

Suicide Awareness & Prevention

Joan Bibelhausen
Executive Director, Lawyers Concerned for Lawyers
Faith Amdahl, Amdahl Law Office



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Today's Topics

- Elimination of Bias
- Stress as a Predictor
- Mental Health and Addiction in the Legal Profession
- Suicide and its Prevention
- Ethical Issues
- Your Lawyer Assistance Program

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Some statistics:

- Half of lawyers are very satisfied or satisfied with their work
- 2016 ABA/Hazelden Betty Ford study
 - 20.6% unhealthy level of drinking
 - 28% meet criteria for depression and 18% for anxiety in the past year
 - 46% reported depression and 61% reported anxiety as issues of concern during career.
- Lawyers rank 5th in incidence of suicide by occupation

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Contributing Factors

- Isolation
- Expectation to be “expert”
- Pressure to Perform
- Analysis v. emotions
- Pessimism
- Vicarious Trauma
- *Stigma*

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Pandemic and Social Change – Personal and Family

- Fear that you or your loved ones will get COVID-19
- No chance to be with and comfort your loved one who is seriously ill or dying in the hospital
- Grief over the loss of a loved one to COVID-19 or another illness
- Social isolation, especially if you live alone or in a facility where visitors are temporarily not allowed
- Being in close quarters with family, which could increase the risk of spouse, partner or child abuse
- Starting or worsening of alcohol or drug misuse
- Having other mental health disorders, such as major depression, bipolar disorder, post-traumatic stress disorder or an anxiety disorder
- Exposure to traumatic events

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Pandemic and Social Change – Work Related

- Anxiety due to proximity to those in high-risk environment, particularly if there is a lack of personal protective equipment
- Fear and anxiety about the increased risk of COVID-19 because of court requirements
- Worry about or actual loss of a job or business, causing financial hardship
- Involvement in policy and organizational debates about social change or government mandates

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How severe is the problem?

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Survey on Law Student Well-Being

Frequency of Suicidal Thoughts and Self Injury	Analysis
20.4% have thought seriously about suicide sometime in their life	This compares with 5% of the roughly 23,500 graduate students in the Healthy Minds Dataset from 2007-2014 who indicated that they had thought seriously about suicide in the last 12 months
6.3% have thought seriously about suicide in the last 12 months	
9.1% of respondents have hurt themselves in the last 12 months	This compares with 10% of the roughly 23,000 graduate students in the Healthy Minds Dataset from 2007-2014 who indicated that they had hurt themselves in the last 12 months.
17.3% of those have done so two or more times in the past month	

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Survey of Lawyer Mental Health

- 11.5% have thought about suicide
- 2.9% reported self-injurious behaviors
- 0.7% reported at least one attempt

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Factors that contribute to higher rates of suicide in the legal field		
From the ESCAPE Theory	From the Hopelessness Theory	From the Interpersonal Theory of Suicide
Falling below standards (internal or external)	More than Depression, Hopelessness is associated with suicidality	Thwarted belongingness
Self Blame, perfectionism		Loneliness (lack of positive relationships, real or imagined)
		Perceived burdensomeness
		Self esteem ("worth more dead than alive")
		Capacity for harm/pain/lack of fear

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Understanding & Preventing Suicide

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	Mental Health 101
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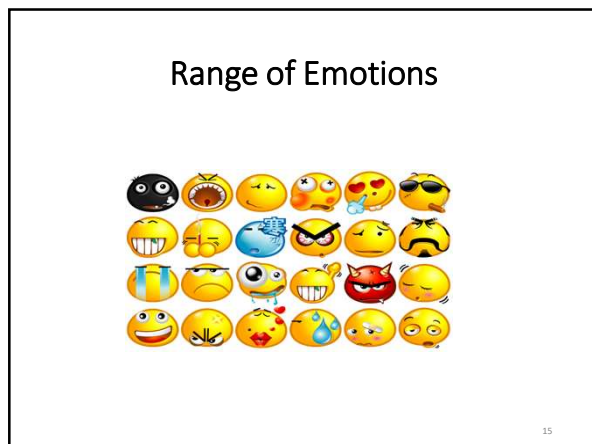
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Effective Coping

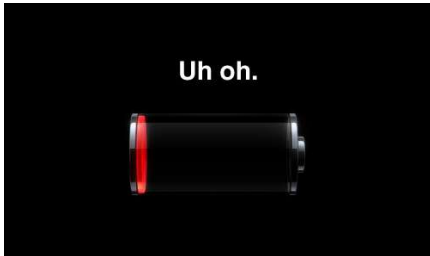
- Cope with challenges
- Solve problems
- Connect thought and emotion
- Manage Stress

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Sometimes Things Go Wrong

Uh oh.



