

# Dark Days

By donalee Moulton

*Every year when winter bleaches the landscape and ushers in plummeting temperatures for months on end, many Canadians dread the prospect of shovelling snow from driveways and taking their reluctant dogs out for walks. But for more than one million Canadians, who comprise two to three per cent of the population, the monochrome of winter brings with it the onset of deep, dark moods.*

In a country where almost one-third of the year is cold and daylight hours are short, seasonal affective disorder (SAD) is a grim reality and can adversely affect employee well-being and productivity at work.

Seasonal affective disorder is a form of clinical depression that can range from mild to severe. This mental-health issue is distinguished from others by its cyclical nature: it usually recurs in the winter, but it is more than just winter blues. "What separates SAD from the buck-up-and-get-over-it day is that it occurs every year. It is real," says Tara Brousseau Snider, executive director of the Mood Disorders Association of Manitoba in Winnipeg.

As the disorder affects mainly working adults who have a higher risk of SAD than kids and teens, Sarah Hamid-Balma, director of mental-health promotion with the British Columbia Division of the Canadian Mental Health Association (CMHA) in Vancouver, regards SAD as a workplace issue and believes that greater awareness needs to be created around it. "After the age of 50, the risk of SAD starts to decline," she notes, but researchers are not sure why.

The months during which SAD is most prevalent are August, October, November, January, February and March. For employees with structured work hours, the short daylight hours during winter also mean that they are less likely to have the opportunity to be outdoors exercising or go for a walk to get exposed to the sun. Although SAD will go away, it can last for many months. "It can affect normal functioning and relationships. They don't feel good," Snider says.

According to the Mental Health Commissions of Canada (MHCC), approximately 500,000 Canadians miss work due to mental illness in any given week. More than 30 per cent of disability claims and 70 per cent of disability costs are attributed to mental illness, which translates to a loss of roughly \$51 million to the Canadian economy each year. "If you can reduce mental-health issues in the workplace," suggests George Vuicic, a labour and employment lawyer with Hicks Morley Hamilton Stewart Storie LLP in Ottawa, "everybody benefits."

## WHAT WE KNOW

Based on emerging research investigating SAD during the '80s, a "seasonal pattern" modifier for depression diagnoses — meaning that the condition happens every season and there is a pattern to the way the disease recurs — was officially added to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1987.

According to the DSM, to receive a diagnosis of depression with seasonal variation, a patient must meet the criteria for major depression and experience recurring depressive episodes that coincide with specific seasons. In most cases, patients report an increase of symptoms in the fall and winter and a decrease in symptoms during spring and summer.

As the condition recurs on a predictable schedule, this has led to a common misconception that climate is the culprit, but that is not the case, according to Hamid-Balma. "One of the biggest myths about SAD is that it is related to poor weather. Studies looking at weather patterns and rates of clinical depression have found no connection. It is about seasons and daylight, not weather."

Shorter days seem to be a main trigger for SAD, according to the National Institutes of Health (NIH) in Bethesda, Maryland. In an article on the disorder, the NIH notes that reduced sunlight in fall and winter can disrupt the body's internal clock or circadian rhythm. This 24-hour "master clock" responds to cues in one's surroundings, especially light and darkness. During the day, the brain sends signals to other parts of the body to help keep an individual awake and ready for action. When the patterns of sunlight are altered, the amount of it is reduced, which decreases the amount of Vitamin D the body absorbs and affects its ability to produce serotonin — a chemical in the brain linked to depression, Snider explains.

Changing sunlight patterns aside, other contributing factors include gender and geography. According to CMHA, some research has found that women may be up to nine times more likely to be diagnosed with SAD than men are. But Hamid-Balma points out that women are also diagnosed with other forms of depression more often than men.

As sunlight is less prevalent in northern countries during the winter months, people residing in places with shorter days and darker winters are at high risk of SAD. There is also evidence to suggest that the disorder runs in families. According to the Mood Disorders Association of Ontario, a variety of psychological, social and biological factors may contribute to the development of SAD. Some known factors are inherent vulnerability, light deprivation, stress, biological factors unique to the individual, hormonal changes due to physical conditions and early childhood trauma.

## LIGHT IN THE TUNNEL

People suffering from SAD experience a myriad of symptoms, including loss of appetite, lethargy and a sense of hopelessness. "It is like wanting to hibernate," Snider says.

