

NAMI Ask the Expert
Navigating the Winter & Holiday Blues
Featuring: Christine Crawford, MD, MPH

Dan Gillison:

Thank you, Teri. On behalf of our board, our board president, Shirley Holloway, our staff, and all of our field leaders and volunteers, thank you for being here with us on this afternoon or midday, if you're on the West Coast. The other thing we want to do is we want to... We just celebrated or acknowledged Thanksgiving. Let's invert that word to giving thanks. And we want to give thanks for each of you and what you do in the communities where you live and work and volunteer. We think that this is just a critical time as we go into the winter of the year and as our days become shorter. So we're really looking forward to this conversation and this presentation. With that, I'd like to hand this all to our chief medical officer, Dr. Ken Duckworth. Ken.

Ken Duckworth:

Thank you, Dan. It's my pleasure to introduce Dr. Christine Crawford, who is the Associate Medical Director of the National Alliance on Mental... She's been with us for a year, and has just done a fantastic job in so many areas. Christine is a child psychiatrist. That's where I met her, teaching at one of her classes. She's also a master's in public health, which she got from the Boston University School of Public Health and has taught with me. And it's no surprise that she's a great teacher. She does medical student education. She works in community mental health. And I think it's a great privilege that we have Christine on our team.

Ken Duckworth:

Today, Christine will be giving a talk on the holidays and winter, and I introduce her as the sun is just about gone here in Boston. I'll return to integrate your questions, capturing the questions that overlap, and then we'll get all your questions to Dr. Crawford. We have just done our 400 people on, but I'm pretty confident we can pull off questions for Dr. Crawford. Christine, it's great to see you again. Thank you for everything you're doing for NAMI and welcome.

Dr. Christine Crawford:

Thank you so much for having me. I'm really excited to be here. It's been quite some time since I've done an Ask the Expert webinar. And so I'm so delighted to be back and to have another opportunity to be able to connect with the NAMI community. What a rich community this is? The resources that you all have, and the support that you all give to each other is so encouraging. And so I hope that there's something from this talk that you'll be able to walk away from and be able to use it to continue to support yourself and the friends and family who are a part of your lives.

Today I'm going need to be talking about navigating the holiday blues and the winter blues and going into some detail as to what that really means. And the time couldn't have been better to have this talk because we're right in the season, right at the beginning of the season, beginning of December. And so I hope that this talk will give you tools and strategies that you can all use as you continue to move forward through the winter months.

Dr. Christine Crawford:

But I want to take a step back first. I want you all to imagine, when you hear the word winter, or even when you hear the word holidays, what comes to mind? And if you were to close your eyes, I can imagine that there are certain images that will pop up, that there are certain smells and sounds that you may experience. And what's interesting, being part of our culture here within America, it seems as though we are just flooded with the same sites, with the same sounds, and with the same memories that come up time and time again. So if you close your eyes, what do you think about? What do you see?

These are the images that we oftentimes see in our environments. We see them on TV. We hear the music on the radio. Whenever we're out and about at stores, even grocery shopping, we see all of this. And we're reminded of images of family celebrations, embracing the cold winter months in which you have snow right at your fingertips and playing different winter activities. And we also see a reason to celebrate around particular holidays, specifically Christian holidays during this time. And so we see lots of smiles. We see lots of joy. We hear lots of music, but what is challenging is that even though we are surrounded by these images, even though we are surrounded by these expectations within our culture, not everyone experiences the winter months and the holidays like the way that they are portrayed within our society.

We know that this period of time is a time in which one could be reminded of the painful losses that they have experienced over the years. Can be a painful reminder of who is not present in their lives. The empty seat that is at the dinner table, it's a reminder of all the family traditions that they might have celebrated with their loved ones who are no longer here. It can also be a deep reminder of things that you may not have in your life when during this period of time, it seems like everyone has access to a lot of different things. And excess is what we're surrounded by.

It can also be a time in which it could be an incredible challenge to navigate various social situations in which you are trying to maintain your sobriety, but you're constantly being handed alcoholic beverages whenever you're at social gatherings, including at work, and figuring out how to navigate those situations.

And it can also be a time in which you are reminded of the fact that you are different from other people within our society, within this dominant Christian society. It can instill this sense of otherness, and it can be a stressful time in which you have to consider, "Do I just assimilate and go along with what everything is going on around me within this society and minimize a major part of my identity with regards to religion and traditions that I value? What do I do?" So it can be a difficult time, and because of all these stressors, we can see some mood-related symptoms and other behavioral symptoms that may emerge.

First, I'm going to talk about the holiday blues. It's a term that's been coined over the years to describe changes in mood and in behavior between the period of November until January, in which we're going through some of the holidays that are commonly celebrated within our country that are often commercialized, such as Thanksgiving, Christmas, and New Years.

What we have seen is that during this period of time, people may notice that they are having some difficulties with sleep, whether that's oversleeping or they're waking up in the middle of the night. They can also feel quite sluggish, feel fatigued, have low energy. And then also notice that they're somewhat irritable, on edge, and they may be anxious. I talked earlier about how this could also be a period in which you're reminded of losses, people that you've lost in your lives, changes that have occurred in your life and just being reminded of that.

Dr. Christine Crawford:

Also, during this time when people are taking time off and folks are taking vacations and you're in the office, or you're stuck doing some work, it can be hard to remain motivated when it seems like everyone is going off and having celebrations with their family and taking time off. But also you could just experience low motivation and just having difficulty kind of getting up and doing the things that you need to do. Not having interest in wanting to socialize and just feeling this constant stress intention.

