



THE LAWYER'S EPIDEMIC: DEPRESSION, SUICIDE AND SUBSTANCE ABUSE

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Abuse

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The Lawyers' Epidemic: Depression, Suicide and Substance Abuse

In a period of 18 months, six lawyers committed suicide in South Carolina. In late 2008, a student at the Charleston (SC) School of Law committed suicide. Around that same time, a student at the USC School of Law died of alcohol poisoning. Recent studies show that lawyers are three times as likely to suffer from depression as members of other professions. The rate of substance abuse among lawyers is twice that of the general population.

The South Carolina Bar formed the HELP Task Force in November 2008 to shine a bright light on these problems. The HELP mission is to raise awareness and promote prevention of substance abuse, mental illness, and suicide within the legal profession. The Bar already has a confidential service for lawyers who suffer from substance abuse and mental illness--Lawyers Helping Lawyers (LHL). HELP complements the work of LHL by educating lawyers, law firms, law students and judges about the services available through LHL. HELP also promotes a better understanding of mental health issues in the legal profession.

The HELP Task Force hopes to save lives and restore integrity to our profession, by bringing an end to the epidemic of depression, suicide, and substance abuse among lawyers.

I. Defining the Problem

A. Lawyers

- A 1990 study by Johns Hopkins University found that among more than 100 occupations studied, lawyers were the most likely to suffer from depression and were 3.6 times more likely than average to do so. ("Occupations and the Prevalence of Major Depressive Disorder," 32 Journal of Occupational Medicine 1079 (1990)).
- A research study of 801 lawyers in the State of Washington found that 19% suffered from depression. ("The Prevalence of Depression, Alcohol Abuse, and Cocaine Abuse Among United States Lawyers," 13 Journal of Law and Psychiatry 233 (1990)).
- Some studies estimate that of the 1 million lawyers in this country, approximately 250,000 suffer from some form of depression. ("Depression is the Law's Occupational Hazard," The Complete Lawyer, 3/1/08, Daniel Lukasik).
- 1 in 4 lawyers suffer from elevated feelings of psychological distress, including feelings of inadequacy, inferiority, anxiety, social alienation, isolation and depression (Benjamin Sells, "Facing the Facts About Depression in the Profession," Florida Bar News, March 1995).

- Male lawyers in the United States are two times more likely to commit suicide than men in the general population (1992 study by the National Institute for Occupational Safety and Health).
- Estimates from around the country indicate that the incidence of substance abuse among lawyers is as much as double the national average. Substance abusers are 10 times more likely to commit suicide.
- The quality of life survey by the North Carolina Bar Association in 1991 revealed that almost 26% of respondents exhibited symptoms of clinical depression, and almost 12% said they contemplated suicide at least once a month. (Michael J. Sweeney, *The Devastation of Depression*; research conducted by Campbell University)
- The North Carolina study was prompted in part by “the tragic suicides of eight Mecklenburg County lawyers in a seven year period.” (“Reclaiming our Roots – Understanding Law as a ‘Learned Profession’ and ‘High Calling’,” *The North Carolina State Bar Journal* (Spring 2009), Carl Horn, III)
- Surveys of lawyers in Washington and Arizona show that most lawyers suffering from depression also had suicidal thoughts. (*Depression Among Lawyers*, 33 *Colorado Lawyer* 35 (January 2004)). This study found that lawyers have a much greater risk of acting on their suicidal thoughts and succeeding in doing so.
- Suicide ranks among the leading causes of premature death among lawyers. (*Utah State Bar Journal* August/September 2003).

B. Law Students

- “According to studies conducted by Dr. Andrew Benjamin, et. al., in the 1980s and 1990s, depression among law students approximated that of the general population before law school (about 9-10%). However, it rose to 32% by the end of the first year of law school, and rocketed to an amazing 40% by the third year, never to return to pre-law school levels.” (“*Depression is Prevalent Among Lawyers – But Not Inevitable*,” *The Complete Lawyer*, 12/2/08, Susan Daicoff).
- “Represented graphically, this would indicate that depression rises as steeply as a ski slope. Now, either the pre-law students assessed two weeks before law school classes begin were uncharacteristically ‘happy,’ at the top of their game, and scored as less often depressed than they really were, or law school has a significant, permanent deleterious affect on them.” (Daicoff).
- Lawrence Krieger, a professor at Florida State University College of Law, has conducted research showing that practicing lawyers exhibit clinical anxiety, hostility and depression at rates that range from 8 to 15 times those of the general population. (*The National Law Journal*).

