



Lawyer Wellness PROGRAM

Managing Depression in the Legal Profession

Depression affects an estimated 20 million Americans in a given year.

One in five will experience depression at some point in their lifetime. Depression can affect anyone — even a person who appears to live in relatively ideal circumstances — even a lawyer.

Depression, left untreated, may have a significant impact on work performance. It contributes to presenteeism, or someone “present” at work but not engaged and absenteeism, or missing work. It may also adversely impact multiple areas of performance, including focus and decision making, time management, social interactions, and communication, each a vital skill for lawyers. It is estimated that eight hours of productivity per week is lost for those struggling with depression. Like most other health conditions, early detection, and effective treatment lessen the severity and impact of the condition. In over 80% of cases, treatment is effective.

Lawyers suffer from depression at a rate much higher than the general population.

A 2016 study of nearly 13,000 practicing lawyers found **28 percent** of those surveyed reported a problem with depression within the past 12 months, a rate four times of that found in the general population. A staggering **46 percent** divulged they had experienced depression at some point over the course of their legal careers.

Sadly, lawyers reported suicidal ideation at a rate five times that found in the general population.

1 in 3 lawyers reported experiencing depression within the past year.



Do you have depression?

If you have five or more of the following symptoms nearly every day for two weeks, then you may have Major Depression. If you have fewer symptoms, you may have low-level depression.

Symptoms of Depression

- Depressed mood, such as feeling sad or empty or even constantly irritable
- Decreased interest or pleasure in all – or almost all – activities
- Significant (and unintentional) weight loss, weight gain, or decrease or increase in appetite
- Insomnia or increased desire to sleep
- Either restlessness or slowed behavior that can be observed by others
- Fatigue or loss of energy
- Feelings of worthlessness, or excessive or inappropriate guilt
- Trouble thinking, concentrating or making decisions
- Recurrent thoughts of death or suicide

Too many lawyers do not get help because of the stigma sometimes associated with depression or fear that disclosure might harm their careers.

The reality is that depression is an illness that needs professional intervention. It is nothing to be ashamed about. It's difficult for a lawyer to recover on their own. They'll need a support network to help them on their journey towards recovery and to stay well. To be a successful lawyer, you must be a healthy one.



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Take Steps to Improve your Mental Health

What can you do if you struggle with depression? In addition to seeing your doctor or a mental health expert to be evaluated, you can practice good mental health self-management to improve your symptoms. And finally, you can avail yourself of the numerous resources available to lawyers in need of help.

10 Depression Self-Management Tips

- 1. Build a Support Network**
Socialize with other lawyers and your friends and family
- 2. Reduce Your Stress**
Make sure you exercise. Even a five-minute walk will help
- 3. Improve Your Sleep Hygiene**
Get 7-8 hours a night. Limit caffeine intake
- 4. Improve Your Eating Habits**
Stay away from sugar and carbs
- 5. Learn How to Combat Negative Thoughts**
Be more constructive and positive
- 6. Confront Procrastination**
Do important things first. Prioritize.
- 7. Practice Gratefulness**
Regularly remember goodness you've received from others
- 8. Find Meaning and Purpose**
Keep your life in line with your personal values
- 9. Practice Deep Breathing**
Breathe from deep in your lungs
- 10. Practice Mindfulness Meditation**
Learn to center yourself



Mental Health Resources

Personal Support

- **Daniel T. Lukasik, Esq.**
UCS Judicial Wellness Coordinator*
Cell (716) 913-6309
dlukasik@nycourts.gov
- **NYSBA Judicial Wellness Committee**

Books

- *Undoing Depression: What Therapy Can't Teach You and Medication Can't Give You*
by Richard O'Connor, Ph.D.
- *The 10 Best-Ever Depression Management Techniques*
by Margaret Wehrenberg, Psy.D.
- *The Mindful Way Through Depression: Freeing Yourself from Chronic Unhappiness*
by Mark Williams, Ph.D.
- *The Upward Spiral: Using Neuroscience to Reverse the Course of Depression One Small Change at a Time*
by Alex Korb, Ph.D.
- *Feeling Good: The New Mood Therapy*
by David Burns, M.D.