When we talk about the holiday blues, it's typically between November and January, but it's temporary. The idea is that it is temporary and it's usually in place during these holiday months. However, it is possible that these symptoms are able to persist and may evolve into some other mental health related conditions, which we'll talk about a little bit later on.

Now, what can bring all of this on? Earlier on, I talked about a variety of different things, but I'll go into a little bit more detail about that. Obviously the holidays is a major trigger for the holiday blues. Makes a lot of sense. That can be due to the fact that we are surrounded by expectations of various cultural and societal norms, which can bring up some conflict for some people within their families, especially when it comes to dealing with kids, in particular school-aged kids, who may be leaving the home and they go to school and there are conversations around the holidays, especially the Christian holidays and perhaps people are celebrating or acknowledging the holidays in the way that is different from what it is that they do at home.

So then they come back home and they have these questions. They ask these questions to their parents, "Why don't we celebrate this holiday? Why are we different from all the other people that I see at school? Why don't we have a Christmas tree? Why can't we just be like everyone else? Why don't you buy me the expensive gifts like my friend's parents do?" And so that can be really stressful and difficult for a lot of parents to figure out how to navigate some of these conversations with their kids, especially if within their own family, they may have a different set of traditions. And being able to find the language, the developmentally appropriate language to use with kids during that conversation can bring up a lot of stress. And also just for adults as well.

Again, with all of these images, talking about Christmas and other holidays, it could be difficult for folks to figure out whether or not they have to share with people that they celebrate these holidays and feeling uncomfortable if people are asking them questions about what are they doing for the holidays, how was your Thanksgiving, and feeling this pressure to come up with a certain answer. So those are just examples of forms of stress that people can experience secondary to some of the cultural and societal norms that we have here.

And then there are these unrealistic expectations. People feel like they have to spend exorbitant amounts of money to buy all these gifts, that they have to throw these lavish celebrations and parties and gatherings. And there's this expectation that you have to socialize and you have to engage with people that you may not want to engage with. It's all about just fitting in and not wanting to stand out. And it could be hard when you're doing this outside of your home if you're doing this at work, if you're doing at school. And it could be really stressful to try to figure out how you're going to fit in when your traditions and your values do not fit in with the dominant cultural norms.

And then there's obviously the financial constraints. It's hard not to hear on the news about Cyber Monday deals or Black Friday, and hearing data about how much money Americans are spending over the holiday period and feeling like you need to do the same. But in reality, it may be hard for a lot of families to be able to do these things. And so there is that financial pressure.

Dr. Christine Crawford:

Also, feelings of isolation, feelings of being excluded from various gatherings, or just feeling like you don't want to connect with other people during this time. And then there's also the stress that's related to all of the family dynamics that can come up during this period of time in which there may be this pressure to reconnect with family that you might have been estranged from, or reconnect with family that can be triggering for you and can make you experience some intense emotions and it's difficult for you to tolerate being in their presence. And the difficult conversations as well, that may arise when you're around family that can contribute to some stress. I also talked about the sense of loss and the grief that can reemerge during this period of time, given that you are reminded of all the cultures, the traditions that you've celebrated in the past.

On the NAMI website, on one of the blocks, I actually found this amazing quote that I think just captures it really well. This person said, "The holiday season beams a spotlight on everything that is difficult about living with depression. The pressure to be joyful and social is tenfold." And so we also see that this added pressure of the holidays can further exacerbate some underlying mental health conditions as well.

There was also a survey that was conducted some years back by NAMI that put all of this into numbers. So we have some actual concrete data to support what it is that I've shared so far. We know that 64% of people with mental illness report that holidays make their condition worse. We know that 68% experience financial strain. 66% experience loneliness. Over 60% feel like there's just way too much pressure. And more than half of people, majority of folks find themselves often reflecting on happier times in the past and contrasting them with the present. So it could be very difficult to fully engage in the present moment when you're reminded of things from the past. And that could be a painful reminder for some people.

Now, how do people tend to respond during this period of time? And these are things that you can look out within yourself if you start to notice some of these physical changes or some of these behavioral changes. It may allow you to take a step back and to examine what may be contributing to some of this, and it's possible that it could be secondary to the holiday blues. What are some of the responses that we see? People may sleep. And sleep, it could be oversleeping and oversleeping, and using that as a tool to maybe engage in some avoidant behavior and just sleep through various events and gatherings. And also sleep can be used as a tool to just pass the time and to fill some of the holes and the feelings of loneliness and feeling isolated and just to sleep through it all.

We also see that overeating is something that can commonly occur with all of these different gatherings, whether it be the workplace, at home, and using food as a way to manage some of the stress that can come up during this time. Excessive alcohol consumption or other drug use, that could be used as a tool for some to escape some of the stress within the moment using these substances. And also just being exposed to these substances because of all the different gatherings that may take place that include these things.

Talk about avoidant behavior in the form of sleep, but also avoidant behavior can be seen in people just not wanting to pick up the phone, not wanting to respond to an email or text, because they don't know how to put into words their feelings during this period of time and not wanting to engage in certain activities. And because this is a stress response, going through the holiday blues and going through the holidays can be really stressful and stress can certainly manifest within the body in a variety of different ways, not only in how we feel emotionally, but how we feel physically. And so we could see things like people having headaches, feeling tense in their muscles, whether it be in their neck and their back, and also having some GI symptoms. What I mean by that is experiencing nausea, diarrhea, any kind of stomach-related or GI-related issue.