- Despite law schools' reputations as grueling and highly competitive, Krieger does not advocate changes in their operations. Instead, making students aware that feeling anxious or depressed is common during law school is the best way to help them. (The National Law Journal).
- Krieger's research also indicates that the loss of intrinsic values may be responsible for at least a lowered sense of well-being among first-year law students. (Daicoff).

II. Depression

A. What is depression?

- Clinical depression is a serious health problem that affects the total person. In addition to feelings, it can change behavior, physical health, appearance, professional performance, social activity, and the ability to handle everyday decisions and pressures. ("Assisting the Depressed Lawyer," Texas Bar Journal, Vol. 70, No. 3, Ann D. Foster).
- "Depression is more than the blues or the blahs; it is more than the normal, everyday ups and downs. When that 'down' mood, along with other symptoms, last for more than a couple of weeks, the condition may be clinical depression." (Foster).
- "We all experience periods of depression, typically in reaction to some difficult life experience, such as the end of a relationship or the death of a loved one. But for most of this, these times of sadness are brief and don't affect our ability to function."
- "In contrast, clinical depression is more extreme and more prolonged. The lows are lower, and the periods spent in these emotional depths are longer. Depression in its most severe forms can render people unable to carry out the day-to-day necessities of life and can lead to suicide." ("The Depressed Lawyer," Texas Bar Journal, March 2007, Greg Miller).

B. What are the symptoms?

- Depressed mood
- Loss of interest or pleasure
- Change in appetite or weight
- Change in sleeping patterns
- Fatigue or loss of energy
- Speaking and/or moving with unusual speed or slowness
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate, or indecisiveness
- Recurrent thoughts of death or suicide
- Suicide attempts

At least several of these symptoms must be present during the same two-week period in order to meet the diagnostic criteria for a major depressive episode.

C. What are the types of depression?

1. Major depression

An extreme or prolonged episode of sadness in which a person loses interest or pleasure in previously enjoyed activities.

An untreated major depressive episode can last from six months to two years, with the average duration being nine months.

See William Styron's book, Darkness Visible.

2. Dysthymia

Continuous low grade symptoms of major depression and anxiety, and chronic depression.

3. Manic-depressive illness (bipolar disorder)

Alternating episodes of mania ("highs") and depression ("lows").

The main point here is that we are not talking about the ordinary blues or occasionally feeling down; major depression is when the condition takes over your life.

See The Unquiet Mind by Kay R. Jamison.

D. What causes depression?

1. Functional abnormalities or chemical imbalances in the brain
2. Heredity
3. Biological factors
4. Environmental influences (job, marriage, family, economic and social influences)

Medical research outlines the biological and physiological factors involved in mental disorders, including depression. Despite this research, there remain many myths, misinformation, and misconceptions about mental illness.

71% of Americans believe that mental illness is due to some moral or emotional weakness.

65% believe that it is a result of bad parenting and at least 35% believe that it is a result of sinful behavior.

43% of those polled thought that mental illness was brought on by the individual.

E. Who gets depression?

- 10% of Americans (more than 19 million people) suffer from depression every year.
- More Americans suffer from clinical depression than heart disease and cancer.
- 62% of Americans personally know someone with a mental illness.

1. Men and women

Women are twice as likely to have depression as men.

Why the difference: biological differences; women more likely to seek treatment; fewer men diagnosed because depression is masked behind alcoholism or antisocial behavior.

2. Children and adolescents

10% of American children have a mental or emotional disorder.

3. Young people

A *Parade Magazine* survey found that 46% of young people 18 to 24 years of age personally know someone who should be receiving help for mental health problems but is not.

F. What is the treatment for depression?

Effective treatment for depression is available for 90% of those with a depressive illness. The most important component of a treatment protocol is information, with accurate, current facts on causes, symptoms, treatment options, and tips for coping.

