

# **I'VE GOT YOUR BACK; YOU'VE GOT MY EAR: SUICIDE PREVENTION IN THE LEGAL PROFESSION**

Presented by the  
American Bar Association  
Center for Professional Responsibility,  
Young Lawyers Division,  
Commission on Lawyer Assistance Programs and  
Center for Professional Development



American Bar Association  
Center for Professional Development  
321 North Clark Street, Suite 1900  
Chicago, IL 60654-7598  
[www.americanbar.org](http://www.americanbar.org)  
800.285.2221



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This publication accompanies the audio program entitled "I've Got Your Back; You've Got My Ear: Suicide Prevention in the Legal Profession" broadcast on March 21, 2016 (event code: CE1603FSS).

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Stuart Mauney

## ONLINE RESOURCES

**Additional Survey for Faculty Feedback** (NOTE: This specific survey is not related to your CLE Certificate)

<https://www.surveymonkey.com/r/abayourbackmyear>

**Surprising Trend of Lawyer Suicides Video**

[https://www.youtube.com/watch?v=Z\\_ZelG4\\_bqQ](https://www.youtube.com/watch?v=Z_ZelG4_bqQ)

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<sup>2</sup> Reprinted with permission from Robin Frazer Clark.



# Welcome

## I've Got Your Back; You've Got My Ear: Suicide Prevention in the Legal Profession

C. Stuart Mauney, Shareholder, *Gallivan, White & Boyd P.A.*

Katherine M. Bender, Programming Director, *The Dave Nee Foundation*

Lynn S. Garson, Counsel, *Baker Hostetler*

Terry L. Harrell, Executive Director, *Indiana Judges and Lawyers Assistance Program*



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## I've got your back – you've got my ear: Suicide Prevention in the Legal Profession



## Panelists

**Terry Harrell (Moderator)**  
Executive Director, Indiana JLAP  
Chair, ABA Commission on  
Lawyer Assistance Programs



**Katherine M. Bender, Ph.D.**  
Programming Director  
The Dave Nee Foundation



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## Panelists

**Lynn S. Garson, Esquire**  
Attorney at Law  
Baker & Hostetler, LLP  
Atlanta, Georgia



**Stuart Mauney, Esquire**  
Attorney at Law  
Greenville, South Carolina



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# Agenda

- Introductions
- Ethical Responsibility
- Prevalence of mental health and suicide and associated factors within the legal community
- Personal Perspectives
- Assessing and Responding
- Seeking Help and Resources
- Question & Answer

# Ethical Responsibility

Stuart



# Effective Representation of the Client

## Relevant Rules

- Competence (Rule 1.1)
- Diligence (Rule 1.3)
- Duty to keep client reasonably informed (Rule 1.4)
- Duty to decline representation (Rule 1.16(a))

# Impaired Colleague

## Relevant Rules

- Responsibility of a Partner or Supervisory Lawyer (Rule 5.1)
- Reporting Professional Misconduct (Rule 8.3(a))
- Communications (Rule 1.4(b))

## **ABA Formal Opinions**

- ABA Formal Opinion 03-429, *Obligations with Respect to Mentally Impaired Lawyer in the Firm* (June 11, 2003)
- ABA Formal Opinion 03-431, *Lawyer's Duty to Report Rule Violations by Another Lawyer who May Suffer from Disability or Impairment* (August 8, 2003)

## **Prevalence and Associated factors**

Kate & Terry

## The Story of Dave Nee



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### Some statistics:

- Only half of lawyers are very satisfied or satisfied with their work<sup>1</sup>
- Lawyers are 3.6 times more likely to suffer from depression than non-lawyers<sup>2</sup>
- Depression and anxiety is cited by 26% of all lawyers who seek counseling<sup>3</sup>
- Lawyers rank in the top in incidence of suicide by occupation<sup>4</sup>

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# How severe is the problem?

## Survey of Law Student Well-Being Results<sup>5</sup>

Frequency of Suicidal Thoughts and Self Injury	Analysis
20.4% have thought seriously about suicide sometime in their life	This compares with 5% of the roughly 23,500 graduate students in the Healthy Minds Dataset from 2007-2014 who indicated that they had thought seriously about suicide in the last 12 months
6.3% have thought seriously about suicide in the last 12 months	
9.1% of respondents have hurt themselves in the last 12 months	This compares with 10% of the roughly 23,000 graduate students in the Healthy Minds Dataset from 2007-2014 who indicated that they had hurt themselves in the last 12 months.
17.3% of those have done so two or more times in the past month	

## **“The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys”**

Study published in February of 2016 by  
Patrick R. Krill, JD, LLM, Ryan Johnson, MA, and Linda Albert, MSSW  
Funded by Hazelden Betty Ford Foundation and the ABA COLAP

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## **Problematic Drinking**

- Overall AUDIT: 20.6% in attorneys vs. 11.8% in a broad, highly educated workforce<sup>6</sup>
- AUDIT-C: 36.4% of attorneys vs. 15% in physicians<sup>7</sup>

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## **Rates of Depression, Anxiety, and Stress in Attorneys<sup>8</sup>**

28% - symptoms of Depression

19% - symptoms of Anxiety

23% - symptoms of Stress

## **Past History of Mental Health Concerns<sup>9</sup>**

- Depression – 45.7%
- Anxiety – 61.1%
- Social Anxiety 16.1%
- ADHD – 12.5%
- Suicidal Thoughts – 11.5%

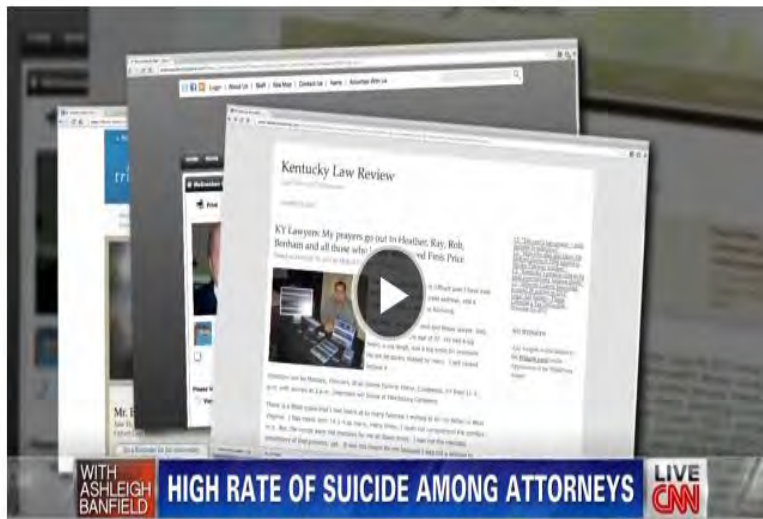
## **Other Significant Findings<sup>10</sup>**

“Participants classified as non-problematic drinkers had lower levels of depression, anxiety, and stress.”