Dr. Christine Crawford:

All right, Dr. Crawford, you're going on and on and on about how awful the holidays can be for people and some of the sign and symptoms. What are we going to do about it? It's not like the holidays are going to go away.

What we can do is we can think about things that we have control over because we don't necessarily have control over our environments in terms of when we're driving down the street and we're seeing all of the decorations outside of homes, or when we're going to the mall and we're hearing the music and we're seeing the decorations. We're just constantly being inundated with reminders of the holidays and it could be really tough, but we can control some things. So what are some strategies?

Number one, I do think that it's important to just stick to normal routines. Oftentimes when it comes to the holidays and there's lots to do, people are traveling, family wants to come and visit, that can really throw things off for some people and make it difficult to feel grounded if things are constantly changing. You have people coming over, you're changing your eating habits and all of that. So if there's a way to find the ability to stick to a usual routine, that's incredibly important. And it can also be really helpful for the kids in your life, for the children in your life, because it can be somewhat disruptive when you are telling your kids and there's this expectation that, "Okay, we're going to travel here. We're going to see this family member you've never met before. You're to eat food that we don't usually have you eat, and you're just going to have to deal with it." That could be really difficult, especially if you don't prepare the kids for that. And they may have some, what we call externalizing behaviors, they may be acting out.

So just setting these routines and maybe introducing the idea of there being a potential change in the future around the holidays. Talk about who you're going to visit, what foods you're going to eat, and maybe slowly introduce those foods to your kid, or maybe even solely change the timing around bedtime, especially if you're traveling from East Coast, West Coast, vice versa, it may alter their bedtime routine. Talk about it and try to work your way up to a routine so that when you are finally at the holidays and then travel's involved and new people and family are involved, everyone is better prepared for that and feeling less anxious and overwhelmed.

Can't stress this enough, but get enough sleep. If we're not sleeping well, then it is hard to maintain a stable mood throughout all of this, and to have enough strength to be able to withstand some of the stress that one may experience during this particular time.

And also, when we're thinking about alcohol use, that can also be something that could potentially disrupt sleep, and this could be a period of time in which people may consume more. So just be mindful of the role that alcohol can play when it comes to your sleep and staying out late. Going to all these celebrations is just really important to get enough sleep.

Also, take time for yourself. You could feel this pressure, as I mentioned before, to constantly be around everyone and to say yes to all these different invites. And it can be really hard, especially if you feel this pressure to fit in all the time, to minimize parts of your identity with regards to your own traditions, with your religion as well. And if you don't want to participate, that's okay, but also I'll talk a little bit about what we can do to create a more inclusive environment for everyone around this particular time of the year. But if you know that there are certain individuals who can have a negative impact on your mental health, it's okay to set those boundaries and to take some time for yourself. And also to not overdo it, to also be sure to spend time with people that are part of your safe circle, those who you find to be supportive.

Dr. Christine Crawford:

Eat and drink in moderation. For sure, we know that over the period of the holidays, people, I think it's like on average gain about six pounds or so. And so we do know that having weight gain, being less active, that can also result in poor sleep and it also can have an impact on your mood and experiencing more symptoms of depression. So we want to be mindful of that.

You got to move your body. We talk about this a lot, but oftentimes when we talk about the importance of exercise and moving your body, we often think about it in the context of weight loss. And when we only think about moving your body and exercise in the context of weight loss, especially over the holidays, it can be hard to sustain that beyond the holidays. But we need to think about moving your body as just a part of your everyday routine and lifestyle, that is also part of maintaining your own mental health and your emotional wellbeing. So if it's taking a walk for 10 minutes a day, if it's walking your dog, if it's dancing in your apartment, it could be anything as long as you're moving your body. We can see that there are actual some mental and physical benefits from that. It'll make it easier to navigate the stress of the holidays.

And then set reasonable expectations and goals during this period of time. It may not be reasonable for you to feel the need to go to every single activity or the need to go and see family. Especially if you feel as though, and if you know that this isn't a tradition or a holiday that resonates with you, then there's really no need to feel like you have to do something that's outside of your comfort zone.

The other thing too, is that if you're the one who typically hosts celebrations, and that could be a significant stressor, it's okay to say that this year you're not going to host. It's someone else, and you don't need to have the best dinner and the best gifts and all of that. Do what is reasonable for you, what you feel most comfortable with. If it feels like a stretch to you, then just don't do it because there's no need to put yourself in that position.

And make sure to budget accordingly too. You don't want to overextend yourself financially, because that will lead to significant stress beyond the holiday season.

The other thing that is important to do when it comes to navigating the holiday blues is setting boundaries. Boundaries, boundaries, boundaries, so important, but yet, so incredibly hard to do. I'm sharing all this information with you all, not because I do all of these things and I'm a fancy pants expert. That is not at all the case, but these are things to keep in mind and things to strive for, but it can be really hard to incorporate these things, especially when it comes to setting boundaries with other folks. So when it comes to setting boundaries with family and friends, and you're at gatherings during the holidays, it could be really hard to navigate discussions around sensitive topics. And there may be certain family members and friends that you know have particular views that may be quite different from yours. It could be incredibly stressful when you think about, "Oh my goodness, I don't want to go to so-and-so's house, because we're going to talk about this or that." There are things that you could say in order to set some boundaries. So what can you say?