Websites

- [Anxiety and Depression Association of America](#)
- [University at Michigan Depression Center](#)
- [Depression and Bipolar Support Alliance](#)
- [Lawyers Depression Project](#)
- Lawyerswithdepression.com
- Lawyerwellbeing.net

One Lawyer Living and Working with Depression

By Daniel T. Lukasik



Dan Lukasik has been a lawyer for over 30 years. He created the website Lawyerwithdepression.com 10 years ago following his own diagnosis of depression. He continues to write about living and working with stress, anxiety, and depression. His work has been featured in *The New York Times*, *The Wall Street Journal*, *The Washington Post*, and many other national and international media outlets. Five years ago, he launched a life coaching and mentoring practice at Yourdepressioncoach.com, a service specifically designed to assist lawyers struggling with mental health issues in the legal profession. He travels the country giving presentations to law firms, at CLEs and legal conventions, and law schools including Harvard and Yale last year.



I was 40 years old when depression first struck.

I was a trial lawyer and managing partner at my firm. From the outside, I was successful: a high-paying career, interesting work, a great family, and lots of friends.

From the inside, however, something was terribly wrong.

There was a deep sadness that wouldn't go away. Before this time, I had gone to therapists for stress-related issues. Therapy always worked. After a few months talking things through, I always felt better and stopped going.

But this time, it was different. Things didn't get better.

Besides the deepening melancholy, I lost my ability to concentrate, to be productive at work. Sitting at my desk, a motion that generally took a day or two to punch out now took me over a week or more; requests for extensions were routine. Depositions? They often got canceled because I was emotionally incapable to do them. Keeping my door shut, others thought I did so because I was busy. The truth, however, was that I was immobilized by depression.

My sleep became fragmented in a way I had never experienced before. I was always tired, but couldn't sleep through the night. I went to bed early, exhausted from trying to make it through another day. Often waking at 3–4 a.m., I was unable to go back to sleep. I'd get up, watch TV, or read old magazines while my family slept upstairs. Other times, I would shower, shave, put on my suit and tie, and drive to an all-night coffee shop. I was the only customer that early in the morning. Sitting there with my coffee, I stared out into the night. I wondered when I would start feeling better, when things would get back to normal. I worried a lot. When the sun came up, I drove to work with no one the wiser about the anguish I was going through. At least for the time being.

I tried to hunker down and power through the depression. That didn't work. Things worsened. I didn't bounce back as I had before. I would find myself crying as I drove home, seemingly, for no particular reason. Sadness now haunted my days. Once, driving home on a snowy night, I was sobbing so hard I couldn't see the road ahead. I pulled off the expressway. Finding an empty store parking lot, I stopped my truck and sat there crying. It must have lasted 20 minutes. I then drove home. Sitting in the dark driveway, I could see my wife and daughter through a house window. They were laughing and chatting with each other as my cheerful wife cooked dinner. I steeled myself. I did not want them to know what a mess I was. Walking through the door, my wife said, "How was your day, honey?" "Just great," I replied.

My therapist, concerned about my welfare, said therapy alone wasn't working. He referred me to a psychiatrist. "You have major depression,¹ Mr. Lukasik," he said. "I am going to put you on an antidepressant. You should take 90 days off work." He gave me a script for the medication. I took it to my pharmacist and began taking the pills.

The next day, I told my partners. It did not go well. Sitting there in our conference room, I said, in a quaking voice, that I had been diagnosed with depression and needed to take three months off to recuperate.

"Go on a vacation, for Christ's sake!" one snapped. Little did he know that when on vacation, I was still severely depressed. I could not experience joy, a symptom, I later learned, of depression. *Disneyland* was no match for depression.

