

# Suicide Awareness & Prevention

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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 5<sup>th</sup> 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

- Continuing grief over the loss of a loved one to COVID-19 or another illness
- Starting or worsening of alcohol or drug misuse
- Mental health disorders, such as major depression, bipolar disorder, post-traumatic stress disorder or an anxiety disorder; exposure to traumatic events
- Higher anxiety and pressure from clients and parties
- Rapid change in work, client, and party circumstances

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How severe is the problem?

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2014 and 2021 Surveys on Law Student Well-Being

2021 USLSWB – **33%** have thought seriously about suicide **sometime in their life**

2014 SLSWB -- 20% have thought seriously about suicide sometime in their life

2021 USLSWB – **11%** have thought seriously about suicide **in the last 12 months (range from 4.1% to 17.9%)**

2014 SLSWB -- 6% have thought seriously about suicide in the last 12 months

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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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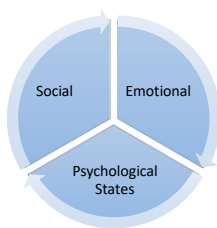
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### Best Case Scenario



### Personal and Professional Balance

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### Social Connections



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### Range of Emotions



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### Effective Coping

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

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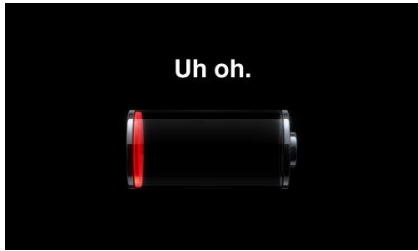
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# Sometimes Things Go Wrong



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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: Behavioral

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

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### Symptoms: Emotional

- 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) 19

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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.psychom.net/quizzes>
  - <https://www.psychologytoday.com/us/tests>
- **Lawyers Concerned for Lawyers**
  - [www.mncl.org](http://www.mncl.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?

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

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

## Suicide Myths and Facts

- **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.

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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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**Q**

**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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**Q**

**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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**Q**

**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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**P**      **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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**P**      **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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**R**      **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 to 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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<b>DO</b>	<b>DO NOT</b>
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

- Who we help –
  - Lawyers, Judges, Law students, and Families; Staff on a case-by-case basis
- 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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## Partnership with The Sand Creek Group

- Up to 4 free counseling sessions
- Resource website
  - [www.sandcreekeap.com](http://www.sandcreekeap.com)
  - Click on "Member Portal & App"
    - When registering use the Company Code "lawyers"
- Contact Sand Creek directly at **651-430-3383** or toll-free: **1-888-243-5744**

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Calls Answered 24/7: (651) 646-5590 | (866) 525-6466 | [help@mmltd.org](mailto:help@mmltd.org)

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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.mnlcl.org](http://www.mnlcl.org) E-mail [help@mnlcl.org](mailto:help@mnlcl.org)  
[www.facebook.com/mnlcl](https://www.facebook.com/mnlcl)  
LCL You Tube Channel

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Resources

Dial or Text 988



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LAWYERS CONCERNED FOR LAWYERS

There is Help



&



There is Hope

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Thank you!

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