“Attorneys 30 years of age or younger reported higher rates of problematic drinking.”

## **Significant Findings: Barriers to Help Seeking<sup>11</sup>**

- Attorneys reported not wanting others to find out they needed help.
- Attorneys reported concerns regarding privacy or confidentiality.



[http://www.youtube.com/watch?v=Z\\_ZeIG4\\_bqQ](http://www.youtube.com/watch?v=Z_ZeIG4_bqQ)

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## Contributing Factors<sup>12,13,14,15</sup>

- Isolation
- Expectation to be “expert”
- Pressure to Perform
- Analysis v. emotions
- Vicarious Trauma
- Pessimism
- Stigma

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## Factors that contribute to higher rates of suicide in the legal field <sup>16,17</sup>

From the ESCAPE Theory	From the Hopelessness Theory	From the Interpersonal Theory of Suicide
Falling short of standards (internal or external)	More so than depression, Hopelessness is associated with suicidality	Thwarted belongingness
Self Blame, perfectionism		Loneliness (lack of positive relationships, real or imagined)
		Perceived burdensomeness
		Self hatred (“worth more dead than alive”)
		Capacity for harm/pain/lack of fear

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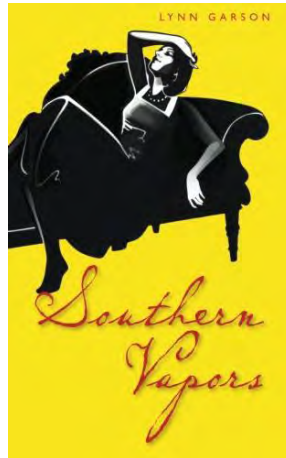
## Back into the light: A personal story of recovery from depression

Stuart

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## Personal Story: Lynn



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## Physical Symptoms<sup>18</sup>

(Excerpt from *Southern Vapors*):

“It occurred to me one day that it might be useful to give my psychiatrist a list of my daily physical symptoms to help with my treatment. In less than three minutes I jotted down on the back of an envelope what came immediately to mind: trouble drawing a deep breath, shoulders hunched and tight, bones popping in my neck, twitching, aching jaw from clenching my teeth, trouble falling asleep, waking up three to four times a night, hot and cold, shaking violently, particularly in the hours after waking up, blurred and grainy vision, chattering teeth, trouble writing by hand, constantly losing my balance, nearly falling asleep while driving, tightness in my chest, feeling like my blood was sizzling, sudden high blood pressure, inability to concentrate...”

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# Assessing and Responding

Recognizing warning signs and symptoms from both a clinical and personal perspective & knowing how to appropriately respond

(Lynn and Kate)

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## Peace & Balance

- Social
- Emotional
- Psychological

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## Physical Symptoms<sup>19</sup>

- High blood pressure
- Chest pain
- Rapid heartbeat
- Jaw clenching
- Breathlessness
- Headaches
- Fatigue

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**Personal Experience:** Responses from Co-workers  
“When you know a person, you know what is normal  
and what is not normal.”

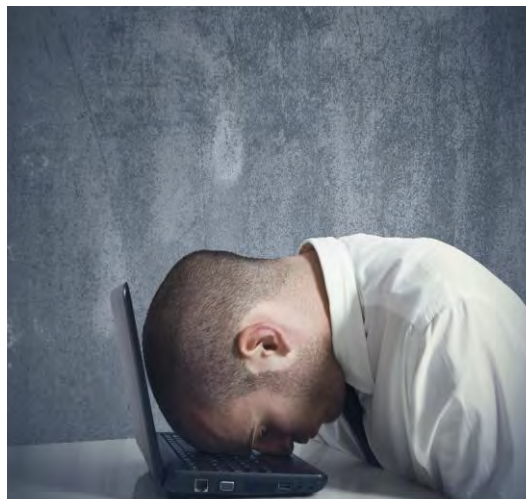
- More rapid speech
- Isolating, asking for assignments that can be performed in his/her office without interaction
- Lack of ability to focus, the person is clearly distracted
- Less talkative
- Changes in weight
- Unexplained changes in schedule, erratic schedule, erratic absences
- Searching for words
- Visible agitation in relating personal anecdotes
- A change in expression- a smile is a different smile, more pained, forced
- Visible (even if minimal) lack of self care
- Going through the motions, the person’s face lacks genuineness
- Decreasing productivity
- It can be at different levels: at its most intense, you can see the person trying to function & it requires effort
- Taking risks (because nothing matters)

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## Emotional & Behavioral Symptoms

- Food
- Mood
- Sleep
- Anxiety
- Over reacting
- Lack of Purpose



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# ASK...

Work, Play, Love



Frequency, Intensity, Duration

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## Self-Assessment Tools

### **Mental Health Screening**

<http://www.mentalhealthscreening.org/screening/screening/default.aspx>

### **LawLifeline**

<http://www.lawlifeline.org/>

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**Ignoring the symptoms can lead to...**



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# **Risk Factors & Warning Signs**

Distinction

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## Risk Factors for Suicide<sup>20</sup>

(not immediate)

- Previous suicide attempt
- Substantial psychiatric problems
- Co-occurring with alcohol or substance use disorders
- Resistance to accessing mental health treatment
- Ability to inflict pain/tolerance of pain
- Also consider (sex and age)

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## IS PATH WARM?<sup>21</sup>

<b>I</b>	<b>Ideation</b>
<b>S</b>	<b>Substance use (increased)</b>
<hr/>	
<b>P</b>	<b>Purposelessness</b>
<b>A</b>	<b>Anxiety</b>
<b>T</b>	<b>Trapped</b>
<b>H</b>	<b>Hopeless</b>
<hr/>	
<b>W</b>	<b>Withdrawal</b>
<b>A</b>	<b>Anger</b>
<b>R</b>	<b>Recklessness</b>
<b>M</b>	<b>Mood Change</b>

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# What do you do if you have identified a problem?