Another partner said, "You'll be fine in a few weeks and back to your old self, Dan." *Had he heard what I just said?* I later learned that disclosure of depression to someone can be met with the person trying to minimize the problem. I don't think he said this to be dismissive. He didn't have a frame of reference for what depression was. He had never experienced it. Like many, the closest thing he could think of was sadness. But depression isn't sadness. Sadness is an emotion. Depression is an illness.²

My third partner sat silent, not saying a word. Occasionally, he looked over at me. We had been friends for over 20 years and law partners for 10. Where were the words of support? His silence hurt the most. Only years later did I learn from him that he was worried about the financial implications to the firm. *Would I ever come back?* In addition to being managing partner, I brought a lot of business into the firm. How would this bad news affect his finances and the firm's?

A 2016 survey of 3,300 law students from 19 law schools found that 17% experienced some level of depression – more than twice the rate seen in the general population.

I took three months off. It was a hot summer. Some relief came from not working, but I also felt guilty. I felt I wasn't pulling my weight at the firm. The medication helped. But not as much as I thought it would. The three months flew by. When I came back to work, most people didn't say anything to me about my absence. *It was as if I had just been there yesterday.* I wondered if I had been absent because of a broken leg, they would have said, "Welcome back! We missed you. How are you feeling?" They might have even signed my cast. But those gestures of welcome didn't come. Not because they were uncaring people, necessarily. I think some didn't know what to say or wanted to respect my privacy. But it still hurt.

The only one who offered a kind word was my secretary. She closed the door, hugged me, and said she was happy to have me back. That meant the world to me. My partners said, "So, you feel better?" I really didn't. But what was I going to say? I also didn't think they truly wanted any dialogue with me about how I was continuing to struggle with depression. Their thinking on the matter was crystal clear: the "depression thing" was over, and it was back to business as usual.

I subsequently recovered from depression with a combination of therapy, medication, exercise, a good diet, and a support group. While I am not "cured," I have come to

successfully manage it like one would any other chronic illness like diabetes or heart disease. It still comes and goes. But now I have the tools and support to cope with it effectively. If I am depressed, it is not as deep, nor does it last as long, as it did when I was first diagnosed.

I had hoped, given the strides made in the destigmatizing of mental illness by society – particularly depression – and improved treatment options available in the past decade, that far fewer law students and lawyers would be stricken by depression and stigmatized for it.

I was wrong.

THERE ARE TOO MANY LAW STUDENTS AND LAWYERS STRUGGLING WITH DEPRESSION

First, a bit about depression. Depression is a mood disorder with multiple symptoms that have a significant impact on a person's ability to work and enjoy life. It is the leading cause of disability worldwide, with some 350 million people afflicted.³ An estimated 17.3 million American adults had at least one major depressive episode in the past year accounting for 7.1% of all U.S.

with 28%, 19%, and 20.6% experiencing symptoms of stress, anxiety, and hazardous drinking, respectively. Sadly, 11.5% of participants reported suicidal thoughts. According to the Centers for Disease Control and Prevention, lawyers rank fourth in suicide by profession.¹¹ Tragically, there have been many high-profile lawyers and law students who have committed suicide recently as reported by national media.¹² I wrote on my website of a law student in my community with depression who committed suicide.¹³

Why do lawyers suffer from such high rates of depression? There's no easy answer because depression can have so many causes. Some of the risk factors include a personal or family history of depression, major life changes, trauma, or stress, and certain physical illnesses and medications.¹⁴ And there are others.

But there is something unique about lawyering that contributes to the markedly higher rates of poor mental health in those who practice law. Attorneys are, by training and experience, pessimistic people in an adversarial profession.¹⁵ They also tend to be perfectionists,¹⁶ another risk factor for depression.¹⁷ Lawyering is not only full

Aside from the economic reality that their lawyers' mental health problems cost firms money, firms have a moral responsibility to address this problem.

adults.⁴ Depression is the leading cause of disability⁵ in the U.S. whose annual toll on businesses amounted to \$70 billion last year.⁶ Only 2% of people with depression die by suicide, but of those that do, 60% of them have depression.⁷

Law students and lawyers have much higher rates of depression than those found in the general population.

