

Depression: An Occupational Hazard of the Legal Profession

**Lawyers Concerned for Lawyers of Pennsylvania
Confidential Helpline 1-888-999-1941**

www.lclpa.org

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- Free information and literature
- Free evaluation by a healthcare professional
- Free assistance with interventions
- Lawyer/Judges-only 12-Step meetings
- LCL staff support
- Extensive online resources

We Are in the Business of Saving Lives

Our services are free, confidential, & non-judgmental.

You can remain 100% anonymous and still receive any or all of our services.

We do not report any of your information to anyone without your express consent.

DEPRESSION



Why Are We Learning About Depression?

At least 1 in 5 attorneys will suffer from Major Depressive Disorder.

Attorneys are nearly 4 times more likely to suffer from MDD than any other professional population, and the problem appears to be getting worse.

Landmark 2016 Collaborative Study

ABA & Hazelden study surveyed >12,000 practicing attorneys and judges:

- **28%** screened positive for at least mild depression (DPN) (vs. 7-9% of the general population)
- **19%** screened positive for moderate to severe DPN

Depression (MDD)

- According to the World Health Organization (2010) **depression is the single most burdensome disease in the world** as measured by days of disability.
- Its impact is so broad, that the US Preventative Services Task Force now recommends (as of Jan. 2016) all adults be screened for DPN.
- MDD has a greater impact on overall health than arthritis, diabetes, angina, and asthma.

Major Depressive Disorder (MDD)

- It is often a chronic disease; 50- 75% of adults experience more than one episode.
- The average episode lasts about 6 months.
- Average lifetime recurrence is 8 episodes (average of 4 years total in a lifetime).

Recurrence Risk for Major Depression (MDD)

- After 1st episode: 50% chance of having a second episode
- After 2nd: 70% chance of having a third
- After 3rd : 90% chance of having a fourth

What Causes Depression?

- ✓ **Genetic** component- Family history
- ✓ **Environmental** triggers: 50% of people with DPN experienced a severe life event in the period preceding the episode (e.g. divorce, death, financial or job loss)
- ✓ **Functional, physiological**, and measurable abnormalities in levels and actions of mood-regulating chemicals in the brain
- ✓ **Psychological** factors: negative thinking patterns, deeply held, self-defeating automatic thoughts, perfectionism, black and white thinking

Symptoms of Depression

- ✓ Inability to sleep or oversleeping
- ✓ Marked restlessness or somnolence, slow-moving
- ✓ Fatigue or loss of energy
- ✓ Feelings of worthlessness or excessive or inappropriate guilt
- ✓ Diminished ability to think or concentrate; indecisiveness
- ✓ Recurrent thoughts of death (not just fear of dying), suicidal ideation with or without a specific plan, or a suicide attempt.

Other Symptoms of Depression

- ✓ Rumination
- ✓ Withdrawal from family and friends
- ✓ Irritability & anger
- ✓ "Self-medication" (increase in alcohol, drug consumption and use of other maladaptive behaviors to 'numb' the sadness)
- ✓ Decreased memory
- ✓ Decreased functioning/productivity at work
- ✓ Headaches, digestive disorders, chronic pain

PET Scan of the Depressed Brain

- Blood flow to the area of the brain that controls rational thought and prediction of consequences *decreases*.
- Blood flow to the emotional centers of the brain *increases*.
- After treatment, the normal blood flow is restored.



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Recognizing a Colleague's Problem

- Absenteeism
- Disheveled appearance
- Decreased productivity and/or late, incomplete work
- Disruptive behavior
- Increased irritability and/or agitation
- Increased isolation/lack of cooperativity
- Substance misuse (symptoms of SUD are often similar to those of DPN)

Attorneys & Judges are at High Risk for Suicide

Major depression (MDD) is the most common trigger for suicide.

- Substance abuse is a common trigger.
- In 2014, lawyers were the fourth most likely of all professionals to complete suicide.

Attorneys, Judges, and Suicide

Relative risk of suicide for lawyers has been estimated to be **2-6 times greater** than the general population.

2014 survey of over 12,000 attorneys (including judges):

- **11.5% have had suicidal thoughts** during their law career.
- 2.9 % report self-injuring behaviors.
- 0.7% reported at least one suicide attempt (i.e. 90 attorneys out of 12,000.)

*These figures are likely an underestimate, as the study relied on self-reporting.

Suicide Statistics

- **10th leading cause of death in the U.S.**
- Rates have increased consistently since 2006.
- **One person dies by suicide every 5 hours in PA.**
- For every suicide completion there are 25 attempts.

- **We lose over 44,000 Americans every year to suicide.**
- White males accounted for 70% of suicides in 2015.
- Women attempt suicide more often than men, but are less likely to complete it.