<b>DO NOT (personal)</b>	<b>DO NOT (clinical)</b>
Unengaged Listening	Promise Secrecy
Try to give a pep talk/pull up by bootstraps	Judge or impose personal beliefs
Listen to reload	Minimize
Tell your own story	Ignore

<b>DO (personal)</b>	<b>DO (clinical)</b>
Be open	QPR/ACT (Be Direct)
Individual/group therapy	Listen
Be/Have a support system	Express Concern
Advocate for Yourself	Let People Know You Care

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## Personally

- Above all, openness
  - Lynn's story of asking to be taken off a big project 11/2015
- Advocate for yourself
- Health care of self – that means something different for everyone
  - Spectrum ranges from FMLA/hospitalization to time off
  - Support community can be crucial
  - May require willingness to let the chips fall where they may – nothing is worth losing your life

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Cultivate acceptance that sustained and profound suicidal ideation is not generally susceptible to quick recovery – there is no express elevator from the basement to the penthouse



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# Resources

(Terry)

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# National Resource



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# Need Help? Text 741741



**CRISIS TEXT LINE |**

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## Help is Available!

### Local Lawyer Assistance Program

- Lawyer assistance programs are confidential and committed to promoting both the physical and mental wellness of legal professionals.
- To find the LAP in your state you may go to the directory on the ABA Commission on Lawyer Assistance Programs at [http://www.americanbar.org/groups/lawyer\\_assistance/resources/lap\\_programs\\_by\\_state.html](http://www.americanbar.org/groups/lawyer_assistance/resources/lap_programs_by_state.html) or call the Commission at **312.988.5717**.
- **National Helpline for Judges Helping Judges: 800.219.6474**

## Additional Resources

- Local Hospital Emergency Rooms
- Local Police – “Well-Being Checks”
- Local Mental Health Centers/Clinics
- Local Mental Health Associations
- Chaplains/Pastors
- Private therapists and psychiatrists
- University Counseling Services
- Materials from this Presentation

## Panelists as Resources

**Terry Harrell (Moderator)**  
terry.harrell@courts.in.gov  
[866.428.5527](tel:866.428.5527)

**Lynn S. Garson, Esquire**  
[lgarson@bakerlaw.com](mailto:lgarson@bakerlaw.com)  
[404.256.6695](tel:404.256.6695)

**Katherine M. Bender, Ph.D.**  
[kbender@daveneefoundation.org](mailto:kbender@daveneefoundation.org)

**Stuart Mauney, Esquire**  
[smauney@gwblawfirm.com](mailto:smauney@gwblawfirm.com)  
[864.271.5356](tel:864.271.5356)

## Additional Resources

**Lawyers with  
Depression**  
<http://www.lawyerswithdepression.com/>

**The American Association of Suicidology (AAS)**  
<http://www.suicidology.org/>

**The American Foundation for Suicide Prevention**  
<https://www.afsp.org/>

**National Institute for Mental Health**  
<https://www.nimh.nih.gov/index.shtml>

**ABA Commission on Lawyer Assistance Programs**  
[www.americanbar.org/groups/lawyer\\_assistance.html](http://www.americanbar.org/groups/lawyer_assistance.html)

## Action Steps:

- Talk about it
  - TMayD (MIT initiative)
- Be mindful of language
- Stand up to the Stigma
- Follow groups like AFSP, SPRC, and DNF on Facebook, Twitter, etc.
- Challenge the culture
- Model wellness
- Practice positive psychology tenets

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To STAY WELL	TRY THIS
<u>S</u> leep	6-8 Hours a Night
<u>T</u> ake Breaks	Get up, walk around, stretch during long periods of study
<u>A</u> llies	Spend time with friends and family who support and love you
<u>Y</u> oga	Practice yoga, mindfulness, deep breathing
<u>W</u> ell-Balanced Meals	Eat fruits, vegetables, get your protein and good fats in. Drink Water
<u>E</u> xercise	Aim for 20-30 minutes a day, HIIT, run/walk/jog, something you like
<u>L</u> et Go	There are (really) things beyond your control, let go
<u>L</u> AUGH	Tell a Joke: Why is a river rich? Because it has two banks

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## Thank you for joining us

Register now for the upcoming program in the series!

April  
Program

### **Mental Health Awareness 101: Battling Burnout and Depression**

Daniel T. Lukasik  
*Bernhardi & Lukasik PLLC*  
Monday, April 18, 2016  
1:00 PM – 2:30 PM ET



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[www.americanbar.org/cle/free\\_cle.html](http://www.americanbar.org/cle/free_cle.html)



Nearly one in every five people, or 42.5 million American adults, has a diagnosable mental health condition.

**Know the 5 Signs:**

1. Changes in personality
2. Agitation
3. Withdrawal
4. Poor Self-Care
5. Hopelessness

[www.changedirection.org](http://www.changedirection.org)

**If you are concerned**

Take it seriously.

If the person is threatening, talking about, or making specific plans for suicide, this is a crisis requiring immediate attention.

**Do not leave the person alone.**

Take the person to a walk-in clinic at a psychiatric hospital or a hospital emergency room.

If these options are not available, call 911.

**You are not alone**

Help is available.



1-800-273-8255  
(TALK)

**Dave Nee Foundation**

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**Work, Play, Love**

**Becoming an  
Emotionally Healthy  
and Resilient  
Attorney**

[www.daveneefoundation.org](http://www.daveneefoundation.org)

The odds are good that you or someone you know is currently struggling with feelings of depression, or even suicidal thoughts.

It is OK to ASK someone you are concerned about if they are experiencing any of these symptoms; just as it is OK for you to seek help from others if you are experiencing them as well.

### **You are not alone**

Lawyers are 3.6 times more likely than any other profession to suffer from depression.

