

Depression and Suicide Among Lawyers

(The following information is taken from an article published in the Bar Leader Magazine in the April/March 1998 edition, written by Don P. Jones and Michael J. Crowley).

Suicide More Likely for Attorneys Than for Other Members of the General Population

From reports of other lawyers' assistance programs across the country, it is verifiable that suicide among male lawyers is approximately two (2) times more likely than among men in the general population. The cold, hard figures bearing upon instances of suicide are sobering in the extreme.

- 1.** According to the National Institute for Mental Health (NIMH), suicide was the ninth leading cause of death in the United States in 1993 (at more than 30,000 suicides per year), falling behind HIV, but ahead of homicide.
- 2.** On the average day, 84 people commit suicide and another 1,900 people attempt it (NIMH).
- 3.** 15% of people with clinical depression commit suicide (NIMH).
- 4.** Research conducted at Campbell University in North Carolina indicated that 11 percent of the lawyers in that state thought of taking their own life at least once a month.
- 5.** According to a 1991 Johns Hopkins University study of depression in 105 professions, lawyers ranked number one in the incidence of depression.
- 6.** Women attempt suicide at least two times more than men, but men are "successful" four times more than women.
- 7.** Substance abuser are ten times more likely to commit suicide than the general population.

Some of Our Thoughts Regarding Suicide Are Inaccurate

Many of us have heard the old saw that someone who talks about suicide is not the type of individual who will actually commit the act. Instead, that person is simply seeking to attract attention.

This is a completely false assumption.

Numerous studies addressing this issue have shown that 75% of those who commit suicide talked about the act or displayed other similar warning signs before making the attempt!

Given this, anyone who speaks actively of suicide should be considered at risk for the commission of the act.

In addition, many of us believe that people who commit suicide are intent on dying and – consequently – there is probably little that can be done to forestall the act.

The truth is that the vast majority of suicidal people are not intent on dying. Often, they are simply incapable of seeing other viable options.

The warning signs they invariably give prior to the commission of the act are desperate calls for help before they embark upon the course they erroneously see as the only and final option.

As the reader might imagine, the “suicide option” is never the correct or appropriate response. A person who has – for whatever reason – conditioned his mind to see this option as appropriate and the singular avenue remaining to him is simply in need of help. The necessary help will almost always demonstrate clearly to the individual that numerous other options exist which preclude the “suicide option.”

In this vein, suicide is truly a permanent solution to a temporary problem. If the individual can be provided assistance, this fact can be generally reinforced, thereby eviscerating the suicide risk.

Some of us believe that talking about suicide and focusing upon an individual’s suicidal feelings will only encourage that person to commit suicide.

This is a most incorrect assumption.

Talking about suicide may be the only thing that can save the person’s life! It can give them a sense of connection and hope. It shows the person that someone cares and finds them important enough to listen and to assist in locating help.

How Can We Tell If Someone Is A Suicide Risk?

- 1.** Recent loss (death of a friend or family member; divorce or separation from spouse; broken relationship; loss of job,

retirement; loss of money, home, status, security; health problems).

2. History of suicide in the family.
3. Substance abuse.
4. Depression, or bi-polar disorder, which is a form of depression that produces pronounced mood swings of varying durations that range from a high "manic" state to a low "depressive" state.
5. Prior suicide attempts.
6. Expressions of hopelessness, powerlessness, worthlessness, shame, guilt, self-hatred, inadequacy.
7. Declining performance and interest in work.
8. Change in sleeping and eating habits (either direction).
9. Loss of interest and participation in social activities, hobbies, relationships.
10. Isolation.
11. Explicit statements of thoughts or feelings about suicide.
12. Acquiring the means to commit suicide (buying a gun, stockpiling prescription drugs).
13. Working out a plan (where, when, how).

Why Do Lawyers Suffer a Higher Incidence of Suicide?

There is no clear answer to this question. On the other hand, though, there is no shortage of speculation.

Based upon the experience of those who work in this field, the following observations on this issue seem supportable:

1. One in four lawyers suffer from elevated feelings of psychological distress, including feelings of inadequacy, inferiority, anxiety, social alienation, isolation and depression.
2. Out of 105 professions studied by Johns Hopkins University, lawyers top the list in the incidence of major depression, and

depression is involved in more than half of all attempted suicides.

3. 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. Sound like any lawyers you know?

4. 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.

What Can I Do To Help Someone Who May Be Suicidal?

A threat of suicide is a very serious matter. The very first thing that all of us must realize is that every such threat is – in truth and in fact – a call for help. Given this, any time anyone discloses suicidal ideations or feelings, PLEASE TAKE IT SERIOUSLY.

It is much better to be somewhat embarrassed because you were wrong than to be remorseful in that you failed to help. Once you have taken the threat seriously and extended the hand of friendship for help, here are some additional suggestions:

1. Listen, listen, listen. So often, suicidal people feel isolated, disconnected and unimportant. It is critical to be as nonjudgmental and empathetic as you can.

2. If you don't already know, go ahead and ask them if they are feeling suicidal. Asking that question will not make it worse; it will give them permission to talk about it with you.

3. If they are feeling suicidal, ask them if they have a plan. Find out if they have the means to attempt suicide and whether they have thought about when they will make the attempt.

4. If they don't have a plan, there may not be an immediate crisis, but the person nevertheless has a serious problem that requires professional assistance. Encourage them to seek professional help, and even offer to help them make that first call.

5. If they do have a plan but are not threatening immediate action, get them to commit to you not to take any suicidal action until they see you again. Again, encourage them to seek professional help and even offer to help them make that first call.

6. If they have a plan and are threatening immediate action, do not leave them alone. Take whatever action is necessary to get them into professional hands. If you have to, take them to the emergency room of the nearest hospital.