If there are some discussions around some sensitive topics, you could say things like, "Well, I appreciate your perspective, but I think let's just simply agree to disagree." You are letting folks know what your perspective is, and at the same time you want that to not take over the conversation and to not be a center of focus for that particular gathering if you start to notice that it's increasing some stress or tension within your body. Also, saying things like, "Well, I hear you, but I feel quite strongly about this topic. How about we discuss something else?"

Dr. Christine Crawford:

Now, some of these phrases that you can use in some of these statements, you can use them, but it's all about finding the right fit for you and what resonates for you. And so for some, this can sound like your size step ping the issue, you're not directly addressing and confronting the person who may be contributing to some intense emotions inside you. But this is just some language that you can use and think about ahead of time, before you go over to the celebration about how it is that you may navigate some of these difficult conversation and maybe come up with some staple language that you can use. If there is conflict around certain family members that has been present for quite some time, it's okay just to say no. If you do not want to attend because you know that being around a particular individual can have a negative impact on your mood and how you feel, it's okay to say no.

And to not always feel the need to apologize. We often feel the need that we have to apologize for things that we're not comfortable doing, but you could just simply say, "Thanks for the invitation, but I'm actually going to stay home for this, but thank you." But you don't need to apologize.

And if you're in a situation in which you're experiencing conflict, there's tension building up, it's all right to walk away and create some space if you start to notice that you're experiencing some intense emotions.

Now, what do you do if you're in a work or a school environment, and you're not feeling comfortable about what is going on with regards to the holidays. I do think that it's important for us to think about the environments that we set up during the holiday season within these different settings. And it's important to be inclusive of everyone's traditions and beliefs and values during this particular time. And so, one thing to do would be to talk to leadership about the importance of inclusion. And one way to do that is I think for leadership to ask some of their staff, their employees, some of their students, what are some of the traditions and cultures and values that they hold on tightly to during this particular period of time, and try to find activities, group activities that can acknowledge all of the different traditions within that group. It may be hard to cover all of the traditions during this time, but I think it's worthwhile to have a conversation so that the diversity of everyone's background is acknowledged.

I do think that when it comes to some of these celebrations, where there's food and alcohol involved, social activities involved, that may not be something that everyone wants to do. And so I do think that having some options for those who don't want to attend so that they feel as though they're included. An example could be providing meal cards like meal gift cards, or people are doing these DoorDash or Uber Eats gift cards, in which you can send to people who aren't attending so that they can also engage in the celebration. But do it on their own terms, do it with their own people, do it in the comfort of their own homes, but at least they are being acknowledged and being able to participate somehow.

The other thing that I'll end with when it comes to the holiday blues is it can be really hard for those who aren't taking time off, who aren't traveling, who may not be celebrating some of the dominant holidays. They are often the ones who are covering the majority of the workload when people are traveling. And that can also be a painful reminder for some about just this feeling of otherness and then compounded with that is the burden of having to cover more shifts and to pick up some more work. So I do think it's important to have a conversation around what it is that you're able to do during this period of time so that you don't just feel like everyone's dumping on you because you're not celebrating some particular holidays.

Now I'm going to transition into talking about some other mood-related symptoms that one can experience during this period of time, during the winter months.

Dr. Christine Crawford:

One other thing that we see is something called the winter blues, which is also known as subsyndrome or seasonal affective disorder. So a milder form of seasonal affective disorder. I'll go into a lot more detail as to what SAD is, or SAD, what that is. But with the winter blues, the levels, the intensity of some of the mood-related changes, it doesn't rise to the level to meet criteria for a mood disorder and it often doesn't lead to significant impairment and functioning. And these are symptoms that we can see that tend to reoccur during the fall and winter months, and tend to remit or get better around the spring and summertime.

And so when we're thinking about the subsyndrome or seasonal affective disorder, and then I'll go into more detail about SAD, what we do know is that it can be associated with a number of mood disorders: major depressive disorder, bipolar I and bipolar II disorder. And it's not an actual condition that is listed in the DSM5, but is a specifier of these various mood disorders.

Now, when it comes to the winter blues and oftentimes people know that they feel different, their body feels different, their energy, their mood feels different during the cold winter months, and especially where I'm at in Boston, up in the Northeast, we really do feel it. With people who live in other parts of the country, and I'll show interesting map about this, those changes, you don't experience them as readily because there isn't this huge change in the amount of daylight that you're exposed to, or the change in the temperature. But what we do see during the winter months, shorter days, decreased sunlight. Less sunlight, we know that we're absorbing less vitamin D and I'll talk about the role that vitamin D plays in our mood.

Also, when it's cold outside and we're dealing with 30 degrees weather, it's hard to be physically active. If you used to go to the gym, you used to jump in your car and go to the gym or used to run outside, it's hard to do that when it's super cold and you don't want to clear off the snow on your car. So folks are less active. People can also be more isolated and feeling less connected can also result in some of the winter blues as well. We know that there's a number of neurochemical changes that can happen during this time with regards to melatonin and serotonin and vitamin D. We see these changes.