### **Ask yourself**

Are the physical, emotional and behavioral behaviors interfering with my ability to *work, play, love?*

### **STAY WELL**

**Sleep:** Get 6-8 hours per night

**Take Breaks:** Leave your desk

**Allies:** Quality time with positive family & friends

**Yoga:** Deep breathing, meditation

**Well-Balanced Meals:** Fresh fruits, vegetables, water

**Exercise:** Walk around

**Let Go:** You cannot control everything

**Laugh:** It is your best medicine

### **Help is Available**

Help is Available through your local Bar Association. To get help call the Lawyer Assistance Program or Lawyers Concerned with Lawyers, affiliated with your local bar association.

Lawyers Assistance programs are committed to promoting both the physical and mental wellness of legal professionals.

Visit the American Bar Association website at [www.americanbar.org](http://www.americanbar.org) and search "Commission on lawyers assistance programs"





# 12 Signs

**1-800-273-8355 (TALK)  
the National Suicide  
Prevention Lifeline**

---

Recognizing the signs and symptoms of mental health disorders can help you or others to get the care that is needed.

Here are 12 Signs you might notice in yourself or a friend, which may be reason for concern. They are certainly reason for you to talk with someone about what you're feeling.

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1. Feelings of hopelessness or worthlessness, depressed mood, poor self-esteem or guilt.
2. Withdrawal from friends, family and activities that used to be fun.
3. Changes in eating or sleeping patterns: Are you sleeping all the time? Or having trouble falling asleep? Are you gaining weight or never hungry?
4. Anger, rage, or craving for revenge: Sometimes people notice they are overreacting to criticism.
5. Feeling tired or exhausted all of the time.
6. Trouble concentrating, thinking, remember or making decisions: Are you suddenly struggling in school or at work? Sometimes academic or professional performance suffers and grades drop or work product worsens.
7. Restless, irritable, agitated or anxious movements or behaviors.
8. Regular crying.
9. Neglect of personal care: Have you stopped caring about your appearance or stopped keeping up with your personal hygiene?
10. Reckless or impulsive behaviors: Are you drinking or using drugs excessively? Are you behaving unsafely in other ways?
11. Persistent physical symptoms such as headaches, digestive problems or chronic pain that do not respond to routine treatment.
12. Thoughts about death or suicide (If you are worried a friend may be thinking about suicide, immediate action is critical.)

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[www.DaveNeeFoundation.org](http://www.DaveNeeFoundation.org)



Eliminating the Stigma of Depression &  
Promoting Treatment in the Legal Community  
through Education, Scholarship and Network Building

Thanks to our colleagues  
at **Active Minds**  
for sharing these 12 signs.



**“I’ve got your back, you’ve got my ear”  
Supplemental resources**

## **National Resources**

The American Bar Association Commission on Lawyer Assistance Programs (CoLAP) is pleased to direct you to sites of interest on the Internet. Many of these sites will also direct you to additional resources, and we hope you find these starting points useful. As with any resource, please use your own judgment when selecting your individual supports and information.

### **SUICIDE PREVENTION**

**National Suicide Prevention Lifeline** 1-800-273-TALK (8255), 24 Hours  
<http://www.suicidepreventionlifeline.org/>

### **MENTAL HEALTH**

**American Psychological Association**  
<http://www.apa.org/>

**American Psychiatric Association**  
<http://www.psych.org/>

**Anxiety Disorders Association of America (ADAA)**  
<http://www.adaa.org/>

**Journal of General Psychiatry (JAMA)**  
<http://archpsyc.ama-assn.org/>

**Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)** <http://www.chadd.org/>

**Depression and Bipolar Support Alliance (DBSA)**  
<http://www.dbsalliance.org/>

**Lawyers with Depression**  
<http://www.lawyerswithdepression.com/>

**National Alliance on Mental Illness (NAMI)**  
<http://www.nami.org/>

**National Institute of Mental Health (NIMH)**  
<http://www.nimh.nih.gov/>

**National Mental Health Association (NMHA)**  
<http://www.nmha.org/>

## EATING DISORDERS

**National Association of Anorexia Nervosa and Associated Disorders**

<http://www.anad.org/>

**Eating Disorders Anonymous**

<http://www.eatingdisordersanonymous.org/>

**Food Addicts in Recovery Anonymous**

<http://www.foodaddicts.org/>

**Overeaters Anonymous**

<http://www.aa.org/>

<http://www.aa.org/newcomers/family-and-friends/>

## ALCOHOL & DRUG USE GROUPS

**Alcoholics Anonymous**

<http://www.aa.org/>

**Internet AA Meetings:**

[Click here for a list of internet AA meetings.](#)

**Al-Anon & Alateen\***

<http://www.al-anon.alateen.org/>

**Internet Al-Anon Meetings:**

[Click here for a list of internet Al-Anon Meetings.](#)

**Cocaine Anonymous**

<http://www.ca.org/>

**Crystal Meth Anonymous**

<http://www.crystallmeth.org/>

**Heroin Anonymous**

<http://heroinanonymous.org/>

**Marijuana Anonymous**

<http://www.marijuana-anonymous.org/>

**Narcotics Anonymous**

<http://www.na.org/>

**Nar-Anon\***

<http://nar-anon.org/>

**Nicotine Anonymous**

<http://www.nicotine-anonymous.org/>

[http://www.nicotine-anonymous.org/meetings\\_search.php](http://www.nicotine-anonymous.org/meetings_search.php)

**Pills Anonymous**

<http://www.pillsanonymous.org/>

<http://www.pillsanonymous.org/find-a-meeting/>

**SMART Recovery:**

[Self-help for Substance Abuse and Recovery](#) (non AA)

\*These groups are intended specifically for the friends and relatives of the alcoholic or addict. Although AI-Anon officially limits itself to alcoholism, most local groups recognize that alcohol frequently plays a role in other addictions, and some members "qualify" through a relative other than the current addict (such as a parent, although their primary concern is with a drug-addicted child). Other addiction groups may be contacted directly for family support information.

**OTHER****Co-Dependents Anonymous**

<http://www.coda.org/>

**Gamblers Anonymous**

<http://www.gamblersanonymous.org/>

**Gam-Anon**

<http://www.gam-anon.org/>

**Recovering Couples Anonymous**

<http://www.recovering-couples.org/>

**Sex Addicts Anonymous**

<http://www.sexaa.org/>

**Sex and Love Addicts Anonymous**

<http://www.slaafws.org/>

**SELF-ASSESSMENTS**

**Alcohol:** <http://ncadd.org/index.php/learn-about-alcohol/alcohol-abuse-self-test>

**Mental Health:** <http://www.mentalhealthamerica.net/mental-health-screening-tools>

**Stress:** <http://www.mentalhealthamerica.net/stress-screener>

**Drugs:** <http://www.drugscreening.org/>





## Survivors of Suicide Fact Sheet

A survivor of suicide is a family member or friend of a person who died by suicide.

