



Holiday Seasonal Depression: Ways to Support Nursing Facility Residents

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CENTER OF
EXCELLENCE
FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

Today's Event Host

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COE-NF TRAINING AND EDUCATION LEAD

Nikki serves as the training and education lead for the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF). For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in psychology from the University of South Carolina, a M.A. in counseling from Webster University and is a certified behavioral specialist.



Today's Presenter

Bryan G. Stephens, MA, MBA, CPCS, LPC

CEO, TALKFORWARD

Bryan is a licensed professional counselor and the founder and CEO of TalkForward, which provides psychotherapy and executive consulting services. Bryan has practiced in behavioral health for the past 30 years.

With 20 years of executive management experience, Bryan served as a chief executive officer in a public behavioral health agency, with over 450 employees and an annual budget of \$27 million.

A specialist in clinical supervision, Bryan began training therapists in small and large groups, while serving as Ethics Chair for the Board of the Licensed Professional Counselors Association of Georgia (LPCA). He currently serves as the President of LPCA which has over 8000 members.

Bryan has an Executive MBA from Kennesaw State University and both a master's and bachelor's degree in psychology.

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Learning Objectives

- Participants will gain a basic understanding of Seasonal Affective Depression and holiday depression/blues.
- Participants will be able to recognize and understand signs, symptoms, and triggers of Seasonal Affective Depression.
- Participants will learn helpful responses of engagement with residents.

Seasonal Affective Disorder (SAD)

Seasonal Affective Disorder, or SAD, is a condition in which some people experience a significant mood change when the seasons change. SAD is not considered a separate disorder but is a type of depression.

- SAMHSA (Substance Abuse and Mental Health Services Administration)

Seasonal Affective Disorder (SAD)

Seasonal Affective Disorder (SAD) is triggered by changes in seasons. This form of depression usually occurs during the fall and winter months when there is less sunlight, and the days get shorter. SAD usually lifts during the spring and summer months.

- SAMHSA (Substance Abuse and Mental Health Services Administration)

Seasonal Affective Disorder (SAD)

- SAD is a type of depression characterized by a recurrent seasonal pattern.
- Symptoms lasting about 4–5 months out of the year.
- In most cases, SAD symptoms start in the late fall or early winter and go away during the spring and summer, known as winter-pattern SAD or winter depression.
- Other people experience depressive symptoms during the spring and summer months, known as summer-pattern SAD or summer depression. Summer-pattern SAD is less common.

- National Institute of Mental Health

Seasonal Affective Disorder (SAD)

- SAD occurs much more often in women than in men.
- Winter-pattern SAD also occurs more often than summer-pattern SAD.
- SAD is more common in people living farther north, where there are shorter daylight hours in the winter.
- SAD is more common in people with depression or bipolar disorder.
- People with SAD tend to have other mental disorders.

- National Institute of Mental Health

Symptoms of Seasonal Affective Disorder Can Include

- Sad, anxious, or "empty" feelings
- Oversleeping
- Loss of interest or pleasure in activities the resident use to enjoy
- Difficulty sleeping
- Fatigue and decreased energy
- Irritability and agitation
- Lack of appetite
- Thoughts of death or suicide
- Feelings of hopelessness, guilt, worthlessness, or helplessness
- Overeating
- Weight gain
- Social withdrawal
- Difficulty concentrating, remembering details, & making decisions

- National Institute of Mental Health

How is SAD Treated

Treatments can include:

- Light therapy (winter)
- Psychotherapy
- Antidepressant medication
- Vitamin D (winter)

- SAMHSA (Substance Abuse and Mental Health Services Administration)

What is Holiday Depression

- Also known as holiday blues
- Feelings of sadness that last throughout the holiday season—especially during the months of November and December.
- Holiday blues is different from mental illness, but short-term mental health problems must be taken seriously.
- Individuals with a mental health conditions may be more prone to experiencing holiday depression/blues.
- 64% of people diagnosed with a mental illness find the holidays make their condition “a lot” or “somewhat” worse.

