**The Unique Winter of 2021-22 and Seasonal Affective Disorder (SAD)**   
(Sources include the [National Institutes of Health](https://www.nih.gov/) and [National Institute of Mental Health](https://www.nimh.nih.gov/) websites)  
  
As November begins, we recognize that many of us may feel less happy from time to time during the cold, gloomy days of winter. For some, these “winter blues” are temporary and do not interfere with their functioning. But others may start to feel consistently “down” when the days get shorter in the fall and winter and begin to feel better in the spring with its longer daylight hours. In some cases, these mood changes are more serious and can affect how a person feels, thinks, and handles daily activities. Seasonal affective disorder (SAD) is a type of depression that comes and goes with the seasons. It usually starts in the late fall and early winter and goes away during the spring and summer. Some people do have episodes of depression that start in the spring or summer, but that is a lot less common. SAD is a particular risk here in Washington, with the short days and long nights of Winter at our latitude.

This year, several other factors may compound the effects of SAD. First, we’re already in the midst of an ongoing COVID-fueled mental health crisis. Symptoms of anxiety or depression reported by adults in our state continues to be much higher than before COVID: [from 23.4% in 2018-19 to 36.2% at the end of September 2021](https://www.kff.org/statedata/) -- more than 50% higher than in pre-COVID days. In addition, some of us – BIPOC/people of color – have been [disproportionately affected by COVID](https://www.kff.org/coronavirus-covid-19/issue-brief/communities-of-color-at-higher-risk-for-health-and-economic-challenges-due-to-covid-19/?utm_campaign=KFF-2020-Uninsured&utm_source=hs_email&utm_medium=email&utm_content=2&_hsenc=p2ANqtz-_UqLIoowVMibewUsBF8kGfwkh4ndUc-Ng7RZ8if---KZNFdsVsWt8UG2un7FH2DxliVe3nEefuXSQR1155GRcIUWd7mg&_hsmi=2) as well as [longstanding structural racism](https://share.nned.net/wp-content/uploads/2020/06/Trauma-Racism-Chronic-Stress-and-the-Health-of-Black-Americans_SAMHSA-OBHE-6420.pdf) and [mental/behavioral health inequities](https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf).

During COVID, most of us have been experiencing [grief and loss](https://www.cdc.gov/mentalhealth/stress-coping/grief-loss/index.html), and now we’re headed toward yet another far-from-normal winter holiday season accompanied by [CDC-recommended precautions](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays/celebrations.html) to carefully consider before we travel and gather with loved ones. And finally, here in the Pacific Northwest our outlooks might be further eroded as we experience the predicted [La Nina weather pattern](https://www.noaa.gov/news-release/us-winter-outlook-drier-warmer-south-wetter-north-with-return-of-la-nina) for the second year in a row, bringing colder and wetter weather than normal from December through February.

Symptoms of SAD may include:  
  
• Sadness  
• Gloomy outlook  
• Feeling hopeless, worthless, and irritable  
• Loss of interest or pleasure in activities you used to enjoy  
• Low energy  
• Difficulty sleeping or oversleeping  
• Carbohydrate cravings and weight gain  
• Thoughts of death or suicide  
  
SAD is more common in women, young people, and those who live far from the equator. You are also more likely to have SAD if you or your family members have depression.  
  
The exact causes of SAD are unknown. Researchers have found that people with SAD may have an imbalance of serotonin, a brain chemical that affects your mood. Their bodies also make too much melatonin, a hormone that regulates sleep, and not enough vitamin D.  
  
The main treatment for SAD is light therapy. The idea behind light therapy is to replace the sunshine that you miss during the fall and winter months. You sit in front of a light therapy box every morning to get daily exposure to bright, artificial light. But some people with SAD do not respond to light therapy alone. Antidepressant medicines and talk therapy can reduce SAD symptoms, either alone or combined with light therapy.

Here are some additional resources:

* From the CDC, check out this [detailed information about SAD](https://www.nimh.nih.gov/health/publications/seasonal-affective-disorder).
* Find [more information about treatment for SAD](https://medicine.yale.edu/psychiatry/research/programs/clinical_people/winter/treatment/), from the Yale School of Medicine’s [Winter Depression Research Clinic](https://medicine.yale.edu/psychiatry/research/programs/clinical_people/winter/treatment/).
* Take a [SAD self-assessment](https://cet.org/assessments/), from the non-profit [Center for Environmental Therapeutics](https://cet.org/).
* SAD is just one form of depression, and depression can show up in different ways: here is a list of [ten surprising signs of depression](https://www.prevention.com/life/a20465433/surprising-depression-symptoms/).

If some of these signs/symptoms sound familiar, or if you’re struggling and unsure of what to do next, reach out to the EAP for support, at 1-877-313-4455 or [online](https://des.wa.gov/services/hr-finance/washington-state-employee-assistance-program-eap/employees/how-receive-eap-services).  
  
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# **Upcoming Webinar: Live Orientation to the Employee Assistance Program (EAP)**

Presented by: Kari Uhlman, MA, LMHC- EAP Counselor

**Wednesday, November 17, 2021 --** 2:00 p.m. - 2:30 p.m. [**Click to Register**](https://des-wa.zoom.us/webinar/register/WN_IaQSGKOfR9-uYoNwydtkDQ)