### Some Facts...

Survivors of suicide represent “the largest mental health casualties related to suicide” (Edwin Shneidman, Ph.D., AAS Founding President).

There are currently over 32,000 suicides annually in the USA. It is estimated that for every suicide there are at least 6 survivors. Some suicidologists believe this to be a very conservative estimate.

Based on this estimate, approximately 5 million American became survivors of suicide in the last 25 years.

### About Suicidal Grief

The loss of a loved one by suicide is often shocking, painful and unexpected. The grief that ensues can be intense, complex, and long term. Grief work is an extremely individual and unique process; each person will experience it in their own way and at their own pace.

Grief does not follow a linear path. Furthermore, grief doesn't always move in a forward direction.

There is no time frame for grief. Survivors should not expect that their lives will return to their prior state. Survivors aim to adjust to life without their loved one.

Common emotions experienced in grief are:

Shock	Denial	Pain
Guilt	Anger	Shame
Dispair	Disbelief	Hopelessness
Stress	Sadness	Numbness
Rejection	Loneliness	Abandonment
Confusion	Self-blame	Anxiety
Helplessness	Depression	

These feelings are normal reactions and the expression of them is a natural part of grieving. At first, and periodically during the following days/months of grieving, survivors may feel overwhelmed by their emotions. It is important to take things one day at a time.

Crying is the expression of sadness; it is therefore a natural reaction after the loss of a loved one.

Survivors often struggle with the reasons why the suicide occurred and whether they could have done something to prevent the suicide or help their loved one. Feelings of guilt typically ensue if the survivor believes their loved one's suicide could have been prevented.

At times, especially if the loved one had a mental disorder, the survivor may experience relief.

There is a stigma attached to suicide, partly due to the misunderstanding surrounding it. As such, family members and friends of the survivor may not know what to say or how and when to provide assistance. They may rely on the survivor's initiative to talk about the loved one or to ask for help.

Shame or embarrassment might prevent the survivor from reaching out for help. Stigma, ignorance and uncertainty might prevent others from giving the necessary support and understanding. Ongoing support remains important to maintain family and friendship relations during the grieving process.

Survivors sometimes feel that others are blaming them for the suicide. Survivors may feel the need to deny what happened or hide their feelings. This will most likely exacerbate and complicate the grieving process.

When the time is right, survivors will begin to enjoy life again. Healing does occur.

Many survivors find that the best help comes from attending a support group for survivors of suicide where they can openly share their own story and their feelings with fellow survivors without pressure or fear of judgment and shame. Support groups can be a helpful source of guidance and understanding as well as a support in the healing process.

## **Children as Survivors**

It is a myth that children don't grieve. Children may experience the same range of feelings as do adults; the expression of that grief might be different as children have fewer tools for communicating their feelings.

Children are especially vulnerable to feelings of guilt and abandonment. It is important for them to know that the death was not their fault and that someone is there to take care of them.

Secrecy about the suicide in the hopes of protecting children may cause further complications. Explain the situation and answer children's questions honestly and with age-appropriate responses.

## **American Association of Suicidology**

The American Association of Suicidology (AAS) offers a variety of resources and programs to survivors in an attempt to lessen the pain as they travel their special path of grief. These include:

- Survivors of Suicide Kit: an information kit consisting of fact sheets, a bibliography and sample literature.
- *Survivors of Suicide: Coping with the Suicide of a Loved One* booklet and *A Handbook for Survivors of Suicide*.
- *Surviving Suicide*, a quarterly newsletter for survivors and survivor support groups.
- "Healing After Suicide", an annual conference held every April, for and about survivors.
- Suicide Prevention and Survivors of Suicide Resource Catalog: a listing of books, pamphlets, etc. which can be ordered from AAS. Includes resources for children and those who care for them.
- Directory of Survivors of Suicide Support Groups – print version available for purchase and an online version available at [www.suicidology.org](http://www.suicidology.org).
- Guidelines for Survivors of Suicide Support Groups: a how-to booklet on starting a support group.



The goal of the American Association of Suicidology (AAS) is to understand and prevent suicide. AAS promotes research, public awareness programs, education, and training for professionals, survivors, and all interested persons. AAS serves as a national clearinghouse for information on suicide. AAS has many resources and publications which are available to its membership and the general public. For membership information, please contact:

*American Association of Suicidology  
5221 Wisconsin Ave. N. W.  
Washington, DC 20015  
(202) 237-2280  
(202) 237-2282 (Fax)  
Email: [info@suicidology.org](mailto:info@suicidology.org)  
Website: [www.suicidology.org](http://www.suicidology.org)*

## Additional Resources

- American Foundation for Suicide Prevention (AFSP) ([www.afsp.org](http://www.afsp.org)).
- Survivors of Suicide ([www.survivorsofsuicide.com](http://www.survivorsofsuicide.com)).
- The Link National Resource Center ([www.thelink.org](http://www.thelink.org)).





# HELPING OUR OWN

Lynn S. Garson  
McKenna Long & Aldridge LLP  
[lgarson@mckennalong.com](mailto:lgarson@mckennalong.com)

In the last half of 2014 and the first half of 2015, national attention was sharply focused on mental health, specifically suicide. When Robin Williams committed suicide in August of 2014, the outcry was loud and strong. I believe we would have had a national conversation about mental health right then, only information quickly circulated that he had Parkinson's Disease and was depressed for that reason. The nation collectively breathed a sigh of relief that mental illness could go back into the closet and immediately moved on to other things. The genie popped out of the bottle again in February of 2015, at the Academy Awards of all places. Graham Moore's speech in which he revealed his early suicide attempt was heralded as "the Oscars' most moving acceptance speech" by The Huffington Post and others, while Dana Perry's comment that suicide should be talked about "out loud" also made the news. The fact that suicide was mentioned twice at the Academy Awards is extraordinary and in an odd way extremely encouraging. It means that the closet door has been wedged open and is waiting to be swung wide.