- Medication
 - There are several different classes of medications for depression. Many of the more recent medications have fewer side effects than other types of anti-depressants.
 - There are many misconceptions about anti-depressant medications. These medications are not mood elevators or tranquilizers. If a person

is depressed, the anti-depressant medication will probably make the individual feel better. If a person is not depressed, the medication will not make the person “extra happy”. Anti-depressant medications are like aspirin in that aspirin will *reduce fever*, but *will not affect* the normal temperature. And, anti-depressant medications are not known to be addictive.

- While 70% of the American population have said they would take medication for a headache, only 12% would take an antidepressant. This is further evidence of the current misconceptions about medications used to treat depression and other mental illnesses.
- Individuals with depression should consider consulting a mental health professional for adequate diagnosis and treatment.
- Ask for help!
 - The most important - and sometimes most difficult - step toward overcoming depression is asking for help.
 - “Often people don’t know they are depressed so they don’t ask for or get the right help. Most people fail to recognize the symptoms of depression in themselves or in other people. Also, depression can zap energy and self-esteem and thereby interfere with a person’s ability or wish to get help.” (Foster).
 - “Although effective help is out there, attorneys often have a hard time availing themselves of it. Trained to be impersonal and objective, lawyers are often reluctant to focus on their own feelings. Attorneys tend to be more comfortable in the role of counselor, solving the problems of others, than being the person seeking help.” (Miller).
 - A whole host of people are out there who are sick and hurting, and for whatever reasons refuse to get help—perhaps because they are too embarrassed or too ashamed. That is why it is important to let people know that depression is a medical problem so they can get help and there will be no stigma associated with seeking treatment.
 - It has often been said that there is a stigma associated with mental illness. The word “stigma” in the dictionary is defined as a “scar” left by a hot iron, a brand or mark of shame or discredit. People with mental illness should not be made to feel as though they have been branded, that they bear a mark of shame. We must work to ensure that this attitude dies a quick death.

G. How to help

- The most important thing you can do for someone who is depressed is to get the person to a professional for an appropriate diagnosis and treatment.
- Do not assume that someone else is taking care of the problem. Negative thinking, inappropriate behavior, or physical changes need to be addressed as quickly as possible. (Foster).
- Your help may include the following:
 - Call Robert Turnbull, program director for Lawyers Helping Lawyers, on the toll-free helpline at 866-545-9590 or on his cell at 803-603-3807.
 - Give the person the number for the Lawyers Helping Lawyers toll-free helpline at 866-545-9590.
 - Refer them to LifeFocus Counseling Services, toll-free at 866-726-5252, for a referral to a counselor in their area, 24 hours a day.
 - Give suggestions of names and phone numbers of reputable therapists or psychiatrists.
 - Encourage or help the individual to make an appointment with a professional and accompany the individual to the doctor.
 - Encourage the individual to stay with treatment until symptoms begin to abate.
 - Encourage continued communications with the physician about different treatment options if no improvement occurs.
 - Offer emotional support, understanding, patience, friendship, and encouragement.
 - Engage in conversation and fellowship. Listen.
 - Refrain from disparaging feelings; point out realities and offer hope.
 - Take remarks about suicide seriously; do not ignore them and don't agree to keep them confidential. Report them to the individual's therapist or doctor if your friend or colleague is reluctant to discuss the issue with you or his or her doctor.
 - Invite the individual for walks, outings, to the movies, and other activities. Be gently insistent if your invitation is refused.
 - Encourage participation in some activity that once gave pleasure—hobbies, sports, religious, or cultural activities.

- Don't push the depressed person to undertake too much too soon; too many demands may increase feelings of failure.
- Eventually with treatment, most people get better. Keep that outcome in mind and keep reassuring the depressed person that with time and help, he or she will feel better. (Foster).