A 2016 survey of 3,300 law students from 19 law schools found that 17% experienced some level of depression (more than twice the rate seen in the general population), 37% some level of anxiety, and 6% reported serious suicidal thoughts in the past year.⁸ Binge drinking was also a big problem – especially for those in the profession for less than 10 years.⁹

A 2016 survey of 12,825 practicing lawyers and judges found 28% reported a problem with depression in the past 12 months of the date of the survey.¹⁰ *This percentage is almost four times the rate found in the general population.* However, when asked over the course of their career whether they had experienced depression, *that number skyrocketed to 46%.* Levels of other mental health issues and substance abuse levels were also significant,

of stress, but chronic and unrelenting stress that has negative effects on the areas of the brain associated with depression.¹⁸ When you combine pre-existing risks with stressors unique to the practice of law, the legal profession creates a “perfect storm” for depression to develop.

MY ATTEMPTS TO HELP OTHERS THAT STRUGGLE WITH DEPRESSION

Twelve years ago, I found myself thinking that there must be a way I could offer law students and lawyers more support. I didn't want others to go through depression by themselves as I had done years ago. That is when I created the website lawyerswithdepression.com.¹⁹ The site was built as a place where those in the law, and others who cared about them, could go and learn about depression, self-management tips to recover, and how and where to get outside help and find support. And above all, to know that things can and will get better.

Ten years ago, I founded a depression support group for lawyers in my community. We still meet weekly, and both I and others have found that there is healing and support when a group of lawyers gets together to share their triumphs and struggles in dealing with depression.²⁰

Five years ago, I started speaking around the country at law firms, CLEs, and law schools, including Harvard and Yale last year, to not only educate people about depression, but also provide them with some self-management tips they can use in their daily lives.

Three years ago, I created a life coaching practice and website at yourdepressioncoach.com, specifically designed to help lawyers and law students who struggle with mental health issues.²¹ I like to think of myself as a mentor who offers a unique perspective: someone who has practiced law for over 30 years and known what it is like to manage high-stress loads, anxiety, and depression while trying to do one's job. I am there for those I work with to help them with the unique challenges of trying to get things done when they feel they can't get things done. This work is tremendously rewarding and meaningful to me.

CAUTIOUS OPTIMISM AND SIGNS OF CHANGE

Positive change is in the air and moving in the right direction as evidenced by the ABA publication of "National Task Force on Lawyer Well-Being: Creating a Movement to Improve Well-Being in the Legal Profession" in 2017.²²

The report rightly stated that both the law school and lawyer survey results referenced above are "incompatible with a sustainable legal profession, and raise troubling implications for many lawyers' basic competence."²³

The report further noted that "legal employers can play a large role in contributing to lawyer well-being."²⁴ The task force makes specific recommendations for law firms to create, among other things, a "Lawyer Well-Being Committee."²⁵ Some law firms have responded well and are making a large investment in lawyer well-being initiatives.²⁶ Over 100 large law firms have signed a Well-Being Pledge to promote well-being.²⁷ Given that there are thousands of large law firms in the U.S., however, it is fair to say that that progress has been very slow

I am concerned that many firms feel little or no responsibility for the mental health of the attorneys – or support staff – they employ. Following some of my presentations at large law firms, I had some junior partners and associates who told me that leadership did not want to seriously invest the money or time into addressing mental health. Depression, they seemed to rationalize, was an individual's responsibility to cope with outside of work – not a law firm's. There is a measure of truth in this: a person must take responsibility to get better. However, to say firms do not have a significant role to play is misguided and just flat-out false. Aside from the economic reality that their lawyers' mental health problems cost firms money (e.g., lost productivity, grievances, and malpractice claims), firms have a moral responsibility

to address this problem. If they turn a blind eye to this moral obligation, nothing will happen, or things will only get worse. There is only so much self-management one can do to get better. The work environment also plays a significant role.

Lawyers are problem solvers. Depression, however, cannot be "solved" by oneself. A sufferer needs a team of others to help and support them in their recovery, including a good therapist, a circle of friends and colleagues, a law firm, their family, and others. It's a team effort.

Join the team.