As lawyers, we tend to be somewhat behind the curve in our willingness to be frank about problems in our profession. We know that the problems are out there. We know that in the past three years, we have lost at least six Georgia lawyers to suicide. Most recently, we lost a member of the Atlanta legal community to suicide in January of 2015. His firm took immediate and decisive action, inviting George Martin, the head of CorpCare, the Bar's clinical services provider, to speak to members of the firm and explain the issues that lawyers face and the assistance that is presently being offered by the Lawyers Assistance Program ("LAP"). This is extremely positive and hopefully will be the beginning of many such engagements, as we move to educate ourselves about mental health and substance abuse issues among members of the Bar and how these issues are being addressed. In planning his presentation, Mr. Martin noted that:

"More than four hundred attorneys have called on us in the past three years, and through confidential satisfaction surveys from participants, we know that the services provided have resulted in meaningful, positive changes for many. When I hear of a lawyer lost to suicide, I wish that

he or she or a colleague had reached out to the LAP for our assistance, because there is so much that we can do to help."

As members of the Bar, our further challenge is to tackle a broad spectrum of issues before they become life-threatening. Our efforts need to encompass mental health issues, substance abuse issues, stress, family issues, issues of aging and the gamut of the struggles that we face and that are only exacerbated by the nature of our work. We all know lawyers who struggle with such issues. I personally have, in spades, what is currently referred to as "lived experience." I suffered from depression through all of my legal career and voluntarily hospitalized myself three times between 2000 and 2010 for issues ranging from binge eating disorder to depression to anxiety (plus a few other diagnoses that I have since rejected).

What can be done to help lawyers like me, who struggle to various degrees at various times during our law practice? Make no mistake, for most if not all of us who face these issues, they will come and go through the course of our lives. There are many things that can be done to help, but little that can be done to cure these problems. The point is, help will be needed and it will likely be needed on an ongoing basis, not as a single intervention.

The LAP, which offers confidential help and treatment, is a critical piece of what is available to help. The LAP offers a confidential telephone hotline (800-327-9631) and up to six prepaid in-person counseling sessions per year with a licensed counselor. The licensed counselors who are provided through CorpCare have on average 17 years of experience, which speaks volumes about the quality of this program.. Anonymous interventions can be made, so that if you are worried about a colleague, you can call the hotline and a staffer will reach out to the struggling attorney with an offer for help, without identifying you as the source. Details are available at <http://www.gabar.org/committeesprogramssections/programs/lap/>.

A peer support program is also being developed. This is an effort to establish a statewide service system of volunteer

attorneys who are willing to help others. Such programs exist in almost every other state, some boasting as many as 600 volunteers. When our Georgia program is up and running later in 2015, this will be an excellent resource, if we can get lawyers to utilize it.

Utilization is a problem for us. The LAP presently is utilized to less than 1% of its capacity. There are similar concerns about the nascent volunteer program. Why is that? As one member of the Lawyers Assistance Committee has noted, “historically I think part of the reluctance of members of the Bar to access LAP services has been a perception that because the LAP program was a part of ‘the Bar,’ you might as well contact the General Counsel’s office and surrender your license.”

This kind of perception is the opposite of reality. In fact, the Bar Rules require confidentiality for LAP programs and the Committee has proposed amendments to clarify and strengthen that protection in the context of the new volunteer program. Except for threats of death or substantial bodily harm and any statutory requirement of disclosure (e.g., terrorist plots), volunteers are and will be required to keep information they learn about lawyers confidential. On the topic of confidentiality, Paula Frederick, General Counsel of the State Bar of Georgia, has this to say:

“It’s better for everyone—clients, the Bar and the lawyer himself—when a lawyer seeks help for mental health or substance abuse issues. The Bar encourages lawyers to get treatment or assistance when they need it. A request for help is confidential and the Office of the General Counsel is not informed when a lawyer seeks help through the Program.”

Ms. Frederick’s statement should allay the concerns that have been voiced and lend support to the idea that the time to take action is now. Right now is the time to give help or get help if it is needed. When the Georgia Peer Program asks you to volunteer, I hope that you will do it. When a colleague is down or struggling, I hope that you will encourage him or her to reach out to the LAP. If that colleague is you, I hope that you will place a call to the LAP and get the help that you need. Join the more than four hundred of your colleagues who have already done so, who have already found out that there is no hidden agenda, no wolf in sheep’s clothing, just a hand waiting to help.

<sup>1</sup>[http://www.huffingtonpost.com/2015/02/22/graham-moore-oscars\\_n\\_6733082.html](http://www.huffingtonpost.com/2015/02/22/graham-moore-oscars_n_6733082.html)

<sup>2</sup><http://abcnews.go.com/Entertainment/oscars-2015-dana-perry-us-pay-attention-suicide/story?id=29150634>

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# ARE YOU OKAY?

## The Most Important Conversation No One Wants to Have

**Robin Frazer Clark**

Partner, Robin Frazer Clark, P.C.  
[robinclark@gatriallawyers.net](mailto:robinclark@gatriallawyers.net)

**W**hen a friend or family member commits suicide, often the first thing that goes through one's mind is the "if onlys." "If only I had seen the warning signs." "If only I had known." "If only I had gotten him help." The "if onlys" are the saddest, loneliest thoughts in the aftermath of suicide, especially when you consider the fact that suicide is largely preventable.

Suicide is the third leading cause of death among lawyers. One study in 1991 by John Hopkins University found that lawyers are 3.6 times more likely to be depressed than average, and a 1997 study in Canada found that lawyers were six times as likely to commit suicide than the average person. By comparison, suicide is only the 10th leading cause of death in the general population. When I was President of the State Bar of Georgia, at least three Georgia lawyers committed suicide during my first six months. One did so in the parking garage of the State Bar Headquarters. I decided that if I ignored this crisis in our profession, I would be shirking my duties as President, so I took action, first by learning a lot about suicide. I was surprised to learn that suicide was largely preventable if the suicidal thought is detected or discovered in time. I then appointed Randy Evans to chair the State Bar's Suicide Prevention Committee, who along with other Committee members, all of whom had, in some way, been touched by suicide, could tackle this issue.