And then the other thing that we can't help but to ignore is just the ongoing toll of COVID-19. All of the anxiety and stress that comes along with that, especially now where we thought that we were out of the woods. Adults are able to have access to boosters. Kids, everyone five and up are able to have access to the vaccine. And it seems like things are improving. And then Delta came along, and now we're talking about Omnicron and all these other variants. And so feeling like my goodness, it's like one thing after the other. And the stress that's related to all of the uncertainty that exists when it comes to COVID and all of the restrictions that are in place can really just take a huge emotional toll. And then also to mention our frontline workers, those working in healthcare, and just the emotional toll and the physical toll of caring for patients with COVID-19 during this time. And with it being winter, we're just concerned about increased rates of transmission given that folks are going to be indoors more.

So when it comes to seasonal affective disorder, and also the winter blues, what we do know is that it tends to be more common in women. They have found that it's four times more common in women. It's also more common in those living further away from the equator. And they've done some research, Norman Rosenthal, a physician, did some research on this back in the '80s, and was one of the folks who coined the term seasonal affective disorder. Has done a lot of research in this. Over the years they have found that this could be associated with some interruption in circadian rhythms. And again, with all of these changes in serotonin levels, melatonin and vitamin D.

What are these neurochemical changes that I keep making reference to?

Dr. Christine Crawford:

What we do know is that when it comes to serotonin, which is one of neurotransmitters that helps to regulate our mood... And there are a number of antidepressants that are currently on the market that help to elevate levels of serotonin to improve anxiety and depression. What we have found is that people who experience seasonal affective disorder have 5% more of a protein that is involved in the transport of serotonin within our bodies. And we have found that, especially in the winter months, that serotonin transporter actually increases. What that means is that this transporter makes it such that it's picking up the serotonin and bringing it away so that we don't have as much access to it that is floating around within our brains to allow us to have more serotonin related activity to improve our mood. So it results in a lower serotonin activity, because it's just picking up all that serotonin, which can be associated with depression.

Interestingly in the summer months, when you're exposed to lots of sun, that actually, the sunlight helps to reduce the levels of that transporter, that protein that makes that transporter. It naturally reduces that production so that you actually have more serotonin floating around in your system to help your mood feel slightly more elevated. The other thing is we see some changes in melatonin. Melatonin is a hormone that is produced in the brain by a gland called a pineal gland. It's a hormone that helps with our sleep, wake cycle. And so when it gets darker outside and we're approaching nighttime, we actually have more production and release of melatonin. And that's what allows us to fall asleep and to feel sleepy. But what we notice is that the winter days, being exposed to shorter days, being exposed to less sunlight, we find that there are increased levels of production of melatonin. So people feel more sleepy and lethargic. That can also contribute to some of the symptoms that I described before.

And then there's vitamin D. Now, vitamin D plays a role in serotonin, also plays a role in melatonin. The direct mechanism of all of that is still being explored. We do know that vitamin D is involved somehow with serotonin, but we know that we get vitamin D from the sun. And people who live close to the equator, who live in areas in which they're exposed to more sunlight, have higher levels of vitamin D. And those who are further away from the sun have lower levels. The further away that you are from the equator, the more likely your vitamin D levels to be low. So you could see this figure here.

Up top in the Northern part of the United States, we could see that vitamin D deficiency tends to be at higher rates above 37 degrees south of the equator. So we're actually able to even see on a map that for folks who are 30 degrees south of the equator tend to do a little bit better when it comes to vitamin D. And so that's something that we also need to keep in mind. We don't really think about vitamin D all that much, but it really does play a role in low mood. Speaking about the connection of vitamin D, we talked about... These are some images from the Norman Rosenthal's website, the person who helped coin the term seasonal affective disorder. You could see that parts of the world that are indicated in yellow, seasonal affective disorders is less common compared to places that are further north. And then again, another figure just to show with increasing latitude, the percentage of seasonal affective disorder goes up. And then here's another figure that just again, emphasizes this point about the regional differences that we see when it comes to winter blues, which again is a subsyndromal form of seasonal affective disorder, as well as seasonal affective disorder or SAD.

So you could see in the lighter blue that represents the winter blues at different locations. Here we have Fairbanks, Alaska in which 19.1% of individuals experienced the winter blues. And that's much higher than what it is we see in Sarasota, Florida. And we can also see these changes in Finland and Iceland and Norway, where they tend to have shorter days. And you could see how the rates of seasonal affective disorder and the winter blues compares to what it is we see in individuals who are living in Florida.

Dr. Christine Crawford:

And so the other thing that can often be used, especially if you have concerns that you may have a seasonal pattern in terms of your mood symptoms, there is something called the Seasonal Pattern Assessment Questionnaire, which is actually available for free on the internet. So if you just Google Seasonal Pattern Assessment Questionnaire PDF, it will pop up. It's a tool that clinicians can use, and even for you to kind of review, to see if there is this pattern in mood-related symptoms that you could see over the course of various seasons. And so this is just a sample of some of the questions that are included in that questionnaire. And you could just see how it really goes into a lot of detail as to the different symptoms that you may experience within the months during the calendar year.

All right. We know about seasonal affective disorder, we talked about the winter blues, but what is one to do about all of this? And so sleep, sleep, sleep, it's so important, and I can't emphasize the importance of good overall sleep hygiene. Parts of sleep hygiene include your bedtime routine and what it is that you do as part of your routine to wind down for the night. Now, for some people, part of their routine is to go to bed, to turn on the TV, to be on their phone. And they're just exposing to themselves to all of this blue light that can interfere with some of the neurochemicals that are involved in regulating your circadian rhythm and to make it such that you're in a normal sleep, wake cycle. It's disrupting that when you are exposing yourself to the blue light that comes from the screens of computers, from TV, from your phone. So knowing the importance of turning all of that stuff off 30 minutes prior to going to bed so that your brain can release all of the important hormones and chemicals that it needs to be able to wind down.

