

SAD across the US: Seasonal Patterns of Adolescents Seeking Help from a Teen Crisis Helpline

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Project Question(s)



Are there seasonal patterns of adolescent help-seeking behavior?

How do these patterns vary by region of the United States?

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When and where should teen crisis centers ensure efforts are made to anticipate these patterns?

BACKGROUND

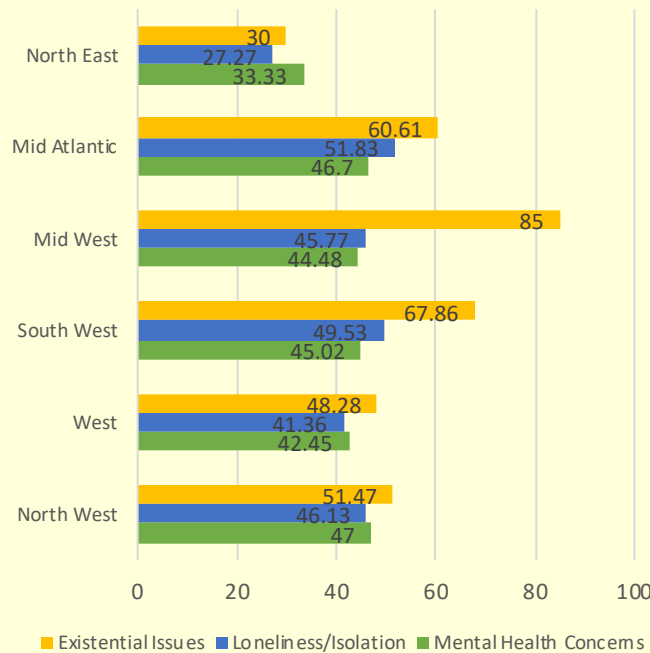
I began my experience at YouthLine as a Coaching Volunteer in August 2019. My role involved responding to contacts in crisis, mentoring and supervising teen volunteers, and performing basic administrative tasks revolving around data tracking. The latter of these bred a curiosity in me for finding significant patterns of data, as the YouthLine provides a valuable insight to adolescent help-seeking behavior regarding mental health. Being based in Oregon, I found it naturally of interest to study potential patterns reflecting Seasonal Affective Disorder amongst regions of the US. In fact, 50% of the YouthLine's contacts come from outside Oregon, so this proved to be a great choice, and the use of data recording program iCarol provided an outlet to analyze existing data in new ways.

METHODS

Data was gathered and analyzed from an existing database, spanning from January of 2018 to March of 2020. Data was split into regions of the United States (gathered from the US Census Bureau) and three categories of caller subject matter relevant to symptoms commonly associated with Seasonal Affective Disorder. The proportion of contacts who reached out during an appropriate grouping of months was recorded. The data shown describes the proportion of contacts from each region who reached out during October-February, for each category of call. A two-factor ANOVA was used to analyze significant variations amongst all regions for all three relevant categories combined.

RESULTS

Proportion of Contacts During SAD Season



Two-factor ANOVA, **no significant difference, but is almost trending** in the proportion of contacts who reached out during SAD months amongst all regions, all three categories considered, $F = 3.901$, $P = 0.108$, $\alpha = 0.05$.

Discussion/Conclusion

Limitations included an inability to test for significance between a single factor, as well as the lack of demographic information relating to religiosity, average income, and baseline levels of depressive symptoms.

This lack of a significant pattern could be chalked up to a multitude of factors, but in my opinion likely involves the difference between the amount of youth experiencing SAD, and those who reach out for help.

In terms of what variation we do see, there is a slightly higher amount of Mental Health Concerns in the Pacific North West than other regions, but only in this category. Additionally, the higher proportion of Existential Issues in the Mid West is unique, and potentially due to an intersection of higher religiosity in this region leading to more questioning that is existential in nature, combined with higher amounts of snow and harsher weather.

These results imply that perhaps efforts to reach more contacts should not be based by region necessarily, but by other factors that make one susceptible to SAD, such as gender, racial identity, and annual household income. Future studies should analyze these marginalized identities and how they play a larger role in the likelihood of SAD, as seen in existing literature.

References: Flaskerud, J. H. (2012). *Seasonal affective disorders* Informa Healthcare. doi:10.3109/01612840.2011.617028

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