I also soon discovered that other state bar associations were being hit with the same problem of lawyer suicides. A friend of mine, Yvette Hourigan, the Director of the Kentucky Bar Association Lawyer Assistance Program (KYLAP), was already in the thick of the issue of lawyer suicide and thanks to Yvette, on the forefront of prevention and healing. Yvette said that in confronting this issue, Kentucky was in an absolute crisis:

"Over the course of approximately two years, there were at least 15 lawyer suicides – in Kentucky alone. The Kentucky Lawyer Assistance Program undertook a massive educational campaign over the next year on suicide awareness, recognition and prevention.

We're happy to report that in the two years following the (Wolfson) article, we know of only one or two lawyer suicides here in Kentucky."

Depression and substance abuse play a large role in leading one down the path to suicide. The nature of our work presents a unique level of stress. Many of us handle life and-death issues while trying to put food on our families' tables, meet payroll, pay off student debt and deal with billable hours just to name a few. The very qualities of a good lawyer that make him or her great at their job also make him or her vulnerable to depression, substance abuse and suicide: perfectionism and pessimism. The unique nature of the practice of law, in which you usually have an adversary trying his or her hardest to prevent you from being successful, magnifies the pressure. As KYLAP Director Yvette Hourigan so astutely says: "If you're a doctor everyone is working together to save the patient. You don't have someone come into the operating room to try to kill the patient while you are trying to save him."

Studies of suicide have proven that sometimes simply eliminating the means by which one could take one's own life can prevent that person's suicide. About 90 percent of the people who try suicide and live ultimately never die by suicide, which is a startling fact. In a fascinating article in *The Lancet*, "Means Restriction for Suicide Prevention," the authors write:

The probability of individuals attempting suicide decreases when they are precluded from implementing a preferred method, i.e., Suicide attempts are often method-specific. Moreover, if a highly lethal method is not available and some individuals do not defer their attempt, they frequently use less lethal, more common ones (e.g., drug overdose). From the perspectives of public health and injury prevention, the choice of a method that is less lethal than others can be advantageous if the attempt proves to be non-fatal.

The sudden, unplanned nature of many suicides implies that individuals tend to use the method most readily accessible

to them. When a lethal method is unavailable at the moment of potential action, suicide attempts might be delayed so that suicidal impulses will pass without fatal effects. - *The Lancet*, 2012 Jun 23; 379(9834):2393-9, Yip, Caine, Yousef, Chang, Wu & Chen.

While mental health and substance abuse treatment must always be important components in treating suicidality, researchers like Cathy Barber, the director of the Means Matters campaign at Harvard Injury Control Research Center, are stressing this additional avenue of "means restriction." In her recent article in the *New York Times* "Blocking the Path to Suicide," author Celia Watson Seupel explores this new approach at suicide prevention that especially focuses on suicide in young people. (*New York Times*, March 9, 2015). "What people experience before attempting suicide is a combination of panic, agitation and franticness," he said. "A desire to escape from unbearable pain and feeling trapped," says Dr. Igor Galynker, the director of the Family Center for Bipolar Disorder at Mount Sinai Beth Israel.

We should all become knowledgeable of the signs to look for in our colleagues, partners and friends that indicate a downward spiral that could be signaling suicide, so we may have the opportunity to prevent further suicides in our ranks. I am proud to say that the State Bar of Georgia responded to the crisis of suicide in our profession with the creation of our Suicide Prevention program, "How To Save a Life." We created a video which tells some personal stories of Georgia lawyers and how suicide has affected them and also discusses the warning signs of suicide and how you should take action should you see them. The Board of Directors of the Institute of Continuing Legal Education (ICLE) agreed to play the video at every ICLE seminar during the past year and Stephen Harper, Executive Director of ICLE reports that "30,845 registrants for ICLE programs from September 1, 2013 – September 1, 2014 viewed this video. This effort at suicide prevention in the bar is our attempt to eliminate the "if onlys" that always follow a suicide."

As expected, not everyone in the Bar was a fan of this effort, particularly Bar members attending an ICLE seminar who complained about having to watch it on their "day off", as the subject matter was depressing.

Unfortunately, the refusal to want to discuss suicide has far too long been the stumbling block for successfully preventing suicide. No one wants to talk about it, yet it is the most important conversation you may ever have. We must change this attitude. We know through the Kentucky Bar Association's efforts to prevent lawyer suicides that simply having open conversations about the topic is a start and that promoting the existence and use of the Lawyers Assistance Program for mental health care works for prevention.

My hope is that by creating the State Bar's Suicide Prevention Program we would open the conversation about this critical issue, which is the first step to actual prevention. We know for certain the efforts have, to date, saved the lives of at least two Georgia lawyers. Perhaps, one day, it will be the Bar Member who complained about having to watch the Suicide Prevention video whose life we save. Perhaps, one day, it will be yours.

In the meantime, if you are worried a friend may be thinking about suicide, immediate action is critical. Call the LAP Hotline 1-800-327-9631 or the National Suicide Prevention Hotline at 1-800-273-TALK (8255) for a referral. Staffed by trained counselors 24-hours a day, seven days a week, the hotline is for anyone associated with the legal profession who has a personal problem that is causing

you significant concern. LAP also offers up to six prepaid in-person, **totally confidential** counseling sessions with a licensed counselor per year. To help meet the needs of its members and ensure confidentiality, the Bar contracts the services of CorpCare Associates Inc. Employee Assistance Program, a Georgia-headquartered national counseling agency.

I encourage you to join the conversation. I encourage you to intervene should one of your friends or colleagues show signs of despondency and a downward spiral. Maybe together we can save a life.

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<sup>1</sup> This information was set forth in an article by the Louisville Courier Journal, by Andrew Wolfson, and was compiled by him from independent sources. KYLAP was not at all affiliated with the compilation of information. All contact with KYLAP is confidential. S.Ct.R. 3.990).







## **ENDING THE LAWYERS' EPIDEMIC OF DEPRESSION AND SUBSTANCE ABUSE DISORDERS**

We know lawyers are especially vulnerable to depression, suicide and substance abuse disorders. But why is that? And once we know why, what can we do about it?

A commentator recently asked the question “Does the way that lawyers are encouraged to think and work make them vulnerable to depression?” She answers the question by starting with the obvious answers, including long hours, heavy workload, and less job security. But as she points out, there must be something more insidious at work.