WARNING SIGNS OF SUICIDE

Talk

If a person talks about:

Being a burden to others

Feeling trapped

Experiencing unbearable pain

Having no reason to live

Killing themselves

Acting recklessly

WARNING SIGNS OF SUICIDE

Mood

Depression
Loss of interest
Rage
Irritability
Humiliation
Anxiety

WARNING SIGNS OF SUICIDE

Behaviors

- Increased use of alcohol or drugs
- Looking (e.g. online) for a way to kill themselves
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression

Resources for Suicide Prevention

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

National, toll free, 24hrs

Crisis Text Line (<http://www.crisistextline.org>)

Text **"HOME"** to **741-741**

More Resources

American Foundation for Suicide Prevention: afsp.org

PA Suicide Prevention Coalition: preventsuicidepa.org

Survivors of Suicide: survivorsofsuicide.com

American Association of Suicidology: suicidology.org

National Crisis Helpline: 1-800-784-SUICIDE (2433)

ABA Wellness Toolkit:

https://www.americanbar.org/content/dam/aba/administrative/lawyer_assistance/ls_colap_Brafford_Tool%20Kit.auth_checkdam.pdf

Why Are Attorneys & Judges So Unhappy?

Common Personality Traits

- ✓ Type A, perfectionistic, rigid, black-and-white thinking patterns
- ✓ Extremely high expectations for self and others; competitive nature
- ✓ Emotional detachment
- ✓ Self-reliance to an extreme
- ✓ Acute and chronic stress and workaholism

Why Are Attorneys & Judges So Unhappy?

✓ Pessimism

- *Upside*: helps anticipate & mitigate all possible negative outcomes for clients/cases; aka 'prudence'
- *Downside*: view adverse events as permanent, pervasive, uncontrollable and 'ruining everything' (tendency to globalize negativity) in personal life

Many attorneys & judges struggle to 'turn off' these attitudes and behaviors after work, causing significant harm to mental health & interpersonal relationships. Ironically, the same traits that make you a successful attorney increase your risk of substance use and depression.

Why Are Attorneys & Judges So Unhappy?

- ✓ High job dissatisfaction rates (55% by one ABA survey)
- ✓ Aggressive, adversarial nature of law practice ('win/loss,' 'all-or-nothing')
- ✓ Law practice is often emotionally isolating and devoid of consideration for life-work balance.

Why Are Attorneys & Judges So Unhappy?

- ✓ Repeated exposure to bad human behavior.
- ✓ Inundation by the negative emotions of clients/defendants
- ✓ Financial pressures

Why Don't Attorneys & Judges Ask for Help?

- Rationalization
 - justifying symptoms and behavioral changes; blame other people or situations
- Intellectualization and ego
 - “I am too important to take time off work to get treatment.”
 - “I don't/can't have a problem.”
- Minimization
 - “It's not that bad.”
 - “This is just how life is.”
- Sense of self-reliance
 - belief that you can handle it on your own; “I can snap out of this depression. I don't need anyone's help.”

Why Don't Attorneys & Judges Ask for Help?

- Role as problem-solver
 - belief you are expected to solve all of your own problems as well
 - belief that “I am in control” makes it difficult to identify and acknowledge a mental health concern
- Denial
 - illusion that all is well; façade of normalcy

Why Don't Attorneys & Judges Ask for Help?

Fear

- Judgement by peers, superiors, and clients
- Loss of 'control' of one's life and career
- Loss of reputation, job, license to practice
- Answering Character and Fitness questions for the Bar

- The sicker you become, the less likely you are to have the ability to self-appraise or to even realize that you are ill.
- Peers are far more likely than you are to see that you are struggling, but they often do not intervene.
- Only 1 in 3 people with MDD will seek help.

Why Should You Ask for Help?

- It is not a character flaw.
- You cannot just 'suck it up.'
- **You can't just 'snap out of it,' just like you can't 'snap out of' diabetes or heart failure.**
- It is a medical illness that requires evaluation and treatment.
- Earlier treatment = highest success rate
- DPN can be successfully treated in more than 80% of cases. Most people respond well to treatment and get their lives back.

Helping a Colleague

- Offer emotional support and understanding.
- Listen.
- Encourage them to seek an evaluation and treatment.
- Do not be dismissive or judgmental.
- Take talk of suicide seriously.
- Encourage them to call LCL or call us on their behalf.

DO SOMETHING!

Motivational Interventions

Our goal is to motivate the lawyer or judge in distress to accept our help:

1. Identify different approaches.
2. Discuss the pros & cons of each approach.
3. Select an acceptable approach.
4. Learn what to say and how to say it.
5. Learn what not to say.
6. Participate in the approach if it will help.

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