

Suicide Prevention: Every Lawyer's Opportunity

By Joan Bibelhausen, Executive Director, Lawyers Concerned for Lawyers

In recent weeks the legal press has covered the suicides of prominent attorneys. One heartfelt story, *Big Law Killed my Husband*, was written by Joanna Litt (also an attorney) the widow of LA attorney Gabriel MacConaill who died by suicide in October. Not long ago, I read a New York Times article, *A Suicide Therapist's Secret Past*. In it, Stacey Freedenthal, a therapist focusing on suicide prevention, described her own attempt many years earlier. Even though well known in the field of suicide prevention, stigma had kept her from revealing this part of her history. As I read these stories, I thought about our profession and the stigma that can keep us from reaching out in our most desperate hours.

Not only are lawyers at risk, but our clients are as well. Clients in many areas of law are dealing with crises, loss and other circumstances that can lead to a sense of desperation and hopelessness. Very similar cases may involve clients who respond to their situations very differently. If a client gives cues that they may be suicidal, attorneys have the opportunity to act.

For lawyers, we all know this is a stressful profession. Press coverage of lawyer suicides has magnified the potential impact of that stress. As a profession, we experience depression and alcohol use problems at a significantly higher rate than the general population. We also experience greater rates of anxiety, chronic stress and divorce, and we have a higher rate of suicide and suicidal ideation. If you've attended any of LCL's CLE programs in the past several years, you've heard us talk about this, but all of us we need to keep talking.

The chronic stress we experience may trigger depression or other illnesses, and may lead to a sense of helplessness, increasing anxiety and the inability to complete even mundane tasks. We're paid to solve the problems of others and feel we should be able to solve our own problems ourselves. We may feel shame because lawyers aren't supposed to feel helpless. That helplessness can become hopelessness and the risk for suicide grows exponentially.

What are the signs? Symptoms of depression include:

- loss of interest in normally pleasurable activities;
- difficulty concentrating, remembering or deciding;
- changes in sleep, appetite and weight;
- fatigue;
- having thoughts of suicide.

At the same time there may be a rising sense of anxiety, as if every unfinished project is a ticking time-bomb. Suicide enters one's thoughts as a reasonable solution to a seemingly insurmountable problem. The suicidal person may express a wish to die or make statements that appear to be saying goodbye. He may give away prized possessions, quickly wrap up files, or put his affairs in order. She may make a plan

and acquire the means to carry it out, and that plan may simply be enough alcohol to be deadly. People who talk about their suicide, can die by suicide. We all need to talk about it.

Our profession is addressing these concerns through initiatives such as “The Path to Lawyer Well-Being: Practical Recommendations for Positive Change.” This 2017 report demands that we begin a dialogue about suicide prevention. Lawyer Assistance Programs have worked to increase awareness for decades and are grateful to have additional allies in this critical effort. The Report’s Call to Action recommends events to raise awareness, sharing stories of those affected by suicide, providing education about signs and suicidal thinking, learning signs of distress and making resources available. These are all good things that can make a difference.

The signs are not always verbal. Some warning signs of suicide include:

- hopelessness;
- withdrawal;
- desperation;
- increased use of alcohol and other controlled substances;
- impulsiveness or high-risk behavior;
- loss of engagement or sense of humor
- deterioration in functioning.

Lawyers sometimes think we need to be perfect or we are a failure. Any possible failure becomes an opportunity for intense self-scrutiny and every move we make can become defined by winning or losing. A compromise or settlement may be seen as a failure because we didn’t get everything we asked for when we reached for the sky. In the case of Mr. MacConaill, his widow wrote “[S]imply put, he would rather die than live with the consequences of people thinking he was a failure.” It doesn’t have to be that way, but colleagues have to be observant and meaningfully give encouragement and permission for self-care.

What can you do? Have the courage to ask and to act, and be sure you have the time to listen if you personally choose to reach out. If you observe these disturbing behaviors, ask directly, but ask in a way that is true to you. “Have you thought of harming yourself? Are you in a lot of pain? Do you feel unsafe? Are you thinking of suicide?” *Never* ask in a way that suggests you need a “no” answer, such as “you’re not thinking about suicide, are you?” Asking directly allows the person to speak freely. If he says “no” and you are still concerned, rephrase it and ask again. Give a reason why you asked – the person who said no may be ready to change her answer if you ask again and show you care. The person who is so depressed that he is paralyzed may not be able to affirmatively ask for help but may be able to answer a direct question honestly.

What happens next? The next step is to listen, just listen. Do so calmly because this is not your situation or your crisis or your thing to fix. Give your full attention and be prepared for the time it takes to learn why the pain is so great that dying by suicide seems to be a reasonable option. If you believe suicide may be imminent, get them to professional help and be supportive as they get there. If they

have a therapist, call that number. If not, consider taking them to an emergency room. Call 1-800-SUICIDE or 1-800-273-TALK – both are national suicide prevention hotlines. Counselors are also available 24/7 through LCL at 612-646-5590 or 1-866-525-6466.

Once the immediate crisis is past, support is critical to ongoing recovery. Therapy can help someone through the immediate mental illness and provide tools to develop resilience in the future. Medications are often appropriate, especially in the early stages. It's hard for a lawyer to admit he is struggling financially, but many are and LCL can provide connections to resources to support the cost of ongoing treatment. Personal support and acceptance are critical. We need to know we're not alone.

If these words generate thoughts of someone you're concerned about or if you recognize some of these symptoms in yourself, please act. Dr. Freedenthal reported that as she began to feel the effects of her suicide attempt, her brain and body fought back and she lived. Knowing that one can come out on the other side of debilitating pain can provide incredible hope. Call for coaching if you need help on how to reach out to someone. Call for yourself if you find yourself realizing "I've thought about suicide." Hundreds of your Minnesota colleagues called for help last year on many different issues that cause stress or distress in their lives. You're not alone, and LCL is here to help.

Joan Bibelhausen is Executive Director of Lawyers Concerned for Lawyers. LCL provides free and confidential peer and professional support to lawyers, judges, law students and their immediate family members on any issue that causes stress or distress. Through LCL, up to 4 free counseling sessions are available statewide to lawyers, judges, law students and their immediate family members. Services are free, confidential and available 24 hours a day. You can help us reduce the stigma. To learn more or get involved, go to www.mnlcl.org, call 651-646-5590, or email (replied to during business hours) help@mnlcl.org.

Resources:

National Suicide Prevention Lifeline - <https://suicidepreventionlifeline.org>, 1-800-273-8255

QPR Institute – a training protocol for suicide prevention - <https://qprinstitute.com>

Lawyers Concerned for Lawyers for immediate assistance or a CLE program on suicide prevention