1. "Understand the Facts: Depression," Anxiety and Depression Association of America. Accessed on July 9, 2019.
2. *Undoing Depression: What Therapy Doesn't Teach You and Medication Can't Give You*, Richard O'Connor, Ed.D., 1999.
3. World Health Organization. Accessed 7/9/19.
4. "Prevalence of Major Depressive Episodes Among Adults." National Institute of Mental Health. Accessed 7/9/19.
5. *Id.*
6. "Facts and Statistics." Anxiety and Depression Association of America. Accessed 7/9/19.
7. "Does Depression Increase Risk for Suicide?" Department of Health and Human Services. Accessed on 5/28/19.
8. J.M. Organ, D. Jaffe, & K. Bender, *Suffering in Silence: The Survey of Law Student Well-Being and the Reluctance of Law Students to Seek Help for Substance and Mental Health Concerns*, 66 J. Legal Educ. 116, (2016).
9. *Id.*
10. P.R. Krill, R. Johnson, & L. Albert, *The Prevalence of Substance Use and Other Mental Health Concerns Among American Attorneys*, 10 J. Addiction Med. 46 (2016).
11. "Does Depression Increase Risk for Suicide?" Health and Human Services. Accessed on 7/9/19.
12. E.g., "Lawyer Suicides Are Becoming All Too Frequent," Jill Switzer, Above the Law. Accessed on July 9, 2019; "Buffalo Law Student Dies from Suicide: Family Establishes Mental Health Fund, Christine Simmons," 7/3/19, *New York Law Journal*. Also, see, "Why Are Lawyers Killing Themselves?" Rosa Flores and Rose Marie Arce, *CNN*, 1/20/14.
13. "The Suicide of a Law Student Hits Home." www.lawyerswithdepression.com.
14. "Depression Risk Factors," National Institute of Mental Health. Accessed on 7/9/19.
15. "The Depressed Lawyer: Why Are So Many Lawyers Unhappy?" *Psychology Today*, Tyger Latham, Psy.D. Accessed on 6/28/19.
16. "Perfectionism, 'Psychic Battering' Among Reasons for Lawyer Depression," *ABA Journal*, Debra Cassens Weiss. Accessed on July 9, 2019.
17. "How Perfectionism Affects Your (Mental) Health," *Medical News Today*, Ana Sandoiu, Accessed on 5/15/19.
18. "What Causes Depression?" Harvard Medical School. Accessed on 6/12/19.
19. "Struggling Against Sadness." *ABA Journal*, Melanie Lasoff Levs. Accessed on 7/9/19.
20. "Lawyer Leads Depression Support Group to Help Other Legal Professionals Cope." *ABA Journal*, Marc Davis. Accessed on 6/17/19.
21. See "How BigLaw Contributes to High Attorney Depression Rates." *Law360*, Natalie Rodriguez. Accessed on 6/15/19. See www.yourdepressioncoach.com.
22. "National Task Force of Lawyer Well-Being: Creating a Movement to Improve Well-Being in the Legal Profession," ABA.com. August 14, 2017.
23. *Id.*
24. *Id.* at p. 31.
25. *Id.*
26. "Law Firms Tackle Mental Health, One Initiative at a Time," *Law.com*, Dan Packel. Accessed 7/15/19.
27. "Working Group to Advance Well-Being in the Legal Profession," ABA.com. Accessed 7/15/19.



Suicide: What to do when someone is suicidal

When someone you know appears suicidal, you might not know what to do. Learn warning signs, what questions to ask and how to get help.

By Mayo Clinic Staff

When someone says he or she is thinking about suicide, or says things that sound as if the person is considering suicide, it can be very upsetting. You may not be sure what to do to help, whether you should take talk of suicide seriously, or if your intervention might make the situation worse. Taking action is always the best choice. Here's what to do.

The first step is to find out whether the person is in danger of acting on suicidal feelings. Be sensitive, but ask direct questions, such as:

- How are you coping with what's been happening in your life?
- Do you ever feel like just giving up?
- Are you thinking about dying?
- Are you thinking about hurting yourself?
- Are you thinking about suicide?
- Have you ever thought about suicide before, or tried to harm yourself before?
- Have you thought about how or when you'd do it?
- Do you have access to weapons or things that can be used as weapons to harm yourself?

