of joyous family and friend gatherings, for some they can lead to unrealistic expectations, social withdrawal and personal and professional stressors ranging from year-end work projects to overspending and financial stress.

In addition, Canada’s high latitude makes exposure to sunlight shorter, meaning people are much more likely to develop seasonal affective disorder (SAD) than residents of more southerly countries.

Canadian winters are famously long and arduous and about three per cent of Canadians become so depressed and weary because of SAD that they are unable to carry their full work load in January and February.

The performance of an additional 10 per cent is impaired to a lesser degree, according to the Mood Disorder Association of Ontario (MDAO).

About two to six per cent of Canadians will experience the disorder in their lifetime, while another 15 per cent have a less severe experience described as the “winter blues.”

Causes, symptoms
While scientists are still not sure about the exact causes of SAD, here is what the studies show:

Our body clock or circadian rhythm: Everyone has an internal body clock that dictates when to be awake or asleep. Less sunlight in the winter is thought to affect our circadian rhythm, bringing on symptoms of depression.

Melatonin levels: The body’s release of the natural hormone melatonin is affected by the light/dark cycle. The change of seasons can disrupt the balance of melatonin, which may result in more moodiness and depression.

Serotonin levels: Reduced sunlight can cause a drop in serotonin, a brain chemical (neurotransmitter) that affects mood. People who suffer from depression are known to have low levels of serotonin.

Employees living with SAD can be profoundly impacted by the condition, resulting in decreased productivity and increased absenteeism.

Symptoms of seasonal affective disorder, according to the MDAO, include:

• oversleeping — sometimes an increase of two to four or more hours per day
• lethargy (low energy)
• intense craving for carbohydrates
• weight gain
• withdrawal from social contacts
• depressed mood occurring over at least two consecutive winters, alternating with non-depressed periods in the spring and summer.

Adults are at a higher risk of SAD than children or teenagers. After the age of 50, the risk of SAD starts to decline. Women are up to eight times as likely as men to report having the disorder and it tends to run in families — most individuals with SAD have at least one close relative with a history of depression.

People in northern countries are more likely to experience SAD than those who live closer to the equator because the days get shorter the farther north you go.

Preventive measures by employers, employees

Here are some ways both employers and employees can mitigate the effects at this time of year:

• Get the facts — Read about SAD and other mood disorders.
• Enlist the support of an EAP provider — If you have an employee assistance program, ask how it can help with information and consultations. Promote the EAP, emphasizing the service’s confidential nature.
• Help reduce stigma — Many employees will resist seeking help, fearing they will be found out and seen as weak. Some believe that disclosing mental illness could affect their job or career. Posters, brochures and workshops available from a local mental health centre or through an EAP can encourage help-seeking behaviour.
• Review benefits and policies — Ensure that the plans include adequate support for mental health concerns. Determine if there is coverage for a light box, a common treatment for SAD. Examine policies such as substance use, personal leave and illness and disability to ensure they reflect the needs of those suffering from a mental health issue. Communicate those policies to employees regularly.
• Address performance issues and observable changes — Discuss changes in behaviour and performance-related concerns with employees. Let them know what is being observed and ask how they can help. (And while it is important for every manager to be on the lookout for behaviours affecting performance, attendance and interactions with colleagues, they should keep in mind it is up to a health-care professional to make a diagnosis.)
• Recommend exercise and exposure to light — Sun or box lamps are sold to brighten workplaces, though natural light is stronger and more therapeutic than artificial lighting. An employee who is particularly affected by seasonal depression should ask for a desk closer to a window. Research shows physical exercise is also important to head off the symptoms. Taking a walk outdoors before work or at lunch can provide the dual benefits of movement and natural light. Establish a lunchtime walking group or other outdoor activity.

SAD can prevent sufferers from functioning normally, seriously limiting their personal and professional potential. But with education, an awareness of the symptoms and early treatment, those living with SAD can lead productive lives while being productive at work.

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