- National Institute of Mental Health

Signs of Holiday Depression/Blues

- Depressed or sadness
- Feeling more tired than usual
- Feeling tense, worried, or anxious
- Irritable mood or agitated
- Loss of pleasure in things, or isolation

Holiday Depression/Blues

- Holidays can be reminders of loss
- Grief may resurface, intensifying feelings of sadness
- Individuals feel they are “supposed” to feel happy during the holidays
- Family visits can trigger anxiety and stress
- A lack of family and friend visits can result in feelings of loneliness
- Residents' expectations do not meet reality

- National Alliance on Mental Illness

Help Residents Cope with Holiday Depression/Blues

- Help residents to have realistic expectations
- Create traditions for the residents to enjoy
- Engage residents about the holidays and their experiences
- Engage in open communication and foster choices

-National Alliance on Mental Illness

Help Residents Cope: Engagement Strategies

Ways for staff to engage residents: open-ended questions one-on-one and/or in a group.

- I sometime get kind of down during the holidays. Do you ever feel this way?
- To be honest, I've been struggling this holiday season, How has it been for you?
- What are your favorite parts of the holiday? What about your least favorite?

Help Residents Cope: Practice Self-Reflection

Staff are not immune!

- What do I want to get out of the holidays?
- How do the holidays usually look for me? What feelings typically come up?
- If I feel the need to change myself, where does that desire come from?
- Am I approaching my goals from a place of love or shame?

-Real

Differences between SAD & Holiday Depression/Blues

The distinguished difference is the duration and severity of symptoms

Seasonal Affective Disorder	Holiday Depression
Starts late fall or early winter	Starts around November or December
Last until Spring or Summer	Lifts in New Year
Symptoms are more severe	Mild symptoms

What You Can Do Today

Educate

- Train your assessment team on proper SAD diagnostic criteria (Physicians, Nurses, Social Workers)
- Train staff at all levels on the signs, symptoms and supportive responses when working with residents with a SAD diagnosis or with Holiday depression/blues.

Psychiatric care

- Ensure that residents with a diagnosis of SAD or Holiday depression symptoms, get the appropriate level of counseling and psychiatric care in your facility.

Interdisciplinary Team

- Ensure that resident's treatment and symptoms are communicated with staff at all levels.

What You Can Do Today (continued)

Assess the nursing facility environment

- Engage residents in holiday planning and activities.
- Place comfortable chairs near large windows that provide natural light.
- Open the blinds and curtains to increase sunlight.

Therapeutic activities

- Encourage activities that promote mental stimulation, social interaction, and emotional well-being.
 - These may include art therapy, music therapy, cognitive exercises, or group activities.
 - Tailor the activities to the resident's skills, needs, abilities and preferences (person centered care).



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Questions?



COE-NF Resources on Seasonal Affective Disorder

1. Don't Be SAD: Seasonal Affective Disorder (SAD)

https://nursinghomebehavioralhealth.org/news-events/site_resources/dont-be-sad-seasonal-affective-disorder-sad/

2. Seasonal Affective Disorder – Fact Sheet

https://nursinghomebehavioralhealth.org/news-events/site_resources/seasonal-affective-disorder-fact-sheet/

3. Seasonal Affective Disorder – Checklist

https://nursinghomebehavioralhealth.org/news-events/site_resources/seasonal-affective-disorder-checklist/

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Don't Be SAD: Seasonal Affective Disorder (SAD)

When the seasons change, do you feel down, lack energy or experience changes in appetite and sleep patterns? If so, you may have Seasonal Affective Disorder (SAD). Don't worry. You're not alone, and there are ways to manage it.

- Let the light in**
 - Spend time outdoors during daylight hours
 - Open curtains and blinds to get more natural light
 - Consider using light therapy devices as recommended by a health care professional
- Stay active**
 - Engage in activities based on your fitness level
 - Boost your mood and energy levels through exercise
- Maintain healthy habits**
 - Keep a consistent sleep schedule
 - Select healthy snacks
- Seek support**
 - Share your feelings with your health care team
 - Ask about coping skills and treatment options
 - Reach out to family and friends for help

SAD is treatable. Connect with the interdisciplinary team to identify resources and supports to assist with symptom management.