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Symptoms: Physical

- High blood pressure
- Chest pain
- Rapid heartbeat
- Jaw clenching
- Breathlessness
- Headaches
- Fatigue

(National Institute of Mental Health)

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Symptoms: Emotional & Behavioral (1 of 2)

- Food
- Mood
- Sleep
- Anxiety
- Over reacting
- Lack of Purpose

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Symptoms: Emotional & Behavioral (2 of 2)

- Decreased motivation
- Difficulty concentrating
- Decreased interest in activities previously enjoyed
- Decreased trust in others
- Irritability
- Wanting to spend time alone
- Difficulty relating to people

(National Institute of Mental Health)

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Think about it!

Ask yourself:

Are the physical, emotional and behavioral symptoms interfering with my ability to *work, play, love?*

Monitor:

What is the Frequency, Intensity, Duration?

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Self-Assessment Tools

- **Mental Health Screening**
 - <https://screening.mhanational.org/screening-tools>
 - <https://www.psycom.net/quizzes>
 - <https://www.psychologytoday.com/us/tests>
- **Lawyers Concerned for Lawyers**
 - www.mnlcl.org

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What happens
if we
ignore
the symptoms?

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Depression is the
most common mental illness.

**If left untreated,
depression can lead to
alcohol and substance use
and higher rates of suicide.**

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Suicide

Death by suicide is more common in males, but females attempt more.

Peers are in a position to intervene or recognize that help is needed, sometimes even more than professionals.

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Risk Factors & Warning Signs

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IS PATH WARM?

I	Ideation
S	Substance use (increased)
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopeless
W	Withdrawal
A	Anger
R	Recklessness
M	Mood Change

American Association of Suicidology

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Additional Risk Factors

- Previous suicide attempt – self or someone close
- Substantial psychiatric problems
- Co-occurring with substance use or compulsive behavior disorders
- Resistance to accessing mental health treatment
- Ability to inflict pain/tolerance of pain

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QPR

Ask A Question, Save A Life

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QPR

Question, Persuade, Refer

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QPR

- QPR is not intended to be a form of counseling or treatment.
- QPR is intended to offer hope through positive action.

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QPR

Suicide Myths and Facts

- **Myth** No one can stop a suicide, it is inevitable.
- **Fact** If people in a crisis get the help they need, they will probably never be suicidal again.
- **Myth** Confronting a person about suicide will only make them angry and increase the risk of suicide.
- **Fact** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
- **Myth** Only experts can prevent suicide.
- **Fact** Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide

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QPR

Suicide Myths and Facts

- **Myth** People who are suicidal want to die
- **Fact** They may desire relief from pain and are unable to see options other than death
- **Myth** Suicide is an impulsive act
- **Fact** Substance use may lead to an impulsive suicidal act. Most have spent time developing a plan, contemplating death, preparing for their death

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QPR

Myths And Facts About Suicide

- **Myth** Suicidal people keep their plans to themselves.
- **Fact** Most suicidal people communicate their intent sometime during the week preceding their attempt.
- **Myth** Those who talk about suicide don't do it.
- **Fact** People who talk about suicide may try, or even complete, an act of self-destruction.
- **Myth** Once a person decides to complete suicide, there is nothing anyone can do to stop them.
- **Fact** Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help? Ask the Question...

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QPR

Suicide Clues And Warning Signs

The more clues and signs observed, the greater the risk. Take all signs seriously.

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QPR

Direct Verbal Clues:

- "I've decided to kill myself."
- "I wish I were dead."
- "I'm going to commit suicide."
- "I'm going to end it all."
- "If (such and such) doesn't happen, I'll kill myself."

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QPR

- “I’m tired of life, I just can’t go on.”
- “My family (firm, clients) would be better off without me.”
- “Who cares if I’m dead anyway.”
- “I just want out.”
- “I won’t be around much longer.”
- “Pretty soon you won’t have to worry about me.”

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QPR

Behavioral Clues:

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal and/or professional affairs in order
- Turning down new work
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol misuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability

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QPR

Situational Clues:

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of an important case
- Fear of becoming a burden to others

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QPR

Tips for Asking the Suicide Question

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy: QPR Card, phone numbers, counselor's name and any other information that might help

Remember: How you ask the question is less important than that you ask it

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QUESTION

Less Direct Approach:

- "Have you been unhappy lately?
Have you been very unhappy lately?
Have you been so very unhappy lately that you've been thinking about ending your life?"
- "Do you ever wish you could go to sleep and never wake up?"

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QUESTION

Direct Approach:

- "You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way, too?"
- "You look pretty miserable, I wonder if you're thinking about suicide?"
- "Are you thinking about killing yourself?"

NOTE: If you cannot ask the question, find someone who can.

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**QUESTION*****How NOT to ask the suicide question***

- “You’re not thinking of killing yourself, are you?”
- “You wouldn’t do anything stupid would you?”
- “Suicide is a dumb idea. Surely you’re not thinking about suicide?”