Asking about suicidal thoughts or feelings won't push someone into doing something self-destructive. In fact, offering an opportunity to talk about feelings may reduce the risk of acting on suicidal feelings.

You can't always tell when a loved one or friend is considering suicide. But here are some common signs:

- Talking about suicide — for example, making statements such as "I'm going to kill myself," "I wish I were dead" or "I wish I hadn't been born"
- Getting the means to take your own life, such as buying a gun or stockpiling pills

- Withdrawing from social contact and wanting to be left alone
- Having mood swings, such as being emotionally high one day and deeply discouraged the next
- Being preoccupied with death, dying or violence
- Feeling trapped or hopeless about a situation
- Increasing use of alcohol or drugs
- Changing normal routine, including eating or sleeping patterns
- Doing risky or self-destructive things, such as using drugs or driving recklessly
- Giving away belongings or getting affairs in order when there is no other logical explanation for doing this
- Saying goodbye to people as if they won't be seen again
- Developing personality changes or being severely anxious or agitated, particularly when experiencing some of the warning signs listed above

If someone has attempted suicide:

- Don't leave the person alone.
- Call 911 or your local emergency number right away. Or, if you think you can do so safely, take the person to the nearest hospital emergency room yourself.
- Try to find out if he or she is under the influence of alcohol or drugs or may have taken an overdose.
- Tell a family member or friend right away what's going on.

If a friend or loved one talks or behaves in a way that makes you believe he or she might attempt suicide, don't try to handle the situation alone:

- **Get help from a trained professional as quickly as possible.** The person may need to be hospitalized until the suicidal crisis has passed.
- **Encourage the person to call a suicide hotline number.** In the U.S., call the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255) to reach a trained counselor. Use that same number and press "1" to reach the Veterans Crisis Line.

If you're a teenager who's concerned that a friend or classmate may be considering suicide, take action.

- Ask the person directly about his or her feelings, even though it may be awkward. Listen to what the person has to say, and take it seriously. Just talking to someone who really cares can make a big difference.
- If you've talked to the person and you're still concerned, share your concerns with a teacher, guidance counselor, someone at church, someone at a local youth center or another responsible adult.

It may be hard to tell whether a friend or classmate is suicidal, and you may be afraid of taking action and being wrong. If someone's behavior or talk makes you think he or she might be suicidal,

the person may be struggling with some major issues, even if not considering suicide at the moment. You can help the person get to the right resources.

If a friend or loved one is thinking about suicide, he or she needs professional help, even if suicide isn't an immediate danger. Here's what you can do.

- **Encourage the person to call a suicide hotline number.** In the U.S., call the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255) to reach a trained counselor.
- **Encourage the person to seek treatment.** A suicidal or severely depressed person may not have the energy or motivation to find help. If the person doesn't want to consult a doctor or mental health provider, suggest finding help from a support group, crisis center, faith community, teacher or other trusted person. You can offer support and advice — but remember that it's not your job to substitute for a mental health provider.
- **Offer to help the person take steps to get assistance and support.** For example, you can research treatment options, make phone calls and review insurance benefit information, or even offer to go with the person to an appointment.
- **Encourage the person to communicate with you.** Someone who's suicidal may be tempted to bottle up feelings because he or she feels ashamed, guilty or embarrassed. Be supportive and understanding, and express your opinions without placing blame. Listen attentively and avoid interrupting.
- **Be respectful and acknowledge the person's feelings.** Don't try to talk the person out of his or her feelings or express shock. Remember, even though someone who's suicidal isn't thinking logically, the emotions are real. Not respecting how the person feels can shut down communication.
- **Don't be patronizing or judgmental.** For example, don't tell someone, "Things could be worse" or "You have everything to live for." Instead, ask questions such as, "What's causing you to feel so bad?" "What would make you feel better?" or "How can I help?"
- **Never promise to keep someone's suicidal feelings a secret.** Be understanding, but explain that you may not be able to keep such a promise if you think the person's life is in danger. At that point, you have to get help.
- **Offer reassurance that things can get better.** When someone is suicidal, it seems as if nothing will make things better. Reassure the person that with appropriate treatment, he or she can develop other ways to cope and can feel better about life again.
- **Encourage the person to avoid alcohol and drug use.** Using drugs or alcohol may seem to ease the painful feelings, but ultimately it makes things worse — it can lead to reckless behavior or feeling more depressed. If the person can't quit on his or her own, offer to help find treatment.
- **Remove potentially dangerous items from the person's home, if possible.** If you can, make sure the person doesn't have items around that could be used for suicide — such as knives, razors, guns or drugs. If the person takes a medication that could be used for overdose, encourage him or her to have someone safeguard it and give it as prescribed.