Scan the QR code to view additional resources and trainings from the COE-NF.

This flyer is for informational purposes only and not a substitute for professional medical advice. Consult a healthcare professional for personalized guidance.

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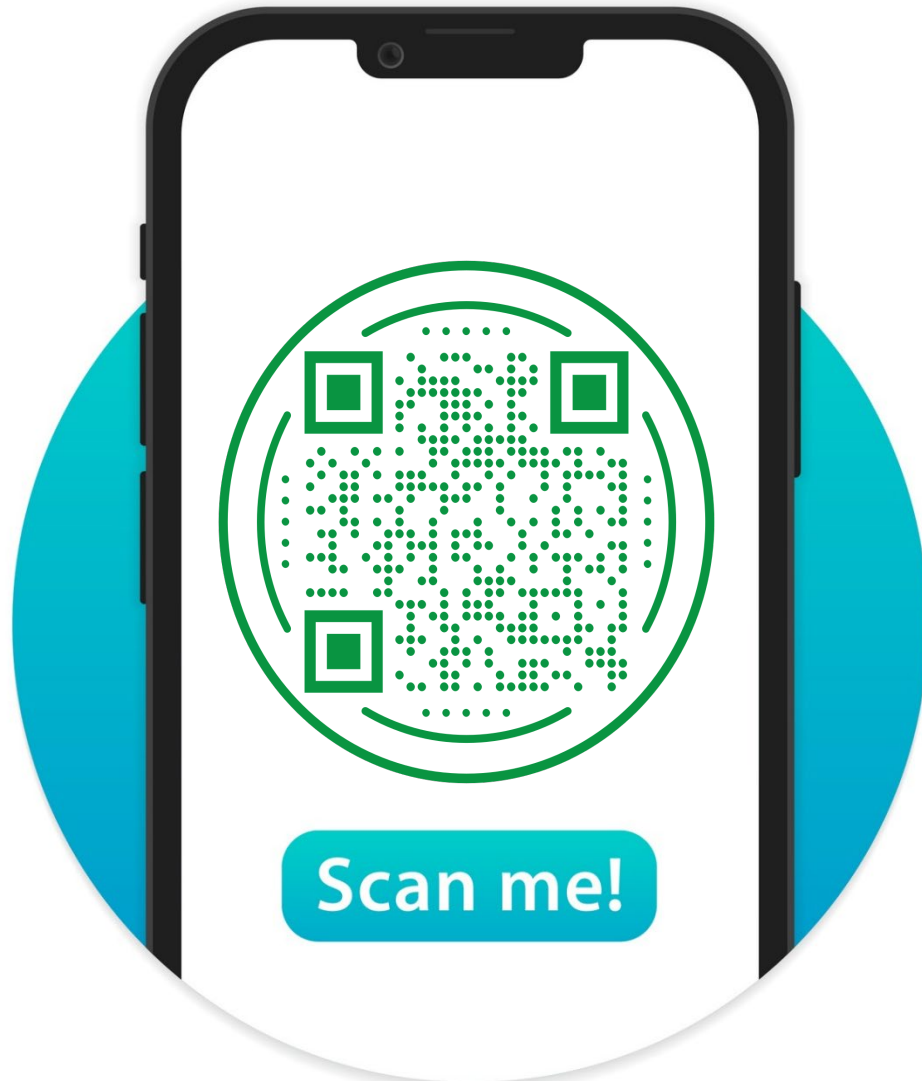
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www.talkforward.com

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Request Assistance



To submit a request for assistance, scan the QR code.

We look forward to assisting you!

Contact us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

Reference

National Institute of Mental Health <https://www.nimh.nih.gov/health/publications/understanding-psychosis#:~:text=Psychosis%20often%20begins%20in%20young,at%20higher%20risk%20for%20psychosis.>

Thank You!



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