

LAWYERS HELPING LAWYERS PREVENT SUICIDE

By: Yvette Hourigan



**Step One, you say "we need to talk"
He walks, you say "sit down it's
just a talk"**

**He stares politely back at you
You stare politely right on through...
Where did I go wrong? I lost a friend.**

**Somewhere along in the bitterness,
and I would have stayed up,
with you all night**

Had I known, how to save a life.¹

How to Save a Life, The Fray, ©2005

INTRODUCTION

These lyrics by The Fray are haunting when you know the genesis of the song. They describe all of the people who tried to reach out to a troubled teenage boy but were unsuccessful. The co-author, Isaac Slade of The Fray, says in an interview that the boy's friends and family approached him saying things like, "Quit taking drugs and cutting yourself or I won't talk to you again," (commonly called "tough love"). What he really needed was some direction, support and TREATMENT. The boy was losing friends and going through depression. He had lost his best friend and could not deal with the pain. "Tough love," although sometimes helpful in working with addicts, will *never* work with a depressed person. Never. The verses of the song describe an attempt by an adult to confront the troubled teen. In the chorus, the singer laments that he was unable to save his friend because he didn't know how. KYLAP's purpose, both through this article, and the upcoming educational opportunities that are described below, is to educate you, the concerned co-worker, colleague, boss or judge, to recognize severe depression and a chronic or acute suicide crisis, and what steps to take when you do. You may save a life.

As this article goes to press, *The Courier-Journal* has just published an account of lawyers who have allegedly committed suicide in Kentucky in the past few years.² The

number is staggering and the article has garnered national attention. While the article was not focused on the help available for lawyers in distress, the takeaway was the rate of suicide among lawyers in general, but Kentucky lawyers in particular. The upside is that this crisis has gotten much more attention than it would have gotten only from this bar journal article. Shining a light on this often whispered about issue is precisely what must happen.

The Kentucky Lawyer Assistance Program (KYLAP) has been addressing the issues of lawyer depression and the increased risk for lawyer suicide for many years. It's frustrating to hear comments such as those made in response to *The Courier-Journal* article such as "the bar really needs to do something about this" or "we really need to take a look at these issues." The Kentucky Lawyer Assistance Program and its predecessor, Lawyers Helping Lawyers, have continuously spread the message about substance abuse, depression and other mental health issues in the legal community as far back as the late '70s. The problem is that when it came to depression, not many folks have been listening. Hopefully, all ears are now open to hear this message of hope.

Most recently, KYLAP and its volunteers have spoken across the Commonwealth, and at all of the law schools, presenting more than 50 continuing legal education sessions in the past two years dealing specifically with substance abuse, depression and suicide. A group solely for the treatment of lawyers with depression has been ongoing (but with very low attendance) since February at Bradford Health Services' The InnerView each Monday night at 6:30 p.m. in Louisville. Far from being ignored, lawyer depression and the rising rate of suicide among members of our profession has been at the forefront of the Kentucky Bar Association's (KBA) decision-making process. Not one member of the current Board of Governors, nor the KBA staff, has been untouched by this rash of tragedy.

A Suicide Crisis Plan was introduced by KYLAP to the KBA Board of Governors and was met with great support and enthusiasm. This article, though edited, was scheduled for publication in this issue prior to the publication of *The Courier-Journal's* article. Additionally, multiple events to raise aware-

ness in the bar community of this pressing problem have been planned throughout 2013. All eyes are finally focused on this concern, and that is a very good thing. I truly believe that one primary reason for this high rate of suicide in Kentucky is the unwillingness and inability to candidly discuss mental health issues, and their treatment — particularly depression. What we must recognize, and what we must say as many times as it needs to be said until it is heard, is that depression and thoughts of self-harm are not all that uncommon (particularly in Kentucky, with its extremely high rate of depression, as is set forth below). It must become acceptable water-cooler discussion that treatment for depression and suicidal thoughts is available and is not shameful. These must become socially acceptable topics. The current course of conduct among far too many in the profession, i.e., ignoring the problem, is killing our lawyers. Until we are all willing to summon the courage to discuss these topics, and to erase the social taboos relative to depression in our profession, this very real problem will persist and many more lawyers will die.

SUICIDE STATISTICS

The national rate for suicide in the general population has increased by approximately 30 percent according to a *New York Times* article of May 2, 2013.³ Many factors are postulated as contributing to the increase, including the aging and disenchantment of baby-boomers and downturns in the economy. While the *Times* article gives percentages for specific age groups, overall the American Association of Suicidology reports that as of 2010, the national average for suicide is 12 deaths by suicide per 100,000 deaths.⁴

Even with the increased percentages, lawyers are *at least* five and one-half (5-1/2) times more likely to die by suicide than the general population — at a rate of 66 deaths per 100,000. And if the general population has increased by 30 percent, it is presumed that the statistic of 66 lawyer deaths by suicide per 100,000 deaths is too low. While most states see periodic spikes in lawyer suicide rates, the Kentucky numbers have been consistently high for several years in a row.

WHY KENTUCKY?

Kentucky is the third most depressed state in the country. Only two states have higher rates of depression than Kentucky: West Virginia at number two, and Utah at number one.⁵ On average, people with depression go for nearly a decade before

receiving treatment.⁶ It is likely that lawyers go much longer without seeking help than the average person, since lawyers seem to have a greater amount of shame about our inability to solve our problem. We perceive that because we help others, we must be able to help ourselves. Of course, this is a myth.