And also to have a routine, to try to go to bed at the same time every night, we do know that's associated with reduction in some symptoms around depression and anxiety.

Moving your body. I talked about it earlier on, but that could also be a way to treat some symptoms of SAD and also to prevent from some symptoms of the winter blues and seasonal affective disorder.

There's been research to demonstrate that there are medications that can treat seasonal affective disorder. And that's why it's important to be able to recognize these symptoms so that you can talk to your provider about what it is that you're experiencing and what options are available for you. Medications can be helpful for some, but it doesn't mean that it's a tool to be used by everyone. But I just want folks to know that that is an option that could be available to people. The medications that can be helpful for those who are experiencing seasonal affective disorder include the SSRIs. And those are medications such as fluoxetine or citalopram, escitalopram, sertraline, Zoloft. Those can be helpful for seasonal affective disorder. And also bupropion, also known as Wellbutrin has been found to improve some symptoms of seasonal affective disorder.

And then I'm sure that a lot of you guys have heard about light therapy when it comes to seasonal affective disorder. I kept talking about the effects of light and light deprivation and how that can contribute to some of these neurochemical changes, but they have done lots of studies on using light therapy. And having people access a light box and sitting in front of this light box for about 30 to 45 minutes a day, it is known to be associated with a reduction in some of the symptoms that can come along with seasonal affective disorder. And so you want to make sure that if you're looking for a light box, that it provides about 10,000 lux of light. So we're not just talking about finding a random light bulb and sitting in front of it or a lamp, but finding a light box that will emit the 10,000 lux has been associated with some benefit.

Dr. Christine Crawford:

People can respond relatively quickly to light therapy. For some, they can notice some improvement in their symptoms between one to four weeks of starting light therapy. And for those who are using medications, such as the SSRIs or Wellbutrin, doing that, in addition to light therapy, one can achieve maximum benefit from that combination therapy. But talk to your provider if you are going to use light therapy, because there are some medications that can lead to some photo sensitivity and can cause some adverse effects of you're taking these medications and you're exposing your self to this type of light that can have negative impact on your body. So some antipsychotics, some diuretics, antibiotics and MAO-Is, as well as some mood stabilizers can cause what we call photosensitive reaction. So it's important to talk to your provider if this is something that you are doing.

I have included here some links with really helpful information in terms of the questionnaire that I had mentioned before, some fact sheets, as well as a really great link that has some articles that talk about racial justice during the winter holiday season. Talking about the challenges that are associated with otherness during this period of time, and especially when it comes to schools and having conversations with kids. And so I just want to make mention of that website that has links to a number of different articles.

Thank you so much for spending this time with me. I hope that some of this information was helpful, but I also want to acknowledge the fact that this is a period of time, the winter months and the holidays that can have various meanings for everyone. And we can't make assumptions as to what this period of time means for people. And so I just encourage everyone to be curious about how everyone is doing, to check in. To be like, "How are you doing during this period of time?" And to share with people how you're doing, what difficulties you're experiencing, what challenges you're facing. And the more that we can be open and honest about how this period of time can bring up some hard memories, some strong emotions, the more we could talk about it, the less alone people will feel if they're experiencing some of these things. I just hope that this information today will ignite a conversation with your friends and family moving forward. Thank you, everyone.

Ken Duckworth:

Great, Christine, thank you so much. What a comprehensive and thoughtful talk. We're so lucky to have you.

Let's start with couple questions about seasonal affective disorder. Let's go back to the kind of light that works. What might be the circumstances when you're trying to buy one? Can you get your health insurance plan to pay for it? Let's just go into light boxes. Let's do some detail on light boxes.

Dr. Christine Crawford:

Yeah. As I mentioned before, you want to make sure that when you're looking at a light box that it says 10,000 lux. So 10,000 L-U-X. And there are a number of light boxes available if you were to Google or go on to Amazon, but I do think it could be helpful to talk to your primary care doctor about light boxes that they've had their patients use in the past, because they may have some information about light boxes that may be covered by your insurance, or your HSA, or what have you. And so I do think that it's important to talk to your providers about this because it is a known form of treatment. It's a known form of therapy that works.

Dr. Christine Crawford:

And oftentimes people may say or think to themselves, "Well, I don't have the money to be able to buy this fancy pants light box." That's why I just encourage people to check in with their primary care office to see if there are staff who can help you navigate the financial aspects of it, because it really does work. But you want to make sure that it says 10,000 lux when you're looking at a light box. And it's not the thing where you do it here and there for like two minutes and then you do it for a minute here. If you're able to sit down for 30 minutes, whether it's at the beginning of your day, right when you wake up, you're drinking a cup of coffee. You can sit in front of the light box and be able to gain in that time. So just being able to do it for 30 minutes consistently can really have significant benefits.

Ken Duckworth:

Talk about vitamin D. Do you tell your patients to take vitamin D? How do you think about it and is that related to seasonal affective disorder? Would the optimal care be to get the right kind of light, to use it regularly, and to take vitamin D if you're in a Northern climate and you think you probably have a seasonal component based on the survey that we put out?