A much milder form of SAD, commonly called winter blues, affects about 15 per cent of people. But SAD is not a catch-all term for any change in mood related to seasons. "Changes in mood are part of being human and aren't necessarily something to worry is a mental illness, unless it is lasting a long time or interfering with your ability to go about your daily life," Hamid-Balma clarifies.

The good news is that SAD is very treatable. Antidepressants or light therapy, also known as phototherapy, are effective treatment options. The latter involves using a special kind of bright, artificial light for about 30 minutes daily to trigger a chemical change in the brain, which improves mood and relieves SAD symptoms substantially in 60 to 80 per cent of people who have been diagnosed with the condition. "It is easy to use, convenient and relatively inexpensive," Hamid-Balma says.

While Snider points out that light therapy provides the energy that one lacks, this system, which usually involves a fluorescent light box, should be used only in the morning when the user is up and about in a daily routine. "You don't stare directly at the light. You go about your business."

The Mood Disorders Association of Manitoba offers light therapy machines for rent at \$20 a month and sells them for \$200. The organization has helped install them in libraries throughout Winnipeg, and many workplaces rent or purchase them to help employees. "It is particularly important for people who work without a window," Snider says, adding that individuals can also get a prescription for a light-therapy system. "It is recognized as a therapeutic tool."

The side effects of light therapy are usually mild and often get better with time or reducing light exposure, according to Dr. Raymond Lam, a psychiatrist and medical director of the Mood Disorders Centre of Excellence at the University of British Columbia Hospital in Vancouver. Some people may experience mild nausea, headaches or eyestrain, or feel "edgy" when they first start using light therapy, he notes in *A Clinician's Guide to Using Light Therapy*, a resource package for health professionals that he co-authored.

These side effects can be alleviated by decreasing the amount of time spent under the light. People who have sensitive skin, such as those with systemic lupus erythematosus, should not use light therapy without first consulting a doctor, information from the Mayo Clinic notes. People who take certain antibiotics, anti-inflammatories or the herbal supplement St. John's

Wort, and those who have a condition that makes the eyes vulnerable to light damage should also bring that to the attention of a doctor prior to starting light therapy.

While those who are afflicted by SAD may be tempted to self-diagnose, the safest course of action is to obtain a diagnosis from a health professional to rule out other forms of depression and identify an effective course of treatment. As well, light therapy may not be recommended for individuals with bipolar disorder, macular degeneration or diabetes.

#### A HELPING HAND

Employers can play a role in helping employees with SAD get the treatment and support they need. In some cases, that role is legally mandated. Regardless of whether an employee has a physical or a mental-health condition, the employer has a duty to accommodate to the point of undue hardship, Vuicic says. "The challenge presented by mental-health issues is that it is not as obvious."

The law places procedural and substantive obligations on employees and dictates that both sides must participate in the accommodation process. In most cases, "the person seeking an accommodation must make the request, preferably in writing," advises Nicola Watson, a lawyer with Pink Larkin in Halifax.

Watson points out that when a manager or supervisor is aware or might reasonably be expected to know that an employee is struggling with a problem, such as a mental-health issue, the employer has a legal obligation to reach out to the employee. "In some cases, the employer has been found to have a duty to inquire whether there is an issue."

According to the Mayo Clinic, the symptoms of SAD can include those often seen in people suffering from a major depression: loss of interest in activities they once enjoyed; problems with sleeping; changes in appetite or weight; and difficulty with concentration. Symptoms specific to winter-related depression include irritability, problems getting along with other people, hypersensitivity to rejection, and oversleeping.

Simple measures to accommodate individuals with SAD, such as enabling an employee to have a light-therapy system at work, offering access to natural light during certain months, giving time off for appointments and adjusting the hours at which they start work, can make a difference.

"A person with SAD, in addition to getting treatment from a health professional, may also benefit from small changes or accommodations at work to improve their symptoms," Hamid-Balma advises. The predictability of SAD means that those who are prone to this condition can

plan ahead. "The social support, routine and purpose offered by work can boost mental well-being in general," she adds.

And there are demonstrated benefits to having employees who are healthy and happy. "I would recommend a workplace be very sensitive to seasonal affective disorder. There are substantial savings to implementing something like light therapy," says Snider, who is starting to see changes in the workplace. "There is more compassion, empathy and accommodation."

## IN THE KNOW

Education and awareness are essential to make workplaces more welcoming and supportive for individuals with SAD and other mental-health conditions. Communication between the employer and the employee is also key to enabling staff who require accommodation to reach their full potential, Watson notes. "The dialogue needs to keep going, and employers need to keep their eyes open."