In 2010, a *Forbes* magazine study showed Kentucky as the fourth “most medicated state,” trailing only behind West Virginia, Tennessee and Alabama.⁷ Historically, Kentucky has had the highest rate nationally of addiction to and off-label use or abuse of prescription pain medications. And finally, Kentucky is the eighth poorest state in the nation.

So here in Kentucky we are dealing with one of the highest rates of depression; one of the highest rates of addiction; and one of the poorest states in the country. This is the perfect storm for depression leading to suicide.

BUT WHY ARE LAWYERS AT SUCH HIGH RISK?

As set forth herein, risk factors for suicide include depression, anxiety, substance abuse, divorce and stress. Lawyers experience ALL of these risk factors at a higher rate than the general population. Lawyers are also more likely to be perfectionists and competitive — personality traits which make a person considering suicide less likely to seek help.⁸

As stated by Robin Frazer Clark, Georgia Bar President, in her President’s Page of the *Georgia Bar Journal*, December, 2012, “[F]ailure is not an option in a high-stakes profession such as ours.”

“Stress” may be defined as anything in our environment that knocks our bodies out of their homeostatic balance. The stress response is the physiological adaptations that ultimately reestablish balance. Recently, scientists have been focusing in on the connection between stress and anxiety and the role they play in producing and maintaining depression. For a high-stress profession like practicing law, this link is alarming and should cause great concern.

“If stress is chronic, repeated challenges may demand repeated bursts of vigilance. At some point the vigilance becomes over-generalized leading us to conclude that we must always be on guard — even in the absence of stress. And thus the realm of anxiety is entered.” Dr. Robert Sapolsky, *Lawyers with Depression, The Stress Depression Connection*, May 11, 2008,⁹

See if this description sounds familiar:

Stress went on too long in my own life as a litigator. I had, indeed, entered the realm of anxiety. For me, this anxiety felt like I had a coffee pot brewing twenty four-seven in my stomach. I became hypervigilant, each of the files on my desk felt like ticking time-bombs about to go off. Over time, the litigation mountain became harder to climb as the anxiety persisted over a period of years.

Dan, *Lawyers with Depression*

Unfortunately, if the chronic stress is (or even seems to be) insurmountable, it gives rise to helplessness. This helplessness may be so generalized that the person is unable to accomplish tasks they could actually master (returning phone calls; filing routine motions). Helplessness is a pillar of a depressive disorder. It becomes a major issue for lawyers because we aren’t supposed to experience periods of helplessness. We’re perfectionists and we’re paid to solve problems. We just can’t always do it for ourselves.

Studies are showing that the presence of co-morbid anxiety disorders and major depression is very frequent, and according to some studies, as high as 60 percent. This may shed light on why the depression rates for lawyers are so much higher than everyone else’s. We work in a chronically anxious and stressful state.¹⁰

Over time, this type of chronic anxiety causes the release of too much of the fight-or-flight hormones, cortisol and adrenaline. Research shows clearly that prolonged release of cortisol damages areas of the brain that have been implicated in depression, the hippocampus (involved in learning and memory), and the amygdala (involved in how we perceive fear). *Id.*

Now it all makes sense, doesn’t it? We as lawyers are constantly stressed, which stress physically changes our bodies and our minds, and results in depression. Depression is a medical problem that we somehow think we should be able to solve without medical help (we solve all sorts of other problems without help, after all), but we can’t. So now we’re stressed, depressed and feeling helpless. Just like Kentucky is the perfect storm for suicide, practicing law may be the perfect storm for depression (which may lead to suicide).

WHAT IS DEPRESSION AND WHAT DOES IT LOOK LIKE?

Lawyers have a depression rate nearly four times higher than that of the general population.¹¹ The general population’s rate of depression is estimated at 10 percent. The depression rate for lawyers is estimated at nearly 40 percent (based upon studies performed by the American Bar Association, the Canadian Bar Association, and a myriad of state bar associations). Stress is almost certainly the cause as we previously noted.

The core symptoms of major depression are a “down” or depressed mood most of the day or a loss of interest or pleasure in activities that were previously enjoyed for at least two weeks, as well as:

- Changes in sleeping patterns.
- Change in appetite or weight.
- Intense anxiety, agitation, restlessness or being slowed down.
- Fatigue or loss of energy.
- Decreased concentration, indecisiveness or poorer memory.
- Feelings of hopelessness, worthlessness, self-reproach or excessive or inappropriate guilt.
- Recurrent thoughts of death or suicide.

WHAT ARE THE RISK FACTORS WHICH MAY GIVE RISE TO SUICIDE?

Psychiatric Disorders

More than 90 percent of people who commit suicide are suffering from one or more psychiatric disorders, in particular:

- Major depression (especially when combined with alcohol and/or drug abuse).
- Bipolar disorder.
- Alcohol abuse and dependence.
- Drug abuse and dependence.
- Schizophrenia.
- Post-Traumatic Stress Disorder (PTSD).
- Eating disorders.
- Personality disorders.

Past History of Attempted Suicide:

Between 20 and 50 percent of people who kill themselves had previously attempted suicide. Those who have made serious suicide attempts are at a much higher risk for actually taking their own lives.