III. Suicide

- In 2006, suicide was the third leading cause of death among attorneys, after cancer and heart disease. The rate of death by suicide for lawyers is nearly six times the suicide rate for the general population.
- 15% of people with clinical depression commit suicide.
- Women attempt suicide at least two times more than men, but men are “successful” four times more than women.
- Substance abusers are ten times more likely to commit suicide than the general population.
- Although most depressed people are not suicidal, most suicidal people are depressed. It is important to learn how to distinguish depression from ordinary sadness.
- Suicide can be prevented. While some suicides occur without any outward warning, most do not.
- We can prevent suicide among lawyers by learning to recognize the signs of someone at risk, taking those signs seriously and knowing how to respond to them.
- The emotional crises that usually precede suicide are most often recognizable and treatable. Colleagues, family members and friends play important roles in recognition of depression symptoms and helping those in need get treatment.

A. What are the warning signs of suicide?

- Observable signs of serious depression
 - Unrelenting low mood
 - Pessimism
 - Hopelessness
 - Desperation
 - Anxiety
 - Inner tension
 - Withdrawal
 - Sleep problems
- Increased alcohol and/or other drug use

- Recent impulsiveness and taking unnecessary risks
- Threatening suicide or expressing a strong wish to die
- Making a plan
 - Giving away prized possessions
 - Sudden or impulsive purchase of a firearm
 - Obtaining other means of killing oneself such as poisons or medications
- Unexpected rage or anger

B. What to do when you fear someone may take his or her life

- Take it seriously
 - 75% of all persons who commit suicide give some warning of their intentions to a friend or family member.
 - All suicide threats and attempts must be taken seriously.
 - Be willing to listen
 - Take the initiative to ask what is troubling them and persist to overcome any reluctance to talk about it.
 - If professional help is indicated, the person you care about is more apt to follow such a recommendation if you have listened to him.
 - If your friend or loved one is depressed, do not be afraid to ask whether he is considering suicide, or even if he has a particular plan or method in mind.
 - Do not attempt to argue anyone out of suicide. Rather, let the person know you care and understand, that he is not alone, that suicidal feelings are temporary, that depression can be treated and that problems can be solved.
 - Avoid the temptation to say, “You have so much to live for,” or “Your suicide will hurt your family.”
- Seek professional help
 - Be actively involved in encouraging the person to see a physician or mental health professional immediately.
 - Individuals contemplating suicide often do not believe they can be helped, so you may have to do more.

- Some may resist seeing a psychiatrist until a friend offers to accompany him on the visit.
- You can make a difference by helping the person in need of help find a knowledgeable mental health professional or reputable treatment facility.
- In an acute crisis
 - In an acute crisis, take your friend or loved one to an emergency room or walk-in clinic at a psychiatric hospital.
 - Do not leave him alone until help is available.
 - Remove from the vicinity any firearms, drugs, or sharp objects that could be used in a suicide attempt.
 - Hospitalization may be indicated and may be necessary at least until the crisis abates.
 - If a psychiatric facility is unavailable, go to your nearest hospital or clinic.
 - If the above options are unavailable, call your local emergency number or the national suicide prevention lifeline at 1-800-232-TALK.
- Follow-up on treatment
 - Suicidal patients are often hesitant to seek help and may run away or avoid it after an initial contact unless there is support for their continuing.
 - If medication is prescribed, take an active role to make sure they are taking the medication and be sure to notify the physician about any unexpected side effects.
 - Often, alternative medications can be prescribed.

IV. **Substance Abuse**

A. **Lawyers and Addiction**

- The National Institute on Alcohol and Alcohol Abuse estimates that 10% of the U.S. population is alcoholic or chemically dependent.
- In the legal profession, the abuse may be as high as 20%.
- Lawyers are at risk for problems with addiction at almost twice the rate as the general population.

- Alcoholism is a factor in 30% of all completed suicides.
- Reports from lawyer assistance programs indicate that 50%-75% of lawyer discipline cases nationwide involve chemical dependency.
- Most substance abusers are functional in the workplace. Nearly three out of four are employed, though the risks for the employer are high.
- The defenses of denial, rationalization and justification often make it difficult for people abusing substances to recognize they have a problem.

B. How do you know?

- The CAGE Questionnaire was developed in 1970 by Dr. John A. Ewing and is used for screening of patients for alcoholism.
- According to Dr. Ewing, two or more “yes” answers indicate a positive history of alcoholism.