If someone says he or she is thinking of suicide or behaves in a way that makes you think the person may be suicidal, don't play it down or ignore the situation. Many people who kill themselves have expressed the intention at some point. You may worry that you're overreacting, but the safety of your friend or loved one is most important. Don't worry about straining your relationship when someone's life is at stake.

You're not responsible for preventing someone from taking his or her own life — but your intervention may help the person see that other options are available to stay safe and get treatment.

Show References

1. Ross AM, et al. Re-development of mental health first aid guidelines for suicidal ideation and behaviour: A Delphi study. *BMC Psychiatry*. 2014;14:241.
2. Malik S, et al. The association between sleep disturbances and suicidal behaviors in patients with psychiatric diagnoses: A systematic review and meta-analysis. *Systematic reviews*. 2014;3:18.
3. Schreiber J, et al. Suicidal ideation and behavior in adults. <http://www.uptodate.com/home>. Accessed April 13, 2015.
4. Kennebeck S, et al. Evaluation and management of suicidal behavior in children and adolescents. <http://www.uptodate.com/home>. Accessed April 13, 2015.
5. Help someone else. National Suicide Prevention Lifeline. <http://www.suicidepreventionlifeline.org/gethelp/someone.aspx>. Accessed April 13, 2015.
6. Suicide warning signs. American Foundation for Suicide Prevention. <https://www.afsp.org/understanding-suicide/suicide-warning-signs>. Accessed April 9, 2015.
7. Support a friend. National Council for Suicide Prevention. <http://www.thencsp.org/#!/SUPPORT%20A%20FRIEND/c8xp>. Accessed April 13, 2015.
8. Suicide in America: Frequently asked questions. National Institute of Mental Health. <http://www.nimh.nih.gov/health/publications/suicide-in-america/index.shtml>. Accessed April 13, 2015.
9. How to help in an emotional crisis. American Psychological Association. <http://www.apa.org/helpcenter/emotional-crisis.aspx>. Accessed April 13, 2015.
10. Palmer BA (expert opinion). Mayo Clinic, Rochester, Minn. May 19, 2015.
11. Hall-Flavin DK (expert opinion). Mayo Clinic, Rochester, Minn. May 21, 2015.

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Original article: <https://www.mayoclinic.org/diseases-conditions/suicide/in-depth/suicide/art-20044707>

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WELL-BEING

Why We Need to Talk About Lawyers' Mental Health Now

Big law has a big problem.

by Dan Lukasik, Director of the Workplace Well-Being for the Mental Health Association



Photo Credit: nzphotonz/Getty Images

Big law has a big problem.

The reality that lawyers suffer from high rates of mental health problems, addiction, and problem drinking can no longer be denied in light of the 2016 [study](#) conducted by the [ABA Commission on Lawyer Assistance Programs](#) and the [Hazelden Betty Ford Foundation](#) which has a nationally renowned drug and alcohol treatment center.

Now what?

A “National Task Force on Attorney Well-Being” was assembled following this study to make recommendations on what law schools, law firms, bar associations, and others, can do about these serious problems. I have read both the study, the [task force’s report](#), and recent press reports coverage about how the recommendations of the task force are to be implemented.

To be frank, I am disappointed.

As someone who has practiced law for thirty years, lived with depression for fifteen years, and [blogged about living with depression](#) while working as a lawyer for ten years, I expected more attention to be placed on mental health problems in the law. Sadly, it was not.