Dr. Christine Crawford:

Yes. What I routinely do when I'm seeing people who are coming in with depression, I routinely check for vitamin D. Again, being in Boston and people are spending a lot of time indoors, there're a lot of folks who are walking around with vitamin D deficiency and they don't even know it. And so before I start medications for folks, I just want to make sure that there aren't any underlying medical issues that are contributing to their mood, and vitamin D is known to result in depression. So if you are able to get a vitamin D level from one of your providers and you see that the level is low, they can start you on vitamin D supplementation.

Now, the thing is, we see vitamin D available on the shelves, and sometimes it could be really hard to know what form of vitamin D should you get, how much should you take? But vitamin D3 is actually incredibly helpful. You could just go, look on the shelves at your pharmacy for vitamin D3. About a thousand units is actually helpful for people who are experiencing vitamin D deficiency, but you want to make sure that you check your levels first and that you're not taking excessive amounts of vitamin D, because you can also have some negative side effects related to having too much of that on board. So certainly something worthwhile to check.

Now in terms of the connection between vitamin D and your mood and light and all of that, is when we are exposing ourselves to light and doing the photo therapy, that can certainly elevate your mood. And if you are doing the vitamin D supplementation as well, that can also help with some of the levels with regards to serotonin. It doesn't directly cause an increase in serotonin, but we do know that it plays a role in serotonin activity. So certainly something to have a conversation with your primary care doctor about the role of vitamin D and to see if your levels can be checked.

Ken Duckworth:

Thank you. A person has bipolar I with a seasonal component. Would they use the same kind of light for seasonal affective mood changes? And do they need to be mindful of the light flipping them into hypomania?

Dr. Christine Crawford:

Yeah. Again, that's why I do think that if you are considering light therapy, because it is a form of therapy, it is a form of treatment, it is important for your providers to be my mindful of that because they can monitor your mood symptoms over the course of time in which you're receiving treatment. Because what can happen is yes, the person who wrote the question is absolutely correct. If you are doing light therapy, there is the possibility that it may result in some activation and some switching into a state of mania. And so we want to make sure that you're able to get the benefits, but it doesn't bring you to a point in which your movement and behavior is tipping into a point in which it's difficult to function.

And so if you just let your providers know that this is something that you're doing, they can talk to you about the amount of time that you should expose yourself to light. They can follow up with you more closely rather than just doing the routine, "I'll see you in three months." Because say if you saw them for your last visit in October to manage your bipolar disorder and the next appointment isn't until January, February, and you start light therapy, there's going to be this possibility that there may be this change in your mood-related symptoms. So let them know. And then perhaps there could be more close follow up over the winter months if this is something that you're interested in doing in terms of the light therapy,

Ken Duckworth:

We're going to transition to a new paragraph, a different set of questions, some harder. Some people have lost people to COVID, have empty chairs for their holidays. Someone was asked to be separated by their spouse. Someone lost an adult child. How do you think about grief in the holidays knowing that there are no easy answers, but I know you've thought a lot about these questions and these questions do come up for people at the holidays?

Dr. Christine Crawford:

Yeah, we do know that for a number of folks, holidays is a time to connect with family and that's something that for a number of people, they've experienced ever since they were a kid, that there were these traditions that centered around family. And as you get older, it can be increasingly painful to notice that things change with regards to the composition of these family gatherings, who's sitting at the table. And so the same way in which certain events, in terms of the death of a loved one and the anniversary of that death during any time of the year, that can be painful, but we can imagine that it could be exceptionally painful during the holidays when it seems like everyone is talking about connecting with family. You're seeing these images about the importance of family. It's just this constant in your face reminder, and it can be really hard to navigate that.

So I wonder about one way to view the holidays as instead, a period of time to feel this deep sense of loss about who is not present. It can be viewed as an opportunity to reflect on all the joyous times that you had in the past with that person who isn't there, and to reflect on the fact that you are fortunate enough and lucky enough to have this person in your life. This person who has shaped the person who you are today, and the fact that you were touched by them at some point in time. And to be able to recognize that and to celebrate it. Yes, it's painful that they're not here, but also celebrate who they were and the impact that they had on your life and how they made you the person that you are today. Easier said than done, right? It really is, but I do think that leaning into the acknowledgement of who isn't present can be helped for some, because there may be this tendency to just simply ignore it, to not even acknowledge who's not at the table.

Dr. Christine Crawford:

And it could not only just be about death, recent death. It could also be that people may be in treatment or people may have symptoms that may interfere with their abilities to participate in these gatherings. And so there's also that sense of loss too, but just being able to acknowledge the role that they've played in your life and to talk openly about it, to not shy away from it, and to be ashamed if you're still having feelings about that grief.

Ken Duckworth:

Yeah. That's a very thoughtful answer that came up in a number of questions. Let's talk about America's divide around masks, vaccines, and the entire pandemic. How might you help somebody think about balancing the risk of infection versus the risk of isolation, of not getting together with people who may not be interested in vaccines or masks?

Dr. Christine Crawford:

Yeah. I say it's really important to check in with your gut. If there is an opportunity to connect with someone and you feel inside that you're somewhat uncomfortable about who's going to be present, you're somewhat uncomfortable about the question around vaccines and masks. If you're feeling any bit uncomfortable, I do think it's completely valid who share that concern with someone, the person who is hosting and just to let them know how you're feeling. "I'm feeling a little concerned about this gathering. I wonder what are your thoughts about how best to approach this meetup with grandma and with all the other relatives? What are your thoughts?" And to just have open conversations about it.