- **Cut Back?**

Have you ever felt the need to reduce the level of your consumption?

- **Annoyed?**

Have people ever annoyed you with their criticism of your drinking or using habits?

- **Guilty?**

Have you ever felt guilty while you were drinking or using?

- **Eye-opener?**

Have you ever started the day with a drink or drug, either to wake yourself up, to relax or to cure a hangover?

C. Signs of Substance Abuse

- Signs of substance abuse are sometimes subtle and can be mistaken for other problems, such as depression. Some of the observable signs are:
 - smell of alcohol
 - bloodshot eyes or a puffy face
 - slurred or rapid speech
 - hyper-vigilance or suspiciousness
 - failure to return from lunch or break
 - pattern of being late or a no-show on Mondays
 - leaving early from work

- failure to return phone calls
- missing appointments
- failure to meet deadlines
- change in mood or general demeanor
- deterioration of personal appearance or hygiene

D. How to Help

- You may want to explain to your friend that you know that alcoholism is an illness. You now know that treatment works so you want to urge your colleague to get an assessment, go to treatment, or even head straight for the nearest AA meeting.
- There are those who call for help on their own, go to AA, go to outpatient or inpatient treatment, and stop drinking or drugging. But, the truth is that most active alcoholics and drug addicts are not ready and willing to quit simply because someone suggests it. Lawyers may be particularly resistant to admitting a drinking or drug problem.
- What are some general guidelines for helping an addicted lawyer?
 - Get some education about the illness that you are up against.
 - Talk to therapists, doctors, or Robert Turnbull at Lawyers Helping Lawyers; AA members may have practical experience with the disease and may be helpful.
 - Get assistance and coaching from the experts. Members of AA, NA, Robert Turnbull at Lawyers Helping Lawyers, local treatment centers, therapists, doctors, and professional interventionists are great resources. Someone who has recovered from the same illness may be an ally when you have these conversations. They have instant credibility; you may not.
 - Leverage a bad day. Timing is sometimes important. Approaching someone who is struggling with the negative consequences of his addiction or dependency on a bad day may be more receptive to your suggestions than during the “good” times.
 - Do not try to talk to someone when he is impaired. It does not work.
 - Do not label the individual with a diagnosis. Expressions of concern, offers of hope, and specific ideas for a solution are helpful. Speaking honestly about how the individual’s drinking or drug use has affected you, giving specific examples, is recommended. Labeling someone an addict or an alcoholic will backfire.
 - Be armed with solutions. Offer ideas about how to get help. Have phone numbers available and offer to get the individual to help immediately. If your

friend seems even remotely receptive, act quickly; the small opening in the hard shell of addiction will not stay open long. You may not get another chance.

- Do not enable. Never do for John what John can do for himself. Stop protecting him from consequences. Be honest. Do not cover up, lie, stand in, or do his work. Do not ignore the problem. Do not be a scapegoat. Do not try to control her drinking or his drug use. Respect his dignity. Be realistic about events. Allow success or failure. Share your hope for recovery. Participate in his good behavior. Offer concrete solutions.
- Whether you are the husband, wife, employee, judge, law student, law partner, law firm associate, friend, or colleague of a person challenged by drugs or alcohol, your understanding of the nature of the problem can play a vital part in helping that individual to achieve and maintain recovery. Please remember that there is hope, and there is help. You are not alone. (Foster).

V. The Practice of Law

- Perfectionism: The Perfect is the Enemy of the Good
 - Research suggests that those who suffer from intense perfectionism are at higher risk for suicide. They are driven by an intense need to avoid failure. To these people, nothing seems quite good enough, and they are unable to derive satisfaction from what ordinarily might be considered even superior performance. (Dr. Sidney J. Blatt, “The Destructiveness of Perfectionism: Implications for the Treatment of Depression,” American Psychologist, Volume 49, Number 12 (1997)).
 - Why are lawyers more prone than anyone else to the dangerous disease of depression? Psychologist Lynn Johnson points to two personality traits many lawyers have: perfectionism and pessimism. (Lynn Johnson, Stress Management, Utah State Bar Journal, January/February 2003).
 - It is no secret that the legal profession attracts perfectionists and rewards perfectionism. Perfectionism drives us to excel in college, in law school, and on the job. Perfectionism has a dark side; it can produce “a chronic feeling that nothing is good enough.” (Johnson, Stress Management).
 - According to Johnson, perfectionism raises levels of stress hormones and high levels of such hormones lead to various health problems, including depression. And when we make the inevitable mistake, perfectionism magnifies the failure. “Perfectionists are more vulnerable to depression and anxiety, harder to treat with either therapy or drugs, and much more likely to commit suicide when things go very wrong.” (Johnson, Stress Management).
 - In “Stress Management for Lawyers,” Dr. Amiram Elwork notes that perfectionism is rewarded in both law school and the practice of law. However, it