Several organizations have developed programs to help employers create workplaces that are accepting and empathetic. Last year the Canadian Bar Association launched Mental Health and Wellness in the Legal Profession, an online educational course that raises awareness and gives lawyers, judges and law students information about mental health and addiction issues, their causes and symptoms, as well as prevention treatment options. The curriculum, developed in partnership with the Mood Disorders Society of Canada, is designed to give the profession factual information about mood disorders and offers support and resources for recovery and maintaining wellness.

"Other organizations could emulate this approach," says Doron Gold, a staff clinician with Homewood Health in Toronto, which helps with the member assistance program of Ontario's legal profession. "We can make substantive change in terms of how people react to their own struggles, how their colleagues react and how we can create a culture change."

On Canada's East Coast, the Nova Scotia Government & General Employees Union (NSGEU) has developed an anti-bullying program that has attracted international attention and can help both employers and employees create respectful workplaces that make people feel comfortable in discussing their mental-health challenges and possible accommodation. "It is a whole new area," says Susan Coldwell, coordinator of the Bully-free Workplaces program, in Dartmouth. "Workplace mental health is a major topic."

The NSGEU program has been endorsed by the MHCC and delivered as far afield as in Denmark, Japan and New Zealand. Coldwell thinks that building respectful workplaces is a far better approach and helps to prevent workplace complaints. "By the time it gets to the point of a grievance, it is a win-lose situation or a lose-lose situation."

Creating a safe, comfortable and open environment for employees with mental-health issues may require a significant culture shift, one that requires support from the higher echelons. Launched in January 2013, the *National Standard of Canada for Psychological Health and Safety in the Workplace* was put in place to help employers create psychologically healthy and safe workplaces.

Led by the MHCC and co-developed by the CSA Group and the Bureau de normalisation du Québec, the standard is a voluntary set of guidelines, tools and resources focused on promoting employees' psychological health and preventing psychological harm due to workplace factors.

The MHCC has also created Mental Health First Aid Canada, a course to improve mental health literacy and provide the skills and knowledge to help people better manage the potential for developing mental-health problems in themselves, a family member, a friend or a colleague. The course for Northern Peoples, which is one among many offered in the program, is a specific initiative that was jointly developed with the northern territories to address challenges such as isolation and SAD and to provide unique Northern supports.

For Coldwell, SAD is no laughing matter. "Seasonal affective disorder is a mental illness and is a serious issue affecting around a million Canadians over their lifetime. As with all kinds of depression, there is a risk a person may have thoughts of death or suicide too."

Creating standards and courses aside, a multi-pronged approach may prove to be the most effective way to ward off the blues. "Most people with depression, including SAD, usually need a few different approaches to feel better. Certain kinds of skills-based counselling, medication and lifestyle changes have the most evidence of success," Coldwell adds.

## Sidebar

### KEEPING SPIRITS UP

Earlier this year, the results of a large-scale study out of the United States investigating seasonal affective disorder (SAD) concluded that there is no evidence that levels of depressive symptoms vary from season to season. Despite the widespread acceptance that seasonal changes are linked to depression, the researchers in this study could not find empirical proof to support this thesis.

“We analyzed the data from many angles and found that the prevalence of depression is very stable across different latitudes, seasons of the year and sunlight exposures,” says Steven LoBello, a professor of psychology at Auburn University at Montgomery and senior author on the study.

The researchers examined data from 34,294 participants aged between 18 and 99. Depressive symptoms were measured using a personal health questionnaire, and the geographic locations for each participant were identified. The researchers found that people who responded to the survey in the winter months, or during times of lower sunlight exposure, did not have noticeably higher levels of depressive symptoms than those who responded to the survey at other times. “The findings cast doubt on major depression with seasonal variation as a legitimate psychiatric disorder,” the authors stated.

But critics are quick to point out that there are many other studies that support SAD as a valid mental health diagnosis. According to a fact sheet developed by the British Columbia Division of the Canadian Mental Health Association, various measures can help alleviate SAD symptoms:

- Spending more time outdoors during the day;
- Keeping curtains open throughout the day;
- Moving furniture so that one can sit near a window;
- Building physical activity into one's daily routine, preferably before SAD symptoms take hold;
- Taking daily noon-hour walks;
- Controlling the consumption of carbohydrates and sleeping for long bouts; and
- When all else fails, consider going for a winter vacation in sunny climates.