First, she reminds us that lawyers are trained, and often temperamentally inclined, to analyze and pick apart the issues. However, we then turn that instinct to criticize inward. As she suggests, “while a bit of self-analysis can be healthy, brooding on your mistakes can be profoundly self-destructive.”

Further, she says that the “prevailing culture of 24/7 availability only makes matters worse.” And then there is the unwritten expectation that lawyers should put their work and firm first. The author concludes that if we are predisposed to depression anyway or suddenly face extra personal or professional pressures, “the way we’re encouraged to think and work can be a real problem.”

Psychologists have suggested that lawyers are more prone than other professions to depression because of two personality traits: perfectionism and pessimism. The legal profession attracts perfectionists and rewards perfectionism. Perfectionism drives us to excel in college, in law school, and on the job. But, perfectionism can have a dark side which can lead to a chronic feeling that “nothing is good enough.” When we make the inevitable mistake, perfectionism magnifies the failure. (Lynn Johnson, Stress Management, Utah State Bar Journal, January/February 2003.)

Dr. Amiram Elwork, in his work “*Stress Management for Lawyers*,” agrees that perfectionism is rewarded in both law school and the practice of law. However, perfectionism can lead to negative thinking such as “if I don’t do it perfectly, I’m no good; it’s no use; I should just give up” or “I have to do it perfectly and I can’t quit until it’s perfect.” Such thinking can lead to depression. (“Depression is Prevalent Among Lawyers - But Not Inevitable,” *The Complete Lawyer*, 12/2/08, Susan Daicoff)

In addition to attracting perfectionists, the legal profession also attracts pessimists. Recent studies have shown that in all graduate school programs in all professional fields except one, optimists outperform pessimists. The one exception: law school. Pessimism helps lawyers excel by making us skeptical of what our clients, our witnesses, opposing counsel, and judges tell us. It helps us anticipate the worst and thus prepare for it. However, pessimism can be bad for our health, as it can lead to stress and disillusionment, making us vulnerable to depression.

So how can lawyers can avoid these problems and achieve a balanced life and fulfillment in the practice of law?

In 2003, the ABA published a book, *Lawyer Life – Finding a Life and a Higher Calling in the Practice of Law*, written by the Honorable Carl Horn, III, a former U.S. Magistrate Judge in North Carolina, now in private practice in Charlotte, North Carolina. After examining the profession and its various problems, Judge Horn set forth “12 Steps Toward Fulfillment in the Practice of Law,” which is based on choices that the individual lawyer can make to enhance professional fulfillment.

1) Face the Facts

Do you feel good where you are professionally and personally, and where your life appears to be going? Let honesty be the rule here. Lawyers who do not ask these kinds of questions, who fail to engage in periodic introspection, are more likely to experience what has been described as “the lingering feeling of emptiness despite material success.”

2) Establish Clear Priorities

Lines must be drawn beyond which we are not willing to go, at least not on a regular basis. Make time with your family a top priority, and be sure your schedule reflects it. Clearly, making enough money should be a priority. However, the proper priority, in a balanced life, that should be given to making enough money, must not be a license for workaholism.

3) Develop and Practice Good Time Management

There are five areas in which many lawyers could begin to make significant progress simply by paying close attention. These include better planning; minimizing interruptions by phone or in person; more careful scheduling and planning of meetings; mastering the paper flow; and more thoughtful and efficient delegation. If you live by the rule that the way to get things done right is to do it yourself, get over it. The time and energy you alone have to give, can and will soon run out. What you can accomplish by the thoughtful and efficient delegation to others is significantly less limited. Anything that can be done by others, should be done by them. Those who learn to delegate effectively, will free up many of their own hours and see their productivity significantly rise.

4) Implement Healthy Lifestyle Practices

There is a positive correlation between lawyers who self-reported a sense of subjective well-being and those who engaged in certain practices that are deemed “healthy.” Those practices include regular exercise, attending religious services, personal prayer, hobbies, engaging in outdoor recreation, pleasure reading, and taking weeks of vacation. Lawyers with other serious interests, those who successfully resist the “all work and no play” syndrome, also consider themselves the happiest.

5) Live Beneath Your Means

Unless we actively struggle against it, we will find ourselves engaging in consumer spending that severely limits our ability to choose a healthier, more balanced life.

6) Don't Let Technology Control Your Life

How we do this is something each individual must work out. Some get up early and work, either at home or in their offices, so they can have dinner with their families most evenings. Others decline to carry cell phones or check email or voicemail much of the time they are away from the office. Whatever our strategy, the core objective is the same: to establish boundaries that prevent technology from controlling our lives.

7) Care About Character – And Conduct Yourself Accordingly

We must strive to conduct ourselves honorably, which means refusing to lie, cheat or steal, however much pressure we are under, or however profitable the wrong choices may appear to be. If we care about our character, and conduct ourselves accordingly, we will be able to sleep well at night.

8) “Just Say No” to Some Clients

Sometimes we should “just say no” to some clients. Enough said.

9) Stay Emotionally Healthy

We must seek a healthy balance between our rational, cognitive sides, on the one hand, and our feelings, emotions, heart and imagination on the other. We must pursue balance not only in how we spend the limited hours of our lives, but also between our outer and inner selves.

10) Embrace Law as a “High Calling”

Judge Horn says we must reaffirm ideals that transcend self-interest, including our individual and profession-wide commitment to the common good. We should not be afraid to make value-based decisions or give advice surrounded in moral conviction. In short, if we are to find fulfillment in the practice of law, we must embrace law as a high calling.

11) Be Generous With Your Time and Money

The primary point here is fairly selfish, that being generous with our time and money will make us feel better about our profession and our lives generally. Those who have been revered for their wisdom and empathy are often people who believed that the very purpose of life is to be of service to others.

12) Pace Yourself for a Marathon

The challenges set forth by Judge Horn are those with which we can expect to struggle for the rest of our lives. Thankfully, they are not impossible struggles and if we diligently take these steps, we can realistically expect to move closer to our goal of finding balance, success and fulfillment in the practice of law.

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Stuart Mauney is a Shareholder with Gallivan White & Boyd, P.A. in Greenville, South Carolina. He is a volunteer with the South Carolina Bar Lawyers Helping Lawyers Program, and a Member of the ABA Advisory Committee on Lawyer Assistance Programs.