can lead to negative thinking: “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 its perfect.” This type of thinking can lead to isolation and depression. (Daicoff).

- “Perfectionism can also lead to an overdeveloped sense of control and responsibility so that individuals believe they are responsible for situations over which they actually do not have complete control. If things do not turn out well, these individuals often blame themselves: they didn’t work hard enough or they weren’t sufficiently prepared or vigilant. They then either ‘beat themselves up’ or resolve to ‘work harder’ next time, not acknowledging that some things are out of their control. This erroneous belief causes a great deal of angst, which is then expressed either as depression or irritability and anger, which are really two sides of the same coin.” (Daicoff).

- Pessimism

- Less intuitive than the prevalence of perfectionism is the prevalence of pessimism among lawyers. A Johns Hopkins study in 1990 showed that in all graduate school programs in all professional fields except one, optimists outperformed pessimists. The one exception: law school.
- Pessimism helps lawyers excel: it makes 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. The pessimism is bad for our health: it leads to stress and disillusionment, which makes us vulnerable to depression. (“Depression, The Lawyers’ Epidemic: How You Can Recognize the Signs,” Raymond P. Ward, 3/16/05).

- Unrealistic Expectations

- “Depression can also arise if prospective lawyers harbor unrealistic expectations about their chosen profession. Reich (1976) found that many pre-law students wished to be seen as confident, socially ascendant, and in control, but that inwardly they felt awkward, anxious, cautious, and unsure.” (Daicoff).
- “[Reich] suggested that they may have chosen law as a career because it allows them to hide behind a professional mask of confidence, leadership, and dominance; they don’t have to expose more tender feelings of discomfort and social awkwardness. In other words, lawyers can interact with clients, other lawyers, and judges at a comfortable professional distance and according to professionally defined ‘roles’ with clear expectations and obligations, often imposed by the lawyers’ code of ethics.” (Daicoff).
- “For some, this might reduce their anxiety. However, it can also be isolating, lonely, and discouraging – and ultimately lead to depression. As a result, lawyers often end up feeling alone as they are surrounded by clients, assistants, other lawyers, paralegals, and law office personnel. The very psychological dynamic that may have in part driven them to choose the law as a career may ultimately

contribute to debilitating depression necessitating treatment and behavioral change.” (Daicoff).

VI. South Carolina Bar – Lawyers Helping Lawyers

Lawyers Helping Lawyers (LHL) provides programs and services to assist members of the legal profession in South Carolina who suffer from problems of substance abuse or depression, which affect their professional and/or personal life. Members of the Lawyers Helping Lawyers Committee comprise a support network of recovering judges and lawyers who assist in carrying the recovery message. LHL provides referral services, peer support, monitoring services, and education.

LHL is not a 12-step program; however, it often recommends participation in programs such as Alcoholics Anonymous, Narcotics Anonymous or other recovery programs as major resources for a lawyer’s or judge’s recovery. LHL is not a treatment program, counseling center, employment agency, legal referral center or employee assistance program; however, all of these services can be accessed through LHL resources and referrals.

- Free helpline

Call the Lawyers Helping Lawyers toll free helpline at (866) 545-9590.

- Free counseling services

LifeFocus Counseling Services will also provide up to five free hours of intervention counseling for attorneys experiencing emotional or stress-related issues. Lawyers using the service will remain completely anonymous. Bar members may call LifeFocus Counseling Services toll-free at (866) 726-5252 to be referred to a counselor in their area 24 hours a day.

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