My disappointment is underscored by the recent article, [“ABA Sounds New Alarm on Substance Abuse, Firms Pledge Action.”](#) The “action” referred to is an initiative which includes a “seven-point framework” [pledge](#) that the ABA hopes all firms will embrace by the start of 2019.

The framework, which “seeks to reduce the level of substance abuse in the profession,” was developed by lawyer and alcohol and drug counselor Patrick Krill. What I know of Mr. Krill is that he was a fine lawyer and has done much to help shine the spotlight on problem drinking and drug abuse in the legal profession. Both he and the task force are to be commended for this.

But the emphasis on alcohol and substance abuse pushes appears to push depression and anxiety to the back seat. As reported in [“ABA Sounds New Alarm on Substance Abuse, Firms Pledge Action,”](#) “the framework, developed by lawyer and alcohol and drug counselor Patrick Krill, seeks to reduce the level of substance abuse

in the profession.” The article continues, “Next on the list is a move to disrupt the “status quo” of drinking-based events and functions,” the article reports. “Employers are asked to break from the expectation that all events include alcohol, and for events with alcohol, appealing non-alcoholic alternatives should be available.”

Meg Meserole, chief human resources officer to Biglaw firm of [Akin Gump](#), was interviewed for the article [“Legal Industry Admits It Has a Substance Abuse Problem, But Recovery Won’t Come Easy”](#) in the National Law Journal. “Meserole said her firm was particularly looking for new ways to hold events without alcohol present in light of the ABA’s effort. [Akin Gump](#) attorneys are not becoming teetotalers, however, and she said the firm’s attorneys were working toward an ‘appropriate balance.’”

I believe the emphasis was placed on addressing the problem with on problematic drinking among lawyers because it is common knowledge within the profession that many lawyers drink too much. has long been understood to be to a many lawyers do. For years, drinking has just been a part of law firm culture, and often, a “badge of honor.” [Lawyer Assistance Programs](#), which exist in every state to confront alcohol, drug and mental health concerns, originated decades ago to address this problem and many, if not most, were based in on the [AA philosophy](#). See, for example, the [history and mission](#) of the D.C. Lawyer Assistance Program posted on their website.

Historically, scant attention had been paid to lawyer mental health problems for years because most LAP’s found this to be outside their area of expertise or philosophy. Many who called LAP with these problems issues were referred for outside treatment. A good thing, no doubt. But there wasn’t much help beyond that.

I started a weekly depression support group for attorneys ten years ago in my legal community. At first, the idea was to incorporate it into a long-established [“Lawyers Helping Lawyers”](#) committee at my local bar association. But that committee told me they did not want depression to be part of what they do. They were all problem drinkers and recovering alcoholics who saw what I was doing as different in nature and approach. Our group was not going to adhere to an AA philosophy. This is so because many of those who struggle with depression don’t have an alcohol or drug problem. One [study](#) found for those with a diagnosis of current alcohol dependence, the presence of an independent major depression disorder was about 20%.

The fact is that depression is the leading cause of adult disability in [America](#) and around the [world](#). The ABA study showed that 28% of lawyers had struggled with some kind of depression in the past 12 months of the survey. That is [four times](#) the rate found in the general population and, truly, an epidemic. Even more troubling was the fact that 61% of attorneys surveyed had struggled with depression at some point in their legal careers. That is almost [ten times](#) the rate found in the general population.

I hope and pray that the efforts of the task force are successful. But I remain concerned that unless we place just as much emphasis (or, I would argue, more in light of the statistics) on the poor mental health of practicing attorneys, we will have missed the mark.

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Dan Lukasik, **Director of the Workplace Well-Being for the Mental Health Association**

Dan is the Director of the Workplace Well-Being for the Mental Health Association in Buffalo, New York. Ten years ago, Dan created a weekly lawyer support group in his community for those who struggle with depression and a website [lawyerwithdepression.com](#), the first website and blog of its kind in the nation, to help law students, lawyers, and judges cope with and heal from depression. The site has been voted one of the top depression blogs in the country five years running by Medical News Today and Healthline.com. Dan's work on mental health has been featured in The New York Times, The Wall Street Journal, The National Law Journal, The Washington Post, CNN, and many others.

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