The other thing too, is that there's been discussion around the etiquette around wearing mask and how to inquire about people's vaccination status when you are inviting people to a gathering. My understanding, and I think what's been accepted more broadly as etiquette around this is if you are the host, you set up the ground rules for what happens in terms of vaccination status and mask. If people do not want to follow the ground rules, then they don't need to come. And that's so hard because it's hard to set that boundary with folks when you're doing the invite and to say, everyone's coming, we're hoping that they're vaccinated and they have the booster. That can be really difficult, but that's also another way in which you can set that boundary and to have some control over the gathering. Is to host it and to establish the ground rules. But I just want to acknowledge how challenging of a conversation that is, but you have to do what feels best with you and to make sure you listen to your gut.

Ken Duckworth:

Yeah. There was a couple questions also on setting boundaries, and I think you answered that question very nicely with that question. One last question I want to delve into, which is a common, but not easy topic is, I have a relative who seems clearly depressed. How might I communicate with that relative about the idea that I want them to get support and help? Seems like the holidays are really hard on them, but they have difficulty acknowledging that. And again, another common question, but it's so fun to have you and perspective to answer it.

Dr. Christine Crawford:

Yeah. One thing that you could do is when you are talking to this individual, is to share with them some of the objective things that you've noticed. You could say things like, "Well, I noticed that it seems you're arriving late or you're canceling the last minute for different gatherings. I've also noticed that you've lost some weight. I've noticed that you're moving a little bit slower than usual. I've noticed these things. I wonder, what are your thoughts about some of these observations that I have?"

Dr. Christine Crawford:

So to acknowledge that you've noticed these objective changes, but then to leave it up to the person for them to reflect and to share with you what their understanding is as why these changes are ever present. That can create some space for the person to share with you, "Yeah, I've been feeling down and I haven't been eating that much." Or, "I've lost interest in things I usually enjoy and it's been tough." And then you can come alongside with that person and just say, "Man, I'm sorry that you're going through this. How can I best help you and support you in this moment?"

Oftentimes as friends and family, we're so quick to jump into problem-solving mode. "All right, I'm going to call up the therapist. I'm going to put you into the support group. I'm going to do X, Y, and Z." When it's possible that the person already looked into that, but the way in which you could support them in that moment is to listen to them and to listen to what it is that they've been going through and to validate that. And/or it could be something else and something as simple as, "I really want to go and see my therapist again, but it's so hard for me to get into a car and drive there. Could you give me a ride to my appointments?" That's another way in which you can support someone in getting the help that they need.

So acknowledging that you've noticed these changes, talk to the person about what their experience has been like, what they've noticed, and to create some space for them to invite you for them to share with you ways in which you can support them. And to not make any assumptions, to not step forward and say, "You are depressed. I know that you're depressed and you need to get help," because that's going to create a rift. And that may kind of create some distance between you and that person and may make it difficult to connect and engage. So allow the person to take the lead first.

Ken Duckworth:

Yeah, that's a beautiful answer. Bill Miller, who invented Motivational Interviewing would agree with everything you said. Find areas to agree upon and listen. Don't press the issue. Christine, once again, it's wonderful to see you. Thank you for everything. We're so fortunate to have you in the NAMI family. I'm going to hand this back off to our CEO, Dan Gillison.

Dan Gillison:

Thank you very much, Ken. And thank you, Dr. Crawford for a great presentation and a great transfer of information to our audience. We've had over 400 and some participants. 420, 430, or something like that. So it's outstanding. To everyone that's still with us, what we want to mention to you is save the dates for our Ask the Experts in 2022. We will again have these on Thursdays from 4:00 to 5:30 PM Eastern Standard Time. And as you look at these, you'll see one for January with the date and the speaker to be announced. It will be on Hearts and Minds, which is an outstanding program and initiative that we've relaunched. And then on the 24th of February, we will have one with Diana Chao, the Founder and Executive Director for Letters to Strangers. You will find this incredibly interesting, both of these. So please put these on your calendars to be with us in 2022.

In addition to thanking Ken and Dr. Crawford, I want to thank our production team. We see the finished product, and when the virtual curtains open and it starts, you see the production. There's a lot of work that goes on and planning and coordination that happens to bring this to you. So to Jordan Miller, to Teri Brister, to Jessie Walthall, to Christina Bott, and Allison Byler, who joined us on today, thank you very much for supporting us throughout the year. And Jordan, Teri and Jessie, thank you for so supporting us throughout the year. And Christina and Allison, thank you for being with us on today.

Dan Gillison:

Remember you are not alone. It takes all of us. As you'll see the disclaimer here in terms of... These Ask the Experts are informational webinar series and are not intended to provide medical advice on any specific topic or for any specific individual. The series is made possible through the generous support of people like you. If you're enjoying these programs, please consider donating at our website, www.nami.org/donate. Important that we capture this as it reads on the slide. The biggest part of this is making sure that as we matriculate through the rest of this year, remember you are not alone and we wish you and yours a great close of the year, and we wish you a wonderful and safe holiday. We look forward to seeing you in 2022 at our Ask the Experts. Be well and thank you for being with us today. Bye now.