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**PERSUADE****HOW TO PERSUADE SOMEONE TO STAY ALIVE**

- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem
- Do not rush to judgment
- Offer hope in any form

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**PERSUADE****Then Ask:**

- Will you go with me to get help?”
- “Will you let me help you get help?”
- “Will you promise me not to kill yourself until we’ve found some help?”

**YOUR WILLINGNESS TO LISTEN AND TO
HELP CAN REKINDLE HOPE, AND MAKE
ALL THE DIFFERENCE.**

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REFER

- Suicidal people often believe they cannot be helped, so you may have to do more.
- The best referral involves taking the person directly to someone who can help: best to hospital with psychiatric unit; next best to call emergency services or LCL for help.
- The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- The third best referral is to give referral information and try to get a good faith commitment not to complete or attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.
- Expect the person to agree to go the a hospital; plan for options.

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REMEMBER

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don't hesitate to get involved or take the lead.

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For Effective QPR

- Say: "I want you to live," or "I'm on your side...we'll get through this."
- Get Others Involved. Ask the person who else might help. Family? Friends? Law partners or fellow judges? Brothers? Sisters? Pastors? Priest? Rabbi? Bishop? Physician?
- LCL can provide support for you and help the person access appropriate medical services

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For Effective QPR

- Join a Team. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.
- Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you, let the person know you care about what happens to them. Caring can save a life.

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REMEMBER

**WHEN YOU APPLY QPR,
YOU PLANT THE SEEDS
OF HOPE. HOPE HELPS
PREVENT SUICIDE.**

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DO	DO NOT
QPR (Be Direct)	Promise Secrecy
Listen	Ignore
Express Concern	Minimize
Let People Know You Care	Judge or impose personal beliefs

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Action Steps:

- Talk about it
- Be mindful of language
- Stand up to the Stigma
- Follow groups like AFSP and LCL on social media
- Challenge the culture
- Model wellness
- Practice positive self-care

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To STAY WELL	TRY THIS
<u>S</u> leep	6-8 Hours a Night
<u>T</u> ake Breaks	Get up, walk around, stretch during long periods of work
<u>A</u> llies	Spend time with friends and family who support and love you
<u>Y</u> oga	Practice yoga, mindfulness, deep breathing
<u>W</u> ell-Balanced Meals	Eat fruits, vegetables, get your protein and good fats in. Drink Water
<u>E</u> xercise	Aim for 20-30 minutes a day, HIIT, run/walk/jog, something you like
<u>L</u> et Go	There are (really) things beyond your control, let go
<u>L</u> AUGH	Tell a Joke: Why is a river rich? Because it has two banks

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Ethical Considerations

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Rule 1.14—Clients with Diminished Capacity

(a) When a client's capacity to make adequately considered decisions in connection with a representation is diminished, whether because of minority, mental impairment, or for some other reason, the lawyer shall, as far as reasonably possible, maintain a normal client-lawyer relationship with the client.

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Rule 1.14

(b) When the lawyer reasonably believes that the client has diminished capacity, is at risk of substantial physical, financial, or other harm unless action is taken and cannot adequately act in the client's own interest, the lawyer may take reasonable protective action, including consulting individuals or entities that have the ability to take action to protect the client and, in appropriate cases, seeking the appointment of a guardian ad litem, conservator, or guardian.

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Rule 1.14

c) Information relating to the representation of a client with diminished capacity is protected by Rule 1.6. When taking protective action pursuant to paragraph (b), the lawyer is impliedly authorized under Rule 1.6(b)(3) to reveal information about the client, but only to the extent reasonably necessary to protect the client's interests.

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Rule 1.6: Confidentiality of Information

- a) Except when permitted under paragraph (b), a lawyer shall not knowingly reveal information relating to the representation of a client.
- (b) A lawyer may reveal information relating to the representation of a client if:
- (3) the lawyer reasonably believes the disclosure is impliedly authorized in order to carry out the representation;

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Rules for Lawyers

- Diligence - Comment 2: "A lawyer's workload must be controlled so that each matter can be handled competently."
- 8.3 "Rat on your friends"

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Lawyers Concerned for Lawyers

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- What we help with –
 - Substance use and mental health, cognitive, stress, burnout
- Communications are **confidential**
- Services or Referrals –
 - Licensed professionals
 - Group support
- Peer support
- Education and public awareness

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TO CONTACT LCL

LAWYERS CONCERNED FOR LAWYERS
2250 University Avenue West, # 313N
St. Paul, MN 55114

(651) 646-5590
Toll Free: (866) 525-6466

Website: www.mncl.org E-mail help@mncl.org
www.facebook.com/mncl
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Resources



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&



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Thank you!

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